

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:

House Committee on Health
H.B. 0329, Relating to Health

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 to reject programs and
2 federal funding for abstinence-only-until-marriage education programs.

3 **Fiscal Implications:** None

4 **Purpose and Justification:** The purpose of this bill is to amend Hawai'i Revised Statute, Chapter §302
5 and 321, by creating two new sections that will require the State to reject programs and funding for
6 abstinence-only-until-marriage programs. The Title V Abstinence-Only Program integrates sexual
7 abstinence until marriage, as the expected standard with healthy youth development activities that are
8 provided in an out-of-school setting. Abstinence-only education promotes and provides age-appropriate
9 information about sexual health and provides accurate and factual information on sexually transmitted
10 diseases and HIV/AIDS as reasons to be abstinent. Healthy youth development activities include
11 character and relationship building approaches to equip young people with the skills needed to make
12 healthy decisions and safe choices. This bill is not necessary because abstinence-only audiences have
13 access to State-funded programs and resources such as family planning and other teen pregnancy
14 prevention counseling that do provide comprehensive contraceptive information. Further, the
15 Department of Education's abstinence-based policy already provides for comprehensive reproductive

1 health education in the public schools. Program materials are reviewed by DOH on a regular basis and
2 inaccurate information would be corrected at that time.

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

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR



KURT KAWAFUCHI
DIRECTOR OF TAXATION

SANDRA L. YAHIRO
DEPUTY DIRECTOR

STATE OF HAWAII
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**HOUSE COMMITTEE ON HEALTH
TESTIMONY REGARDING HB 438
RELATING TO TAXATION**

TESTIFIER: KURT KAWAFUCHI, DIRECTOR OF TAXATION (OR DESIGNEE)

DATE: JANUARY 30, 2009

TIME: 8:30AM

ROOM: 329

This measure establishes a new chapter in Title 14, Hawaii Revised Statutes, to provide for the assessment and collection of a surcharge tax on soda.

The Department of Taxation (Department) **opposes the tax increase** contained in this measure and recommends that this measure be held.

DEFERRAL TO DEPARTMENT OF HEALTH ON THE MERITS—The Department takes no position on the policy needs for taxing soda and other sugary drinks and defers to the Department of Health on the merits.

A TAX INCREASE—The Department opposes this tax increase. The Department does not support tax increases, especially increases that will not benefit the general fund or raise revenue for the general expenditures of the state. This tax increase will simply increase the costs to consumers to fund narrow programs.

A HIGHLY REGRESSIVE TAX INCREASE ON THE POOR—This measure is highly regressive in that it impacts poor more than the rich as a percentage of income. Anecdotal evidence suggest that the poor are more likely to consume the sugary drinks sought to be regulated in this measure. Thus, it impacts the poor the most.

UNNECESSARY STRUCTURE—The Department suggests that new tax chapter contained in this measure is overly complicated to achieve its purpose. If the intent is to keep this surcharge as a tax under the tax code, it should be simply added as a surcharge to the general excise tax, similar to the county surcharge tax. This will allow for all of the procedural provisions and the certainty of the well-developed general excise tax law to control administration.

ADDS COMPLEXITY ON BUSINESSES—Also, this measure will make it more difficult for mom-and-pop and other small businesses to comply with Hawaii's already burdensome business environment. Under this measure, a business must apply to sell soda when soda is not an otherwise regulated product.

RESOURCE INTENSIVE—The Department also opposes this measure because it does not have the resources to administer this. The Department would need additional resources that have not been factored into the budget. The Department will need to invest in computer enhancements and personnel to administer this tax that could reach several million dollars.

In short, the Department opposes this measure as a regressive tax increase. The Department also suggests that the Committee explore alternative means to assessing this surcharge as an add-on to existing frameworks.

This legislation results in an indeterminate revenue impact due to unspecified data in the bill.

Date of Hearing: January 30, 2009

Committee: House Health

Department: Education

Person Testifying: Patricia Hamamoto, Superintendent

Title: H.B. No. 329, Relating to Health

Purpose: Requires the State to reject all Title V federal funding for mandated abstinence-only-until-marriage programs.

