

SB 777

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

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

In reply, please refer to:
File:

Senate Committee on Health

S.B. 0777, Relating to Comprehensive Sexuality Health Education

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

February 11, 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



**STATE OF HAWAII
BOARD OF EDUCATION**

P. O. BOX 2360
HONOLULU, HAWAII 96804

COMMITTEE ON HEALTH

Hearing: Wednesday, February 11, 2009
3:00 p.m., Conference Room 016

Testimony in Strong Support of SB777

Chair Ige, Vice-Chair Green and Members of the Committee on Health:

Thank you for allowing me to testify as a Member of the Hawaii State Board of Education (Board).

As you already know, Board Policy 2110, mandates that the Department of Education's (Department's) "abstinence-based education program shall: . . . 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."

It is my understanding that many of the "abstinence-until-marriage" service providers are not complying with Board Policy 2110, for a diversity of reasons. Therefore, the assumption is that the Department's school level personnel are piece-mealing the rest of the medically accurate sexuality education curriculum together on their own.

This assumption manifest in several scenarios:

- 1) The teacher might directly provide their students with information on and skill development in the use of protective devices.
- 2) The teacher might call in another community based resource provider that covers a comprehensive education, including abstinence again AND protective devices.
- 3) The teacher might call in another community based resource provider that covers ONLY protective devices and then those providers are taken to task for not complying with the Board's policy.
- 4) The teacher provides little or NO information on and skill development in the use of protective devices and violates Board Policy 2110.

I wish I could report that the last scenario results in the teacher being disciplined for violating Board policy 2110, but I have not heard of any compliance enforcement on this policy being conducted. In general, the Board and the Department struggle with enforcement of Board policies. Board members have even debated whether its policies are "directive" or "suggestive." In the two years that I have served on the Board, the Board has granted more non-compliance waivers to its own policies than it has taken formal enforcement action against blatant violations of its policies.

Despite the focus on abstinence, a 2007 CDC survey reported that more than 36% of Hawai'i's high school students are currently engaging in sexual intercourse. Morality and politics aside, this activity is happening and we need to ensure this large population of students are receiving comprehensive medically accurate sex education so that they can protect themselves from diseases and unintended pregnancies.

For the above reason, I strongly support SB777.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read "Kim Coco Iwamoto", with a long horizontal flourish extending to the right.

Kim Coco Iwamoto, Esq.
State of Hawaii Board of Education Member



A JOINT LEGISLATIVE EFFORT

E-Mail to: HTHTestimony@Capitol.hawaii.gov
Regarding: Senate Committee on HTH
Hearing on: February 11, 2009 @ 3:00 p.m.
Copies Necessary: 30 copies

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Date: February 9, 2009

To: **Senate Committee on Health**
Sen. David Ige, Chair
Sen. Josh Green, Vice Chair

From: Dennis Arakaki
Executive Director
Hawaii Family Forum / Hawaii Catholic Conference

Re: **Strong Opposition to SB 777 Relating to
Comprehensive Sexuality Health Education**

Honorable Chair and members of the Senate Committee on Health, I am Dennis Arakaki, representing both the Hawaii Family Forum and the Roman Catholic Church in the State of Hawaii.

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. The Roman Catholic Church in Hawaii, under the leadership of Bishop Larry Silva, represents over 220,000 Catholics in Hawaii.

We strongly oppose SB 777 because it "requires any recipient of state funding to provide medically accurate sexuality education." This requirement would prevent the continued operation of Catholic Charities Hawaii (CCH) successful federally funded abstinence program, called 'Try Wait.' 'Try Wait' is a medically accurate, abstinence-only program funded through a federal community based grant.

SB 777 is Unnecessary – State Board of Education Policy #2110 Applies

SB 777 is an unnecessarily punitive measure, which will de-fund successful local abstinence programs for Hawaii's youth. The Board of Education has an existing policy (#2110 - *see page three attached*) which requires that students be taught:



Page Two

Opposition to SB 777 Relating to Comprehensive Sexuality Health Education

“ . . . 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 policy goes on to require that youth are provided “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 policy already requires both abstinence and contraception be taught to students. It just does not require both be taught at the exact same time. Requiring that both be taught at the same time in the same presentation (as SB 777 would effectively require) undermines the abstinence message, sending the signal that adults don't believe students are capable of abstinence.

SB 777 is Unwise Budget Policy and Social Policy

Section 2 HRS 321 (a) would force organizations, like Catholic Charities Hawaii, with successful federally funded abstinence only programs, to choose between the loss of those federal funds or the loss of their non sex education state funding. CCH's non-sex ed state funding accounts for a significant percentage of the CCH budget and supports CCH services to the elderly, to families and children at risk and to immigrants. Passing legislation to force CCH and others to make this choice would be detrimental to students and their families who benefit from their medically accurate abstinence message.

We believe that is why the legislature has repeatedly chosen to hold this measure. We urge you to do the same this year.

Please oppose SB 777.



