

**Testimony on SB 330
Relating to Comprehensive Sexuality Health Education**

**COMMITTEE ON HEALTH
Representative Ryan Yamane, Chair
Representative Scott Nishimoto, Vice Chair**

**Friday, January 30, 2009 8:30 a.m.
Conference Room 329, State Capitol**

My name is Sharon Ferguson-Quick and as Executive Director of the Hawaii State Commission on the Status of Women, I'm providing written testimony on the measure Relating to Health HB 330. I strongly support this bill in its purpose to require recipients of state funding that provide sexual health education to provide medically accurate, factual information that is age-appropriate and includes education on both abstinence and contraception.

Hawaii Revised Statutes 367 established the Hawaii State Commission on the Status of Women (HSCSW) on May 15, 1964. That legislation established a continuing body to aid in the implementation of recommendations, to develop long range goals and to coordinate research planning, programming and action on the opportunities, need, problems and contributions of women in Hawaii. In its 43 years the Commission has worked to ensure women and girls full and equal coverage under the law. Our goal is to bring a focus on women and the issues of concern to them. Family including the education of their children is a top priority.

We want the best for our children. We want them to make solid, sound decisions in their lives. To that end we work diligently to see that they have the tools and the skills to make the right choices in their lives. By the time they are teenagers these choices have far-reaching consequences. Our only hope is that we have equipped them with the tools to navigate their worlds successfully. One of the major tools we must put in their hands is knowledge and information. They must have this information to fully understand the repercussions and the consequences of their actions. When it comes to sex information they must be given medically accurate factual information. We have proof that when its given to them they do. Research shows that teenagers who receive sexuality information that includes discussion of contraception are more likely than those who receive abstinence-only messages to delay sexual activity, to use contraceptives when they do become sexually active, and to have fewer partners. ¹

Our children today are exposed to a wide range of influencing forces that often give them half truths and distorted perceptions. Armed only with this misinformation they step many times, statistics tell us, into harm's way including engaging in early sexual experiences, unintended pregnancies, and sexually transmitted diseases. With this

¹ Kirby, D.. (2001) "Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy". Washington, D.C. : National Campaign to Prevent Teen Pregnancy, 95.

bill the Legislature has the opportunity to see that our young people are given the information they need to understand all the choices available to them. It will ensure that they learn that abstinence is a healthy choice available to them which they don't often hear in the mainstream media. This bill will ensure that they are given the information that allows them to access the optimal protection from unwanted pregnancies by teaching contraception. They'll learn all the ways to protect themselves from sexually transmitted diseases. In the end, they will be armed with all the weapons to protect themselves and that is a priceless thing to give our children. We can't make all their decisions for them, but we can see that they are given the tools to make the best decisions for themselves.

I strongly support this bill.

Sharon Ferguson-Quick
Executive Director
Hawaii State Commission on the Status of Women
808-586-5757
Sharon.Y.Ferguson-Quick@hawaii.gov



Nursing Advocates & Mentors, Inc.

... a non-profit organization with a mission to address the global nursing shortage by providing guidance and assistance for nursing colleagues to obtain their professional license in nursing.

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TESTIMONY IN STRONG SUPPORT OF HB 330 RELATING TO COMPREHENSIVE SEXUALITY HEALTH EDUCATION Jan. 30, 2009 House Conference Room 329

LATE TESTIMONY

To: Honorable Ryan I. Yamane, Chair
Honorable Scott Y. Nishimoto, Vice-Chair
Honorable Health Committee Members

From: Beatrice Ramos Razon, RN, FACDONA
President, Nursing Advocates Incorporated, Inc. (NAMI)

My name is Beatrice Ramos Razon. As the founder and president of NAMI (Nursing, Advocates & Mentors, Inc.), we are in strong support of this bill. NAMI's membership is comprised of over 75 volunteer nurses, instructors, allied health care professionals, and Filipino leaders, who are dedicated to improve the health of Hawai'i's people by addressing not only a statewide, but worldwide nursing shortage through the training and mentoring of foreign medical graduate nurses, many of whom come from underprivileged backgrounds, to pass Hawai'i's nurses board exams.

This bill addresses a serious reproductive justice issue, which impedes a person's ability to make healthy choices about their life without access to medically accurate information on contraceptives, sexually transmitted infections and diseases, as is now the case with mandated abstinence-only sex education programs. It is unconscionable and a disservice to Hawai'i's youth, who are at great risk during this serious economic crisis. Hawai'i already has the lowest condom use rate in the nation among our sexually active teens.

