

HAWAII YOUTH SERVICES NETWORK

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Alan Shinn, President

Judith F. Clark, Executive Director

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

Adolescent Services Program, Kaiser Permanente 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 Mohala Behavioral Health

Kama'aina Kids, Inc.

KEY (Kualoa-Heeia Ecumenical Youth) Project

Kids Behavioral Health

Kids Hurt Too

Kokua Kalihi 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

March 11, 2009

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

Testimony on SB 777 SB 1 Relating to Comprehensive Sexuality Health Education

Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, strongly supports SB 777 SB 1 Relating to Comprehensive Sexuality Health Education.

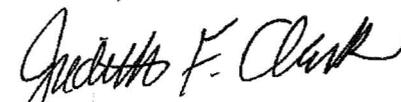
Young people need and deserve to have sexuality education that is medically accurate and includes both abstinence and information on ways that sexually active youth can protect themselves from unplanned pregnancy and sexually transmitted infections.

Hawaii ranks 12th 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.

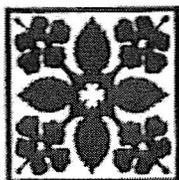
Abstinence-only until marriage programs do not address the needs of students who may already have engaged in sex and will almost certainly have sexual intercourse before marriage.

Thank you for this opportunity to testify.

Sincerely,



Judith F. Clark, MPH
Executive Director



Hawai'i Women's Political Caucus

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A State Chapter of the
National Women's
Political Caucus

March 11, 2009

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

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

RE: SB777 SD1 Relating to Comprehensive Sexuality Health Education
(Friday, March 13, 2009 at 9:30am in Room 329)

POSITION: STRONG SUPPORT

Good morning, Chair Yamane, Vice Chair Nishimoto and members of the House Committee on Health. I am Faye Kennedy representing the Hawai'i Women's Political Caucus and submitting testimony in strong support of SB777 SD1 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.

PLANNED PARENTHOOD® OF HAWAII

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March 13, 2009

Testimony in Support: SB 777 SD1

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, Planned Parenthood of Hawaii.

Re: Testimony in Support of SB 777 SD1

Thank you for allowing me the opportunity to testify today in support of SB 777 SD1, 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 SD1 Provides For Comprehensive and Medically Accurate Sexual Health Education

SB 777 SD1 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.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

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

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(A Maui United Way Agency)

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

A federally funded national study has shown that "abstinence-only" programs are ineffective. This study found that teens who participate in these programs report the same rate of sexual activity than those who don't and also report the same age of first sexual activity, about 14 years old.⁶ Furthermore, reliable research shows that students who pledge to remain abstinent report significantly higher rates of other sexual activities, including oral and anal sex. These teens that do have sexual intercourse are one third less likely to use condoms or other forms of contraceptives and are one third less likely to seek medical care.⁷

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.⁸ 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 SD1 gives the State of Hawaii the option to provide a healthier alternative through state funding. Comprehensive and medically accurate sex education teaches abstinence, but also provides information about pregnancy and STI prevention for students who choose to be sexually active.

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.⁹

The **American Academy of Pediatrics** believes that "children and adolescents need accurate and comprehensive education about sexuality to practice healthy sexual behavior as adults."¹⁰ 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."¹¹

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 Christopher Trenholm, et. al., "Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report," (Trenton, NJ: Mathematica Policy Research, Inc., April 2007), <www.mathematicampr.com/publications/pdfs/impactabstinence.pdf>.

⁷ Peter Bearman and Hanah Brückner, "Promising the Future: Virginity Pledges and the Transition to First Intercourse," *American Journal of Sociology* 106.4 (2001): 859-912. See also, Peter Bearman and Hanah Brückner, "After the promise: The STD consequences of adolescent virginity pledges," *Journal of Adolescent Health* 36.4 (2005): 271-278.

⁸ Sexuality Information and Education Council of the United States (SIECUS), *Hawaii State Profile*, www.siecus.org.

⁹ 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

¹⁰ Policy Statement, *Sexuality education for Children and Adolescents*, AAP, 2001. <http://www.aap.org/policy/0068.html>

¹¹ Id.

The **National Education Association** recommends the SIECUS Guidelines for Comprehensive Sexuality Education a resource in developing appropriate school-based curriculum.¹²

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.”¹³

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.¹⁴

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 SD1. Thank you for this opportunity to testify today.

