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Details:

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Education (SC-Ed)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
  (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Gigi Godwin (LRB) (August/2011)

Senate

Record of Committee Proceedings

Committee on Education

Senate Bill 324

Relating to: providing instruction in human growth and development.

By Senators Taylor, Lehman, Sullivan, Plale, Miller, Risser, Robson and Erpenbach; cosponsored by Representatives Grigsby, Roys, Shilling, Berceau, Black, Kessler, Pasch, Fields, Vruwink, Turner, Soletski, Benedict, Pope-Roberts, Richards, Seidel, Danou, Pocan, Sinicki, Hintz, Smith, Bernard Schaber, Dexter, Hraychuck, Molepske Jr. and Zepnick.

September 30, 2009 Referred to Committee on Education.

October 29, 2009 **PUBLIC HEARING HELD**

Present:	(7)	Senators Lehman, Jauch, Erpenbach, Hansen, Olsen, Grothman and Hopper.
Absent:	(0)	None.

Appearances For

- Eric Peterson, Madison — on behalf of Senator Lena Taylor
- Kelda Roys, Madison — Rep., 81st Assembly District
- Kimberly Wasserman, Madison — Dr.
- Michelle Madson, Appleton
- Maria Peeples, Appleton
- Katie Cronmiller, Appleton
- Chris Walker, Madison
- Chris Taylor, Madison — Planned Parenthood of Wisconsin
- Meghan Benson, Madison — Planned Parenthood of Wisconsin
- Nicole Safer, Madison — Planned Parenthood of Milwaukee
- Brandon Wenger, Monroe
- Tony Gilbert, Madison — Wisconsin Coalition Against Domestic Abuse
- Carly Sobye, Madison — Wisconsin Coalition Against Domestic Violence
- Lisa Subeck, Madison — NARAL Pro-Choice Wisconsin
- Rhea Vedro, Madison
- Stacy Harbaugh, Madison — ACLU of Wisconsin
- Anna Mirer, Madison — Medical Students for Choice
- Jesse Miller-Gordon, Madison
- Alvaro Nova, Milwaukee — Fr., Holy Angels Church

- Seth Foldy, Madison — Dr., Wisconsin Department of Health Services
- Patricia Quigley, Madison — Dr.
- Nicolette Pawlowski, Madison
- Jude Edwards, Middleton — on behalf of Sheila Johnson
- Darcy Duffy, Oshkosh — Winnabago Citizens for Women's Health
- Carly Hasse, Madison
- Caryl Danf, Milwaukee — Healthy Youth Alliance
- Sarah Rastogi, Madison — Dr.
- Margo Miller, Portage
- Thane Olsen, New Berlin
- Jenissee Volpintesta, Milwaukee

Appearances Against

- Maeve Cotter, Black Earth
- Leah Stader, Madison — Madison Fertility Care Center
- Mattt Sande, Cambridge — Pro-Life Wisconsin
- William Hann, Greendale
- Pam Charles, Beloit
- Michael Bowden, Fitchburg
- John Schiedermayer, Madison
- Julaine Appling, Madison — Wisconsin Family Action
- Emily Beier, Madison — Diocese of Madison
- Carey Weakland-Warden, Madison
- Kimberly Wadas, Madison — Wisconsin Catholic Conference
- Angela Robbins, Milwaukee — Compel
- Sally Ladky, Milwaukee — Wisconsin Abstinence Coalition
- Kacie Meyer, Verona
- Emily Bremer, Verona
- Amy Meyer, Verona
- Sarah Malhotra, Madison — CareNet
- Ginny Maziarka
- Katie Rausch, Deerfield
- Sherry Gulke, Oostburg
- Anne Franczek, Milwaukee
- Mary Weigand, West Bend
- Kayla Bradham, Milwaukee
- Christa Gulke, Oostburg

Appearances for Information Only

- None.

Registrations For

- Elizabeth Warnock, Kenosha

- Lon Newman, Wausau — Wisconsin Family Planning and Reproductive Heath Association
- Jill Lundberg, Fitchburg
- Sarah Noble, Milwaukee — Reproductive Justice Collective
- Paula Cody, Brookfield — Dr.
- Karin Clark, Madison
- Erica Andrist, Madison — Planned Parenthood, Sex Out Loud, Medical Students for Choice
- Helen Breitenbach, Kenosha
- Amy Olejniczak, Madison
- Lori Greenburg, Fitchburg
- Meagen Thompson, Madison
- Jennifer Merritt, Madison — National Association of Social Workers
- Jennifer Kammerud, Madison — Department of Public Instruction
- JoCasta Zamarripa, Milwaukee
- Julie Worzale, Madison
- Maja Christiansen, Stoughton
- Tamara Grigsby, Milwaukee — Rep., 18th Assembly District
- Michael Welsh, Madison — Wisconsin Assn of Local Health Departments & Boards, Wisconsin Public Health Assn
- Jeanne Bissell Rudd, Madison
- Michelle McGrordy, Monona
- Claire Peterson, Madison
- Brooke Seipel, Milwaukee
- Leah Samson-Samuel, Madison
- Laura Berger, Madison
- Iris Rosario Angolo, Madison
- Jack O'Meara, Madison — Wisconsin Association of School Nurses
- Jennifer Lewis, Milwaukee
- Tanya Atkinson, Shorewood
- Margaret Davey, Madison
- Deborah Hobbins, Madison
- Jane Englund, Middleton
- Lisa Purtell, Watertown
- Cathy Thompson, Janesville — Coalition for Reproductive Choice
- Kelley Schacht, Madison — United Council of UW Students
- Erran Regina Daniels, Madison
- Nancy Heiden, Madison
- Jessica Johnson, Madison
- Tammi Kral, Madison

- Faustina Bohling, Madison
- Kira Wehn, Madison
- Michelle Davis, Monroe
- Renee Crawford, Shorewood — ACLU of Wisconsin
- Norma-Jean Simon, Madison
- Devin Barker, Waukesha
- Amanda Harrington, Madison
- Teresa Huyck, Milwaukee
- Nancy Galvez, Madison
- Johanna Hatch, Madison — Wisconsin Women's Network
- Jennifer Olenchek, Milwaukee
- Molly Swank, Milwaukee
- Kyle Ealy, Fitchburg
- Karla Wells, Browntown
- Deb Sybell, Madison — WEAC
- John Keckhaver, Madison — Wisconsin Coalition Against Sexual Assault
- Sabrina Gentile, Madison — Wisconsin Council on Children and Families
- Jill Hoiting, Madison
- Jeff Plale, South Milwaukee — Sen., 7th Senate District
- Daninica Martin, Cambridge
- Larry Wilson, Waunakee
- Nancy Schultz, Green Bay

Registrations Against

- Michele Leick, Adell
- Regina Kolbow, Madison — Wisconsin Federation of Republican Women
- Ruth Fenelon, Brookfield
- Michelle Bridge, Delafield
- Anna Fenelon, Brookfield
- Michelle Zelinski, Ixonia
- Alex Thomas, Madison
- Paul Matenaer, Stoughton
- Deborah Speckmann, Madison
- Theresa Smith, Ripon
- Virginia Smith, Watertown
- Mary Lou Wirtz, Pewaukee
- Severa Austin, Madison
- Betsy Smith, Watertown
- Char Rasmussen, Madison — Wisconsin Federation of Republican Women
- Kirsten Lombard, Madison

- Alissa Hirscher, Madison

Registrations for Information Only
- Koena Schiedermayer, Madison
- Ramona Weakland Warden, Madison

January 27, 2010 **EXECUTIVE SESSION HELD**

Present: (7) Senators Lehman, Jauch, Erpenbach, Hansen, Olsen, Grothman and Hopper.
Absent: (0) None.

Moved by Senator Olsen, seconded by Senator Grothman that **Senate Amendment 1 to Senate Substitute Amendment 1** be recommended for adoption.

Ayes: (3) Senators Olsen, Grothman and Hopper.
Noes: (4) Senators Lehman, Jauch, Erpenbach and Hansen.

ADOPTION OF SENATE AMENDMENT 1 TO SENATE SUBSTITUTE AMENDMENT 1 NOT RECOMMENDED, Ayes 3, Noes 4

Moved by Senator Hopper, seconded by Senator Grothman that **Senate Amendment 2 to Senate Substitute Amendment 1** be recommended for adoption.

Ayes: (3) Senators Olsen, Grothman and Hopper.
Noes: (4) Senators Lehman, Jauch, Erpenbach and Hansen.

ADOPTION OF SENATE AMENDMENT 2 TO SENATE SUBSTITUTE AMENDMENT 1 NOT RECOMMENDED, Ayes 3, Noes 4

Moved by Senator Hopper, seconded by Senator Grothman that **Senate Amendment 3 to Senate Substitute Amendment 1** be recommended for adoption.

Ayes: (3) Senators Olsen, Grothman and Hopper.
Noes: (4) Senators Lehman, Jauch, Erpenbach and Hansen.

ADOPTION OF SENATE AMENDMENT 3 TO SENATE SUBSTITUTE AMENDMENT 1 NOT RECOMMENDED, Ayes 3, Noes 4

Moved by Senator Grothman, seconded by Senator Hopper that **Senate Amendment 4 to Senate Substitute Amendment 1** be recommended for adoption.

Ayes: (3) Senators Olsen, Grothman and Hopper.
Noes: (4) Senators Lehman, Jauch, Erpenbach and Hansen.

ADOPTION OF SENATE AMENDMENT 4 TO SENATE SUBSTITUTE AMENDMENT 1 NOT RECOMMENDED, Ayes 3, Noes 4

Moved by Senator Grothman, seconded by Senator Hopper that **Senate Amendment 6 to Senate Substitute Amendment 1** be recommended for adoption.

Ayes: (2) Senators Grothman and Hopper.
Noes: (5) Senators Lehman, Jauch, Erpenbach, Hansen and Olsen.

ADOPTION OF SENATE AMENDMENT 6 TO SENATE SUBSTITUTE AMENDMENT 1 NOT RECOMMENDED, Ayes 2, Noes 5

Moved by Senator Jauch, seconded by Senator Erpenbach that **Senate Substitute Amendment 1** be recommended for adoption.

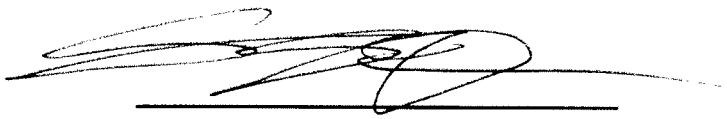
Ayes: (7) Senators Lehman, Jauch, Erpenbach, Hansen, Olsen, Grothman and Hopper.
Noes: (0) None.

ADOPTION OF SENATE SUBSTITUTE AMENDMENT 1 RECOMMENDED, Ayes 7, Noes 0

Moved by Senator Erpenbach, seconded by Senator Hansen that **Senate Bill 324** be recommended for passage as amended.

Ayes: (4) Senators Lehman, Jauch, Erpenbach and Hansen.
Noes: (3) Senators Olsen, Grothman and Hopper.

PASSAGE AS AMENDED RECOMMENDED, Ayes 4, Noes 3



Sara Dauscher
Committee Clerk

State of Wisconsin
2009 - 2010 LEGISLATURE

LRBa1369/1
TKK:cjs:md

1-27-2010

SENATE AMENDMENT , 1
TO SENATE SUBSTITUTE AMENDMENT 1,
TO 2009 SENATE BILL 324

Olsen, Hopper + Cerothmann

4-3

At the locations indicated, amend the substitute amendment as follows:

1. Page 2, line 23: delete "shall do all" and substitute "may do any".

2. Page 5, line 9: delete "required" and substitute "that could be provided".

(END)

State of Wisconsin
2009 - 2010 LEGISLATURE

LRBa1376/1
TKK:cjs:rs

1-27-2010

SENATE AMENDMENT , 2

TO SENATE SUBSTITUTE AMENDMENT 1,

TO 2009 SENATE BILL 324

Hopper

No letter

At the locations indicated, amend the substitute amendment as follows:

1. Page 4, line 14: delete lines 14 and 15 and substitute:

"**SECTION 7m.** 118.019 (3) of the statutes is amended to read:".