Department's Position: The Department of Education (Department) supports H.B. No. 329. The Department currently provides comprehensive abstinence-based sex education through the Hawaii Content and Performance Standards for Health Education. The Bill supports 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 does not currently accept any federal Title V (Social Security Act of 1996) funding for abstinence-only programs.



DEMOCRATIC PARTY OF HAWAI'I

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

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

Re: HB 329 Relating to Health
(8:30am, Friday, January 30, 2009, Room 329)

Position: **STRONG SUPPORT**

Thank you for allowing me to present written testimony today, in support of HB 329 which urges the State of Hawai'i to reject "abstinence-only-until-marriage" funding.

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 because of this mission, the Women's Caucus does not support the policy of "abstinence only until marriage". Numerous studies have demonstrated that promoting delay of sexual activity until marriage has been a failure. We note too, that this policy has not protected our youth from sexually transmitted infections, unintended pregnancies, or delaying first sex experiences.

The Hawai'i Department of Education's Sexuality Education policy 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 ...and consequent emotional distress". The policy specifies that programs shall help students remain abstinent, help currently sexually active students become abstinent, and "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 current federal program of "abstinence only until marriage" prohibits the teaching of contraception or discussion of protective devices....contrary to Hawai'i State Education Policy.

In addition, the federal program of "abstinence only until marriage" mandates the provision of misinformation in its curriculum such as teaching "that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects". There is simply no sound public health evidence to support this statement and it is improper to teach false information. We strongly urge this committee to pass HB 329 and join the 25 other states who have rejected the misguided federal policy and funds attached. Thank you for allowing me to submit my testimony in support of this measure.



**Hawai'i
Women's
Political
Caucus**

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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 329 Relating to Health
(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 Hawaii Women's Political Caucus and submitting testimony in strong support of HB 329 which requires the State to reject all Title V federal funding for mandated abstinence-only-until marriage programs.

Title V federal funding currently imposes a mandate that programs receiving funding provide sex education that promotes abstinence until marriage as the only means of preventing pregnancy and STIs. Such "education" does NOT provide even basic information about contraceptives, sexually transmitted diseases, and HIV.

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 diseases (STDs) can help teens make healthy and responsible life decisions. Yet there is currently no federal program dedicated to supporting this approach. Instead, since 1996, the federal government has funneled more than a billion dollars into abstinence-only-until-marriage programming, even in the face of clear evidence that these programs do not work.

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. Thank you for the opportunity to submit testimony in strong support of this measure.



BY FAX: 586-8519

Committee: Committee on Health
 Hearing Date/Time: Friday, January 30, 2009, 8:30 a.m.
 Place: Room 329
 Re: Testimony of the ACLU of Hawaii in Support of HB 329, Relating to Health

Dear Chair Yamane and Members of the Committee on Health:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes in support of HB 329, which seeks to require the State to reject all Title V federal funding for mandated abstinence-only-until-marriage programs.

The ACLU of Hawaii applauds this Committee for considering this bill. Hawaii (and our federal government) should stop spending money on programs that don't work. Abstinence-only is a failed policy, and is contrary to what most parents and teens want or need. Numerous studies have concluded that abstinence-only programs are ineffective.¹ Further, abstinence-only programs censor healthcare professionals, requiring them to withhold information about contraceptives that teens need to protect themselves.² 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.³ Hawaii's young adults deserve better.

¹ 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"); see also *Impacts of Four Title V, Section 510 Abstinence Education Programs*, Princeton: Mathematica Policy Research, Inc., April 2007; Hannah Bruckner Ph.D. & Peter Bearman Ph.D., *After the promise: the STD consequences of adolescent virginity pledges*, *Journal of Adolescent Health*, 36 (2005) 271-278.

² See House Committee on Oversight and Reform, *Domestic Abstinence-Only Programs: Assessing the Evidence*, April 2008, <http://oversight.house.gov/story.asp?ID=1888>.

³ See 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"). See also, Danielle LeClair, *Let's Talk About Sex Honestly: Why Federal Abstinence-Only-Until-Marriage-Education Programs Discriminate Against Girls, Are Bad Public Policy, and Should be Overturned*, 21 *Wis. Women's L.J.* 291 (2006).

American Civil Liberties Union of Hawaii
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Hon. Rep. Yamane, Chair, HLT Committee
and Members Thereof
January 30, 2009
Page 2 of 3

Almost half of the states have already rejected Title V federal abstinence-only-until-marriage funds.⁴

While financially strapped states might be expected to want their share, many have doubts that the program does much (if any) good, and they are frustrated by chronic uncertainty that it will even be kept in existence. Further, this is not "free" money: states have to contribute \$3.00 for every \$4.00 in federal funds as a condition of receiving the funds; rejecting Title V funds would allow the Legislature and the Board of Education to spend these resources on other, more effective, medically accurate programs.

Most Americans oppose abstinence-only education.

Polls consistently show that *eighty-five percent* of Americans support programs that teach about both abstinence and contraceptives.⁵ In fact, an ever-increasing number of states are rejecting abstinence-only funding under the Title V program, recognizing that the program is not in the best interest of their young people.

Abstinence-only programs are ineffective.

Empirical research demonstrates that these programs are ineffective and that we should spend our limited resources more wisely. A study commissioned by Congress evaluated several federally funded programs and found that teens who participated in them were just as likely to have sex as teens who did not participate.⁶ In April 2008, the House Committee on Oversight and Government Reform held a hearing to examine abstinence-only programs.⁷ Many speakers, particularly those from the American Public Health Association, the American Academy of

⁴ Sexuality Information & Education Council of the United States (SEICUS), *We're Outta Here: 25 states withdraw from crumbling Title V abstinence-only-until-marriage programs*, September 2008, available at: <http://www.seicus.org> (click on "policy quick facts").

⁵ National Public Radio, Kaiser Family Foundation, and Harvard University's Kennedy School of Government, *Sex Education in America*, January 2004. 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 sexually transmitted infections ("STIs"). Advocates for Youth and SEICUS. "Americans Oppose Abstinence-Only Education Censoring Information on Contraception." 1999.

⁶ *Impacts of Four Title V, Section 510 Abstinence Education Programs*, Princeton: Mathematica Policy Research, Inc., April 2007.

⁷ 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>.

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Hon. Rep. Yamane, Chair, HLT Committee
and Members Thereof

January 30, 2009

Page 3 of 3

Pediatrics, and the Mailman School of Public Health at Columbia University, testified that federal funding of abstinence-only programs should end.⁸

Where local communities choose to offer young people instruction and guidance about human sexuality, abstinence *should* be an important component of that educational program. However, federally funded programs focusing exclusively on abstinence are not only contrary to good public health policy, they also raise serious civil liberties concerns. Hawaii ought not to spend money on programs that don't work, censor important information, reinforce gender stereotypes, provide inaccurate and misleading information, promote religion in the classroom, serve a narrow ideological agenda, and jeopardize the well-being of young people.

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

⁸ *Id.*

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nishimoto2-Bryce

From: Judith Clark [jclark@hysn.org]
Sent: Wednesday, January 28, 2009 4:45 PM
To: HLTtestimony
Subject: HB329

January 28, 2009

To: 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
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Testimony on HB 329 Relating to Health

Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, strongly supports HB 329 Relating to Health.

Abstinence-only until marriage programs that they are ineffective in preventing teen pregnancy and sexually transmitted infections. Evaluations that meet all standards for scientific research demonstrate that youth that receive abstinence-only education experience sexual intercourse at the same rates as other youth. In addition, when these youth have sex, they are less likely to use protection such as condoms and thus are at greater risk of unplanned pregnancy and sexually transmitted infections.

Hawaii's young people deserve to have opportunities to participate in programs that promote abstinence as a healthy choice and also provide vital information about protection from pregnancy and STIs for young people who choose to become sexually active. Comprehensive, evidence-based programs promote abstinence as a healthy lifestyle choice and also address ways that students that are sexually active can protect themselves.

Half of high school seniors in Hawaii have been sexually active and 95% of Americans today have sex before marriage. The needs of these youth cannot be met with ineffective abstinence-only programs.

Federal abstinence-only funds require a local match of three dollars for every four of federal money. This is a waste of scarce funding that could be used in more effective programs that have been demonstrated to work.

Thank you for this opportunity to testify.

Hearing date/time: 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 329

RELATING TO HEALTH

Carol R. White
Honolulu, HI

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.

This bill references 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.

nishimoto2-Bryce

From: Karen DiCostanzo, HRTL [hrtl@juno.com]
Sent: Thursday, January 29, 2009 12:31 AM
To: HLTtestimony
Cc: Rep. Ryan Yamane; Rep. Scott Nishimoto; Rep. Della Belatti; Rep. Joe Bertram III; Rep. Tom Brower; Rep. Mele Carroll; Rep. John Mizuno; Rep. Maile Shimabukuro; Rep. Lynn Finnegan
Subject: Submittal of written testimony regarding HB 329: Relating to Health

Testimony regarding HB 329 Relating to Health

Submitted to the Health Committee:

Rep. Ryan Yamane, Chair
Rep. Scott Nishimoto, Vice Chair
Rep. Della Au Belatti
Rep. Joe Bertram
Rep. Tom Brower
Rep. Mele Carroll
Rep. John Mizuno
Rep. Maile Shimabukuro
Rep. Lynn Finnegan

For the committee hearing scheduled January 30, 2009, 8:30 am

It is particularly striking that in a fiscal year when Hawai'i is experiencing an extreme budget shortfall, some of our legislators are eager to refuse federal funds for programs that provide information to teens about the only absolute method of avoiding pregnancy, sexually transmitted infections and diseases, and the negative emotional consequences that can result from teen sexual activity.

Despite flawed studies to the contrary and frequent attacks that are long on vitriol and short on empirical data, there are good reasons to consider maintaining the course with abstinence-based curricula, which overall, represents a tiny fraction of public funds spent on sexual education. It is also important to review the facts with an unbiased view prior to making a decision, since those who are ideologically opposed to abstinence education automatically filter out any facts that don't support their bias.

Abstinence programs don't yet have a lengthy track record; they've only been around a few years, and only recently have they seen widespread use in schools across the country. There aren't many evaluations of the programs available, although 12 studies indicate remarkable effectiveness.

Consider a study published in 2007 by the Journal of Research on Adolescence, the results of a survey covering 1,052 inner-city teens. A team of pediatricians at Albert Einstein College of Medicine (New York City) conducted the research and found that abstinent students had stronger academic profiles, while those who experimented sexually were 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 researchers identified a "co-occurrence of substance abuse and dropping out of school with sexual activity" as a "problem behavior syndrome."

Of particular importance is that trends revealed in the official data indicate remarkable demographic changes that coincide with the broader use of abstinence-only programs across the U.S. Official government statistics show reversals in trend lines that were resistant to change prior to the availability of abstinence-only programs:

1) TEEN SEXUAL ACTIVITY HAS DECLINED. The Centers for Disease Control reports that teen sexual activity has decreased. Why would we return to funding only programs that encourage students to engage in behavior that we know is risky – behaviors that the Einstein study pediatricians indicated produced "problem behavior syndrome"?

2) TEEN BIRTHRATES ARE DOWN. Between 1940 and 1954, the birthrate for unwed teens (15-19 years old) doubled; it doubled again by 1984, and it jumped another 50 percent before peaking in 1994. Since 1994, however – and in despite everyone's expectations – unwed teen birthrates steadily followed a downward trend. The National Vital Statistics Report reveals that (based on preliminary data for 2005), teen birthrates are down by 25 percent since 1994.

3) TEEN ABORTIONS HAVE DROPPED. The National Center for Health Statistics reports that the rate of teen abortions has been halved since 1988. At its peak, teen abortions were 44 per 1,000. Currently, the number is 22 per 1,000. Obviously, we cannot credit the currently declining teen birthrate to abortion. Interestingly, as teens become more abstinent, there are fewer abortions, too. Perhaps a greater appreciation for life is a byproduct of the self-discipline and self-esteem that is required for a teen to remain abstinent.

During the 30-year reign of condom-based sex education, teen sexual activity increased, the birth rate among teens dramatically increased, and teen abortions were going up. What's different now? Clearly, many teens have benefited from abstinence sex ed and are (surprise!) abstaining from sex -- a decision that is best for them in every way imaginable. Along with decreased sexual activity among teens, there are corresponding decreases in teens giving birth and teen abortions. These simultaneously reversing trends indicate that when given the right information and encouragement, teens make decisions that lead to a better future for themselves and others.

Submitted by:

Karen DiCostanzo

President

Hawaii Right to Life

81 S. Hotel St., Ste. 200B, Honolulu, HI 96813-3144 Tel. 808.585.8205 / Fax 808.585.8207 / www.hrtl.org Ho'omaika'i ke ola ka pono lehua me ka make • Respect for life from conception to natural death

nishimoto2-Bryce

From: Lisa Shorba [lisaals@hotmail.com]
Sent: Thursday, January 29, 2009 4:24 AM
To: HLTtestimony
Subject: Testimony Opposing HB329

TESTIMONY IN OPPOSITION OF HB329

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 HB329** (Abstinence-Only Funding; Title V; Comprehensive Sex Education), as this bill will "require the State to reject all Title V federal funding for mandated abstinence-only-until-marriage programs." This bill reports that, "teaching abstinence does not keep teenagers from having sex" and it mandates that "comprehensive sex education" override existing abstinence programs. HB329 does not define the extent of such comprehensive sex education programs. Although it mentions that it hopes to provide Hawaii's youth with reliable information regarding contraception and protection from sexually transmitted diseases as well as to provide our youth with comprehensive sexuality education that empowers them to act responsibly and in their best self-interests, the language is deceptive. 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 and an abortion, since most teenagers who are in this situation end up having 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.

When we properly teach abstinence/chastity to teens they realize that they are made for love and to experience real love. Promiscuity is not an expression of genuine love, but it is a selfish endeavor. When given this and more in-depth information on the consequences of their actions (chastity/abstinence vs. promiscuity), the teens are well-informed and forewarned. It is also helpful to share with them their options when faced with an unplanned pregnancy... since eventually, someone will get pregnant. It is our responsibility to tell them 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. Perhaps if given the complete picture, they would be well-informed and able to reconsider their decisions. I deal with teens and young adults on a weekly basis, and I have heard their testimonies about getting pregnant and having an abortion, and wishing they knew how terrible the abortion was going to be in advance. They would've liked to know that support was and still is out there for them during their pregnancies. It is vital that we consistently teach and explain to teens the reasoning behind choosing chastity... that it's about love and respect for themselves and their future spouses, that it's best to wait for the one who will be committed to them for life... that this is the ideal way to experience healthy sexual intimacy and to begin a family. 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 HB329**, we will be doing a great disservice to our youth.

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

Mahalo,

Lisa Shorba

Windows Live™ Hotmail@...more than just e-mail. [See how it works.](#)

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 STD'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)

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

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

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

From: Darlene Beatty, Division Administrator
Catholic Charities Hawai'i

Date: January 30, 2009

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

Re: **Testimony in opposition to HB 329**

My name is Darlene Beatty, I am the Division Administrator for Family and Therapeutic Services of Catholic Charities Hawai'i (CCH). One of CCH's programs is the Mary Jane Program that assists women and teens facing unplanned pregnancies and has a community based abstinence education program called "Try Wait!". I oppose HB 329 because it contains inaccurate statements about abstinence-only education conducted in the State of Hawaii. Abstinence education in Hawaii does provide accurate information about sexually transmitted diseases, the human immunodeficiency virus, and the only 100% effective means to prevent unwanted pregnancy.

From a purely economic perspective as well, it seems unwise to reject available Federal dollars that contribute to Hawaii's economy at a time when these dollars are shrinking.

I urge you not to pass HB 329.

A handwritten signature in cursive script that reads "Darlene Beatty". The signature is written in black ink and is positioned at the bottom left of the page.