¹² Sexual Health Fact Sheet, NEA, “Sexual Health, the Role of School Personnel.” See http://www.neahin.org/resources/docs/Sexual_Health_HIN_Flyer.pdf

¹³ *American School Health Association Compendium of Resolutions*, ASHA, April 2002. See <http://www.ashaweb.org/family.life>

¹⁴ Kirby, D.. (2001) “Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy”. Washington, D.C. : National Campaign to Prevent Teen Pregnancy, 95.

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March 11, 2009

To: Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair
members of the House Committee on Health

From: Suzanne Meisenzahl, Chair
League of Women Voters of Hawaii
Women's Health & Safety Committee

RE: SB777 SD1 Relating to Comprehensive Sexuality Health Education
Friday, March 13, 2009, 9:30 a.m., Rm. 329

Position: **Strong Support**

Thank you for the opportunity to testify today in support of SB777 SD1 Relating to Comprehensive Sexuality Health Education.

This bill requires sexual health and 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 disease, including HIV. We find this bill to be a crucial step toward ensuring the health and safety of Hawaii's youth.

Hawaii has one of the highest rates of teen pregnancy in the nation. Sex education that only addresses abstinence fails the young members of our community. Teens who chose to be sexually active must have the right information to keep themselves healthy and safe. They need to make informed choices.

We urge your support in passing SB777 SD1.

Thank you for the opportunity to testify.



WOMEN'S CAUCUS

DEMOCRATIC PARTY OF HAWAII

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

March 13, 2009

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

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

Re: SB 777 SD1 Relating to Comprehensive Sexuality Health Education
Hearing: March 13, 2009, 9:30 a.m., Conference Room 329

Position: STRONG SUPPORT

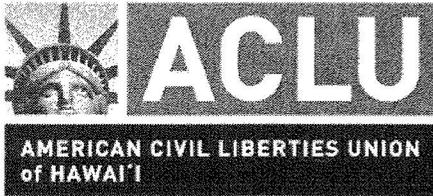
Thank you for allowing me to testify today, in strong support of SB 777 SD1 Relating to Comprehensive Sexuality Health Education.

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

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

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

It is critical for the State of Hawai'i to set the standard for sexuality education that would give teens the information they need and deserve. We urge this committee to pass SB 777 SD1 and thank you for the opportunity to testify.



BY EMAIL: HLTTestimony@capitol.hawaii.gov

Committee: Committee on Health
Hearing Date/Time: Friday, March 13, 2009, 9:30 a.m.
Place: Room 329
Re: *Testimony of the ACLU of Hawaii in Support of S.B. 777, SD1, Relating to Comprehensive Sexuality Health Education*

Dear Chair Yamane 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”).

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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. Yamane, Chair, HLT Committee
and Members Thereof
March 13, 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.

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A JOINT LEGISLATIVE EFFORT

E-Mail to: HLTestimony@Capitol.hawaii.gov
Regarding: House Committee on HLT
Hearing on: March 13, 2009 @ 9:30 a.m..
Copies Necessary: 3 copies

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Date: March 12, 2009

To: **House Committee on Health**
Rep. Ryan Yamane, Chair
Rep. Scott Nishimoto, Vice Chair

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

Re: **Opposition to SB 777 SD1 SD 1 Relating to
Comprehensive Sexuality Health Education**

Honorable Chair and members of the House 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 SD1 SD 1 because this bill, as written, 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 SD1 is Unnecessary – State Board of Education Policy #2110 Applies

SB 777 SD1 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 SD1 Relating to Comprehensive Sexuality Health Education

“ . . .abstinence 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.”

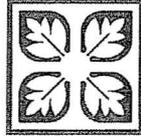
The policy already requires both abstinence and contraception be taught to students. It just does not require both be taught at the exact same time. Requiring that both be taught at the same time in the same presentation (as SB 777 SD1 would effectively require) undermines the abstinence message, sending the signal that adults don't believe students are capable of abstinence.

SB 777 SD1 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.

In this economy, passing legislation that would force businesses to close whereas people would lose their jobs is unjust and unnecessary. 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 SD1.