2. Page 4, line 16: delete "(intro.)".

3. Page 4, line 25: delete the material beginning with "A school board" and ending with "all of the following:" on page 5, line 3.

4. Page 5, line 4: delete lines 4 to 13.

(END)

State of Wisconsin
2009 - 2010 LEGISLATURE

LRBa1382/1
TKK:nwn:md

1-27-2010

SENATE AMENDMENT, 3
TO SENATE SUBSTITUTE AMENDMENT 1,
TO 2009 SENATE BILL 324

Hopper

opt in

At the locations indicated, amend the substitute amendment as follows:

1. Page 5, line 14: delete lines 14 to 18 and substitute:

"**SECTION 11m.** 118.019 (4) of the statutes is amended to read:

118.019 **(4)** ~~EXEMPTION~~ PERMISSION REQUIRED FOR ~~INDIVIDUAL~~ INSTRUCTION OF PUPILS. No pupil may be ~~required~~ allowed to take instruction in human growth and development or in the specific subjects under sub. (2) ~~if~~ unless the pupil's parent or guardian files with the teacher or school principal a written request that the pupil be ~~exempted~~ allowed to do so prior to the date of instruction.".

(END)

State of Wisconsin
2009 - 2010 LEGISLATURE

LRBa1371/1
TKK:cjs:rs

1-27-2010

SENATE AMENDMENT, 4

TO SENATE SUBSTITUTE AMENDMENT 1,

TO 2009 SENATE BILL 324

Grothman

At the locations indicated, amend the substitute amendment as follows:

1. Page 3, line 25: delete "sexually active pupils or".

(END)

State of Wisconsin
2009 - 2010 LEGISLATURE

LRBa1370/1
TKK:cjs:rs

1-27-2010

SENATE AMENDMENT , 5
TO SENATE SUBSTITUTE AMENDMENT 1,
TO 2009 SENATE BILL 324

Grothman

At the locations indicated, amend the substitute amendment as follows:

1. Page 3, line 24: delete "sexual orientation,".

(END)

protected class.

State of Wisconsin
2009 - 2010 LEGISLATURE

LRBa1373/1
TKK:cjs:rs

1-27-2010

NO

SENATE AMENDMENT , C

TO SENATE SUBSTITUTE AMENDMENT 1,

TO 2009 SENATE BILL 324

Grothman

At the locations indicated, amend the substitute amendment as follows:

1. Page 4, line 5: after that line insert:

"**SECTION 4m.** 118.019 (2g) of the statutes is created to read:

118.019 **(2g)** SINGLE-SEX INSTRUCTION. Notwithstanding s. 118.13 (1), a school board that provides an instructional program in human growth and development under this section shall separate pupils enrolled in grades kindergarten to 9 by sex prior to providing the pupils the instruction authorized by this section.".

(END)


FORWARD

October 21, 2009

companion to SB 324

To the Wisconsin Senate panel:

I want to comment on AB 458, the "Healthy Youth Act". This needs to happen; teens need the right information, in the schools, starting now!

So, if we <u>don't</u> teach kids about wearing condoms to protect themselves against infection and pregnancy, how does that help? Right now, kids are taught not to have sex, but it doesn't stop them. And we also teach kids not to do drugs, or drink, or smoke, but does that stop them either? How well has this plan worked out?

It's better to know what to do when the time comes, than not to, and leave those kids at risk for pregnancy, and STD's and HIV. Please choose comprehensive sex education!

Sincerely,

Gareth Murphy age 16
Appleton, Wisconsin


FORWARD
E PLURIBUS UNUM

October 22, 2009

To the Wisconsin Legislature:

We are writing as very concerned teenagers. We are both currently in a great human sexuality education program, but not because it is offered in our schools. As a matter of fact, what we received in each of our different high schools was a joke! Thank goodness our church is willing to teach us the facts. We go through relationships, proper names, how everything works, and how sexual pressure is in the media. We spend a lot of time learning about pregnancy, birth control methods, STD's. HIV, and how to use a condom. And we have fun while learning!

Every teenager needs this same chance to learn, because we all need the facts! As guys, we're pretty sure we are going to enjoy being sexually active someday, but we want to be safe about it. We're really scared of HIV, because there is still no cure. Please vote to pass AB 458, the "Healthy Youth Act" and do the right thing for every teen!

comparan to SB 324

Your Loving Wisconsinites,

Alex Deininger, age 16
Appleton, Wisconsin

Tony Cooper, age 17
Appleton Wisconsin


FORWARD
E PLURIBUS UNUM

Public Hearing on Planned Parenthood and Sex Education In The Schools

From: "daspeckmann@charter.net

Wed, October 28, 2009 9:06:58 PM

SB324

I apologize for contacting you in this manner because unfortunately I am in a Rehab Center following a recent operation and will be unable to attend tomorrow's Public Hearing. I do want to have my say.

In an ideal world the educational system would have a minimal amount to say about sex other than what was covered in the science curriculum or by physical education/health instructors at the intensity level of the 1960's. Statistics have shown that the back door insertion of Planned Parenthood, Fair Wisconsin and other similar groups into our schools/classrooms has done nothing to stem the increase the numbers of teen pregnancies and sexually transmitted diseases. So why would we opening throw open the doors of our "educational" institutions and expose our children to even more untrained personnel (the Madison School District sought and obtained funding to teach existing teachers how to teach; such is the state of our educational institutions).

While admittedly the vast majority of parents and the churches are not meeting or assuming their responsibility of providing a moral compass and values for their children, schools need to focus on building and implementing an academic curriculum based on a strong background in reading, math and science with truth in its social studies curriculum, a realty based foreign language, health and physical education curriculum. Right now DPI is a long way from demonstrating its statutory responsibility to that end for each and every K-12 student in Wisconsin, until that happens and we get qualified educators, support personnel and administrators retained based on student academic achievement (not purely test-based), does DPI need to arbitrarily build and try to implement curriculum's based upon moral, value or social issues.

Deborah Ann Speckmann
6823 Raymond Rd
Madison, WI 53719-3955
608-444-2965


FORWARD
E PLURIBUS UNUM

Testimony

To:	Members of the Senate Education Committee
From:	Medical Students for Choice, University of Wisconsin Chapter
Date:	October 29, 2009
Re:	SB 324 – The Healthy Youth Act
Position:	Support

Thank you for the opportunity to speak in support of SB 324, the Healthy Youth Act. My name is Anna G. Mirer and I am speaking today on behalf of Medical Students for Choice. I am a medical student in the MD/PhD program at the University of Wisconsin School of Medicine and Public Health. I hold a Master of Public Health degree in Epidemiology/Biostatistics at the University of California, Berkeley, and am also a former educator, having taught in the Head Start program in Southeastern New Mexico.

Medical Students for Choice urges each member of the Education Committee to vote for and support the Healthy Youth Act. As future doctors, we recognize the importance of sex education to public health. As medical students, we are learning how complex the study of reproduction and sexuality can be. It is not easy for anyone, adult or teenager or child, to understand how to make healthy choices without the guidance of research and excellent education.

The word doctor comes from the Greek word for teacher. We are being trained to educate our patients about their bodies and how their bodies interact with their world. Like teachers, we are trusted to be a resource for students and their families who need to make informed decisions about their sexual health. Unlike Wisconsin teachers, however, we currently enjoy the freedom to tell the truth. Passing the Healthy Youth Act will ensure that school is a place where students get medically accurate information about their health, and that parents are kept involved in the process of educating their children.

The public health consequences of inaccurate sex education are most grave. In 2004, a study by Weinstock et. al. found that in the United States, 48% of patients with new sexually transmitted infections were between the ages of 15 and 24—9.1 million new diagnoses in a single year—even though this age group makes up only 25% of the sexually active population[1]. We feel this definitively shows that comprehensive sex education is developmentally appropriate for high school age students. Against this backdrop, a randomized trial of abstinence-only programs by Trenholm et. al., published in a peer-reviewed journal in 2008, found that the programs had no impact on the rate of teen abstinence, or on the risk of pregnancy or sexually transmitted infection.[2] An epidemiologic analysis by Kohler et. al. found that risk of teen pregnancy was 50% lower among teenagers who reported receiving comprehensive sex education than those reporting abstinence-only education.[3] These are just a few examples of results from decades of scholarship that have led professional medical organizations to support comprehensive sex education, including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Psychological Association, and the

[1] Weinstock H et al., Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000, Perspectives on Sexual and Reproductive Health, 2004, 36(1):6–10.

[2] Trenholm C et. al., Impacts of Abstinence Education on Teen Sexual Activity, Risk of Pregnancy, and Risk of Sexually Transmitted Diseases, Journal of Policy Analysis and Management, 2008, 27(2):255-276

[3] Kohler PK et al., Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy, Journal of Adolescent Health, 2008, 42 (2008) 344–351

American Medical Association.

Evidence-based medicine is the hallmark of our training, and the future of our practice. The field of medicine is always changing, and old practices are discarded or revised as new evidence emerges. It is vital that sex education be guided in the same way—by the most solid research available. Nothing less is required to serve the population of Wisconsin, and keep its children healthy.

Thank you for your time.


FORWARD

(920) 540-7271
mk.peeples@gmail.com

Maria Peeples
10/29/09

SB 304?

Informed, Empowered, and Safe

Why Our Schools Need Comprehensive Sexual Education

Good afternoon everyone. My name is Maria Peeples and I am a junior in high school from Appleton, Wisconsin. I am very excited to be here and talking about what I believe is legislation of the utmost importance. Comprehensive sexual education is not only just a good idea, but vital for the health and wellbeing of the students in our schools.

As someone who walks the halls of a Wisconsin high school every day, I don't have to look very far to see the affects of a failed abstinence only program. Students are misinformed and unaware about basic information regarding sexual activity and protection. While I agree that it is the role of parents to educate their children about sex, protecting our nations children needs to be a collective effort that involves the schools. Additionally, many of my peers are not fortunate enough to have parents or other close adults in their lives that engage in these important and often life saving conversations about sexual health. So for students who receive all of their sexual education from a health class at school, they are given a snippet of information, which is focused on the wrong things and sometimes even false.

Abstinence is of course the only sure fire way to prevent pregnancy and sexually transmitted diseases. However, it is a form of birth control and like all, is not 100% effective. It too, fails. Abstinence only education neglects to take into account hormones and something pretty important, like statistics. Most people are bound to become sexually active at one point in their life, and with most research telling us that the average age of loss of virginity falls between sixteen and seventeen years old, disregarding the teaching of contraception and family planning is not only naive, but flat out irresponsible. In the sex education that I received my freshman year in high school, we spent one day

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Maria Peeples
10/29/09

talking about the options for birth control. It consisted of a power point explaining a few of the different contraceptive options. The focus? Failure rates. How often a condom *doesn't* work. All of the things that could go wrong when you choose to use birth control. This fear based approach not only miscommunicates facts, but I would bet that it puts a very wrong idea in students' minds. When it comes to an impulsive situation where a quick decision needs to be made about whether or not to use contraception when engaging in sexual activity, teenagers will remember one thing. Contraception is not effective. Even when all of us in this room know that that is false on so many levels. The student will then engage in unprotected sex, which can lead to dire consequences including the responsibility of a child which statistics show us may suffer just as much as the new young mother. On top of that, an array of sexually transmitted diseases that could have been prevented if youth were taught how to have important conversations with their sexual partners and how to take the steps necessary to protect themselves.