As a result, Hawai'i has among the highest teen pregnancy rates, and ranks 6th in the nation for Chlamydia infection. Filipino women in particular have among the lowest cervical cancer screening rates and highest percentage of late stage diagnosis of cervical cancer, where HPV, a sexually transmitted disease, is a risk factor. Filipino women also have three times the rate of HIV/AIDS due to heterosexual transmission compared to Caucasian women in Hawai'i. Furthermore, in communities where English is not the first language spoken, access to reproductive facts is imperative.

Thank you for the opportunity to provide support for this bill.

Sincerely,

Beatrice Ramos Razon, RN, FACDONA
President, Nursing Advocates and Mentors, Inc.

1350 S. King Street • Suite 309 • Honolulu, Hawaii 96814 • Phone: (808) 589-1156 • Fax: (808) 589-1404

January 30, 2009

Testimony in Support: HB 330

To: Representative Ryan Yamane, Chair, and Representative Scott Nishimoto, Vice Chair, and Members of the House Committee on Health

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

Re: Testimony in Support of HB 330

I thank you for allowing me the opportunity to testify today in support of HB 330, requiring that state funded sexual education programs be comprehensive and medically accurate. Planned Parenthood fully supports this bill and, indeed, we find it to be a crucial step toward ensuring the health and safety of Hawaii's youth.

I. HB 330 Provides For Comprehensive and Medically Accurate Sexual Health Education

HB 330, 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. 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.¹ 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.² Nationally, 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.³ And in Hawaii, a 2004 study found that

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

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

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 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.

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

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 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

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 *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, D.C. :

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 HB 330. Thank you for this opportunity to testify today.

HB330
League of Women Voters of Hawaii
Hawaii Drug Policy Study

Position in Brief

LATE TESTIMONY

League of Women Voters of Hawaii supports measures to develop lasting solutions to problems associated with drug overuse and dependency to include prevention education and drug abuse treatment.

1. Embrace the approach of harm reduction to reduce negative consequences associated with drug misuse by employing a spectrum of strategies from safer use to managed use of abstinence.
2. Increase state and county funding to support drug treatment programs as alternative to incarceration.
3. Improve the state's administration of the existing medical marijuana program by moving it from the Dept. of Public Safety to the Dept. of Health.
4. Fully enable Act 161 by changing the laws language from "may" back to "shall" regarding the diversion of first time nonviolent offenders to treatment rather than incarceration.
5. Regularly evaluate drug programs and inactivity coordination and cooperation.
6. Support the development and implementation of drug education programs.

August 6, 2008

nishimoto2-Bryce

From: antonia alvarez [a.r.g.alvarez@gmail.com]
Sent: Friday, January 30, 2009 3:59 PM
To: HLTtestimony
Subject: Testimony in Support of HB 330
Attachments: Testimony_HB329.330_jan30.09.doc

LATE TESTIMONY

Antonia R.G. Alvarez, MSW
Director, Teen Suicide Prevention
Mental Health America of Hawai'i
and, Teen Advocate and Community Outreach Specialist,
Domestic Violence Action Center

Friday, January 30, 2009, 8:30am
House of Representatives Committee on Health

Representative Ryan Yamane and Members of the Committee,

I am a Social Worker and the Director of the Teen Suicide Prevention Project and the Coordinator of the Transition Age Youth Task Force at Mental Health America of Hawai'i. As many of you know, Hawai'i has one of the highest rates of teen suicide and attempted suicide in the nation with girls, Native Hawaiians and 9th graders at the highest risk of all. In collaboration with the Department of Health's Injury Prevention Program, I have spent the last 6 months traveling around O'ahu speaking with youth (between 13-25 yrs old) about their perceptions and experiences with teen suicide and depression.

I am here today because I am in strong support of HB 329 and HB 330. Through all of my research in Teen Suicide Prevention I have heard again and again (from the youth!) that unplanned pregnancy, pressure to have sex, and sexual trauma/victimization are major factors in the high levels of depression and attempted suicide among our teens. Many of the young people described to me their early experiences with sex and sexuality and their lack of accurate knowledge about what they were doing (i.e. having unprotected anal intercourse as a method of birth control with no knowledge of the high risk of transmitting/contracting HIV or other STIs). Several youth explained that they could never talk to their family members about sex and sexuality and that much of their depression and suicidality relates directly to that inability to communicate. What I am literally telling you is that some of these young people—our teenagers—would rather *die* than talk with adults honestly about sex. SOMETHING NEEDS TO CHANGE.