CATHOLIC CHARITIES HAWAII

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

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

Date: March 11, 2009

Place House Health Committee Hearing
March 13, 2009
Room 329
9:30 a.m.

RE: **Testimony in opposition to SB 777 SD1**

My name is Daniel Morishige and I am the Program Director of the Mary Jane Program of Catholic Charities Hawaii. The Mary Jane Program assists women and teens facing unplanned pregnancies and has a community based abstinence educational program called "Try Wait!". I oppose SB 777 SD!

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



pressure to have sex, how to set boundaries, how the media can affect their views on sexual behavior, teen pregnancy and STDs. In addition the students receive a locally made music CD with songs that promote the abstinence message. Our federal funding prohibits our program from discussing contraception (at length) because it would confuse students by sending mixed messages. We do not promote religion and we do not scare students about sex.

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

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

S.B. 777 SD1 jeopardizes our federal grant. It would require programs receiving state funds to teach **both** abstinence and contraception. Our federal grant prohibits our program from teaching contraception. Our agency currently receives state funding through different state contracts and this bill might force us to violate either the state requirement or the federal requirement. Secondly, S.B. 777 SD1 would also stop our efforts to evaluate the Try Wait! Program. Our current contract has a research component. The University of Hawai'i School of Social Work Research Center is conducting an evaluation of our program. This

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

During the previous hearing regarding the House version of this bill (HB 330) your committee had amended the bill to address our concern regarding the wording of the bill. The specific amendment addressed our concern and specified that state funding **specifically for sexuality health education**. The current wording will result in those involved with the program to lose their jobs as well as funding for the University of Hawaii School of Work who is contracted to do an evaluation on our program. In these tough economic times the state of Hawaii cannot afford to turn down federal funding and put people out of work

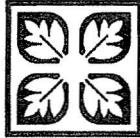
I oppose SB 777 SD1 for the following reasons:

- The Department of Education currently has a policy, (Policy 2110) which requires that both abstinence and contraception be taught in schools. Since both abstinence and contraception are being taught, **this bill is unnecessary**;
- This bill will eliminate federal funding for Try Wait! because the federal grant prohibits us from teaching contraception;
- Our program and the state will lose the remaining almost \$1.2 million in federal grant money;
- For the past five years Try Wait! has been teaching abstinence in the public and private schools and students can receive a comprehensive sex education with abstinence and contraception groups working together;
- The federal grant requires Try Wait! to be evaluated, which is now being done through contract with the University of Hawaii School of Social Work. If we lose our federal funding, UH will also lose this grant money;

- Evaluation of the effectiveness of Try Wait! on Hawaii students will not be completed if we lose our federal funding and UH is not able to complete the evaluation;
- Hawaii students will lose a comprehensive abstinence program. If our program is gone who will replace us? This bill makes no provision to carry on this work
- Most experts agree that further scientific evaluation on the effectiveness of abstinence education programs has not yet been completed.

So, I urge you to either not pass SB 777 SD1 or add the amended language **specifically** referring to State funding specifically for sexuality Health Education.

Thank you for your consideration. Please contact me at 535-0110 with any questions or concerns.



CATHOLIC CHARITIES HAWAII

To: Representative Ryan I. Yamane Chair
Representative Scott Y. Nishimoto, Vice Chair
House Health Committee Members

From: Criselda Smith, Program Director 1
Catholic Charities Hawaii
Try Wait! Program

Date: March 13, 2009
Place: Conference Room 329
9:30 am

Opposed to SB777 SD1

First of all, I would like to thank the Chair and the members of the Health committee for giving me the opportunity to express my serious concern about (the concerns that I have with) Senate Bill 777, SD1. As with House Bill 330, Senate Bill 777, SD1, presents valid interests (concerns) of which I can personally tell you that we, Try Wait, an Abstinence Education Program for our island, do address.

Areas that are misleading in this bill are the areas that state that medically accurate information are not being used and that alternative contraceptive information is not being provided.

The SB 777 SD1 states that it's purpose is to require any recipient of state funding to provide medically accurate, factual and comprehensive information that is age appropriate and includes education on abstinence and contraception. My response to this is that The Try wait program takes a proactive approach in trying to keep abreast of the latest statistics that we provide to students by consistently referencing the CDC, peer reviewed journals and even networking with local Physicians in getting information that is relevant to our island. Students are engaged with interactive activities that facilitate them to do active learning on this subject.