As young people, we have the right to receive accurate and comprehensive information about sex. It is not realistic to assume that everyone will wait until they are married to engage in sexual activity, and even if it was, wouldn't those newlyweds need to know a thing or two about sexual health? Comprehensive sexual education will teach abstinence as the number one way to protect ourselves. It will talk about making smart decisions and thinking first and foremost about what we want for our futures. However, it will also teach accurate information about all of the ways to be responsible if and when we choose to engage in sexual activity. It will discuss options rather than censoring life saving information, and it has been shown to actually delay the onset of sexual activity. Comprehensive sexual education takes into account all of the facets surrounding sex, including emotional, mental, and physical involvement. We can start to have discussions about why it is young people engage in sexual activity. Students can learn how to say no. Comprehensive sexual education is crucial for our state's

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Maria Peeples
10/29/09

youth.

Abstinence only sexual education has done nothing to lower the rates of teen pregnancy, sexual activity among youth, or the transmission of sexually transmitted diseases. When something isn't working, we fix it. In Wisconsin, we have the duty to serve and protect our young people, tomorrow's leaders. It is time to provide the students of this state with real and knowledgeable information in school regarding sexual education and health. With our whole lives ahead of us, we cannot afford to be left in the dark about this issue. Please keep in mind what you would want your child to be walking away from school. Informed, empowered, and above all, safe. Thank you.


FORWARD

Reproductive Justice Collective

A Women of Color Leadership Collective

October 29, 2009

Senator Lehman
State Capitol
P. O. Box 7882
Madison, Wisconsin 53707

Dear Committee Chairman,

The Reproductive Justice Collective is writing to urge your support for the Healthy Youth Act (AB 458/SB 324). The Reproductive Justice Collective is an organization led by women of color that supports the well-being of women and girls, based on the full achievement and protection of their human rights. We are in support of the Healthy Youth Act because we believe it will reinforce some of the same messages children and youth receive from their families, while also providing the valuable education that families are not always prepared to teach.

All families want their children and youth to have quality lives based, in part, on their abilities to make good decisions. Consequently, families teach important lessons like healthy eating and respect for self and others. What are often missing, however, are important lessons about body development and other aspects of maturation because most adults received little or no education that would equip them to teach such lessons.

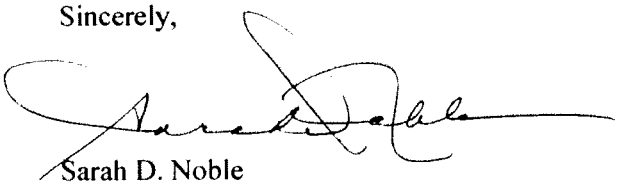
The absence of important lessons related to development, healthy relationships, appropriate behavior and health can cause children and youth to be vulnerable to misinformation. Too often, our young people are inundated with negative messages that they interpret as necessary for developing into adults. These messages contain inaccurate information that that do not support their development. According to a national survey conducted by the Kaiser Foundation, *"Fifty-seven percent of girls and 59 percent of boys say the female characters in the television shows they watch are "better looking" than the women and girls they know in real life...Seven out of ten (69%) say they have wanted to look like, dress, or fix their hair like a character(s) on television...Both girls (62%) and boys (58%) say the female characters they see on television usually rely on someone else to solve their problems, whereas male characters tend to solve their own problems."*

316 N. Milwaukee Street, Suite 215 ~ Milwaukee, Wisconsin ~ 53202 ~ (414) 431-4688 ~ noble4justice@gmail.com

We believe misinformation and lack of education also lead to other unwanted outcomes of pregnancy and sexually transmitted disease. In Wisconsin, 45% of our high school students self-reported that they are currently sexually active and only 61% of those teens reported protecting themselves from pregnancy and disease. It's no surprise that it is expected that 11,000 teens will become pregnant this year. Even more startling, 20% of all new HIV infections in Wisconsin are among our youth, ages 15-24 years. Sadly, most of the young people who represent that statistic will eventually have AIDS and will die from an AIDS related illness.

Without quality education and information, none of us are equipped to make good decisions. We urge you to support the Healthy Youth Act because our children and youth deserve an age appropriate, fact-based, comprehensive education that will allow them to make good decisions and have better opportunities to live healthier lives. They also deserve to understand the full range of opportunities available to them and to not only think about their future, but to be well and achieve fully in the present.

Sincerely,



Sarah D. Noble
Managing Director


FORWARD

WISCONSIN CATHOLIC CONFERENCE

TESTIMONY IN OPPOSITION TO SENATE BILL 324 AND ASSEMBLY BILL 458: HUMAN GROWTH AND DEVELOPMENT INSTRUCTION

Presented by Kim Wadas, Associate Director
October 29, 2009

My name is Kim Wadas and I am the Associate Director for Education and Health Care at the Wisconsin Catholic Conference. On behalf of Wisconsin's Catholic bishops, I strongly urge you not to support Senate Bill 324 or its companion, Assembly Bill 458.

Human sexuality is both intensely personal and social in its consequences, and what we teach our children about sexuality today has implications for the kind of society we will live in tomorrow.

We recognize that opinions differ as to the best way to educate children about their sexuality and reduce adolescent pregnancy and sexually transmitted infections (STI). We are among those who teach children to avoid unintended pregnancies and STIs by delaying sexual activity until marriage. Others maintain that expanding access to contraception is the surest way to achieve these goals.

Whatever our position, however, we have to remember that parents have the first and most important responsibility for educating their children. Public laws and educational policies can either support and affirm parents as the primary teachers, or they can undermine parental authority and responsibility.

Our current law on human growth and development instruction (Wis. Stat. s. 118.019) recognizes that parents need help in providing moral guidance to their children and it therefore supports giving local school boards the discretion and flexibility to create the education programs that are best suited to the needs of their students and communities. Some school boards have chosen the comprehensive sex education approach. Others have chosen to focus on abstinence and character education.

These bills, on the other hand, discount the moral nature of this issue and substitute the authority of the state for that of parents and local school boards. They do so in two main ways.

Criteria for Funding. The bills mandate that if the Department of Instruction applies for federal funds for teen pregnancy prevention programs, these programs must, among other things, demonstrate an increase in contraceptive use.

Such a mandate effectively devalues abstinence as a message to our youth. It devalues as well the parents who want to convey that message to their children. It sends the message to the

- OVER -

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federal government that all Wisconsin residents back comprehensive sex education. This is simply not the case. The Legislature should not tie the hands of school boards, and through them parents, in this manner. If school boards choose to adopt sex education programs that do not promote contraception, they should be free to do so.

Use of Volunteers. The bills also privilege a certain kind of volunteer health care provider to come into the schools to teach human growth and development. Currently, volunteer health care providers are prohibited from teaching certain subjects regarding sex education in schools. If these bills were to pass, volunteers would be permitted to provide instruction on sex education, though only those who promote contraceptive use would be able to fulfill all the mandatory subject requirements. Any program or volunteer health care provider who questioned the "health benefits" of contraceptives for children could be denied admission. As they could not provide instruction on all required subjects, supplementary instruction would be required. Again, this is discriminatory and represents an unwarranted intrusion of the state into the lives of families.

Today, more than ever before, society understands the tremendous costs associated with child and teen sexual activity. More than ever, parents and teachers need to give students the support and practical tools they need to withstand the enormous pressures to engage in premature sexual activity. Such an education is not just about avoiding pregnancy and sexually transmitted diseases or avoiding feelings of being used, abused, or betrayed. The best education teaches children to develop their unique character and potential, to grow in their capacity for love and responsibility. It helps them to learn from past mistakes and change potentially damaging behavior.

Rather than dictating a uniform approach for all sex education programs across the state, the Legislature should focus its efforts on encouraging all parents, educators, health practitioners, and other concerned citizens to create diverse and innovative ways to address the moral and health care crises affecting our youth.

For all these reasons, I urge you not to advance Senate Bill 324 and Assembly Bill 458.

Thank you.


FORWARD

Pro-Life Wisconsin

Defending them all...

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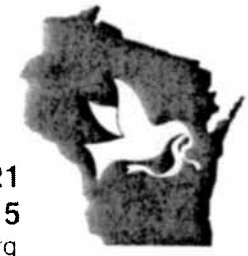

Testimony in Opposition to Senate Bill 324: Providing Instruction in Human Growth and Development
Senate Committee on Education
By Matt Sande, Director of Legislation

October 29, 2009

Good morning Chairman Lehman. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin. Thank you for this opportunity to express our opposition to Senate Bill (SB) 324, legislation revolutionizing Wisconsin's K-12 instruction in human growth and development.

Senate Bill 324 would effectively prohibit local school districts from adopting "abstinence-only" or "abstinence-centered" human growth and development programs – a freedom and flexibility they now enjoy under current law. The language of the bill itself requires the instruction to "stress the value of abstinence as the most reliable way to prevent pregnancy and sexually transmitted infections." **If the authors therefore agree that abstinence is the most effective method of protecting our youth from underage pregnancies and the ravages of sexually transmitted diseases (STDs), then why not allow a school district to make abstinence its sole focus?**

This heavy-handed bill ties the hands of local human growth and development advisory committees – a violation of the principle of local control. These advisory committees work very hard to craft curricula that match the goals and values of their local communities. Forcing a one-size-fits-all state curriculum on them effectively destroys them.

Proponents of SB 324 emphasize the reduction of "risky sexual behaviors" among our youth as the primary aim of the legislation. If that is the goal, forcing contraception education into the curriculum is not the answer. In fact, it is ineffective and dangerous. **Government-funded birth control, whether provided directly or promoted educationally, encourages sexual promiscuity and with it a host of social pathologies including underage pregnancies, chemical and surgical abortions, and STDs.**

Hormonal contraceptives including the Pill, the Morning-After Pill, and the Patch provide no protection from any of the 25 known sexually transmitted diseases, including HIV, human papillomavirus, chlamydia, herpes, gonorrhea, genital warts, syphilis and hepatitis B. Human papillomavirus (HPV) infection is currently the most prevalent sexually-transmitted disease. "High risk" subtypes of sexually-transmitted HPV (such as HPV-16 and HPV-18) cause 70 percent of cervical cancer in women, genital and anal cancers in men. The only way you can

prevent getting an HPV infection is to avoid direct contact with the virus. **Research studies have not confirmed that male latex condoms prevent transmission of HPV, so even a curriculum's emphasis on barrier methods is irresponsible.**

With over thirty viruses today compared to only two in 1960, STDs among our teens have become a full-blown epidemic. Every day, 8,000 teens become infected with an STD – a direct result of our overemphasis on birth control and our culture's "sex-with-no-consequences" mindset. After twenty years crusading for safe sex by dispensing condoms and the Pill to adolescent patients, Meg Meeker, M.D., as described in her book Epidemic – How Teen Sex is Killing Our Kids, realized she was horribly mistaken when her teen patients began marching in with dangerous STDs. She now counsels teens and parents on the *medical* importance of abstinence.

Senate Bill 324, the so-called *Healthy Youth Act*, forces contraception education into our school-based curriculums. Under the bill, if a school district chooses to adopt a human growth and development program it would be forced to include in its curriculum instruction on the "health benefits, side effects, and proper use of contraceptives and barrier methods." Yet hormonal contraceptives have been proven dangerous to women's health. Users of the pill and the morning-after pill have an increased risk of blood clotting and ectopic pregnancy, both of which can be fatal. The Ortho Evra **patch is being blamed for a number of deaths due to blood clots, heart attacks and strokes.** The Associated Press analyzed 16,000 reports of adverse events filed with the Food and Drug Administration, finding the risk of death from a blood clot is three times higher for women using the patch. How do these powerful, steroidal drug regimens improve our children's health?