Senate Health Cmte
Wed, Feb 11, 2009
3:00 pm
room 016

National Association of Social Workers

Hawaii Chapter

February 9, 2009

TO: Senator David Ige, Chair
Members of the Senate Health Committee

FROM: Debbie Shimizu, LSW
National Association of Social Workers

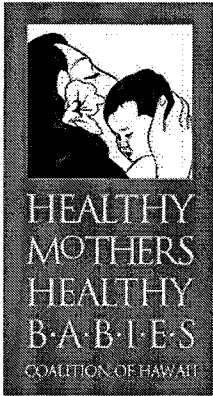
RE: SB 777 Relating to Comprehensive Sexuality Health Education- **SUPPORT**

Chairman Ige and members of the Senate Health Committee, I am Debbie Shimizu, Executive Director of the National Association of Social Workers (NASW), Hawaii Chapter. NASW is the largest professional organization for social workers in Hawaii. We are testifying in **SUPPORT of SB 777 to require any recipient of state funding that provides sexuality health education to provide medically accurate, factual and comprehensive information.**

According to the Guttmacher Institute statistics on contraception counts in Hawaii, we are ranked as having one of the highest rates of teen pregnancy in the nation. Additionally, a 2007 Youth risk behavior surveillance report ranked Hawaii as having the lowest rate of condom use among sexually active teens in the country. A DOH report on "Case Rate of Reported Cases of Chlamydia" also found that Hawaii has the nation's 6th highest rate of Chlamydia infection.

Our teens who choose to be sexually active must have the right information to keep themselves healthy and safe. They need information that is medically accurate, factual and comprehensive. The information must be age appropriate and include education on abstinence as well as contraception. Providing this information will reduce our rates of sexually transmitted diseases and teen pregnancy.

I urge your favorable consideration of SB 777 and thank you for this opportunity to testify.



HEALTHY MOTHERS,
HEALTHY BABIES
COALITION OF HAWAII

Date: February 11, 2009, 3pm in room 016
Committee: Senate Health
SB 777: Relating to Comprehensive Sexuality Health Education

Honorable Chairperson Ige and Members of the Senate Health Committee:

My name is Kari Wheeling, Project Coordinator of Healthy Mothers Healthy Babies Coalition of Hawaii. HMHB is in support of SB 777 that requires any recipient of state funding to provide medically accurate sexuality education.

Across the United States, young people are at risk for unintended pregnancy and sexually transmitted infections (STIs) including HIV. According to the national organization, Advocates for Youth, Hawaii's teen pregnancy rate of 93 pregnancies per 1000 young women ages 15-19 is higher than the national rate of 84, and young minority women have disproportionately high birth rates. Hawaii teens that are sexually active have the lowest condom use rate in the nation which is one reason why sexually transmitted infections are a serious problem, especially among young women.

Comprehensive sex education programs are based in science that measures behavior change as well as knowledge and attitude change. Comprehensive sex education programs show strong evidence that they positively affect young people's sexual behavior, including both delaying initiation of sex and increasing condom and contraceptive use among important groups of youth.

Comprehensive sex education is responsible, age-appropriate, medically accurate instruction that emphasizes the benefits of abstinence while also teaching about contraception, disease-prevention methods, and a variety of other topics related to sexuality. We need to ensure that all teens in Hawaii are provided medically accurate sex education, so that they will make knowledgeable and informed decisions about their sexual health.

We appreciate your consideration of this measure. Mahalo for this opportunity to testify today.

HAWAII YOUTH SERVICES NETWORK

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Web site: <http://www.hysn.org> E-mail: info@hysn.org

Alan Shinn, President

Judith F. Clark, Executive Director

Acadia Hawaii Residential Treatment
Center (Formerly Children's
Comprehensive Services)

Adolescent Services Program, Kaiser
Permanent Medical Care System

Aloha Pride Center

American Civil Liberties Union of Hawaii

Assistive Technology Resource Ctrs. of HI

Bay Clinic, Inc.

Big Brothers Big Sisters of Honolulu

Big Island Substance Abuse Council

Blueprint for Change

Bobby Benson Center

Catholic Charities Hawaii

Central Oahu Youth Services Assn.

Child and Family Service

Coalition for a Drug Free Hawaii

Community Assistance Center

Domestic Violence Action Center

EPIC, Inc.

Family Support Services of West Hawaii

Foster Family Programs of Hawaii

Friends of the Missing Child Center of HI

Hale Kipa, Inc.

Hale 'Opio Kauai, Inc.

Hawaii Behavioral Health

Hawaii Foster Parent Association

Hawaii Student Television

Healthy Mothers Healthy Babies Coalition

Hina Mauka Teen Care

Kahi Moliaka Behavioral Health

Kama'aina Kids, Inc.

KEY (Kualoa-Hee'ea Ecumenical Youth)
Project

Kids Behavioral Health

Kids Hurt Too

Kokua Kalihii Valley

Life Foundation

Marimed Foundation

The Maui Farm, Inc.

Maui Youth and Family Services

Palama Settlement

P.A.R.E.N.T.S., Inc.

Parents and Children Together (PACT)

Planned Parenthood of Hawaii

Salvation Army Family Intervention Svcs.

Salvation Army Family Treatment Svcs.

Sex Abuse Treatment Center

Susannah Wesley Community Center

Turning Point for Families

Waikiki Health Center

Women Helping Women

YouthVision

YWCA of Kauai

February 10, 2009

To: Senator David Ige, Chair
And members of the Committee on Health

Testimony on SB 777 Relating to Comprehensive Sexuality Health Education

Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, strongly supports SB 777 Relating to Comprehensive Sexuality Health 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. HYSN recommends the following language be adopted regarding state funding (which is congruent with amendments made by the House Committee on Health):


The purpose of this Act is to require any recipient of state funding specifically for sexuality health education programs to provide medically accurate, factual, and comprehensive information that is age appropriate and includes education on abstinence and contraception.