SB777, SD1 also state that abstinent programs do not discuss alternative contraceptives. Alternative contraceptives are a key lesson to our program. We discuss choices such as "The Pill", Depo Provera , IUD, Male Condoms, Diaphragm...to name a few. These contraceptives are discussed in great lengths in both the PATH curriculum as well as the LIFE curriculum which TRY WAIT uses. Students are challenged to share their knowledge on the alternative methods to the extent that we even ask them to discuss some possible consequences that they might have. It is our belief that it is not enough for us to discuss how these items are used but to also include what types of effects/challenges they might take on a young adolescent.

Please be aware that even with current opposition, the **Try Wait** program continues to serve **thousands** of youth in our state. Memorandums have been created to narrow the opportunity for educators to use our program but we continue to pull in numbers that are high. In Feb we served over 700 youth, we will reach over 1000 this month alone.

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

Finally, we would be most appreciative if this committee could once again add the amendment as in the HB 330 HD1, that would serve to protect Catholic Charities Hawaii from having to choose between State contracts and Federal funding.

Please amend the wording as you had done previously with HB 330 HD 1, "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.”

Please contact me at 535-0882 should you have further questions or concerns.

COMMITTEE ON HEALTH
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

Senate Bill 777, SD1
Friday, March 13, 2009, 9:30 a.m.
Conference Room 329, State Capitol

My name is Dana Abdinoor, I am a Graduate Student at the University of Hawai'i Myron B. Thomson School of Social Work. I am providing written testimony on the measure Relating to Comprehensive Sexuality Health Education (SB777, SD1). I strongly SUPPORT this bill in its effort to require medically accurate, factual, and comprehensive sexuality health education.

Since its conception, the mission of conventional sex education has been to annihilate sexual curiosity and expression. Steeped in fear and dripping with conservative values, abstinence-only curricula have attempted to solve "the problem of premarital sexual relations"¹ by emphasizing the "harmful psychological and physical effects of sexual activity outside the context of marriage."² Despite the moral majority's best efforts, nearly half of all high school students have had sex.³ Obviously teens are not subscribing to the abstinence-is-best doctrine, but one abstinence-only message *is* getting through: condoms are unreliable. Try Wait! curriculum⁴ "does not advocate contraceptive use" and edifies the fallibility of birth control methods. Unfortunately, this deception has grave implications for Hawai'i's youth. The state of Hawai'i ranks last in the nation for condom use and has one of the highest teen pregnancy rates in the country.⁵ In addition to the health risks, abstinence-only education perpetuates intolerance and narrow designations of acceptable intimacy by packaging heterosexual procreation as the definitive sexual experience.

The goal of education programs should be enlightenment through the use of unbiased information, not ignorance fueled by ideological notions. A recent survey indicates the majority of students want additional information about sexual and emotional health, including how to talk to their parents about sex and relationships.³ Please approve SB777, SD1 and offer Hawai'i's youth the gift of sexual autonomy.

Thank you for the opportunity to testify,
Dana Abdinoor
abdinoor@hawaii.edu

¹ Senator Jeremiah Denton, *Adolescent Family Life*

² The Federal Definition for Abstinence-Only Programs, Section 510(b) of Title V of the Social Security Act, P.L. 104-193

³ Kaiser Family Foundation. Sexual Health of Adolescents and Young Adults in the US. September 2008

⁴ Developed by *Choosing the Best*

⁵ Advocates for Youth. Hawai'i's Youth, Focus on Sexual and Reproductive Health

Testimony in Support of SB 777 – A Bill for Comprehensive Sexual Health and Education

House Committee on Health
Representative Ryan I. Yamane, Chair
Representative Scott Y. Nishimoto, Vice-Chair

March 13, 2009

Aloha to the members of the House committee on Health. I support of SB 777 in a continuing effort to provide Hawaii's youth with the education that will protect them and keep them safe and healthy. Just as we provide information of the dangers of smoking, drugs, or other risky behavior, we need to arm our youth with information on the possible consequences of unprotected sexual activity.