Senate Bill 324 stresses the importance of "medically accurate information." **Will such information include the medical fact that most if not all hormonal birth control drugs and devices cause early chemical abortions**? The morning-after pill (a high dosage of the birth control pill), the intrauterine device (IUD), Depo Provera, the Patch, and the Pill can act to *terminate* a pregnancy by chemically altering the lining of the uterus (endometrium) so that a newly conceived child (human embryo) is unable to implant in the womb, thus starving and dying. This mechanism of action is termed a pre-implantation chemical abortion.

One need only read the package inserts or explore the websites of individual abortifacient brand-name drugs to verify their abortion causing effect. Their pharmacological mechanisms of action are clearly stated. Young women have a right to know the abortion-causing effects of hormonal contraceptives so that they may make informed decisions that respect the lives of human beings, even in their earliest stages.

Concerning the *Volunteer Health Care Provider Program*, Pro-Life Wisconsin strongly opposes removing the current law provision that prohibits a school-based health volunteer from providing human growth and development instruction in the areas of human sexuality, reproduction and family planning. Sexual and reproductive "health" issues are not properly under the purview of a school health room physician or nurse. Five years ago, our organization made a good faith compromise with Representative Richards guaranteeing this limitation on human growth and development instruction by a volunteer provider. Section 10 of SB 324 strikes this common sense restriction from current law therefore abrogating this compromise.

The *Volunteer Health Care Provider Program* confers legal protection to a health care volunteer by treating the volunteer as an agent of the state under the Department of Health Services.

Therefore, if a civil lawsuit were to be brought against the health care volunteer as the result of services provided through the program, the state of Wisconsin would assume legal liability.

Senate Bill 324 as currently drafted would permit contraceptive or abortion education by a Planned Parenthood volunteer health provider. This could involve a referral to the nearest Planned Parenthood clinic where a child could be given contraceptive drugs and devices or directly referred to one of Planned Parenthood's abortion clinics. Wisconsin taxpayers should not be assuming legal costs for a civil action brought by the parents of a student who has been referred by a health volunteer to a local Planned Parenthood clinic and there given birth control drugs such as the "morning-after-pill" or referred for an abortion, ending in an adverse outcome.

It must be noted that that early teen sexual activity, even if consensual, is against the law. Wisconsin Statutes 948.02(2) states, *"(w)hoever has sexual contact or sexual intercourse with a person who has not attained the age of 16 years is guilty of a Class C felony."* Violators, including teens, can be placed on Wisconsin's Sex Offender Registry. It is clear that our contraception sex education programs aid and abet our children in the commission of this second degree sexual assault (statutory rape) crime. And then we punish them as "sex offenders" when they get caught. This is complete hypocrisy, to say the least.

Pro-Life Wisconsin opposes the sexualization of our children. With his reports on Sexuality and the Human Male (1948) and Sexuality and the Human Female (1953), zoologist Alfred Kinsey ushered in the sexual revolution. He argued that children are sexual from birth and that deviant sexual activity is natural and normal and ought not to be stifled or repressed.

According to *Concerned Women for America*,* "Fifty years of his deception have moved our culture into a world of sexual and moral relativity. With this, we now have epidemic levels of rape, sexually transmitted diseases, illegitimacy, child molestation, promiscuity, pornography, and broken lives. America has bought into the Kinsey lie far too long. As parents, educators, and concerned citizens, we need to stand up to this assault on our children."[1]

The sexualization of our children is not without harmful consequence. Sigmund Freud contended that the period of life from 6 to 12 years was, normally, a "sexual latency" period where a child suppresses sexual interest and develops other important behavioral capabilities. Freud, in fact, stated that an undue dwelling on sexual matters during this time of life would hinder a person's normal development.

Why is it, then, that some adults see fit to thwart the normal development of a child – to in fact sexualize a child – who has no natural interest in such a topic? Is this not contrary to our goal of educating well rounded, happy, complex free kids who can integrate the virtue of chastity into their lives – along with the virtues of self-discipline and responsibility?

I'd like to close with a thought on this topic from Mahatma Ghandi. Gandhi, India's "Great Soul," often spoke on sexual morality, and frequently emphasized the importance of sex education. He defined the fundamental difference between comprehensive sex education and chastity education as follows:

[1](Contraception or Deception? by Elizabeth Bossom, 8/22/02, updated 3/8/06, Concerned Women for America)

Sexual science is of two kinds, that which is used for controlling or overcoming the sexual passion, and that which is used to stimulate and feed it. Instruction in the former is as necessary a part of a child's education, as the latter is harmful and dangerous, and fit, therefore, only to be shunned.

The sex education that I stand for must have for its object the conquest and sublimation of the sex passion. Such education should automatically serve to bring home to children the essential distinction between man and brute, to make them realize that it is man's special privilege and pride to be gifted with the faculties of head and heart both, that he is a thinking no less than feeling animal, and to renounce the sovereignty of reason over the blind instincts is, therefore, to renounce a man's estate.[2]

Mohatma Ghandi: a legacy of peace, non-violence, religious and ethnic tolerance, greater rights for women, and the search for truth.

Alfred Kinsey: a legacy of sexual license, promiscuity, epidemic levels of rape, sexually transmitted diseases, illegitimacy, child molestation, pornography, and broken lives.

What legacy shall we leave *our* children?

Thank you for your consideration, and I would be happy to answer any questions committee members may have for me.

[2](Fr. A.S. Antonisamy. *Wisdom for All Times: Mahatma Gandhi and Pope Paul VI on Birth Regulation.* Family Life Service Centre, Archbishop's House, Pondicherry 605001 India, June 1978.)


FORWARD

LENA C. TAYLOR
Wisconsin State Senator • 4th District
HERE TO SERVE YOU!

Testimony of Senator Lena C. Taylor
Senate Committee on Education
SB 324 – Healthy Youth Act
October 29, 2009

Honorable Chairman Lehman & members,

I am incredibly happy to be here today and offer testimony in support of SB 324 - The Healthy Youth Act alongside of my colleague and Assembly author, Representative Tamara Grigsby (D-Milwaukee).

To begin with, my hometown of Milwaukee, which is where I was born, raised, went to school & university, worked, and now represent is in serious crisis. Teen Pregnancy in Milwaukee is far too high, in fact near the top city in the nation for the number of births to teens.

According to the CDC, The US teen birth rate is 42.5 births to every 1000 teens. The same report shows Milwaukee with 64 births to every 1000 teens. Milwaukee far exceeds out national average and this is also a large contributing factor to major problems in Milwaukee.

Among the nation's 50 largest cities, Milwaukee statistics are shocking:

- 7th for infant mortality
- 15th for low-birth weight babies
- 7th for number of mothers under age 20
- 1 out of 3 children living in poverty
- According to DHS, in 2007 there were 2085 births to teens in Milwaukee county—approximately 13% of all births.
- Of the 50 biggest cities, Milwaukee has the 2nd highest Chlamydia rate.

Milwaukee is not alone. Wisconsin faces a crisis in teen pregnancy. Approximately 750,000 teens become pregnant each year and over 80% are unintended. 11,000 teens in WI will become pregnant this year. New data shows that a many Wisconsin counties have teen birth rates higher than the U.S. average:

- Menominee 139 / 1000
- Sawyer 58 / 1000
- Adams 54 / 1000
- Racine 49 / 1000
- Rock 46 / 1000
- Langlade 45 / 1000

The cities of Green Bay, Racine and Kenosha have teen birth rates almost double the national average.

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Committee on Judiciary, Corrections, Insurance, Campaign Finance Reform, and Housing (Chair)
Committee on Justice Reinvestment
Initiative Oversight (Chair)

Joint Committee on Finance
Joint Committee for Review of Criminal Penalties (Co-Chair)
Committee on Strengthening Wisconsin Families (Co-Chair)
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The numbers alone bear witness to the fact that something is dreadfully broken in our system in Wisconsin. We are not preparing or teaching our children good sexual education that answers questions and is proving to prevent the problems we have laid out.

For years we've had a weak sex education policy that doesn't address the needs of students or educators in Wisconsin. The Healthy Youth Act ensures that the most current standards of sex education are being taught and that public schools are using programs proven to reduce teen pregnancy and STI rates. The bill updates the core elements of what a sex education program must include if offered in Wisconsin and does away with ineffective abstinence only policies.

The 5 key components of the bill are:

- Requires that school boards that decide to teach sex education do so in a medically accurate, age appropriate way that addresses key elements proven to work at reducing sexually transmitted infections and unintended teen pregnancies, including providing information about abstinence and contraceptives. The various elements specified in the bill only need to be taught when age-appropriate;

- Requires that school districts that opt to not teach sex education send a notice home to parents;

- Requires that the state apply for federal funds that are allocated for evidence-based teen pregnancy prevention programs;

- Deletes a provision in current statutes that forbids volunteer health care providers from providing sex education instruction in areas concerning human sexuality and contraception; a

- Supports the current ability of parents to opt children out of sex education curriculum.

Wisconsin has a long history of ensuring that schools and parents have the option of allowing their students and children to receive instruction in sexual education or not. We will not undo that long tradition. The Healthy Youth Act does not mandate that all schools teach sex education, as under current law a school board maintains discretion whether sex education instruction is provided to students; and it maintains the ability of parents to pull their children out of sex education classes if they so choose.

The Healthy Youth Act takes proven strategies for success and implements them where school districts choose to do so. I encourage your support of this needed and appropriate legislation.

CASE STUDIES

Compelling data indicates that broad contraceptive availability may actually work to *increase* underage pregnancy and abortion by encouraging sexual promiscuity, debunking Planned Parenthood's theory that the provision of contraceptives to teens will reduce underage pregnancies.

A March 2002 study published in the *Journal of Health Economics* investigated the impact of family planning on teenage conceptions and abortions by testing data from 16 United Kingdom regions over a 14-year period.* **The author of the study concluded that "the overall effect of expanding family planning services for under-16s has been to increase pregnancies and abortion."**

*("The Economics of Family Planning and Underage Conceptions," Dr. David Paton, Nottingham University Business School)

The morning-after pill is available without a prescription in Great Britain. In an attempt to reduce the teen birthrate, Britain used taxpayer funds to enable women under age twenty to pick up free doses of the morning-after pill at local pharmacies. As this was going on, *The London Times* reported an epidemic of STDs among British teenagers with skyrocketing diagnoses of the diseases among teens over a five-year period.* The experiment was a total failure. Promotion, public funding and liberal distribution of the morning-after pill among Great Britain's teen population had the opposite effect of increasing sexual promiscuity and STD rates.

* ("The Price of Casual Sex," Carol Midgley, *The London Times*, January 29, 2002)

An April 2003 study published in the journal *Adolescent and Family Health* found that increased abstinence, not contraception, was the major cause of declining birth and pregnancy rates among single teenage girls.* It overturns Planned Parenthood's claim that 75 percent of the decline in the pregnancy rate is due to contraceptive use and 25 percent to abstinence. The authors compared the drop in the birth and pregnancy rates between 1991 and 1995. **Among unmarried teens aged 15 to 19, abstinence accounted for 67 percent of the decrease in the pregnancy rate.** Similarly, a 51 percent drop in the birth rate for single teens aged 15 to19 was attributed to abstinence.

*("An Analysis of the Causes of the Decline in Non-marital Birth and Pregnancy Rates for Teens from 1991 to 1995," Joanna K. Mohn, MD, Lynne R. Tingle, Ph.D., Reginald Finger, MD, MPH)


FORWARD

October 29, 2009

To: Wisconsin State Senate Panel members
Re: Hearing on AB 458 "Healthy Youth Act"

companion to SB 324

As you get ready to hear yet another voice in his hearing today, I'm sure you are looking at me, wondering "What's her story?" "What does she think she has to say that's so important?"