SECTION 2. Chapter 321, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"§321- Medically accurate sexuality health education. (a) Sexuality health education programs funded by the State shall provide medically accurate and factual information that is age appropriate and includes education on abstinence, contraception, and methods of disease prevention to prevent unintended pregnancy and sexually transmitted disease, including human immunodeficiency virus.

Thank you for this opportunity to testify.

Sincerely,

A handwritten signature in black ink, appearing to read "Judith F. Clark". The signature is fluid and cursive, with the first name "Judith" being the most prominent.

Judith F. Clark, MPH
Executive Director

PLANNED PARENTHOOD® OF HAWAII

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February 11, 2009

Testimony in Support: SB 777

To: Senator David Ige, Chair, and Senator Josh Green, M.D., Vice Chair, and Members of the Senate Health Committee

From: Katie Reardon, Vice President of Government & Public Affairs and Sonia Blackiston, Director of Education, Planned Parenthood of Hawaii.

Re: Testimony in Support of SB 777

I thank you for allowing me the opportunity to testify today in support of SB 777, requiring that state funded sexual education programs be comprehensive and medically accurate. Planned Parenthood fully supports this bill and we find it to be a crucial step toward ensuring the health and safety of Hawaii's youth.

I. SB 777 Provides For Comprehensive and Medically Accurate Sexual Health Education

SB 777 requires sexual health education programs that are funded by the state of Hawaii to be medically accurate and include information about contraception, pregnancy prevention, and prevention of sexually transmitted infections (STI's), including HIV as well as information about abstinence. We find this bill to be a crucial step toward ensuring the health and safety of Hawaii's youth.

The bill amends Title 19, Chapter 321, Part XIX School Health Services Program. The purpose of this chapter, in part, is "to establish a permanent statewide school health program ...making available at the public schools...preventive health care..."

II. Hawaii's Teens Need Effective Sexual Health Education

Hawaii's youth deserve the best and most effective sex education. Hawaii has one of the lowest rates of teens reporting sexual intercourse. Yet, of those having sex, only 54% are using condoms. That's the lowest rate of condom use among sexually active teens in the country. ¹As a result, we see high rates of teen pregnancy and sexually transmitted diseases. Hawaii has one of the highest rates of teen pregnancy in the nation. ²Nationally, gonorrhea rates are on the rise and other STI's such as Chlamydia and syphilis continue to significantly impact the young population. In fact, one in four new STI's occur in adolescents.

¹ Eaton *et al.* Youth risk behavior surveillance, United States 2007. *Morbidity & Mortality Weekly Report, Surveillance Summaries 2008*; 57(SS-4):1-136.

² Guttmacher Institute, *Contraception Counts: Hawaii*, www.guttmacher.org/pubs/state_data/states/hawaii.html

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(A Maui United Way Agency)

³ And in Hawaii, a 2004 study found that youth aged 15-24 bore the highest burden, experiencing 67% of all Chlamydia infections.⁴ Hawaii has the nation's 6th highest rate of Chlamydia infection.⁵

Hawaii receives and distributes Federal Title V funding that mandates the provision of "abstinence-only" sex education. According to Sexuality Information and Education Council of the United States (SIECUS), Federal "abstinence-only" funding spent in Hawaii in 2007 amounted to over \$1.1 million.⁶ To clarify, approximately \$162,000 "abstinence-only" money is given to the Hawaii's Department of Health. Another almost \$900,000 is distributed to independent organizations in Hawaii. Based on this funding our teens have been given inaccurate and ineffective information about their sexual health, placing them at risk for STI's, HIV infection, and teen pregnancy. Hawaii's youth deserve better. SB 777 gives the State of Hawaii the option to provide a healthier alternative through state funding.

III. Overwhelming Medical and Professional Support for Comprehensive Sexual Health Education Exists

The **American Medical Association** urges schools to implement comprehensive, developmentally appropriate sexuality education programs and to include an integrated strategy for making condoms available to students.⁷

The **American Academy of Pediatrics** believes that "children and adolescents need accurate and comprehensive education about sexuality to practice healthy sexual behavior as adults."⁸ The AAP's policy statement continues: "Abstinence-only programs have not demonstrated successful outcomes with regard to delayed initiation of sexual activity or use of safer sex practices."⁹

The **National Education Association** recommends the SIECUS Guidelines for Comprehensive Sexuality Education a resource in developing appropriate school-based curriculum.¹⁰

The **American School Health Association** "recommends sexuality education to exist within a comprehensive school health education program to demonstrate the interrelationship of health behaviors and to provide a planned, sequential pre-kindergarten through 12th grade curriculum."¹¹

Finally, medically accurate sexual health education works. According to the **National Campaign to Prevent Teen Pregnancy**, teens who receive comprehensive sex education are more likely to delay sexual activity, to use contraceptives when they do become sexually active, and to have fewer partners.¹²

³ American Social Health Association, "STD Statistics", www.ashastd.org

⁴ Hawaii Department of Health. "Case Rate of Reported Cases of Chlamydia, Hawai'i and US, 1986-2004." Accessed from <http://hawaii.gov/health/healthy-lifestyles/std-aids/data-statistics/figures/stats-chlamydia.pps> on August 15, 2008.