- The passage of SB 777 would require sexual health and education programs funded by the state of Hawaii to be medically accurate and include information about contraception, pregnancy prevention, and prevention of STD's, including HIV.
- Hawaii's youth deserve the best and most effective sex education. Of Hawaii teens reporting sexual intercourse, only 54% are using condoms. **Hawaii has the lowest rate of condom use among sexually active teens in the country.**
- **Hawaii has one of the highest rates of teen pregnancy in the nation and the 6th highest rate of Chlamydia infection.** We do not fulfill our responsibility to prepare Hawaii's youth if we rely upon sex education that only addresses abstinence. We need to educate Hawaii's sexually active teens of the potential dangers of unprotected sex.
- Ensuring that Hawaii's youth receives comprehensive and accurate sexual health education will 1) reduce our rates of sexually transmitted diseases and teen pregnancy and 2) empower our youth with the necessary tools they need to keep themselves safe and healthy.

Aloha,
Amy Monk

7476 Kekaa Street
Honolulu, Hawaii 96825
aymonk@aol.com

nishimoto2-Bryce

From: on behalf of HLTtestimony
To: Pam Lichty
Subject: RE: testimony re SB777 for 3/13

From: Pam Lichty [mailto:pamelalichty@gmail.com]
Sent: Wednesday, March 11, 2009 5:04 PM
To: HLTtestimony
Subject: Re: testimony re SB777 for 3/13

PAMELA LICHTY, MPH
MEMBER, ACLU OF HAWAI'I LEGISLATIVE WORKING GROUP
808 224-3056
pamelalichty@gmail.com

TO: House Committee On Health

RE: SB 777, SD 1 RELATING TO COMPREHENSIVE SEXUALITY HEALTH EDUCATION– in support

DATE: February 13, 2009 at 9:30 a.m., room 329
Chair Yamane 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, S.D. 1. 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, SD 1 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.

On Wed, Mar 11, 2009 at 4:58 PM, HLTtestimony <hltestimony@capitol.hawaii.gov> wrote:

Please resend your testimony in a different format because I cannot open it.

Thank you

Bryce

From: Pam Lichy [<mailto:pamelalichy@gmail.com>]

Sent: Wednesday, March 11, 2009 4:51 PM

To: HLTtestimony

Subject: testimony re SB777 for 3/13

attached is testimony on SB 777,SD1 for your hearing on 3/13 at 9:30 a.m.
mahalo-

pam lichty

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Pamela G. Lichty, MPH
President
Drug Policy Forum of Hawai'i
P.O. Box 61233
Honolulu, HI 96839
Phone: 808 735-8001
Fax: 808 735-2971
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Rachel Dorr, UH MSW student
rdorr@hawaii.edu
Committee on Health
Friday, March 13th, 9:30am
SB 777, SD1
Conference room 329

Aloha Chairs and Senators of the committee on Health. My name is Rachel Dorr and I am a Master's student at the University Of Hawaii Myron B. Thompson School Of Social Work. I am here today to **STRONGLY SUPPORT SB 777, SD 1: Relating to Comprehensive Sexuality Health Education.**

The purpose of this Act is to require any recipient of state funding that provides sexuality health education to provide medically accurate, factual, and comprehensive information that is age appropriate and includes education on abstinence and contraception. I think that it is important to clearly read this bill, and note that it is not forbidding abstinence-only programs; rather, it will only provide state funding to comprehensive programs. Additionally, it is important to note that abstinence is a component of a comprehensive sex education program, which many people in opposition often overlook.

In 2005, under the Bush administration, the federal government spent about \$170 million dollars on abstinence-only programs across the country. As a result, the majority of sex education programs in public schools have taught abstinence only education (1). According to the Sexuality Information and Education Council of the United States (SIECUS), there have been no published studies in professional literature that shows that abstinence-only programs delay sexual intercourse in young people. However, there have been studies that have shown the contrary. When teens who took an abstinence pledge have become sexually active, they are 33% less likely to use contraception than their non-pledging counterparts (1). Additionally, participants in abstinence only programs had the same rate of Sexually Transmitted Infections as their peers who did not participate in the program (1).