Abstinence-only-until-marriage education also risks the exclusion of the entire Lesbian, Gay, Bisexual, Transgender, Queer and Questioning population and the health risks and needs specific to non-heterosexual experimentation and partnering. The lack of information about healthy expressions of sex, gender, and sexuality significantly raise the risks of exposure to HIV, STIs, as well as numerous mental health issues including depression and low self-esteem. The LGBTQ youth population is already the highest at risk of suicide and suicidality (among other things) in our state and it is vital that health and mental health care professionals are able to work to lower these risks.

If we continue to provide mis-education centering on abstinence, guilt, shame and the dangers of sex and sexuality these young people will continue to feel isolated and trapped by their choices. I do not believe that it is coincidental that Native Hawaiian 9th grade girls are at highest risk for suicidality in Hawai'i when I hear about the bullying, peer pressure and violence that many of them are experiencing as they transition into our high schools. It is vital that we provide medically accurate, comprehensive education about sex and sexuality to

the youth in our community so that we can divert some of the traumas and risks that lead to the *preventable* deaths of our children.

In my work as an Advocate and Community Outreach Specialist for teens dealing with Domestic Abuse and Dating Violence at the Domestic Violence Action Center, I have been reminded of how many choices these girls are not allowed to make. With the extremely high levels of sexual abuse, victimization, incest, and rape, choosing abstinence is not an option for many of the young women that I have talked to. If they do not have accurate information about the emotional and physical health risks that they are or have been exposed to --and if they do not have an educator, friend, mentor, or parent that will speak to them about these things without employing tactics of guilt and shame-- these women are very unlikely to seek out the support and care that they need. In other words, we need to do POST-vention as well, and in this case, the more information, the better.

The young women and men that I have had the privilege of working with, listening to, and learning from are growing up in a difficult time. They are exposed to many struggles and traumas at young ages that most people hope to never experience in their lifetimes. We need to take the silence and the secrecy out of sex and sexuality—it isn't helping. What our children do not know is *hurting them*. The more opportunities they have to learn about sexual health and safety—physical, emotional, and psychological, the more likely they are to practice healthy sexuality. We need to remove the barriers to comprehensive sexuality health education and reduce the risks for our children. We need them in our future—and it is time for us to show them that.

Thank you for receiving this testimony,
Antonia Alvarez

Antonia R.G. Alvarez, MSW
Director, Teen Suicide Prevention
Mental Health America of Hawaii
antonia@mentalhealth-hi.org
Teen Advocate and Community Outreach Specialist
Domestic Violence Action Center
antoniaa@stoptheviolence.org

Testimony in opposition to HB330
Hawaii State 25th Legislature
January 29, 2009

LATE TESTIMONY

Re: HB330

Greetings everyone, my name is JoAnn S.S. Hee, 7th grade classroom Teen Health Teacher at Waianae Intermediate School. I write to you, the Legislature of the State of Hawaii, with a heavy heart as I feel a deep sense of a letdown from the moment I received news about this new Bill H.B. NO. 330, which I strongly oppose. A new requirement of any recipient of state funding needing to provide medically accurate sexuality education that includes education on all areas of abstinence, contraception, and methods of disease prevention for the prevention of pregnancy and sexually transmitted disease, including human immunodeficiency virus sounds highly impressive; yet, I'm saddened by the fact that Programs such as "TRY WAIT" will be unfairly exterminated for simply being a Program that takes a clear, strong stance towards Abstinence Only. We live in a society that sends out so many mixed messages to our young ones that it's unfortunate that when we do find a positive Program that offers a straight forward, clear-cut message towards sexual purity and sexual integrity that it would be threatened to be killed for it's simple, but powerful message of ... "TRY WAIT!" How unfortunate.

My heart will immensely sink if this Bill passes. My hopes and dreams for this young generation of students to whom I love with deepest affection will be more likely to stumble across hidden traps as they journey through life as our society continues to see no harm done in further diluting morality. I come to this conclusion that we're diluting morality even further because I have majority of my students in Waianae telling me that they've never heard the saying of waiting until marriage to have sex, as I did when I was growing up. My students tell me that what they do hear of is the saying that it's okay to have sex when you feel that you're ready and if you met the right person which could mean as early as high school. I then asked, "How would you know if the person is the right one for you?" Their response is that you'll just somehow know, and you just have to take your chances. This alone spoke loudly to me that this present generation is the product of what compromise has already done ... made them see no wrong with engaging in at-risk sexual behaviors at their young age as long as they practice "Safe Sex".