⁵ Id.

⁶ Sexuality Information and Education Council of the United States (SIECUS), *Hawaii State Profile*, www.siecus.org.

⁷ Policy Statement, *Sexuality Education, Abstinence, and Distribution of Condoms in Schools*, AMA, 1999. http://www.ama-assn.org/apps/pf_online?f_n=browse&doc=policyfiles/HOD/H-170.968.HTM

⁸ Policy Statement, *Sexuality education for Children and Adolescents*, AAP, 2001. <http://www.aap.org/policy/0068.html>

⁹ Id.

¹⁰ Sexual Health Fact Sheet, NEA, "Sexual Health, the Role of School Personnel." See http://www.neahin.org/resources/docs/Sexual_Health_HIN_Flyer.pdf

¹¹ *American School Health Association Compendium of Resolutions*, ASHA, April 2002. See <http://www.ashaweb.org/family.life>

¹² Kirby, D.. (2001) "Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy". Washington, D.C. : National Campaign to Prevent Teen Pregnancy, 95.

IV. Conclusion

We ask you as lawmakers to do your best to provide for Hawaii's teens and to give them the education and tools that they need to keep themselves safe and healthy and to make responsible choices. Those tools include information about abstinence, as well as contraceptives, STI's, HIV, in addition to teaching abstinence. Our teens that chose to be sexually active must have the right information to keep themselves healthy and safe and to avoid the life altering effects of STI's and unwanted pregnancy. Ensuring that Hawaii's youth receive comprehensive and accurate sexual health education will not only reduce our rates of STI's and teen pregnancy, but it will empower our youth with the necessary tools they need to keep themselves safe and healthy. We ask you to pass SB 777. Thank you for this opportunity to testify today.



BY EMAIL: HTHTestimony@capitol.hawaii.gov

Committee: Committee on Health
Hearing Date/Time: Wednesday, February 11, 2009, 3:00 p.m.
Place: Room 016
Re: *Testimony of the ACLU of Hawaii in Support of S.B. 777, Relating to Comprehensive Sexuality Health Education*

Dear Chair Ige and Members of the Committee on Health:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of S.B. 777, which seeks to require any recipient of state funding to provide medically accurate sexuality education.

The ACLU of Hawaii applauds this Committee for considering this bill and seeking to ensure the health and safety of Hawaii’s youth. Evidence shows that sexuality education that stresses the importance of waiting to have sex – while providing accurate, age-appropriate, and complete information about how to use contraceptives effectively to prevent pregnancy and sexually transmitted infections (STIs) – can help teens make healthy and responsible life decisions.¹

Abstinence-only, on the other hand, is a failed policy and is contrary to what most parents and teens want or need. Numerous studies have concluded that these programs are ineffective.² We also know that abstinence-only programs censor healthcare professionals, forcing them to withhold information about contraceptives that teens need to protect themselves.³ Moreover, they teach gender stereotypes, provide inaccurate information, discriminate against lesbian and gay teens, and in some cases promote religion in violation of the Constitution.⁴

¹ Douglas Kirby, Ph.D., *Emerging Answers 2007: Research findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, The National Campaign to Prevent Teen and Unplanned Pregnancy, November 2007.

² Sexuality Information & Education Council of the United States (SEICUS), *What the Research Says*, October 2007, available at: <http://www.seicus.org> (click on “policy quick facts”).

³ House Committee on Oversight and Reform, *Domestic Abstinence-Only Programs: Assessing the Evidence*, April 2008, available at: <http://oversight.house.gov/story.asp?ID=1888>.

⁴ See, e.g., Sexuality Information & Education Council of the United States (SEICUS), *Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth*, available at: <http://www.seicus.org> (click on “policy quick facts”).

American Civil Liberties Union of Hawai'i
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www.acluhawaii.org

Giving teens the information they need to make responsible life decisions about sex not only helps teens choose to delay sex, but also helps to protect their health.

- A nationwide study of 15-19 year olds found that teens who participated in sexuality education programs that both (a) discuss the importance of delaying sex and (b) provide information about contraceptive use were significantly less likely to report teen pregnancies than were those who received either no sex education or attended abstinence-only-until-marriage programs.⁵
- A review of 115 sex education programs found that curricula that both (a) stress waiting to have sex and (b) provide information about using contraception effectively can significantly delay the initiation of sex, reduce the frequency of sex, reduce the number of sexual partners, and increase condom or contraceptive use among teens.⁶
- The Centers for Disease Control & Prevention note that “research has clearly shown that the most effective programs [to prevent the spread of HIV/AIDS] are comprehensive ones that include a focus on delaying sexual behavior *and* provide information on how sexually active young people can protect themselves.”⁷

Parents want schools to teach comprehensive sexuality education and do not think taxpayer dollars should be spent on abstinence-only-until-marriage programs.

- More than 85 percent of Americans believe that it is appropriate for school-based sex education programs to teach students how to use and where to get contraceptives.⁸
- Seventy percent of Americans oppose the use of federal funds for abstinence-only-until-marriage programs that prohibit teaching about the use of condoms and contraception for the prevention of unintended pregnancies and STIs.⁹

⁵ Pamela K. Kohler, RN. et al., Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy, *Journal of Adolescent Health*, Spring 2008.