My story could have been that I became a mother at the age of 15, but thankfully, I have a different story to tell. However, I will come back to that point in just a minute or two.

My tale is that of a nurse who has worked in the area of women's health since 1996. I have spent a total of 11 years in labor and delivery, 3 years in a family planning clinic, and 2 years at a clinic that provided abortions. Since 1998, I have provided comprehensive sexuality community education in schools, social groups, sex offender groups, and churches. I have worked with women who were trying to become pregnant, prevent pregnancy, terminate their pregnancy, and deliver their baby. I have held the hands of women as they have given birth to a stillborn baby, handed their newborn over to the chosen adoptive parents, and during their abortion procedure. I have shared in many women's joys: a positive pregnancy test, a negative HIV test. And I have assisted women with the pain during procedures to freeze and burn all the pre-cancerous cells from their cervix due to the Human Pappiloma Virus (HPV) virus.

What about the men? Family planning clinics, and OB units do not just serve women; the men are equally as crucial to be included! I am continually amazed at how many men in their 20's and 30's still do not understand the basics of birth control, and here I am telling them how to correctly avoid pregnancy, while they are holding their newborn baby, in the hospital. In the clinic setting, I saw that so many men of every age were hesitant to come in for testing for STI's and HIV. They were afraid someone might see them in the clinic, nervous to have their blood drawn, or thought they could not possibly have an infection, because they had no symptoms!

So, now you know my story. But what do I have to say that was important enough to compel me to drive here from Appleton? Year after year, I see the same theme: people seek knowledge! Men, women, teens, adults; they all want to know! Am I normal? What's wrong with my parts? How do I protect myself from STI's and HIV? What form of birth control is right for me at this particular stage in my life? Can you show me how to use a condom correctly? A few even want to know about how to be abstinent. And when they can get that knowledge, they are in control. Knowledge IS indeed power!

I firmly believe that knowledge and power needs to be given to all women and men before they are sexually active, not after. Be prepared, like the Boy Scouts. We wouldn't send our children out to the deep end of the swimming pool without swimming lessons; the consequences of ignorance in human sexuality matters are equally as dangerous! Everyday, Wisconsin is drowning with high rates of teenage pregnancy, and the huge costs

to our state for that medical care. Milwaukee is drowning with a sky high rate of chlamydia, and shocking rates of teen pregnancy and infant mortality!

Comprehensive sexuality education must happen in the schools. In a perfect world, all parents would open the doors of communication to their children from day one, and answer all questions their children ask of them with honest, age-appropriate answers that do not reflect shame or guilt. And if the children were really lucky, they would be given a book like this around age 7 ("It's Not the Stork"), this book around age 10 ("It's perfectly Normal"), and this book around age 12 ("Changing Bodies, Changing Lives"). And throughout their adolescence, their parents would still be willing to engage in open two-way conversation about sexuality. But it's not a perfect world, and kids need this education.

A common argument against sexuality education is that "It will make the kids start thinking about sex", and that if we teach them about birth control "It will make them go out and have sex". Puberty is what makes kids start thinking about sex, education is the element that will assist these kids not to rush into sexual activity, how to use contraception, and how to prevent infection.

However, there does seem to be an additional factor for young teens that are sexually active: poor home life. Homes that are dysfunctional have alcoholic parents, absent parents, or parents with authoritarian styles seem to have more teens that are sexually active at a young age.

I am very familiar with that scenario. At age 14, in addition to having gone through puberty, I was longing for love and belonging outside my dysfunctional, alcoholic home. I found it, and three days after my 15th birthday, I had sexual intercourse, and remained in a serious relationship. Why didn't I become a 15 year old teen mother? Lucky for me, I attended junior high school in Fond du Lac, Wisconsin, and back in 1980, our mandatory health class spent two whole weeks on sexuality education. I learned everything I needed to know about preventing pregnancy in that class, until I eventually got to Planned Parenthood, and completed my education. And I did not become pregnant until I intended to, many years later.

The comprehensive sexuality education program in place in my school prevented me from becoming a statistic, and I ask you to approve AB 458, and give all teens the same chance be truly healthy.

Thank you for your time,

Michelle A. Madson, BSN, RN
701 E. McArthur Street
Appleton, WI 54911


FORWARD

Oct 29, 2009

Anne Franczek
4643 N. Parkside Dr
Wauwatosa, WI 53225

I'd like to submit the following information to support opposition of SB 324.
I really urge you to look at the Planned Parenthood web sites and see that they do <u>not</u> promote abstinence
Teen wire, Scarleteen, go ask alice

Also I highly recommend
You're Teaching my Child What?
by Miriam Grossman, M.D.
This psychiatrist gives scientific + medical basis exposing the lies of the current sex education movement

National Abstinence Education Assoc.

Introduction

A common question being asked is "Does abstinence education work"? In other words, is this approach effective at changing youth attitudes and behaviors about sex? This report identifies 14 abstinence-centered sex education programs evaluated by independent researchers that demonstrate statistically significant results in reducing teen sex. Another 26 abstinence-centered programs from two US Department of Health and Human Services Abstinence Education Evaluation Conferences show early stage positive attitudinal impacts that tend to predict decreased sexual initiation rates.

This report will also show why the limitations of the Mathematica study on four early stage abstinence programs in 1999 is not a valid evaluation of abstinence education in general and why inferences and actions made on the basis of that study are inappropriate.

An intellectually rigorous and thoroughly defensible assessment of abstinence education demands an acknowledgement that abstinence protects youth from all possible consequences of sexual experimentation and intuitively fits within a strong risk avoidance public health model. Continued research is necessary in order to further identify program practices most likely to result in the most favorable teen abstinence outcomes. Such research will contribute to the continuous improvement of abstinence education, a strategy that best protects youth from the many potential consequences of sexual activity.

However, while more research and development is needed, the research cited in this report demonstrates abstinence education is working and that a continued investment in this approach is justified. The many states and communities that wish to implement abstinence-centered education must continue to be given that option, with improved confidence that the approach not only reflects local values, but also with the assurance that abstinence education programs can improve youth health outcomes.

Valerie Huber
Executive Director
National Abstinence Education Association

April, 2009

Parents for Truth website

Research

At a national level abstinence education programs have contributed to a decline in the percentage of teens who are sexually active as well as a decrease in number of teen pregnancies (studies 1 and 2). In addition seven peer reviewed published studies have been conducted on various abstinence programs showing these programs to be effective in reducing the number of teens initiating sexual activity (studies 3 thru 9)

1. **YRBSS, Trends in the Prevalence of Sexual Behavior, CDC 2005**[i]

   Results: 13% decline reported in the proportion of U.S. teens who have initiated sexual activity from 1991 (54%) to 2005 (47%).

   Conclusion: Fewer teens are having sex which means more teens are choosing abstinence.

2. **Santelli, Journal of Adolescent Health, 2004**[ii]

   Study: The national Youth Risk Behavior Survey provided estimates for sexual activity and contraceptive use among teens aged 15-17 years between 1991 and 2001 (n=31,058). This data was combined with other data from the National Survey of Family Growth. Calculations were made to determine relative contributions to the annual change in risk of pregnancy.

   Results: 53% of the decline in pregnancy rates can be attributed to decreased sexual experience.

   Conclusion: Abstinence has substantially contributed to the decrease in teen pregnancy.

3. **Reasons of the Heart, American Journal of Health Behavior (in press)**[iii]

   Study: The study was designed to evaluate the impact of an abstinence education program on the delay of sexual initiation and on possible cognitive mediators of sexual initiation for virgin 7th graders in suburban Virginia. A quasi-experimental design involving 820 7th grade students was used with 3 middle schools receiving the program and 2 middle schools with similar demographics serving as the comparison group.

   Results: Adolescent virgins who received the program were approximately one-half as likely as non-participants to initiate sexual activity after one year ($P<.05$).

   Conclusion: Abstinence education reduces sexual initiation over a twelve month period.

4. **Not Me, Not Now, Journal of Health Communications, 2001**[iv]

   Study: Not Me, Not Now is an abstinence oriented, adolescent pregnancy prevention integrated communications program developed by Monroe County, N.Y. The evaluation utilized a cross-sectional time series approach in the analysis of items from several waves of youth surveys administered to two different age groups of teens. Analysis of pregnancy rates for 15-17 year-olds in the county were compared to reductions found in similar geographic areas.

   Results: After a 5-year county-wide mass communications program through Not Me, Not Now there was a 32% reduction in the percent of teens under 16 who had experienced sex ($P<.05$). The adolescent pregnancy rate for Monroe County dropped from 63.4% in 1993 to 49.5% in 1996. By comparison, Monroe's rate was higher than two surrounding counties in 1993 and lower than both counties in 1996.

   Conclusion: Abstinence education demonstrates statistically significant, consistent changes on measures of program awareness, beliefs and attitudes, self-reported behaviors, and pregnancy rates.

5. **For Keeps, American Journal of Health Behavior, 2005**[v]

Study: The study population comprised 2069 adolescents in seventh and eight grades enrolled in 5 urban and 2 suburban middle schools in the Midwest during the 2001-2002 school year. Classrooms were randomly assigned either to program or control group. Program students received For Keeps, a five session abstinence program.

Results: No impact on sexual initiation was demonstrated, however, intervention students who were sexually active were about one-half as likely to be sexually active after 5 months than those who did not receive the program ($P<.05$) and sexually experienced students who received the program demonstrated a reduction in partners.

Conclusion: Abstinence education reduces the prevalence of casual sex among sexually experienced students.

6. **Sex Respect/Teen Aid, Journal of Research and Development in Education, 1992**[vi]

Study: Approximately 7,000 high school and middle students participated in the evaluation. To determine the effects of the programs Sex Respect and Teen Aid, students in schools with the abstinence programs were compared with students in similar control schools within the same school district.

Results: The two programs together were shown to reduce the rate of initiation of sexual activity among at-risk students by 25% when compared with a control group of similar students who were not exposed to the program.

Conclusion: Abstinence education is effective with at-risk students.

7. **Postponing Sexual Involvement (Abstinence Version), Family Planning Perspectives, 1990**[vii]

Study: PSI was an abstinence program developed by Grady Memorial Hospital in Atlanta, Georgia, and provided to low-income 8th grade students. Of the 387 baseline virgins, 278 received the PSI intervention and 109 did not.

Results: A comparison of program participants with a control population of comparable low-income minority students who did not participate in the program showed that by the end of eight grade, students in the control group were five times more likely to have begun having sex than were PSI students (20 percent versus 4 percent). By the end of ninth grade, the difference between groups was still significant, with rates of 39 percent versus 24 percent.

Conclusion: Abstinence education is effective with inner-city students.

8. **Heritage Keepers, Office of Population Affairs, HHS, 2005**[viii]

Study: An abstinence education program for middle school students in South Carolina was evaluated using a quasiexperimental design with matched comparison groups to determine its impact on the rate of sexual initiation after 12 months for the sexually inactive in the sample.

Results: After one year program participants were about one-half as likely to become sexually initiated as their peers in the comparison group ($P<.001$)

Conclusion: Abstinence education reduces the rate of sexual initiation over a 12 month period.

9. **Best Friends, Adolescent and Family Health, 2005**[ix]

Study: The study sought to show the effect of the Best Friends program in Washington, DC on the early onset of sex. The data analyzed in the study consists of responses to questionnaires filled out by program attendees at the beginning and end of the year, which are compared to the responses of a sample of girls to the Youth Risk Behavior Survey of Washington, DC.

Results: Program participants were seven times more likely than the comparison group to avoid sexual activity.