Page 2 – continuation

PLEASE consider having this Bill H.B. NO. 330 denied approval so that a continued breath of life could run through the life-line of this Abstinence Only Based Programs known as “TRY WAIT.” I believe that they do make a positive difference in the lives of my students, as I hear students challenging themselves to see if they’d be able to set boundaries and stick to it. And as we laugh about it, but see truth in it too that if they cannot wait until marriage then they must resort to Plan B which is ... “if you’re going to be dumb, be smart dumb and use a condom.” But to hear some profess that they’re going to try & wait is lovely.

My hope is that this Bill for an Act will **NOT pass** so that I’ll still be allowed to use the services of “TRY WAIT” into my classroom as I continue to use them as a quiet, powerful springboard for my students to dive off from. After “Try Wait” leaves... we then continue to journey further deeper into learning more information about other possible lifestyles, risks or responsibilities associated with sexual behavior as we try to open our eyes to see clearly all perspectives toward a healthy sexuality and responsibility. Again, I’m hopeful for your support of denial of the passing of Bill H.B. NO. 330. “Thank You!”

w/gratefulness & always love,



JoAnn Hee

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

LATE TESTIMONY

From: Lani Kenfield, Classroom Presenter
Catholic Charities Hawaii
Try Wait Program

Date: January 28, 2009

Place: Senate Health Committee Hearing
January 30, 2009
Room 329
8:30 A.M.

RE: Testimony in opposition of HB 330

My name is Lani Kenfield and I am a classroom Presenter for the "Try Wait" program of Catholic Charities Hawaii. Our program is an abstinence education program. I have been with the program for almost three years. We have been able to go to private and public schools to provide teens with knowledge and information about the benefits of being abstinence. We understand that teens have options so we present it as such one option for them if they so choose. Our program teaches kids not just about abstinence but also about the emotional consequences, STD's, teen pregnancy, pressures teens face, how to set boundaries, how to say no if they are choosing to do so. We are loved and appreciated by many kids and schools' across the islands. This program is making a difference in kid's lives allowing them to choose the option that might be best for them. The "Try Wait" program provides a positive option for teens in choosing their sexual lifestyle.

I oppose the Bill HB 330. Please do not pass this bill but allow our teens to make a choice for themselves on what they deem to be the best option for them in their lives. I believe in this message that we teach. I know that it is possible to be abstinent till marriage. I am a 27 year old female who is making this choice I am choosing to wait till marriage myself, though it's not popular and rare I believe my testimony is strong to the kids that many do not practice abstinence it can be possible to try wait till marriage.

Teens are exposed to many different messages they are influenced in different ways in our society to make tough choices. Other great programs are able to teach about the contraception use verses that we teach about the limits of contraception. I believe it's important that teens hear other options as well such as our program that just teaches abstinence. Let's give the teens of Hawaii an option to make their own choice, allow them to hear all messages from different programs so they are equipped with the knowledge they need to make the best decision for themselves and be proud of it. I believe in empowering teenagers. I believe that if you equip them with knowledge and

facts they can make great choices for themselves and feel a sense of self- confident in the choices they make.

Mahalo

Aloha

Lani Kenfield

A handwritten signature in black ink, appearing to read 'Lani Kenfield', written over the printed name.

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

From: Deborah Kato, Classroom Presenter
Catholic Charities Hawai'i
Mary Jane program (Try Wait Program)

Date: January 30, 2009

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

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

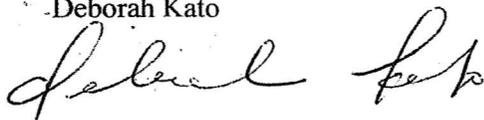
My name is Deborah Kato and I am currently a classroom presenter for the "Try Wait" program. Not only do I believe in the importance of this message, I also believe in our youth and their capability to make good and responsible decisions for their own well-being and future. Our message is abstinence. However, we educate, share and encourage our students on many other adolescent issues, topics and concerns; issues and concerns that I believe are extremely detrimental at this age, and desired to be approached and discussed from our students themselves. We discuss issues on peer pressure, self-worth and respect, alcohol, how to stand up for yourself and be assertive, emotional consequences and much more. I have been with the "try wait" program for the past year and a half and have witnessed first-hand the impact that our team has had on our students overall sense of self and emotional development. I believe that educating our youth with information, statistics and facts helps not only to empower them but also encourage them

if abstinence is the choice that they are choosing to make. We do not by any means tell them that this is the only option to choose. Nor do we claim that by not choosing abstinence you are **guaranteed** physical and/or psychological harm. We merely provide abstinence as an option for them to choose if they decide to.