⁶ Douglas Kirby, Ph.D. et al., *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, The National Campaign to Prevent Teen and Unplanned Pregnancy, November 2007.

⁷ Centers for Disease Control & Prevention, *Fact Sheet: Young People at Risk: HIV/AIDS Among America's Youth*, National Center for HIV, STD and TB Prevention, March 2002.

⁸ National Public Radio, Kaiser Family Foundation, and Harvard University's Kennedy School of Government, *Sex Education in America*, January 2004.

⁹ Advocates for Youth and SIECUS, “Americans Oppose Abstinence-Only Education Censoring Information on Contraception,” 1999.

Studies show that most abstinence-only-until-marriage programs are ineffective, and some show that these programs deter teens who become sexually active from protecting themselves from unintended pregnancy or STIs.

- A rigorous, multi-year, scientific evaluation commissioned by Congress presents clear evidence that abstinence-only-until-marriage programs do not work. The study, which looked at four federally funded programs and studied more than 2000 students, found that abstinence-only program participants were just as likely to have sex before marriage as teens who did not participate. Furthermore, program participants had first intercourse at the same mean age and the same number of sexual partners as teens who did not participate in the federally funded programs.¹⁰
- A review of program evaluations in 11 states (AZ, CA FL, IA, MD, MN, MO, NE, OR, PA, WA) indicates that after participating in abstinence-only-until-marriage programs, teens are less willing to use contraception, including condoms. And in only one state, did any program demonstrate any success in delaying the initiation of sex.¹¹
- Some abstinence-only-until-marriage programs include “Virginity Pledges,” whereby teens sign cards promising to remain virgins until they are married. While data suggests that under limited circumstances, teens who sign a pledge may delay sexual intercourse, 88 percent still have sex before marriage. Research also shows that pledgers’ rate of STIs does not differ from the rate of nonpledgers and that pledgers are less likely to use condoms at first intercourse or to be tested for STIs than nonpledgers.¹²

¹⁰ Christopher Trenholm et al., *Impacts of Four Title V, Section 510 Abstinence Education Programs*, Princeton: Mathematica Policy Research, Inc., April 2007.

¹¹ Debra Hauser, *Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact*, Advocates for Youth, September 2004.

¹² Hannah Brückner and Peter Bearman, “After the promise: the STD consequences of adolescent virginity pledges,” *Journal of Adolescent Health*, 36 (2005) 271-278.

Hon. Sen. Ige, Chair, HTH Committee
and Members Thereof
February 11, 2009
Page 4 of 4

A recent congressional report found that widely used federally funded abstinence-only-until-marriage curricula distort information, misrepresent the facts, and promote gender stereotypes.

- More than 80 percent of the abstinence-only-until-marriage curricula reviewed contain false, misleading, or distorted information about reproductive health.
- The Congressional report found that abstinence-only curricula misrepresent the effectiveness of contraceptives in preventing STIs and unintended pregnancy. They also contain false information about the risks of abortion, blur religion and science, promote gender stereotypes, and contain basic scientific errors.¹³

Sex education that only addresses abstinence fails the youth of Hawaii. Our teens must have the right information to keep themselves healthy and safe.

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for over 40 years.

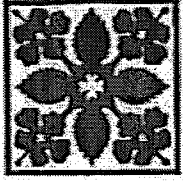
Thank you for this opportunity to testify.

Sincerely,

Laurie A. Temple
Staff Attorney
ACLU of Hawaii

¹³ *"The Content of Federally Funded Abstinence-Only Education Programs,"* Prepared for Rep. Henry A. Waxman, United States House of Representatives, Committee on Government Reform – Minority Staff, Special Investigations Division, December 2004.

American Civil Liberties Union of Hawai'i
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Hawai'i Women's Political Caucus

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Director

Joy Kobashigawa-Lewis
Director

Alice Tucker
Director

A State Chapter of the
National Women's
Political Caucus

February 9, 2009

TO: Senator David Y. Ige, Chair
Senator Josh Green, MD., Vice Chair and
Members of the Senate Committee on Health

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

RE: SB777 Relating to Comprehensive Sexuality Health Education
(Wednesday, February 11, 2009 at 3:00pm in Room 016)

POSITION: STRONG SUPPORT

Good afternoon, Chair Ige, Vice Chair Green and members of the Senate Committee on Health. I am Faye Kennedy representing the Hawai'i Women's Political Caucus and submitting testimony in strong support of SB777 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.

From: Coreyanne Armstrong [coreyanne_armstrong@hotmail.com]
Sent: Tuesday, February 10, 2009 3:56 PM
To: HTHTestimony
Subject: SB 777

Categories: Green Category, Blue Category

**THE SENATE
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009**

COMMITTEE ON HEALTH

DATE: Wednesday, February 11, 2009
TIME: 3:00 PM
PLACE: Conference Room 016

Testimony in Opposition to SB 777

RELATING TO COMPREHENSIVE SEXUALITY HEALTH EDUCATION

My name is Coreyanne Armstrong, and I would like to relate my personal experiences to you in order to encourage you to oppose SB 777. I was raised as a typical public school student in Texas, outside of Houston. I was abstinent until my wedding night. It was not due to any religious brainwashing nor was it due to the health education I received (since I took health through a correspondence course that basically covered the sex organs but not sexuality). It was due to COMMON SENSE, and the importance I placed on my future, my life, my person, and my feelings. I was as egocentric as your typical teen; however, rather than caring what everyone thought of me, I cared about being able to approve of myself.