Conclusion: Abstinence education is effective with inner-city students.

Protect your child's health and future. Expose the truth. Join **Parents for Truth** today.

What about the Mathematica Study indicating abstinence education does not work?

The Mathematica Study examined only four out of a pool of over 700 Title V abstinence education programs. These narrow findings represent less than 1% of all Title V projects across the nation. In addition the follow-up interval for measuring behavioral outcomes was much longer than what is typical in evaluations of non-abstinence sex education programs: 4 to 6 years after the program ended with any intervening program reinforcement. The study began when Title V abstinence education programs were still in their infancy. The field of abstinence has significantly grown and evolved since that time and the results demonstrated in the Mathematica study are not representative of the abstinence education community as a whole. The 2006 Conference on the Evaluation of Abstinence Education, sponsored by the US Department of Health and Human Services featured at least 30 significant evaluation studies that demonstrated positive trends in teen abstinent behavior. In addition there are a number of significant studies (See Research) that demonstrate that abstinence education programs are effective in delaying sexual debut, reducing partners once sexually active, and empowering sexually experienced students to embrace abstinent behavior.

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4. Is it fair that abstinence education receives federal funding, but comprehensive sex education receives no federal funding?

The fact is comprehensive sex education (CSE) receives at least twice as much federal funding as abstinence education.[10] In addition, CSE has received funding since the 1970's, while significant funding for abstinence education did not begin until 1998. So cumulative comparisons between the two approaches are overwhelmingly in favor of CSE funds.[11] Despite this funding disparity, abstinence education fits soundly within the public health model for prevention and risk avoidance. And with a growing body of research showing its effectiveness, continued funding, with annual increases, is not only warranted but also highly advisable to impact teen health in America.

ABSTINENCE EDUCATION		COMPREHENSIVE SEX EDUCATION	
Funding Source	Amount (millions)	Funding Source	Amount (millions)
CBAE	$109[1]	Medicaid	$109[2]
Title V	$50[3]	CDC DASH	$52[4]
AFL	$13[5]	Social Services Block Grant	$14[6]
Subtotal	$172 Million		$175 Million
Other Funding Sources			
CDC DASH	$2[7]	CDC's Community Coalition Partnership Programs for the Prevention of Teen Pregnancy	$3[8]
		CDC Comprehensive Sex Education Program	$3[9]
		Title X	$68.5[10]
		TANF	$131[11]
Total	$174 Million		$370.5 Million

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5. How much does abstinence education cost taxpayers?

Current federal funding for Abstinence Education is about $170 million dollars, but the result is actually a cost savings to taxpayers! In terms of savings associated with reductions in teen births, abstinence education saves taxpayers $6 for every $1 spent.[12] Abstinence education provides a beneficial return for the taxpayer and a brighter future for teens.

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6. What percent of public schools teach abstinence education vs. comprehensive sex education?

While there are increasing numbers of schools that teach abstinence education, the majority of schools still focus on reducing the risk of sex through birth control instruction,[13] rather than the risk avoidance skill-building message of abstinence. In 1995, only 8% of schools taught abstinence education but 84% taught birth control instruction.[14] In 2002, 22% taught abstinence education, and 68% taught birth control instruction. Information only up to the year 2002 is available, but this data indicates that fewer than 1 in 4 students across America are receiving abstinence education. At least partly due to the unequal federal funding between both initiatives, more than 2/3 of all teens receive so called

comprehensive sex education, a message that assumes that teens will have sex. This is why the recent accusation that rises in teen birth and STD rates are due to abstinence education is absurdly false.

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7. Does the abstinence message have relevance for teens who are sexually active?

Absolutely! Sexually experienced teens receive the skills and positive empowerment to make healthier choices in the future as a result of abstinence education. A recent published study shows that sexually experienced teens enrolled in an abstinence program were much more likely to choose to abstain than their sexually experienced peers who did not receive abstinence education.[15] Among teens that have had sex, 55 percent of boys and 72 percent of girls wish they had waited.[16] The abstinence message provides the only practical approach away from high-risk behavior and toward a decision that removes all future risk for that teen.

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8. With most people having sex before marriage, isn't the "abstinence until marriage" message unrealistic?

The fact that many individuals have sex before marriage and 1 in 3 births are outside of marriage does not diminish the benefits of waiting to have children until marriage, nor does it mean we should abandon the goal of changing the cultural norm for this behavior. In fact, historically, if a cultural behavior or norm is in conflict with the desired outcome, efforts are redoubled, not discarded. For example, a generation ago, smoking was a desired, normative behavior, but today smoking is almost universally viewed as undesirable and unhealthy - proof that cultural and social norms can and do change.

Similarly, although growing numbers of Americans are overweight, efforts to encourage exercise and healthy eating habits have increasingly become public health priority messages. We do not capitulate our highest public health standards based on the unhealthy choices of a majority, but on standards that promote optimal health outcomes in the population. Overwhelming social science data reveals that children who are born within a committed married relationship fare better economically, socially, physically and psychologically.[19] In terms of child outcomes, the facts are clear – waiting until after marriage to have children is indisputably in the child's best interest. Further, most teens are not sexually active and more and more teens are choosing to be abstinent, proving that the message of abstinence increasingly resonates with youth.[20] Amplified efforts to link the personal benefits of abstinence with the positive effects for children born from a marital union are warranted and necessary if positive changes in cultural norms are to be realized.

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9. Is abstinence education religious in nature?

No, the curricular content of abstinence education programs funded by the federal government is consistent with the public health prevention model for risk avoidance. In terms of general public health policy, the best health outcomes are

made possible by the best positive health behavior messaging. Abstinence education follows this model, while all other approaches offer a message that still leave youth at risk for some of the consequences of sexual activity. Abstinence education provides all the information necessary for teens to make the best choice for their sexual health. The fact that the world's major religions support abstinence until marriage does not disqualify abstinence as an important public health message. What needs to be recognized is that while the abstinence until marriage message often converges with religious belief, it does not promote religious belief, but stands alone as a crucial, primary health message.

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10. Isn't "abstinence only" really a "just say no" message?

No – on both counts. Abstinence education, as funded by Congress, has nothing to do with "only" and the message is decidedly more inclusive than "just say no". The term, "abstinence only" is strategically attached to this funding by opponents to create the false perception that abstinence education is a narrow and unrealistic approach. Abstinence education is overwhelmingly more comprehensive and holistic than other approaches and focuses on the real-life struggles that teens face as they navigate through the difficult adolescent years.

Abstinence education realizes that "having sex" can potentially affect a lot more than the sex organs of teens, but as research shows, can also have emotional, psychological, social, economic and educational consequences. That's why topics frequently discussed in an abstinence education class include how to identify a healthy relationship, how to avoid or get out of a dangerous, unhealthy, or abusive relationship, developing skills to make good decisions, setting goals for the future and taking realistic steps to reach them, understanding and avoiding STDs, information about contraceptives and their effectiveness against pregnancy and STDs, practical ways to avoid inappropriate sexual advances and why abstinence until marriage is optimal. So, within an abstinence education program, teens receive all the information they need in order to make healthy choices. That's a lot of information and skills packed into an abstinence curriculum! And all of these topics are taught within the context of why abstinence is the best choice. There's nothing "only" about the abstinence approach!

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11. Does abstinence education support medical accuracy?

Yes, the National Abstinence Education Association strongly believes all youth serving organizations should provide accurate information to teens, regardless of the funding stream. That means that organizations receiving federal funds for pregnancy prevention, HIV/AIDS prevention, and all other programs, including abstinence education, should be held to the same standards of accountability.

Abstinence organizations share this commitment to accuracy. While ideologically motivated individuals and organizations have tried to assert that inaccurate statements characterize abstinence education, this is simply not true. For example, the 2004 report, The Content of Federally Funded Abstinence-Only Education Programs, commissioned by Rep. Henry Waxman and compiled, primarily by special interest groups who are historical opponents to abstinence, relied upon

misrepresentation, distortion, and error rather than an honest appraisal of abstinence education curricula. (Read Abstinence and its Critics by Rep. Mark Souder for more information).

Most reports on "medical accuracy" fail to note that CSE curricula regularly overstate the effectiveness of condoms, underestimate the risk of certain sexual activities, and infer that sex can be made safe and without consequences as long as a condom is used.[17] One widely used text even warns facilitators not to mention any limitations on condom effectiveness to students.[18] Abstinence education continues its commitment to provide accurate information to teens so that they are fully equipped to make the best decisions for their sexual health.

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12. Is it true that most parents want their children to receive "comprehensive sex education" rather than abstinence education?

When parents understand the differences between CSE and abstinence curricula, they prefer abstinence education over so-called comprehensive sex education by a 2:1 margin.[21] Only surveys that provide incomplete or erroneous information show a result different from these findings.

Parents across all ideological, political, and demographic boundaries want what is best for their children and in terms of sexual health; the favored approach is abstinence education, as currently funded by Congress.

1.

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Federal funding for Abstinence-Centered Education:

A win/win for taxpayers and teens

Spending money on abstinence-centered education is a cost savings for taxpayers. Providing youth with the skills to wait to have sex is easier and less expensive than treating youth for the possible consequences of teen sex. Teens who avoid these consequences are more likely to be successful in reaching their goals. As research now indicates that abstinence-centered education programs reduce teen sexual activity by approximately 50%, it is increasingly clear that abstinence-centered education provides a good return for taxpayers and a brighter future for teens.

Note: This study is not an exhaustive computation of all of the cost savings and benefits associated with a teen choosing abstinence. This fact sheet only details the cost savings associated with the decrease in teen births.

Abstinence-Centered Education saves taxpayers $6 for every $1 spent for pregnancy prevention.

Both the increase in teens choosing abstinence and the decline in teen pregnancy have coincided with the increase in federal funding for abstinence-centered education, suggesting that abstinence-centered education has played a major role in these tax savings. Current funding for abstinence-centered education is approximately $174 million per year , which translates into a savings of over $1billion taxpayer dollars.

Significant Savings of Abstinence Education

Indicator	Amount
Annual number of students served with Title V & CBAE federal abstinence education funding2	2,500,000
2006 preliminary teen birth rate to teens aged 15-193	41.9/1000
Of 2.5 million teens, number who could be expected to give birth if they received no abstinence education, using 2006 rates4	104,750
Taxpayer cost per birth5	$21,562
Taxpayer cost for 104,750 births6	$2,258,619,500
Decrease in sexual activity (and thus teen births) attributed to teens choosing abstinence7 & 9	50% decrease
Savings to taxpayer due to abstinence education10	$1,129,309,750
Savings per $1 spent11	$6.49

Teens who choose abstinence and avoid becoming pregnant are saving taxpayers over $1 billion in teen childbearing costs.

- Teen childbearing costs U.S. taxpayers $9.1 billion per year.
- The percentage of students who are virgins has increased from 46% in 1990 to 52% in 2007.
- Abstinence-centered has been shown to decrease teen sexual activity by approximately 50% and increased abstinence is responsible for at least half of the decrease in teen pregnancy, saving taxpayers over $1 billion each year.15

There are additional health benefits from abstinence-centered education, which, if quantified, would reveal even greater savings to taxpayers.

- Teens account for one quarter of all new STDs each year.16 Abstinent teens, however, avoid sexually transmitted diseases and all corresponding medical costs.
- Studies reveal increased risks of depression and attempted suicide among sexually active teens.17 Abstinent teens, however, avoid negative emotional consequences resulting from sexual activity and all associated mental health costs.
- Teen birth rates have dropped significantly since major funding for abstinence education became a federal priority in 1998. As a result, billions more tax dollars have been saved.

Abstinence-centered education funding must continue to preserve the positive behavioral trends among teens and corresponding savings to taxpayers.

- Only abstinence programs devote over 50% of course time promoting abstinence among teens. In contrast, comprehensive programs spend less than 5% of course time promoting abstinence.
- Numerous published studies show that abstinence-centered education decreases sexual initiation, increases abstinent behavior among sexually experienced teens, and/or decreases the number of partners among sexually experienced teens.

Americans support continued funding for abstinencecentered education.

- In a recent survey, parents said they wanted more funding given to Abstinence Education than to Comprehensive Sex Education by a 3 to 1 margin.21 These findings of significant savings to taxpayers come at a critical time. With levels of teen sexual activity still too high and state and national lawmakers struggling to balance budgets, expenditures through abstinence education programs have an important impact. Continued funding and expansion

of the nationwide abstinence education effort is warranted.

These findings of significant savings to taxpayers come at a critical time. With levels of teen sexual activity still too high and state and national lawmakers struggling to balance budgets, expenditures through abstinence education programs have an important impact. Continued funding and expansion of the nationwide abstinence education effort is warranted.

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Testimony in Opposition to Senate Bill 324
Senate Committee on Education
By Julaine K. Appling, President
October 29, 2009

Thank you, Chairman Lehman and other committee members, for this opportunity to provide testimony on Senate Bill 324.

My name is Julaine Appling. I am president of Wisconsin Family Action, a statewide pro-family organization that educates, informs and advocates on behalf of Wisconsin citizens regarding legislative and cultural issues that impact our families. Wisconsin Family Action represents tens of thousands of families all across this state that very much care about bills such as the one under discussion today.

Wisconsin Family Action is opposed to Senate Bill 324 and urges all committee members to take the same position. We are opposed to this bill for many reasons, but I will contain my comments today to just five (5) key points. We are in agreement with the authors and cosponsors of this bill that we want our Wisconsin youth to be healthy; we want what is truly in their best interest. Unfortunately, we disagree in how we attain this worthy and important goal.

1. **Senate Bill 324 removes the possibility that any school district in Wisconsin that chooses to have a Human Growth and Development program can elect to have one that is abstinence-centered.** It condemns all school districts to the so-called "comprehensive sex education" approach that has been responsible for the crisis that we currently have in unprecedented rates of sexually transmitted diseases among our teens and increasing teen pregnancies. In fact, this is the very crisis that the authors and co-sponsors of this bill now claim this provision will address.

   How more of the same, much more of the same, will solve the crisis created by this approach to sexual education is beyond me. It is not lost on us that these mandates essentially make the required Human Growth and Development committees a joke. Why even bother with the sham of a committee, when a committee is powerless to create a HG&D program that is truly of its choice—one that is abstinence-centered, for instance, or even one that is a so-called abstinence-based program such as is currently in many school districts. To clarify, an abstinence-centered program is not the "just say no" approach; it's an effective, evidence-based, scientifically accurate, age-appropriate, risk-avoidance program.

   Abstinence-centered curricula do not ignore the temptations, expectations, risks and facts of teen sexuality—they incorporate those facts into comprehensive programs centered on abstinence education. Abstinence-centered programs give kids a road map for their future, help them set goals and identify and learn the skills they need to get there without sacrificing their happiness and health. It's a holistic approach to this important subject, one that considers the intellectual, physical, emotional, social and overall well-being of teens. Such programs truly promote "healthy youth."

2. **Senate Bill 324, as it is currently worded, is an affront to parents and their desire to stay informed about what their children are learning in school.** Changing the way and times when a school district's HG&D curriculum and instructional materials are available to parents does not help parents be engaged with the education of their children. This bill requires that if parents want to "inspect" the curriculum and the instructional materials, they must do so prior to implementation. At least as important is that taking out the word *all* in reference to what instructional materials parents may inspect, leads one to conclude that school officials may purposely omit certain materials they do not parents to see. Nothing, absolutely nothing that happens in a school classroom should be kept from parents who want to know. I am aware that the Assembly Education Committee earlier this week passed a couple of amendments related to these issues. I would encourage this committee to look closely at those. However, even if the bill is changed to eliminate these particular problems, we would find

it impossible to support the bill because of other problems. Nevertheless, should the bill pass, these changes would certainly be in the best interests of both students and their parents.

3. **Senate Bill 324 removes the current requirement that marriage and parental responsibility must be taught in the same course and same year as particular HG&D subjects.** This requirement links sexual behavior appropriately to marriage. If the sponsors of this measure are in earnest about reversing trends in youth regarding sexually transmitted diseases and pregnancies, then they will reinstate these requirements because linking sexual activity to marriage is one of the best ways to reduce unintended teen pregnancies and sexually transmitted infections. Even from just a purely economic standpoint, this bill is bad public policy. According to a first-ever report published last year by the Institute for American Values births to unwed mothers and fractured families cost Wisconsin taxpayers, at a minimum, $737 million every year.

4. **Senate Bill 324 removes the current requirement that abstinence from sexual activity must be presented as the preferred behavior choice for all unmarried students.** Once again, we are removing sexual activity from the bonds of marriage. While under this proposal students will be told, in the language of the bill, "the benefits" of abstinence, they will not hear it in its proper context—abstinence until marriage. The message will be lost in the cacophony of comprehensive sex ed voices extolling the alleged "health benefits" and explaining the proper use of condoms and other contraceptive drugs and devices. I would submit to this committee that there is no health benefit in premarital sexual activity.

5. **Removing the stipulation that a volunteer health-care provider that comes into a school must not address such issues as family-planning, reproduction, HIV and AIDS, among some other select topics, means that so-called family-planning organizations are being given free and open access to present basically whatever they want to in our public school classrooms to a captive audience.** It is hardly any wonder that the state's major family planning organizations are heartily behind this bill; it is a dream-come-true for them.

It is important to note here that recent research regarding brain development of teenagers shows that one of the last regions of the brain to mature is the pre-frontal cortex—the area of the brain that is responsible for such functions as planning, setting priorities, organizing thoughts, suppressing impulses and weighing the consequences of one's actions. New studies in this area show that this area of the brain typically does not reach full maturity until a person is in their mid-twenties. While we don't believe this research excuses bad behavior, it certainly highlights the importance of parental support and guidance especially in the area of sex. It also highlights the shortcomings of comprehensive sex ed, which this bill will mandate for all Wisconsin schools that elect to have a Human Growth and Development program. Consistent and proper use of contraceptives, particularly condoms, requires planning, the ability to control impulses, and weighing the consequences of one's actions—none of which, according to studies, is a teen equipped to do. Such approaches to sex ed put our teens on a collision course with disaster and unhealthy choices.

We believe this measure would result in decidedly unhealthy youth and will actually encourage teen sexual activity. Increased teen sexual activity will ultimately result in more teen pregnancies and high rates of sexually transmitted diseases and infections. How do we know that? Because we have a track record that shows that this is the result of "comprehensive sex ed" programs, such as the one being proposed in SB 324. Surely our youth deserve better. Wisconsin Family Action urges you to vote no on Senate Bill 324.

Thank you for your time today.


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Senate Committee on Education Public Hearing
October 29, 2009

Testimony in support of SB 324

Good afternoon, my name is Jesse Miller-Gordon, I'm a student at UW Madison, and I'm here today in support of the Healthy Youth Act. Thank you, Senator Lehman, for giving me an opportunity to speak on this important legislation.

I'm lucky to be the beneficiary of a well rounded, accurate sex education program, but over the last three years attending University, it has become apparent that many of my peers had received little to no information or guidance regarding sexual activity, even in their high school curriculum.

This worries me deeply because an uninformed, sexually active individual not only puts themselves at risk, but everyone they come into intimate contact with, and their partner's partners to come. A student in the college community practicing unsafe sex takes on the role of a drunk driver; they are a danger to themselves and those around them.

I recently received news from a close friend that he has contracted the HIV virus at the age of 20. One mistake one night will now dictate his actions for the rest of his life. He is also uninsured, but luckily receiving free health care, without which, he literally could not afford to live.

While this is great news for him, the individual cost of proper sexual education pales in comparison to the cost of his healthcare, which is quite expensive, as well as inconsistent and tied to the state of his affliction. If he were to fall ill, God forbid, the cost to the taxpayer would only rise. If he remains healthy, the current pricey regimen will continue indefinitely.

This is about more than money. Proper sexual education equips young people with the knowledge to act safely and responsibly if and when they choose to become sexually active. Cheating teens out of the information they need to make healthy, smart decisions is worse than careless; it sends a clear message to the youth that they are on their own at a time when their lives are becoming more confusing and complicated every day.

I urge you to vote to pass Senate Bill 324 without delay.

Jesse Miller-Gordon
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SB 324?

10/29/09

Please support the Healthy Youth Act.

My name is Rhea Vedro and I am here representing myself today. I am testifying in favor of the Healthy Youth Act. I work in Spanish bilingual education with adults. Census data shows us that between 2000-2008 the Latino population in Wisconsin grew 46% compared to only a 4.7% increase in the overall population. Every day I see how much *uncertainty* parents have about how to communicate age appropriate information around healthy sexuality to their children.

According to the CDC National Vital Statistics Reports in 2007 Latinas have *twice* the teen birth rate of the overall population in the United States. Locally the Wisconsin Minority Health Report published in 2008 features the disturbing statistics about disparities in teen birth rates. The teen birth rate is the numbers of births per 1000 young women ages 15-19. Latinas numbered 870 teen births while the overall total population numbered 30.5.

Earlier this month I spoke with a Bilingual resource Specialist at Madison East High School who told me that she had six pregnant teens in her class this year. I know many of the families I work with who have with school-age children are not providing information at home about healthy sexuality because their parents never talked to them about these issues and they do not know how to even begin a conversation. Parents that I work with want to have these informed dialogues with their children, want to meet their kids where they are at, want the opportunity to talk about both their own religious and family values *and* sexuality, want to work in tandem with schools, want their children to graduate high school and be successful, and they want their children to receive all of the tools they needs to navigate this country with all of its wonderful opportunities. Please pass the Healthy Youth Act and provide age appropriate, evidence based comprehensive sexuality education for *all* of our youth.


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Testimony

To: Members of the Senate Committee on Education
From: John Keckhaver, Wisconsin Coalition Against Sexual Assault (WCASA)
Date: October 29, 2009
Re: SB 324
Position: Support

Thank you for your time this morning. My name is John Keckhaver, and I represent the Wisconsin Coalition Against Sexual Assault (WCASA). WCASA is a statewide organization that was created in 1985 to support and complement the work of Wisconsin's community-based sexual assault service provider programs and other organizations working to end sexual violence. Our mission is to help create the social change necessary to end sexual violence in Wisconsin.

We strongly support SB 324 and want to thank the authors of the bill for bringing this important proposal forward. This bill – which would ensure that the most current standards of sex education are being taught and that public schools are using programs that are proven to reduce teen pregnancy and sexually transmitted infection rates – comes at a crucial time. The teen birth rate in Wisconsin is rising – for the first time since 1994. The rate of sexually transmitted infections among Wisconsin teens is skyrocketing. A key strategy to turning these trends around is to give our students accurate, comprehensive information about pregnancy and disease *prevention*, along with opportunities for discussion of important relationship and growth issues.

Particularly important to WCASA is the fact that the bill would ensure that young people are made aware of the various medical and legal resources available to them if they find themselves in an unhealthy, abusive relationship. Without this information, many young people feel they have no one to turn to, and they are more likely to remain in an abusive relationship.

This bill does not present a mandate to school districts, but it does require that when sexual education is taught, that it be medically and scientifically accurate, age-appropriate, unbiased, and comprehensive. Nor does this bill take away a parent's right to opt their children out of a sex education curriculum in the event a school district chooses to include one. Also, the bill maintains that abstinence be taught as the most reliable way to prevent pregnancy and sexually transmitted infections.