This message of abstinence is not only of a professional matter to me but holds personal weight and significance in my life. I have learned first hand about the consequences that having sex can have on an individual because not only was I sexually active as a teen, I also became pregnant at the age of 19. I now have an 8yr. old son and am proud to say that I have broken the typical stereotype of a teen parent through my struggles, lowest points and triumphs. I have overcome a lot over the past nine years of my life and the truth is that raising my son as a single mom wasn't and hasn't been the hardest thing for me to face and deal with. The permanent and emotional scarring that occurred since my first intimate relationship when I was a teen still haunts me and so vividly remains. Dealing with these emotional wounds has by far been one of my deepest, most vulnerable ordeals to try and overcome, and that has never gone away till this day. I strongly believe in this message of abstinence and I oppose Bill HB330. Thank you for your time and attention.

Sincerely,

Deborah Kato

A handwritten signature in cursive script, appearing to read "Deborah Kato", written in black ink.

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

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

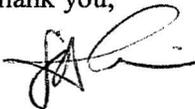
Date: January 30, 2009

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

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

Aloha and good morning, my name is Sean Nishimura. I am currently a classroom presenter for the Try Wait Program. Before working for the Try Wait Program, I was a counselor for 5 ½ years with the Hawaii National Guard Youth Challenge Academy. For a year and a half, I have witnessed, first hand, the positive affects of the Try Wait Program. The program teaches youth the benefits of living an abstinent lifestyle before marriage and how personal goals can be reached with this option. Emotional consequences and contraceptive use are also covered by the program. I have seen how the program impacts students and gives them personal power to make positive choices in their lives. The cadets of the Youth Challenge Academy have been very receptive to the Try Wait Program. I have seen many cadets go on to some sort of higher learning, enlist in the military, or enter the work force and believe that the program plays an integral part in assisting students in fulfilling their future goals. Therefore, I am against HB 330.

Thank you,



Sean Nishimura

LATE TESTIMONY

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

LATE TESTIMONY

From: Chelsie Omo, Classroom Presenter
Catholic Charities Hawaii
Try Wait Program

Date: January 30, 2009

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

RE: Testimony in opposition to HB 330

My name is Chelsie Omo and I am a classroom presenter for the Try Wait program. I have been a classroom presenter for 3 years going on 4. I oppose HB 330.

The Try Wait program has serviced 20,000 students from the grades of 7th-12th over the entire state of Hawaii with the message that abstinence until marriage is one of the options to avoid such things as teen pregnancy, STD's (according to the CDC) and emotional consequences. Our program includes scientific facts about Sexually Transmitted Diseases that were found through the Center for Disease Control, condom use rates, boundaries, pressures that a teenager may face way's to say NO and how to be assertive. We have just begun our new High School curriculum that discuss the same topics but with new, age appropriate activities. Not only are we educators but we are also positive role models to the students that abstinence until marriage is the best path for a teenager to take. We have built many special relationships with both students and teachers. We have received numerous letters from students stating that we have changed their idea about sex, some of them state that they have never heard the message about

abstinence, and they now want to choose abstinence for their lives. We have also helped students with their own personal concerns about STD's and relationship issues.

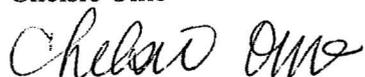
We understand that the DOE requires that students be taught both contraception and abstinence, thus most teachers that have us come to their schools and also use other programs that cover the topic of contraception. It works great for the students because they have the opportunity to see new faces and new styles of presenting and not have to sit through one program the entire time.

We are also in the midst of evaluating our program through the University of Hawaii; if you decide to pass this bill the University Of Hawaii School Of Social work will not be able to complete their comprehensive study.

I feel that the Try Wait program is an asset to the state of Hawaii and I think that students deserve the opportunity to choose abstinence. If you pass this bill there will be no other program that will continue this message. Please don't pass this bill I believe that it will be a detriment to our students.

Sincerely,

Chelsie Omo

A handwritten signature in black ink that reads "Chelsie Omo". The signature is written in a cursive, flowing style.