What should be teach children and teenagers about contraception, sexuality, STDs, etc? We need to teach them the truth that every adult knows, and most kids know in their heart already from observing the world around them. If they engage in sexual activity, there is a chance they will contract an STD or become pregnant. Period. There is no disputing this fact. What it comes down to is whether or not these kids care enough about their futures to do something about this fact and make wise decisions. I have to be honest in saying that my parents neglected to give me "the talk." They didn't really take us to church. I didn't sit through "Sex Ed." Yet, I went to college when I was sixteen and lived in a dorm. I went to the Naval Academy when I was eighteen and lived next door to 4000 young men. I then went into the Navy for two years before I was married. How did I remain abstinent through all of this? Why did I insist that men "stop" before going too far (when I was definitely in quite a few sticky situations.)? WHAT WAS THE BIG DEAL? AFTER ALL, EVERYONE IS DOING IT!!

Here it is: I cared about my future. I had a goal. Maybe all young people do not have the same goal, but can you, as legislators, say that you do not have this same goal for our children? My goal was to finish high school, go to college, and have a successful career. It can safely be said from all the rhetoric that comes from our government about education that FINISHING HIGH SCHOOL is a goal legislators and parents have for every child. Pursuing further education may be a goal as well, but that is not the point. The point is that if you want to help these children succeed, convincing them that "using protection" will help them achieve their goal is folly. We all know this. We're all adults and know that even "responsible" grown men and women get STDs and become pregnant while "using protection" of various sorts. Why should kids be any different? There is only one truth, and that is that abstaining from sexual activity

will keep them free from STDs and unplanned pregnancies. Nothing else has been proven effective. I can give my 5 year old knee pads and a helmet and then tell her to “watch out for cars,” but the only thing that will DEFINITELY keep her from being killed by a car in the middle of the street is to KEEP HER OFF THE STREET.

Where did I receive my “education?” The media and movies, and those living around me taught me the TRUTH about sex – that to have sex can lead to consequences which could derail my future plans. As long as we are teaching kids something that is hypocritical compared to what reality teaches them, they will just ignore it. Don’t underestimate their ability to learn the truth from their environment. The consequences of “using protection” are all around them. Teach them the truth! GIVE THEM THE STRENGTH AND THE INFORMATION TO FIRE BACK AT THOSE WHO WILL TRY TO CONVINCING THEM TO HOP IN THE SACK. I am thankful that I had a strong personality and enough confidence in my own knowledge of the truth to face up to all the men who tried to get me to have sex with them through the years. Believe me, the pressure for sex started early, and it was persistent, coming from all directions. (Even my mom cornered me at one point to tell me to use a condom with my boyfriend. Thankfully, I told her I had chosen to not have sex until I was married because it was the only sure way to avoid pregnancy and disease.) Please, stand with these kids. Be right beside them giving them the information that they need to fight back, to fight for their own self-worth. Keep funding the abstinence-only programs because WE ALL KNOW, AND SO DO THE KIDS, that only abstinence can keep them on the track to finishing high school and being self-confident adults who don’t rely on sex (like our culture would have them do) for approval. Knowledge is power -- let’s give these kids the power to put themselves and their goals first.

Very respectfully,
Coreyanne Armstrong
757-582-1992
Coreyanne_armstrong@hotmail.com

COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

DATE: Wednesday February 11, 2009
TIME: 3:00 PM
PLACE: Conference Room 016
State Capitol
415 South Beretania Street

SB 777
RELATING TO COMPREHENSIVE SEXUALITY HEALTH EDUCATION.

My name is Sharon Ferguson-Quick and I'm the Executive Director of the Hawaii State Commission on the Status of Women. I strongly support this bill in purpose that requires any recipient of state funding to provide medically accurate sexuality education. We as parents and as a community at large know that the best situation for all of us is to education a children in a way that allows them to make good sound decisions for their future. One of the areas that has the largest impact on their futures are the decisions they make about their sexuality and their sexual choices. It is extremely important that we make sure they have the best information possible to make the best decisions. Medically accurate sexuality education is the best possible information.

I ask this committee to ensure that our children are getting the best. I strongly support this bill, please pass it forward.

Sharon Ferguson-Quick
Executive Director
Hawaii State Commission on the Status of Women

February 10, 2009

TO: Senators David Ige and Josh Green, MD
Senate Committee on Health

FROM: Melinda Wood, private citizen

SUBJECT: In Support of SB 777

Thank you for the opportunity to testify on SB 777 Relating to Comprehensive Sexuality Health Education. This bill is needed to overcome the harm done by the years of abstinence-only sex education in our state.

As a result of teaching abstinence-only in the DOE, Hawaii teens have one of the highest pregnancy rates in the US, the sixth highest rate of Chlamydia in the country, and the absolute lowest rate of condom use in the US. The Waxman Report authored by US Congressman Henry Waxman reported that abstinence-only education by and large has been a failure across the country in reducing teen sexual activity and the consequences that follow.