In addition to the fact that abstinence only education programs simply don't work, they also perpetuate stereotypes and myths about sexual assault, gender differences, sexual orientation, pregnancy options and STIs. Yearly, there are nearly 85,000 reported cases of child sexual abuse each year, and yet the abstinence only until marriage programs not only fail to provide information or skills to help them cope, but they also vilify this vulnerable population by associating only sexual abstinence with good morals, virtuosity and a good lifestyle (2). Additionally, abstinence only programs alienate the LGBTQ community by encouraging abstinence until marriage, which in the majority of our country, is reserved for heterosexual people. Thus, these students who are already twice as likely as their heterosexual counterparts to be threatened or harmed with a weapon, are ostracized even further (1).

On the other hand, comprehensive sexuality education programs are based on social learning theory which emphasizes assuming responsibility for behavior, recognizing consequences and teaching effective strategies to protect oneself (1). It has been found that effective sex education programs delay first intercourse, reduce the frequency of intercourse, decrease the number of sexual partners, and increase contraceptive use among youth (1). An often overlooked component of comprehensive sex education is the fact that information about healthy and

appropriate sexuality is correlated with lowering the rates of sexual assault and rape. By not knowing what is healthy, appropriate and safe sexual behavior, many more young people are subjected to varying degrees of sexual assault either because they don't understand or know what is happening, or don't know the difference between right and wrong or good and bad touching. Often times the victims aren't able to voice what has happened to them, or don't seek proper support or resources, which has been found to lead to higher and more severe rates of PTSD in sexual assault survivors (3).

It has been found that across the country, 91-95% of parents support sex education in schools. Further, comprehensive sex education programs have been endorsed by the American Medical Association, the American Academy of Pediatrics, the American Psychological Association, the American Public Health Association, the Institute of medicine, and the American Foundation for AIDS Research (1). Clearly comprehensive sex education has garnered support and attention across the country.

According to a Center for Disease Control and Prevention study of Hawaii High Schools conducted in 2007, 5% of Hawaii's teens report having sex before age 13. 60% report sexual intercourse by age 19 and only 54% of sexually active teens report using condoms, which is likely why Hawaii has the 12th highest teen pregnancy rate of any state, and one of the highest rates of Chlamydia among teens across the country (4). Clearly Hawaii's youth are having sex. It is time we stop using fear based, discriminatory education programs, and treat our teens with the respect and responsibility they deserve and that we expect of them. I strongly urge you to support SB 777.

Thank you for your support and this opportunity to testify.

- (1) Zastrow, C. & K. Kirst-Ashman (2007). *Understanding Human Behavior and the Social Environment*, 7th Edition. California: Thomson Brooks/Cole.
- (2) Sexuality Information and Education Council of the United States, SIECUS, (2008). *Community Action Kit*. Retrieved March 3, 2009 from <http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=472>
- (3) Ullman, S., H. Filipas, S. Townsend, and L. Starzynski (2007). Psychosocial Correlates of PTSD Symptom Severity in Sexual Assault Survivors. *Journal of Traumatic Stress*, 20(5), 821-831.
- (4) Centers for Disease Control and Prevention. (2008a). *Youth Risk Behavior Survey Results: 2007 Hawaii High School*. Unpublished manuscript, found at <http://hawaii.gov/health/about/reports/2007-YRBS-Results.pdf>.

nishimoto2-Bryce

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 10, 2009 11:26 PM
To: HLTtestimony
Cc: merway@hawaii.rr.com
Subject: Testimony for SB777 on 3/13/2009 9:30:00 AM

Testimony for HLT 3/13/2009 9:30:00 AM SB777

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Marjorie Erway
Organization: Individual
Address: PO Box 2807 Kailua-Kona, HI
Phone: 808-324-4624
E-mail: merway@hawaii.rr.com
Submitted on: 3/10/2009

Comments:

Hawaii has one of the highest rates of teen pregnancy in the nation. It has become obvious that sex education that only addresses abstinence fails the youth of Hawaii. Our teens who choose to be sexually active must have the right information to keep themselves healthy and safe.

Please support SB777 which requires sexual health and education programs that are funded by the state of Hawaii to be medically accurate and include information about contraception, pregnancy prevention, and prevention of STI's, including HIV. This bill is a crucial step toward ensuring the health and safety of Hawaii's youth.