Comprehensive sex education programs that teach about both abstinence and contraception have been shown to delay the onset of sexual activity among teens, reduce their number of sexual partners, and increase contraceptive use when they do become sexually active.

SB 324 will help ensure that our students in Wisconsin receive the information and opportunity for discussion they need in order to make sound choices, and that when a young person is in an abusive relationship, they know where to turn and how to seek help. We urge you to enact the Healthy Youth Act, and to take the steps that many other states have already taken to ensure that our youth are receiving comprehensive and effective sex education.


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State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

SB 324 Healthy Youth Act
Testimony of Dr. Seth Foldy, State Health Officer
October 29, 2009

Chairman Lehman and members of the Committee, thank you for the opportunity to testify today on this important piece of legislation. I am here today as the State Health Officer to support SB 324 because a comprehensive, evidence-based "abstinence plus" approach to sex education is important to help reduce the prevalence of teen pregnancy and sexually-transmitted diseases among youth in our State. Such curricula already exist, are in broad use elsewhere, and have been associated with delayed initiation of sexual intercourse, increased parent-child communication about abstinence and contraception, reduced incidence of unprotected sex and increased use of contraception. Thus outcomes from such curricula include several that everyone could support.

In 2008, of the 72,002 births to residents of Wisconsin, 6,096 (8.5%) occurred to teenage mothers (<20 years); 88.7% of these teen mothers were enrolled in the Wisconsin Medicaid program.

Babies born to teens are more likely to die in infancy than babies born to older women. The infant mortality rate in 2007 was 10.9 per 1,000 births to teens aged 15-19 compared to 6.0 per 1,000 births to mothers ages 20 years or older.[1] This means that babies born to teen moms have an 80% higher risk of dying before their first birthday when compared with babies born to older women.

While teen pregnancy has declined in Wisconsin, mirroring national rates, teen pregnancy rates in Milwaukee continue to exceed all but a few other major cities. Teen pregnancy rates have been increasing in recent years among both Hispanic and Native American youth. Rates of teen births exceed the national average for Hispanics, non-Hispanic Blacks, Native Americans and Asian-Pacific Islanders, *despite* lower numbers of youth in each category reporting being sexually active than the national average. Such disparities emphasize the need for a broad-based, inclusive strategy capable of reaching all youth, such as school curricula.

The decline in overall teen pregnancy rate also masks other trends moving disturbingly in the wrong direction. Rates of sexually-transmitted disease among Wisconsin teens have been increasing. The combined rate of four sexual transmitted diseases (chlamydia, gonorrhea, syphilis and genital herpes) among teens aged 15-19 increased 53% between 1997 and 2007.

Although these rates increased in all groups, again, racial and ethnic disparities are glaring. During this same time period, the STD rate increased by 54% among African American youth, compared to 29% among white youth.

In fact, between 2003 and 2007, one in eight African American teens contracted an STD, compared to one in 145 White teens. This 18-fold disparity (twice the disparity found nationally) has remained relatively stable over the last decade. Reported cases of young men aged 15-24 who contracted HIV infection

[1] Wisconsin Department of Health Services, Division of Public Health, Bureau of Health Information and Policy. ***Birth to Teens in Wisconsin, 2007*** (P-45365-07)

associated with sex with other men nearly doubled over the same period, reminding us that the need for effective education is not restricted to heterosexual youth.[2]

The proportion of Wisconsin high school students who report having had sexual intercourse in confidential surveys, increased annually from 37% in 2003 to 45% in 2007, after a prior period of decline. Condom use among sexually-active youth declined over the same period.[3]

Trends have been moving in the wrong direction during the same period that federal policy strongly promoted "abstinence-only" approaches. Meanwhile, the percent of high school students who said they discussed AIDS or HIV infection with adult family member decreased from 58% in 1993 to 40% in 2007, underscoring the need to better support families as they attempt to support healthy behaviors in their children.

Given that 88.7% of pregnant teens are enrolled in the Medicaid program, there are significant costs to Wisconsin taxpayers as a result of teen pregnancies. On average, Wisconsin spends approximately $5,014 per person for maternity related costs for births. Overall, approximately $27 million (AF) was spent on teen pregnancies alone in the Medicaid program, exclusive of the cost of medical care and other programs for infants.[4]

Extrapolating from national estimates, in one year alone Wisconsin spends $117 million dollars annually on the direct medical costs of sexually transmitted diseases among youth aged 15-24.[5] This excludes long term costs including infertility, increased rates of cancer, and other consequences of sexually transmitted infections.

Several examples of abstinence-plus curricula have been shown in rigorous studies to produce outcomes like delayed initiation of sexual intercourse, decreased frequency of sexual activity, and increased condom and contraceptive use among youth who are sexually active.[6] While it is possible that abstinence-only curricula may have benefits, far fewer have been subjected to careful evaluation, thus their effectiveness is less certain and much less documented.[7]

The criteria and curriculum components defined in SB 354 offer a higher level of confidence that the curriculum offered will be medically accurate, age-appropriate, and likely to effect real change in the behaviors of youth. Obviously they will not eliminate risky sexual behaviors, and must be seen as only one part of a community-wide approach to helping youth avoid unintended pregnancy and disease.

In 2005, a systematic review of 19 randomized controlled trials regarding school-based teenage pregnancy prevention programs showed that a majority of abstinence-plus (including contraception information) education programs (but not abstinence-only programs) were likely to increase the use of contraceptives and condoms by teens.[8] Effects of other teen sexual behaviors were mixed, although neither type of curricula were associated with a meaningful increase in the onset of early sexual behavior or the frequency of sex. A second rigorous comparison of multiple studies on both abstinence-plus and

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[2] Wisconsin Department of Health Services, Division of Public Health, Buerau of Health Information and Policy. ***Wisconsin Youth Sexual Behavior and Outcomes, 1993-2007- Update*** (P-45706-07b)

[3] Wisconsin Department of Health Services, Division of Public Health, Buerau of Health Information and Policy. ***Wisconsin Youth Sexual Behavior and Outcomes, 1993-2007- Update*** (P-45706-07b)

[4] Wisconsin Medicaid Program, Share of Teen Births.

[5] Bennett SE, Assefi NP. School-based teenage pregnancy prevention programs: a systematic review of randomized controlled trials. Journal of Adolescent Health 2005;36:72-81.

[6] Kirby D. **Emerging Answers 2007: New Research Findings on Programs to Reduce Teen Pregnancy.** The National Campaign to Prevent Teen and Unintended Pregnancy, 2007.

[7] Kirby, Douglas. Ph.D. Do Abstinence-Only Programs Delay the Initiation of Sex Among Young People and Reduce Teen Pregnancy? ***The National Campaign to Prevent Teen Pregnancy.*** (Oct. 2002)

[8] Bennett SE, Assefi NP. School-based teenage pregnancy prevention programs: a systematic review of randomized controlled trials. Journal of Adolescent Health 2005;36:72-81

abstinence-only programs showed that about two-thirds of school education programs were associated with delayed initiation of sex, increased condom or contraceptive use, or both. These outcomes could less often be attributed to abstinence only programs, but in large part because insufficient evaluation of these programs had been performed.[9]

Knowledge alone does not help teens change risky behaviors. Relationships are negotiated, and may also be influenced by violence and other factors. Thus incorporating a practical skills-building approach and explicitly addressing sexual abuse and assault, as addressed in this bill, are important elements of a comprehensive program.

SB 534 allows school districts flexibility in defining age appropriate, medically accurate curriculum which include components that help ensure a comprehensive, skills-based approach. Nevertheless, schools may find themselves wondering if curricula that meet the proposed criteria can be readily identified and implemented. Fortunately, considerable program evaluation and research has been undertaken by the US Centers for Disease Control, the Campaign to Prevent Teen and Unintended Pregnancy and others, such that school boards should now feel comfortable that there are good evidence-based models to choose from.

For example, "Reducing the Risk," a sex education curriculum with information on abstinence and contraception, was chosen by the Centers for Disease Control and Prevention for its compendium of "Programs that Work." The evaluations (the original program and a replication) found delayed initiation of sexual intercourse, reduced incidence of unprotected sex, and increased use of contraception among participants, as well as increased parent-child communication about abstinence and contraception.[10]

The Department of Health Services is committed to supporting schools as well as the Department of Public Instruction in identifying and deploying comprehensive human growth and development curricula, evidence-based prevention programs, and standards-based instruction and assessment to give students both the knowledge and skills to prevent STDs/HIV and pregnancy. We stand ready to offer any technical assistance in identifying curriculum which meets these standards.

I would be happy to address any questions the committee may have.

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[9] Kirby D. **Emerging Answers 2007: New Research Findings on Programs to Reduce Teen Pregnancy.** The National Campaign to Prevent Teen and Unintended Pregnancy, 2007.

[10] Evidence-Based Practices for Healthiest Wisconsin 2010.

To: The members of the Wisconsin State Senate Education Committee
From: Erica Andrist, Med1, University of Wisconsin School of Medicine and Public Health
Date: 29 October 2009
Re: Support for the Healthy Youth Act

My name is Erica Andrist, and I am a first-year medical student at the UW School of Medicine and Public Health. I completed my undergraduate work at the University of Wisconsin, and I am entering my third year as a program facilitator with the student sexual health organization, Sex Out Loud.

Sex Out Loud's mission is to promote healthy sexuality through sex-positive education and activism, and my job is to lead student discussions of a wide variety of sexual health topics. In this position, I have seen firsthand the misinformation with which many students enter the university as a result of inadequate sexual health education. It is extremely common to hear students make inaccurate statements in our SOL programs, such as that saliva can transmit HIV, sexually transmitted infections are not very common, or that Plan B (the morning-after pill) is an abortifacient. All three of these statements are false, and yet I encounter students who believe they are true on a weekly basis.

Additionally, Sex Out Loud incorporates a student evaluation at the end of each program, and one of the evaluation points asks students what percentage of information presented was new to them. In my years with Sex Out Loud, it has been extremely common to see ratings upwards of 50%, and it is not rare for students to give a rating of 100%. In other words, the student had not received any of that information in the past. It is clear the sexual health education system currently in place is failing to teach many students even basic facts about sexuality and sexual health. Wisconsin schools must do a better job providing students with this information to help them make healthy life decisions and protect themselves from sexually transmitted infections and unintended pregnancies.

Finally, no group or population of students seems to be immune to this misinformation. I have done programs for groups of medical students in the past, and I also am part of the current first-year class. Many of us went through the largely abstinence-based Wisconsin school system of sexual health education. I see extremely troubling misperceptions, even in this population of future healthcare providers, such as that women who have sex with women are not at risk for contracting STIs. I make this point to demonstrate that inadequate sexual health education does not solely affect health at the individual level. The youth of Wisconsin are our future doctors, nurses, pharmacists, midwives, therapists, and teachers. If they do not receive adequate sexual health education, not only are they ill-equipped to make healthy choices in their own lives, but they will also be ill-equipped when they are trusted to help others make choices.

In conclusion, I support the Healthy Youth Act. Multiple international human rights organizations and doctrines, including UNESCO[1], the United Nations Committee on Economic, Social, and Cultural Rights[2], and the World Health Organization[3], characterize access to health education and information as a human right. I urge the Wisconsin State Legislature to increase our access to that right by passing the Healthy Youth Act. Thank you.

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1. United Nations Educational, Scientific and Cultural Organization. Universal Declaration on Bioethics and Human Rights. 19 October 2005.

2. Committee on Economic, Social, and Cultural Rights. The right to the highest attainable standard of health. May 2000.

3. World Health Organization. Constitution of the WHO. 07 April 1948.