Comprehensive sexuality education most certainly includes abstinence as one part of healthy sexuality. Deciding for oneself about being ready, or not ready, to express one's sexuality requires a sense of self-respect and confidence, not just a fear of "what happens if...?" One of Hawaii's most effective sexuality education programs is called "Making Proud Choices," integrating self-respect and pride into defining one's sexuality.

I highly recommend that the Hawaii Senate support medically accurate comprehensive sexuality education for all of Hawaii's teens. Should you wish to discuss this further with me, you may call me at 945-0135. I look forward to a positive outcome on this matter.

DATE: February 9, 2009

TO: Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair
Members of the Health Committee

FROM: Betty Sestak, Public Policy Chair,
American Association of University Women, Hawaii Division

HEARING: Senate Committee On Health, Room 016

**Public Hearing on SB 777 Comprehensive Sexual Health
Education**

Wednesday, February 11, 2009 at 3:00 PM

RE: SB 777 relating to medically accurate sex education.

We are testifying in support of SB777 relating to sex education.

My name is Betty Sestak, RN, MPH, CRC, LMHC and I am the public policy chairperson for the state division of AAUW that has a membership of approximately 90 concerned women who feel strongly about this issue. We are in strong support of this bill to provide medically accurate sex education to our youth;

Hawaii's youth deserve the best and most effective sex education. Hawaii has one of the lowest rates of teens reporting sexual intercourse. Still of those having sex, only 54% are using condoms. **That's the lowest rate of condom use among sexually active teens in the country.** As a result, we see high rates of teen pregnancy and sexually transmitted diseases. **Hawaii has one of the highest rates of teen pregnancy in the nation.** Nationally, gonorrhea rates are on the rise and other STDs such as Chlamydia and syphilis continue to significantly impact the young population. In fact, one in four new STDs occur in adolescents.

Sex education that only addresses abstinence fails the youth of Hawaii. Our teens who chose to be sexually active must have the right information to keep themselves healthy and safe. Ensuring that Hawaii's youth receives comprehensive and accurate sexual health education will not only reduce our rates of sexually transmitted diseases and teen pregnancy, but it will empower our youth with the necessary tools they need to keep themselves safe and healthy.

We are in strong support of SB777. Thank you on behalf of the Hawaii division AAUW for the opportunity to testify and to support this bill.

Betty Sestak
391-9390

From: judith anderson [gr80lbroad@hotmail.com]
Sent: Monday, February 09, 2009 7:56 PM
To: HTHTestimony
Subject: Testimony on two bills, SB604 and SB777, to be heard 2/11/09 at 3 p.m.

Categories: Green Category, Blue Category

Dear Chair Ige, Vice Chair Green and members of the Senate Committee on Health,

My name is Judith Anderson, and I wish to submit testimony in support of the two bills above.

Re SB604, I cannot tell you how much I abhor the laws that allow religious scruples to deny any woman, particularly one who has been raped, all possible care to reduce or eliminate the risk of disease or pregnancy. If a doctor, a nurse, a pharmacist or anyone else in the health industry feels unable to prescribe or provide certain medications or information to a patient in need of them, that person should find another profession. They are in the health industry, not the religious industry or the philosophical industry or the moral guidance industry. Their job is to provide the health knowledge they possess to anyone who needs it, not to determine who is worthy of their assistance or what assistance is worthy of being provided.

Doctors take an oath to do no harm, yet will prevent a raped woman from obtaining the means to avoid bearing a child of her rapist's. Can anyone with 2 functioning brain cells consider this to be doing no harm? I have heard that if a given hospital is unwilling to provide contraceptive aid or information it may send a woman to another hospital which is. Does anyone actually think it is not outrageous to tell a woman who has been severely traumatized that she should get into a cab with a strange man and hie herself off to someone else who might help her? Such a woman is rarely in any kind of shape to go trundling from one hospital to another, begging for the most basic help. To force her to deal with rejection and disapproval and frightening actions at a time like this is unconscionable.

I strongly urge you to support this bill.

Re SB777, this is a natural precursor to the bill above. People who receive complete, accurate and unbiased education in their youth are less likely to be either rapist or rape victim. They have knowledge of their bodies and their sexuality and the best way to use them. They have knowledge of situations which may be risky, and of more intelligent and healthy and rewarding ways of using their sexuality. A proper education will provide knowledge of civilized ways of relating to the opposite sex, of respect toward themselves and others. Some people will always be inclined to ignore this knowledge, but at least they will know of better choices if they are able to make them.

To make the most of their lives and their relationships with others, they need to have a true knowledge of sex and sexuality, of their bodies, of their emotions, of how to relate to and respect those with whom they must interact in their personal relations. A narrow, incomplete, inaccurate and disapproving so-called 'sex education' prepares children only for unhappiness, inappropriate actions and a restricted, unfulfilling love life. We must keep our education clear of bias and bigotry, and reserve religion, philophy and any other dogma for activities outside of our educational system.

Judith Anderson
2421 Ala Wai Blvd.
Honolulu HI 96815

THE SENATE
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009

COMMITTEE ON HEALTH

DATE: Wednesday, February 11, 2009
TIME: 3:00 PM
PLACE: Conference Room 016

Testimony in Opposition to SB 777

RELATING TO COMPREHENSIVE SEXUALITY HEALTH EDUCATION

Carol R. White, Board Member
Hawaii Right to Life

On January 30th, the House Committee on Health heard a similar bill. In testimony offered by Chiyome Leinaala Fukino, M.D., the Department of Health opposed rejecting federal funding for abstinence-only education programs.

She wrote: "This bill is not necessary because abstinence-only audiences have access to State-funded programs and resources such as family planning and other teen pregnancy prevention counseling that do provide comprehensive contraceptive information."

In addition, the Department of Education already provides for comprehensive reproductive health education in the public schools. **So why are such bills even being heard?**

Unfortunately, the proponents are victims of group think and misinformation distributed by foes of traditional morality.

It is indeed unfortunate that this bill is based on lies about abstinence education. Those falsehoods are easily checked by going to the website of the National Abstinence Education Association.

References are made to the 2007 Mathematica Policy Research Inc. study of abstinence programs. It was widely disseminated **even though it was a very limited study — only four early abstinence programs — and was based on flawed methodology. The targeted children were in abstinence programs at age 9-11 and had no follow-up before being evaluated when they were 15-16 years of age.**

Anyone having children knows that you have to reinforce your instruction over a number of years, not just a few times.

The Journal of Research on Adolescence published [2007] the results of a survey covering 1,052 inner-city adolescents. A team of pediatricians at New York City's Albert Einstein College of Medicine conducted the research and found that abstinent students have a stronger academic profile, while those who engage in sexual experimentation are more likely to exhibit academic and behavioral pathologies. The non-abstinent students were more likely to earn low grades, drop out of high school and experiment with drug and alcohol use. The Einstein scholars identified the "co-occurrence of substance abuse and dropping out of school with sexual activity" as a "problem behavior syndrome."

A **Harvard Medical School study**, reported by SUNY Cortland School of Education's Center for the 4th and 5th Rs, demonstrated the emotional consequences of early sexual behavior. The Harvard study reported that "when Harvard students adopted a strict sexual code, their relationships and academic performance improved."

Janice Shaw Crouse, Ph.D., Senior Fellow at the Beverly LaHaye Institute, the think tank for Concerned Women for America, in examining the statistics showing teen sexual activity, teen birthrates, and teen abortions are down, comments:

Let's do the math. Three out of three's not bad! Especially considering that liberal researchers can't seem to find any effect from abstinence programs. **During the 30-year reign of condom-based sex education, teen sexual activity increased, teen births dramatically increased and teen abortions were going up.** What's different now? Have teens suddenly learned how to use condoms more effectively and consistently than adult women who are using contraception but are frequently surprised nonetheless to find themselves pregnant? Somehow, I doubt it!"

Why would we go back to programs that encourage students to engage in behavior that we know is risky — behaviors that the Einstein pediatricians indicate produce "problem behavior syndrome"? So-called comprehensive sex education has little evidence of success.

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.

This committee should not buy into easily disproved lies about abstinence programs.

Hold this bill and take the time to examine unbiased abstinence studies and judge for yourself their effectiveness.

PAMELA LICHTY, MPH
MEMBER, ACLU OF HAWAII LEGISLATIVE WORKING GROUP
808 224-3056
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TO: Senate Committee On Health

RE: **SB 777** RELATING TO COMPREHENSIVE SEXUALITY HEALTH
EDUCATION– in support

DATE: Wednesday, February 11, 2009 at 3:00 PM, room 016

Chair Ige and Members of the Committee on Health:

As a long time advocate for public health and especially women's health care, in the state of Hawai'i I'm testifying in strong support of SB 777. I'm also a member of the ACLU of Hawaii's Legislative Working Group.

The ACLU strongly supports this measure which would further our goal of encouraging the provision of accurate information to strengthen people's knowledge and therefore control over their own bodies, lives, and futures. Young people in particular, require scientifically-based educational materials with which to make responsible choices about their sexual lives

Our national Reproductive Freedom Project works with many national medical organizations such as the American Medical Association and the American College of Obstetricians and Gynecologists to further this goal.

Concern about young people's sexual behavior and its consequences are strongly supported by research which shows that:

- Nearly two-thirds of all high school seniors in the U.S. have had sexual intercourse.
- Each year, approximately 9.1 million 15-24 year olds are infected with sexually transmitted infections (STIs), accounting for almost one-half of the total new STIs occurring annually in the U.S.
- The Centers for Disease Control & Prevention estimate that one-half of all new HIV infections occur among people under age 25, with the majority contracted through sexual intercourse. *[citations given in this testimony are available on the www.aclu.org website.]*

Moreover approximately 822,000 pregnancies occurred among 15-19 year old women in 2000.

The vast majority of Americans want scientifically based information made available to our children:

- In a nationwide poll conducted in 2004 for the Kaiser Family Foundation, National Public Radio, and the Kennedy School of Government, researchers found that an overwhelming majority of parents want sex education curricula to cover topics such as how to use and where to get contraceptives, including condoms; abortion; and sexual orientation.
- Similarly, major medical organizations have advocated for and/or endorsed comprehensive sexuality education, including the American Medical Association, the American Academy of Pediatrics, the American College of Obstetrics and Gynecology, and the Society for Adolescent Medicine.

In short we believe that both medical experts and the general public concur that the ideas put forth in SB777 are both necessary and important. We urge you to pass it on to next committee with a strong recommendation. Thank you for the opportunity to testify.