I hope I can count on your support.

nishimoto2-Bryce

From: Phil&Dorothy Morris [pdmorris@hawaii.rr.com]
Sent: Wednesday, March 11, 2009 9:52 AM
To: HLTtestimony
Subject: Vote Yes on SB777,SD1

To: Committee on Health, Hawaii Senate
From: Phil Morris, Member
Board of Trustees, First Unitarian Church of Honolulu
Hearing: March 13, 2009, 9:30 AM
Measure: SB777, SD1

Dear Chairman Yamane and members of the Committee on Health

We need legislation that helps us protect our youth from sexually transmitted diseases and unwanted pregnancies. SB777, requiring medically accurate, comprehensive sex education in our public schools, is an essential step toward providing that protection.

Hawaii ranks near the top among states in the rate of teen pregnancy. We have an unacceptably high rate of STD's, and rank near the top for Chlamydia infection among teens.

Many studies have shown that medically accurate, comprehensive sex education lowers both the rate of infection and of pregnancy. In addition, written comments from students taking such classes clearly document the relief and appreciation for being given the facts.

Clearly, ensuring that Hawaii's youth receive 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.

I urge you to support SB777.

nishimoto2-Bryce

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 12, 2009 11:07 AM
To: HLTtestimony
Cc: phahn86@gmail.com
Subject: Testimony for SB1142 on 3/13/2009 9:30:00 AM

Testimony for HLT 3/13/2009 9:30:00 AM SB1142

Conference room: 329
Testifier position: support
Testifier will be present: Yes
Submitted by: Pearl Hahn
Organization: Individual
Address: 1314 S. King Street Honolulu, HI
Phone: 908 6425832
E-mail: phahn86@gmail.com
Submitted on: 3/12/2009

Comments:

I would like to respectfully express support for SB1142. In light of Hawaii's growing need for lower cost alternatives in health care, lawmakers should seize every opportunity to give citizens a wider range of choices of providers at lower prices. Easing regulations on physician assistants would increase access to care at a time of a physician shortage while making care more affordable as well.

Thank you for the opportunity to testify.

March 11, 2009

TO: Representatives Ryan Yamane and Scott Nishimoto
House 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 House 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.

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

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

Date: March 12, 2009

Place: House Health Committee Hearing
March 13, 2009
Room 329
9:30 A.M.

RE: Testimony in opposition of SB 777 SD1

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 also teach the students about alternative methods of disease prevention and contraceptives. 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 SB 777 SD1. 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 a virgin. 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.

I believe this abstinence message is something for all students to hear. I oppose this bill and I ask that you please include an amendment. Which was in HB330 HD1
The amendment reads,

“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.”

The reason for the amendment is to avoid the confusion of a reference to all agencies receiving State funds being affected and might have to choose between receiving State and Federal Funds.

Mahalo
Aloha

Lani Kenfield

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: March 11, 2009

Place: Senate Health Committee Hearing
January 30, 2008
Room 329
9:30 a.m.

RE: **Testimony in opposition to SB 777**

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 SB 777. If the bill is passed, please include this amendment:

“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.”

Thank you,

Sean Nishimura

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

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

Date: March 13, 2009

Place: Senate Health Committee Hearing
March 13, 2009
Room 329
9:30 a.m.

RE: **Testimony in opposition to SB 777 SD-1**

Good morning Mr. Chair and committee members. It's good to see you again! My name is Christopher Hadden and I am a classroom presenter for the Try Wait Program. I oppose SB 777 SD-1.

The Try Wait program is a federally funded program that teaches adolescents the importance of waiting to have sex until marriage. Over the past 3 years, this program has taught abstinence to thousands of middle and high school students in public and private schools.

Although the Try Wait program receives federal funding, the wording of the SB 777 SD-1 targets the Catholic Charities' TRY WAIT program because we fall under the umbrella of this organization and put Catholic Charities at risk of losing their state funding for other critical programs. If SB 777 SD-1 is passed, then the TRY WAIT program will be terminated. I applaud the Health Committee in recognizing this attack before when HB 330 was introduced. I hope we receive your continuous support by either eliminating SB 777 SD-1 or by adding an amendment to SB 777 SD-1 to protect the Catholic Charities and the TRY WAIT program.

Although recent news articles and opponents of abstinence education paint a negative image of our program, the fact remains that we are an EFFECTIVE program that inspires students. I see our effectiveness everyday when I teach students the importance of abstinence education. Of course, we will not be able to reach every single student. But the students we do reach and inspire are worth keeping this program alive.

There are many myths and misconceptions about abstinence education and our opponents are quick and ruthless in presenting to the public this false information. In fact, the battle between abstinence and comprehensive education has been going on for the last 20+ years. The sad fact is that our opponents have never seen our program but they continue to assume that we give medical incorrect facts and are ineffective. When will their attacks stop?

Here are some popular myths about abstinence education:

Myth: Abstinence education does not give medically accurate information.

Truth: All of our facts and information are from reliable sources such as the Center of Disease Control, National Institute of Health, Guttmacher Institute and other notable professionals.

Myth: Studies show that abstinence education is ineffective.

Truth: There is no conclusive evidence that all abstinence education is ineffective. Every year, we are requested to come back to the private and public schools to educate the youths about the importance of abstinence education. In February 2009, we serviced over 600 students and in March we educated over a 1000 students.

Myth: Students are made to take virginity pledges.

Fact: Not all abstinence programs require students to make virginity pledges.

Myth: State funding is used for the TRY WAIT program.

Fact: We are a federally funded program.

Since there are many misconceptions about our program, I encourage the committee members and our opponents to come see our program in action. Instead of voting blindly on a bill that threatens the program's future, come see how we inspire students and teach them the most important concept-life skills. While watching our program, you will see how students will receive medically accurate information about STD's, alternative contraceptives, and emotional consequences. You will also see how our information will teach students how to make the right choices during difficult situations.

We are book solid throughout the end of the school year. Feel free to come next week, if you want. I believe once you see us in action, you will be truly convinced the importance of the TRY WAIT program.

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

Thank you for your time and consideration.

With Care,

Christopher Hadden

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

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

Date: Friday, March 13, 2009

Place: Conference Room 329
State Capitol, 415 South Beretania St.

RE: **Testimony in opposition to SB 777 SD 1**

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. I think we are so much more than an abstinence program... our main focus and emphasis is on abstinence however, we discuss so much more with our students. Just this past Tuesday we were asked to come to HBA and speak to the whole junior class on the importance of boundaries and healthy relationships. The response we got from both teachers and students was so overwhelmingly receptive that they asked us to come back again in April... I always thought the democratic purpose was to provide everyone with two sides, two choices, more than one option. If this bill gets passed, our students will no longer have our option, our voice, or our guidance. I know that I am only one voice with one story, one testimony. However, I truly believe I touch my students with the realness and sincerity of what has happened to me in my life, as well as the rest

of my team members. We bring a sense of “realness” and develop a connection with our students through our honesty and openness, which I believe makes our particular program so special. I do realize that not every student will agree with our choice or message, but I have witnessed first hand many students who have. I would now like to share a small part of a young girl’s letter who has had our program...

“The Try Wait team teachers really made an impact on my life. They helped to change the way I think and my perspective. They also enlightened me on the subject. They taught me many new things that I didn’t know about. I decided to wait to have sex and be abstinent because I wanted to have a better future and enjoy my life. If I could change anything about the Try Wait program I would make it longer.”

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 have been where these kids are at, and that is why I strongly believe in this message of abstinence and the need for our presence in the classroom. I strongly oppose Bill SB 777 SD1 and thank you for the opportunity to testify. If this bill is passed I would be so thankful if an amendment could be placed stating: "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." Thank you so much again.

Sincerely,

Deborah Kato

nishimoto2-Bryce

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 12, 2009 1:46 PM
To: HLTtestimony
Cc: chelsie.omo@catholiccharitieshawaii.org
Subject: Testimony for SB777 on 3/13/2009 9:30:00 AM

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Blue Category

Testimony for HLT 3/13/2009 9:30:00 AM SB777

Conference room: 329
Testifier position: oppose
Testifier will be present: Yes
Submitted by: Chelsie Omo
Organization: Catholic Charities Hawaii
Address: 200 N. Vineyard Blvd Honolulu, HI
Phone: (808) 535-0884
E-mail: chelsie.omo@catholiccharitieshawaii.org
Submitted on: 3/12/2009

Comments: