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(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2011-12

(session year)

Senate

(Assembly, Senate or Joint)

Committee on Education...

COMMITTEE NOTICES ...

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- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
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- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (December 2012)

19 October 2011 Testimony before Wisconsin Senate Committee in Favor of 2011 Senate Bill 237

Chair Senator Olsen, Vice-Chair Vukmir, Senators Grothman, Darling, Vinehout, Larson, and Cullen, and guests.

I am Rev. Oliver K. Burrows III, and I am here today to speak in favor of 2011 Senate Bill 237.

As a former public school social studies teacher and virtual charter school iMentor, teacher, and department head, presently an ordained minister, *pro bono* talk show host, web site executive editor, ministerial counselor, and founder and president of Ark University and Ark Academy as well as an adjunct instructor at the post-secondary level, and a parent of four adult children who attended the public schools in this state for a combined period of more than fifty years, I have seen and continue to see, both personally and professionally, the approach to and the consequences of our state's approach to the teaching of human growth and development over the past quarter century. At times, it is and has been good, and it is and remains very and sometimes painfully real. Unfortunately, it is not and at times has not been real good.

During my tenure as a social studies teacher at Mosinee High School from 2000-2003 and as an iMentor, teacher, and department chair at Insight School of Wisconsin from 2007-2008, I had numerous encounters with administrator, colleagues, students, and parents concerned with issues concerning issues related to sexuality and sexual activity. As a mandatory reporter under Wisconsin law, I have had to make a number of decisions as to what to believe and what to report. I have also seen the heartbreak for students, their parents, and educational professionals as their students/children, sometimes well below the age of consent, talk of engaging in sexual activities because of peer pressure, self-image problems, and a myriad of other issues. I have also heard anecdotally students talk about their discomfort in dealing with these issues in the classroom as these issues are addressed in mixed

gender classrooms and in ways that are not consistent with their personal and/or familial values systems.

I have also had some of these same students or former students come to me seeking counsel and assistance in addressing the legal, social, and moral consequences of sexuality and under-age sexual activity. In virtually all cases, there has been a great deal of discomfort and confusion about what they see, hear, and are taught, and since the passage of the Healthy Youth Act of 2010, this discomfort and confusion has only increased.

As an ordained minister and *pro bono* ministerial counselor dealing with suicide and sex abuse cases, I have seen the consequences of increased sexual activity at younger and younger ages as public schools and educators, often unintentionally, create an interest and concern in children that normally is not present at that point in their life. In the past year, I have also seen the increased conflicts that parents and students are having in dealing with these issues and the frustration of concerned parents having to either attempt to exempt their children from human growth and development curricula and instruction that are no longer abstinence only or at least abstinence based or have their children, for whom they have not only moral responsibility but also legal responsibility, encounter state-mandated comprehensive human growth and development curricula and instruction that are not always clearly defined and communicated in advance and in some cases, consistent with the language of the Healthy Youth Act of 2010, no longer mandatorily pre-published and made available to the parents for review and comment.

As an educator, I have seen that the end result of the changes in the scope and requirements of the teaching of human growth and development in Wisconsin public schools under the Healthy Youth Act of 2010 has been to effectively eliminate the ability of local school boards to exercise any decision-making control over the content of human growth and development curricula and instruction and to choose

either to have their staffs teach nothing in this area or to teach to the state-mandated comprehensive human growth and development curricular guidelines. Having written curricula to meet state standards in four different social studies fields while at Mosinee High School and examining current Wisconsin curricular standards in developing curricula for my own educational endeavor, I have found no other academic area where curricular standards and mandates are as restrictive as in the area of human growth and development. The passage of 2011 Senate Bill 237 will address a number of these problems and return oversight and control to the local school boards and their staffs.

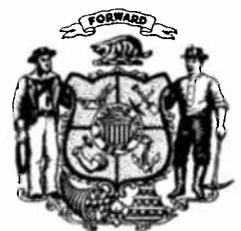
As a talk show host, I have done extensive research on the issue of the Healthy Youth Act of 2010 and the consequences of its passage and devoted three programs to discussing the issue from various viewpoints. In order to address this topic from all points of view, I spoke with and personally invited administrators from a Wausau area school district to join me on air, but they were unable to do so for unstated reasons. I had the privilege of speaking extensively with and interviewing on air twice a district attorney in our state who was publicly and viciously attacked for sending a letter to the five school districts in his jurisdiction expressing his legal concerns and possible legal consequences for educators complying with the instructional requirements of the Healthy Youth Act of 2010. I have also had private, off the record conversations with school board members and educators from different areas of the state as to the problems they have been facing in revising and delivering their curricula in the face of legal, as well as parental, concerns. Finally, I have interviewed parents who are facing, in some cases, the need to not only exempt their children from human growth and development instruction but also possibly seek other educational alternatives because of the manner in which and the content of the human growth and development curricula in their local districts.

Finally, as a parent, I have addressed the issues of human growth and development instruction as it affects our own children. I have seen the gradual and sometimes not-so-subtle changes in how the

subject has been taught over the years and across the grade levels. As difficult as it was for the subject to be taught with sensitivity to the values and understanding of students before the passage of the Healthy Youth Act of 2010, it is now almost impossible to show any such sensitivity to and respect for those values today. Under the mandates of this law, it is potentially impossible for parents to know the specifics of what is being taught with regard to human growth and development, when it is being taught, and how it is being taught, and it is clear that the Healthy Youth Act of 2010, as it presently stands, sends a mixed message about the legal, as well as moral issues, of human sexuality to our children. It is for these reasons that I most respectfully ask you to approve 2011 Senate Bill 237 out of committee and support its passage by the full Senate and the Assembly during the current session.



WISCONSIN STATE LEGISLATURE



Heather Champagne
Public Health Nurse
October 19, 2011 Testimony in Opposition to Senate Bill 237

When I was approached to write a personal testimony for today, I had a stack of pregnancy referrals sitting on my desk. Curious to see how many of the referrals were teens, I flipped through the stack. 8 out of the 10 referrals were teens. Unfortunately, I was not surprised because this is not an uncommon occurrence here in my community.

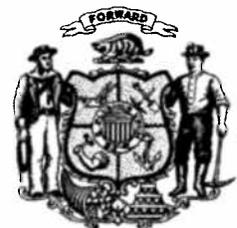
As a Public Health Nurse, I've worked with many teen mothers and have quickly learned that it is essential to start with the basics when educating these individuals about sex. Oftentimes the only "knowledge" teens have about sex comes from what they've seen on television, heard on the radio or hearsay they get from friends. Which, needless to say, is not comprehensive or medically accurate and is certainly not age-appropriate. That is exactly why the Healthy Youth Act is so important in our communities across Wisconsin. It ensures that these young adults will receive medically accurate, age-appropriate and comprehensive sex education through evidence based curriculums.

Even though teen mothers are still a common occurrence in the media and in our communities, there is some hope that this trend is declining. The Milwaukee Health Department just issued a press-release on October 12, 2011 regarding a 13.6% decrease in Milwaukee teen births in 2010. They do not go on record saying that this decline is because of the Healthy Youth Act, but Mary Lou Young, president and CEO of the United Way of Greater Milwaukee said "When given the facts, young people are able to make better decisions, and we are seeing the results. But we still have work to do. We know that both MPS' and other evidence-based curricula have been a key strategy to achieving these results. It's important that we maintain this commitment to ensure the numbers continue to decline."

Teenagers and young adults in our communities need to be taught medically accurate, age-appropriate and comprehensive sex education. Period. Because the answer "my boyfriend said I got it by using a public toilet" should not be what comes out of a young woman's mouth when asked if she knows how she got an STI. Thank you for your time and commitment to Wisconsin's teens, please vote no on SB 237.



WISCONSIN STATE LEGISLATURE



I am an Adolescent Medicine physician in Milwaukee and I am here today to oppose SB 237, which aims to repeal the Healthy Youth Act -- incredibly important legislation that allows youth throughout Wisconsin to reach their highest health potential. I work with a team of adolescent health care providers and we have several different clinics: an inner city clinic where we serve as primary care providers, a couple consult clinics where we see teens from all over Wisconsin, and a clinic within the juvenile detention center. My personal clinic is called the teen-tot clinic, where I see teen moms and their infants at the same time. On a regular basis, I will walk into the patient room and be older than the grandmother.

Teen pregnancy prevention is my research focus and my passion. As noted by the Office of Adolescent Health, rates of teen pregnancy are higher in the U.S. than in other countries, in part because adolescents in the U.S. are less likely to use contraception.ⁱ Hormonal methods of birth control (such as the pill) and barrier methods (such as condoms) are widely supported preventive measures that greatly reduce the risk of pregnancy,ⁱⁱ and condom use with every sexual act can greatly reduce the risk of sexually transmitted infections.ⁱⁱⁱ While condom and contraceptive use among adolescents has increased since the 1990s, many sexually active adolescents are still inconsistent users: in fact, of those who had sex in the past month, almost one-third of males and almost half of females did not use a condom.^{iv} These risky behaviors result in devastating consequences for adolescent health and for the economic health of our communities.

In particular, teenage pregnancy results in multi-generational social and economic consequences unloading unnecessary hardship on our state. Mirroring national rates, an increase in comprehensive, medically accurate sexual health education over recent years has led to a decline in the rate of teen pregnancy in Wisconsin. However, in Milwaukee treating young patients, teen pregnancy rates continue to exceed all but a few other major cities. In fact, in 2008, of the 72,002 births to residents of Wisconsin, 6,096 (8.5%) occurred to teenage mothers and 88.7% of these teen mothers were enrolled in the Wisconsin Medicaid program. As a result, teen pregnancy results in tremendous costs for Wisconsin taxpayers.

In addition to economic costs, social and personal costs of teen childbearing are tremendous. 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.^v 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.

Sexually transmitted infection (STI) rates in Wisconsin are also on the rise, and more than half of new STIs diagnosed each year occur among 15-24-year-olds.^{vi} Although these rates increased in all groups, racial and ethnic disparities are glaring. During the same time period, the STI rate increased by 54% among African American youth, compared to 29% among white youth. 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. In addition, reported cases of young men aged 15-24 who contracted HIV infection 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.^{vii} Such disparities emphasize the need for a broad-based, inclusive strategy capable of reaching all youth, such as school curricula.

The existing Healthy Youth Act was built on the understanding that many comprehensive, medically-accurate, 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.^{viii}

The criteria and curriculum components defined in existing legislation 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.

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.^{ix} 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. While no curriculum is able to eliminate risky sexual behaviors, we must focus our efforts on those proven to result in healthier youth and positive public health outcomes.

In addition, we must recognize that school-based curricula are only one part of a community-wide approach to helping youth avoid unintended pregnancy and STIs. We must ensure that schools are able to maintain healthy partnerships with parents, health care professionals, and students alike. SB 237 limits these partnerships tremendously.

Knowledge alone does not help teens change risky behaviors. Relationships are negotiated, and may also be influenced by violence and other factors. The existing Healthy Youth Act incorporates a practical skills-building approach that explicitly addresses sexual abuse and assault. Unfortunately, SB 237 attempts to water down this healthy relationship education.

Sadly, the repeal of this important legislation aims to leave everyone in the dark:

- School districts would be left wondering whether various curricula will be effective in keeping their students healthy, rather than relying on identified age appropriate, medically accurate, comprehensive, skills-based approaches.
- Parents will be left in the dark, as SB 237 removes the parental notification requirement that ensure parents are aware of when sex education is not being taught in their student's class. Not all parents received adequate sexual health education; although they should be the ones teaching values to their kids, they should not be solely responsible for providing up-to-date and medically accurate sexual health education.
- Doctors, nurses and other professionals will be left in the dark as to what their patients are learning about healthy lifestyles in the classroom, and relationships between providers and schools will be severed as providers are banned from teaching health classes that include sexual health education.
- Most importantly, and most devastatingly, Wisconsin youth will be left in the dark without comprehensive, medically-accurate information upon which they can base their decisions, make responsible choices and engage in preventive measures in order to ensure a healthy and successful future. Teens have the right to know how to protect themselves.

In effort to support the health of my young patients (both the teens and the tots) and the future of Wisconsin, I strongly oppose Bill 237. Thank you for your time. I am happy to answer any questions from the committee.

ⁱ Darroch, J. E., Frost, J. J., & Singh, S. (2001). Differences in teenage pregnancy rates among five developed countries: The roles of sexual activity and contraceptive use. *Family Planning Perspectives*, 33(6), 244-250.

ⁱⁱ Centers for Disease Control and Prevention. (2011). *Unintended pregnancy prevention: Contraception*. Retrieved Feb. 3, 2011, from <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception.htm>

ⁱⁱⁱ [3] Centers for Disease Control and Prevention. (2010). *Condoms and STDs: Fact sheet for public health personnel*. Washington, DC: Centers for Disease Control and Prevention. Retrieved February 15, 2011, from <http://www.cdc.gov/condomeffectiveness/latex.htm>

^{iv} [4] Abma, J. C., Martinez, G. M., & Copen, C. E. (2010). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, National Survey of Family Growth 2006-2008. *National Center for Health Statistics. Vital and Health Statistics*, 23(30). Retrieved February 15, 2011, from http://www.cdc.gov/nchs/data/series/sr_23/sr23_030.pdf

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

^{vi} Weinstock H, Berman S, Cates W. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health* 2004;36(1):6-10.

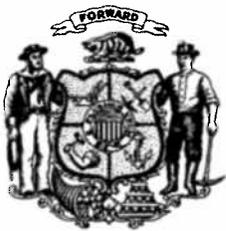
^{vii} Wisconsin Department of Health Services, Division of Public Health, Bureau of Health Information and Policy. *Wisconsin Youth Sexual Behavior and Outcomes, 1993-2007- Update* (P-45706-07b)

^{viii} Kirby D. *Emerging Answers 2007: New Research Findings on Programs to Reduce Teen Pregnancy*. The National Campaign to Prevent Teen and Unintended Pregnancy, 2007.

^{ix} Bennett SE, Assefi NP. School-based teenage pregnancy prevention programs: a systematic review of randomized controlled trials.



WISCONSIN STATE LEGISLATURE



October 19, 2011

To Whom It May Concern:

I am writing to voice my support for Senate Bill 237. As a former high school teacher and parent, I believe that it is critical that we guide our children to make wise decisions about their lives, their sexuality, and the commitment they make to another individual in marriage. We have not done an adequate job helping them to understand the risks that accompany a promiscuous lifestyle, nor are they fully able to understand the irreversible consequences they may suffer. It is our job as adults to protect and to prepare them. If our goal is to create healthy and responsible adults, then Senate Bill 237 is a step in that direction and should be unanimously supported.

Thank you for your consideration.

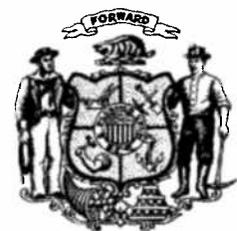
Very Sincerely,

Candace Curry

16319 W. Hafeman Rd.
Brodhead, WI 53520
608-214-0080



WISCONSIN STATE LEGISLATURE



October 19, 2011

Dear Senate Education Committee Members,

As a teenager and a citizen of Wisconsin, I am extremely opposed to the repeal of the Healthy Youth Act because I know the power behind safe, comprehensive sex education at my high school. When I was a freshman, I took my health class requirement and ended up receiving an extremely comprehensive knowledge about sexual health and sexuality. We were taught about effective barriers and contraceptives, myths and facts about sex, the importance about communicating with your partner, AND information about abstinence. What West's sex education program provides is unbiased information about teen sexuality by giving students information about how to be healthy no matter their sexual activity.

Because of the information I received in my freshman health class, I have been able to help friends in sexually risky situations. For example, I made sure my friend knew that drug stores didn't require an ID from the purchaser, something I learned in health class. If she had remained oblivious to the fact, she would have still had sex, but not safely. At 16, she was definitely not prepared for the risks unprotected sex might create in her life.

Abstinence only sex education in schools does not prevent teens from engaging in sexual behavior. In fact, there is data proving just the opposite: that they will continue to have sex, but without the information they've learned in comprehensive sex education health classes. They will begin to engage in unprotected sex resulting in higher rates of teen pregnancies and sexually transmitted infections our state already has high rates of.

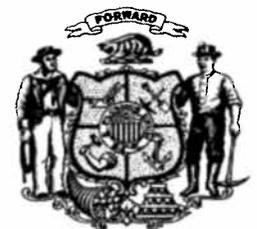
Knowledge has the power to contribute to safer, healthier communities, which is why I support the Healthy Youth Act.

Please vote no on Senate Bill 237.

Allie Eykholt, West High School Student, Madison



WISCONSIN STATE LEGISLATURE



Staudenmayer, Suzanne

From: Sara Finger [sara.finger@wiawh.org]
Sent: Wednesday, October 19, 2011 10:29 AM
To: Sen.Olsen; Sen.Darling; Sen.Grothmann@legis.wisconsin.gov; Sen.Vukmir; Sen.Jauch;
 Sen.Vinehout; Sen.Larson
Cc: staff@wispolitics.com; The Wheeler Report; Tim Stumm
Subject: Testimony in Opposition to SB 237
Attachments: WAWH_SB_237_Testimony_10.18.11.pdf

To: Senate Education Committee
From: Sara Finger, Executive Director
Re: Testimony in Opposition to SB 237
Date: October 19, 2011

As Wisconsin's Women's Health Policy leader, I'm submitting this testimony on behalf of the Wisconsin Alliance for Women's Health (WAWH) and for the women and girls of Wisconsin. Our organization is a broad and diverse coalition that works to raise the status of Wisconsin women's health. Our supporters include those from the faith community, health care community, public health community, and business community.

We are weighing in to oppose Senate Bill 237 for three key reasons: 1) it's bad for Wisconsin youth, 2) it's bad for the health of our communities and 3) it's bad for our state's economy.

In Wisconsin and across the nation, we have a public health crisis on our hands.

- Approximately one third of young women become pregnant at least once before they reach the age of 20 – with approximately 750,000 teen pregnancies each year in which over 80% are unintended.
- 1 in 4 teens nationwide has at least one STD, with Wisconsin noted for having the 23rd highest Chlamydia rate in the country with Milwaukee having the 2nd highest rate in the county.
- Almost 20% of the new HIV infections in Wisconsin are among teen and young adults age 15-24.

These horrible statistics translate to:

- low rates of prenatal care
- high rates of low birth weight babies
- high rates of infant mortality
- high rates of infertility
- high rates of childhood poverty
- high rates of health outcomes disparities
- low rates of high school completion
- high costs to Medicaid

During what is supposed to be a special session on jobs, we shouldn't be fast tracking a dangerous bill that will escalate these negative statistics and therefore increase taxpayers costs.

SB 237 is dangerous in many ways as it:

- Undermines and reduces the role of teachers and administrators in curriculum decisions;
- Dismisses medically supported research and ignoring teen pregnancy prevention methods;
- Leaves parents in the dark but not notifying them if sex education is not being taught in their child's classroom;
- Forces Wisconsin to apply for ineffective abstinence-only programs;

- Allows discrimination among LGBTQ youth; and
- Bans doctors and nurses from teaching health classes.

It's important to remind everyone of the outpouring of organizational and community support the Healthy Youth Act garnered. The American Association of Pediatrics, the American Medical Association, the American Public Health Association, among many other leading health organizations support comprehensive sex education programs. And 87% of Wisconsin voters support requiring comprehensive sex education that includes information about both abstinence and contraception.

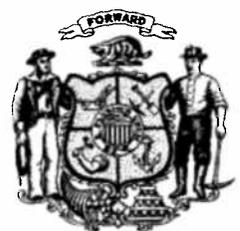
Since we should all share a common goal of reducing teen pregnancy rates, reducing rates of STDs, reducing the need for abortion, we should all be embracing the Healthy Youth Act for as an evidenced based method that actually improves, not compromises health outcomes for our youth.

Please vote NO on SB 237 and protect Wisconsin's Healthy Youth Act to protect Wisconsin's health and economy.

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Wisconsin Alliance for Women's Health
PO Box 1726 Madison, WI 53701
[p] [608.251.0139](tel:608.251.0139) | [866.399.WAWH](tel:866.399.WAWH) | [f] [608.256.3004](tel:608.256.3004)
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WISCONSIN STATE LEGISLATURE





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October 19, 2011

TO: Senate Education Committee

FR: Sabrina Gentile, Governmental Relations Manager

RE: Opposition to SB 237, Repeal of the Healthy Youth Act

Committee Chair Olsen and Senate Education Committee members, thank you for having this hearing today. My name is Sabrina Gentile and I am the Governmental Relations Manager at the Wisconsin Council on Children and Families, also known as WCCF. WCCF is the only multi-children's issues advocacy organization in the state. We provide research and policy recommendations on child welfare, health care, juvenile justice, early care and education and the state budget. WCCF's mission is to ensure that all children grow up in a safe and nurturing environment.

I am here today with Julie Davidson who is an intern in our office and she is an MSW student at the University of Wisconsin Madison.

The Wisconsin Council on Children and Families fully supports the Healthy Youth Act. We are testifying in opposition to SB 237, the repeal of the Healthy Youth Act.

There has been very good news regarding comprehensive sex education in our state just in these last few weeks.

Teen birth rates have been falling. In Milwaukee, the teen birth rate spiked in 2006 at 52 per 1,000 teens. In 2008 it dropped to 46.73 per 1,000, again in 2009 dropping to 41.30 in 1,000 and in 2010 the rate fell to 35.64 in 1,000.¹

These statistics correlate to an effort between the United Way and the City of Milwaukee to use social marketing and comprehensive sex education in Milwaukee Public Schools to encourage abstinence but also incorporate information about contraceptives.²

In addition to this progress, abortion rates have also been on the decline. The most recent report by DHS shows a decrease from 8,299 abortions in 2009 to 7,591 in 2010.³

Programs that are evidence-based to help adolescents make healthy decisions are crucial as the consequences of unplanned pregnancies are grim. Not only do adolescent mothers have a decreased chance of graduating from high school but they are at greater risk of living in poverty.⁴

Their children, in turn, are also at greater risk for adverse outcomes like behavioral problems, cognitive deficits, high school drop-out, and incarceration.

With child poverty continuing to rise in Wisconsin, from 16.7% in 2009 to 19.1% in 2010, and family poverty levels for single-mother families at 40%, it only makes sense to support evidence-based, comprehensive sex education as an anti-poverty measure.

No abstinence-only program has been found, through a rigorous study, to delay initiation of sex, hasten the return to abstinence, or reduce the number of sexual partners.⁵ Findings also show that youth who participate in abstinence-only programs are no more likely to abstain from sex than those who did not participate.⁶

Conversely, comprehensive sex education which focuses on abstinence and contraceptive information have been shown to increase contraceptive (including condom) use, delay the initiation of sex, and reduce frequency of sex.⁷

Thank you for your time today.

¹ Milwaukee's teen birthrate plunges for second straight year, <http://www.jsonline.com/features/health/milwaukeees-teen-birthrate-plunges-for-second-straight-year-131566918.html>

² Ibid

³ Department of Health Services, <http://www.dhs.wisconsin.gov/publications/P4/P45360-10.pdf>

⁴ PolicyLab: Preventing Adolescent Pregnancy, <http://policylab.us/index.php/publications/evidence-to-action/211-preventing-adolescent-pregnancy.html>

Review of Key Findings of "Emerging Answers 2007",

http://www.gutmacher.org/media/evidencecheck/2007/11/07/Advisory_Emerging_Answers_2007.pdf

⁵ Mathematica Policy Research pg. 17, <http://mathematica-mpr.net/publications/pdfs/impactabstinence.pdf>

⁶ Review of Key Findings of "Emerging Answers 2007",

http://www.gutmacher.org/media/evidencecheck/2007/11/07/Advisory_Emerging_Answers_2007.pdf



WISCONSIN STATE LEGISLATURE



Testimony



307 South Paterson Street, Suite 1
Madison, Wisconsin 53703
Phone: (608) 255-0539 Fax: (608) 255-3560

To: Members of the Committee on Education

From: Tony Gibart, Wisconsin Coalition Against Domestic Violence (WCADV)

Date: October 19, 2011

Re: Senate Bill 237

Chairperson Olsen and Members of the Committee, thank you for the opportunity to provide testimony on Senate Bill 237. My name is Tony Gibart, and I represent the Wisconsin Coalition Against Domestic Violence (WCADV). WCADV is a statewide, non-profit, membership organization of battered women, formerly battered women, domestic abuse programs, and individuals committed to ending domestic violence. WCADV opposes SB 237 because it reduces the amount of information students in Wisconsin will be given to protect themselves from dating and sexual violence. Given the alarming levels of dating and sexual violence in teen and young adult populations, we believe this bill is taking Wisconsin in the wrong direction.

Changing the attitudes of the next generation is key to eliminating domestic and sexual violence.

Domestic and sexual violence are learned behaviors. The prevalence of this behavior in our society is a reflection of cultural norms that young people absorb and carry throughout their lives. Indeed, many teen victims of dating violence will continue to abuse or to be abused in their adult relationships. Collectively, we spend billions of dollars addressing the costs of domestic and sexual violence on the backend, costs for law enforcement, courts, health care and victim services. These are needed and crucial investments, but to get ahead of the problem, we need to also focus on prevention; we need to stop domestic and sexual violence before it ever occurs. One of the most promising ways to accomplish this goal is to educate young people about healthy relationships and gender stereotypes and to empower them to avoid and refrain from abusive behavior.

SB 237 reduces standards for preventing dating and sexual violence.

Under current law, a school district that adopts a human growth and development program must include the following topics:

- Body image, and gender stereotypes;
- Refraining from making inappropriate verbal, physical, and sexual advances and how to recognize, rebuff, and report any unwanted or inappropriate verbal, physical, and sexual behaviors;
- Self-esteem and positive interpersonal skills, with an emphasis on healthy relationships, including friendships, marriage, and romantic and familial relationships.
- Counseling, medical, and legal resources for survivors of sexual abuse and assault, including resources for escaping violent relationships.

Under SB 237, these important topics are "recommended" rather than required. This alone is a significant and detrimental change.

(over)

In addition, the bill modifies existing statutory language in ways that dilute the promotion of healthy relationships. First, the bill removes language specifically focusing on the health of friendships, marriage, and romantic and familial relationships. Most people view these relationships as the most important to their emotional and spiritual well-being. These are also precisely the relationships in which domestic and dating violence occur, and they are the most likely to involve sexual violence. There is no reason to be vague; curricula should specifically and directly address friendships, marriage, and romantic and familial relationships.

Second, the bill removes directives for instruction on "body image" and "gender stereotyping" and instead recommends information on avoiding "stereotyping and bullying." To better address abuse, the bill should retain a focus on gender stereotypes and body image. While bullying is certainly an important topic, anyone who has spent any time working with kids will tell you that bullying in schools is almost always inextricably linked with *gender* stereotypes. Boys bully boys and girls differently, based on gender. The same is true when girls bully. Moreover, the bullying, harassment and abuse students of both genders experience is often connected to harmful messages children get from the media. We should not lose opportunities to provide students with positive messages about gender and body image.

Given the high rates of dating and sexual violence for teens and young people, removing these standards is taking Wisconsin in the wrong direction.

- Women and girls age 16 to 24 experience the highest per capita rate of intimate violence in the U.S.¹
- Young people age 12 to 19 experience the highest rates of rape and sexual assault.²
- Forty-percent of teenage girls report knowing someone their age who has been hit or beaten by a boyfriend.
- One in three teenagers reports experiencing physical or emotional abuse in their relationships.³

Other states have recognized the need to address dating and sexual violence in schools. In just the last approximately five years, Florida, Massachusetts, Nebraska, Ohio, Rhode Island, Texas, and others have enacted laws requiring school districts to address dating and sexual violence. According to information from the National Conference of State Legislatures, it appears Wisconsin would be only state to reduce statewide standards for dating violence education.

Giving teens more information about contraceptives helps protect them from dating and sexual violence.

The reality is many teens are in unhealthy dating relationships. Many of these relationships involve significant power imbalances, sexual coercion and rape. One way abusive partners sexually control their victims is to deny, sabotage or lie about contraceptives. SB 237 removes requirements that schools with human growth and development curricula provide age-appropriate information about contraceptives. Ideally, we wouldn't have to worry about sexual coercion and power imbalances in teen relationships. In reality, however, we are faced with a choice: would we rather teens are given information about contraceptives at school or rely on misinformation from other sources, like abusive partners? When teens do not have accurate information, it is more likely they will experience teen pregnancy as a result of an abusive relationship, which can forever complicate their lives and permanently tie them to their abusive partners.

In sum, WCADV believes many of the provisions of SB 237 reduce our state's efforts to address and prevent domestic, dating and sexual violence. Thank you for listening to our concerns with this legislation. I would be happy to answer any questions.

¹ U.S. Department of Justice, Bureau of Justice Statistics. 2001

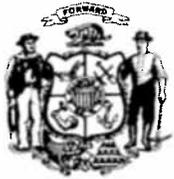
² Truman and Rand, Michael. 2010. Criminal Victimization, 2009. U.S. Department of Justice Bureau of Justice Statistics. Available at: <http://bjs.ojp.usdoj.gov/content/pub/pdf/cv09.pdf>.

³ Halpern, et. al. American Journal of Public Health. 2001.



WISCONSIN STATE LEGISLATURE





Tamara D. GRIGSBY

Wisconsin State Representative
18th Assembly District

*Member, Joint Committee on Finance
Member, Joint Legislative Council*

Testimony Before the Senate Committee on Education October 19, 2011 Senate Bill 237

Thank you Chairman Olsen and committee members. As the original author of the Healthy Youth Act, I am here to register my opposition to Senate Bill 237, a bill that repeals the Healthy Youth Act and returns us to an era of “Don’t Ask, Don’t Tell” education policy for Wisconsin’s youth.

The Healthy Youth Act revised Wisconsin’s archaic reproductive health education statutes by ensuring that if a school board opted to offer sex education programs, it would do so in a way that is medically accurate and age appropriate, focusing on core elements that are proven to reduce teen pregnancy and STDs. **Again, IF. The Healthy Youth Act is not a mandate.**

Rather than run through the benefits or the data supporting the Healthy Youth Act, I would like to highlight three specific concerns with Senate Bill 237:

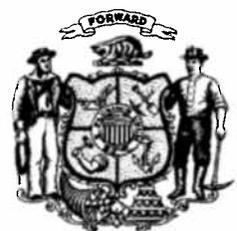
1. Teen pregnancy. Before passage of the Healthy Youth Act, Wisconsin was caught in a public health crisis, in my district and in most every district in the state. Since passage of this bill, teen pregnancy rates have gone down. As recently as 2006, Milwaukee’s teen pregnancy rate was 52 births per 1,000 teens. New data released in the past week shows that this rate in Milwaukee has dropped to 35 per 1,000 teens in 2010. If we want to continue seeing trends such as a reduction in unwanted teen pregnancy, then we must preserve the Healthy Youth Act and vote against Senate Bill 237.
2. Parental involvement in reproductive health education. The Healthy Youth Act ensures that parents are aware of when reproductive health education is not being taught in their student’s class by requiring the school to notify parents. Senate Bill 237 removes parental notification from the statutes, ensuring once again a “Don’t Ask, Don’t Tell” policy where parents are left in the dark when it comes to what their students are not learning.
3. Discrimination against LGBT students and other youth. Senate Bill 237 guts the non-discrimination clause put in place by the Healthy Youth Act. As a result, this bill removes specific protections for Lesbian, Gay, Bisexual, and Transgender youth, as well as other potentially vulnerable individuals.

Our teens in Wisconsin are important. We should take their education and health seriously. That’s why I oppose Senate Bill 237 and the repeal of the Healthy Youth Act. Don’t take away the ability to provide students with the tools and information they need to make healthy decisions. Don’t put “Don’t Ask, Don’t Tell” into Wisconsin’s classrooms. Our youth deserve better than that. Thank you.





WISCONSIN STATE LEGISLATURE



The Young Progressives
333 E Campus Mall #3156
Madison, WI 53703
608-561-7306

Wisconsin State Senate, Committee on Education
SB-237 Public Hearing, 12:00 pm, October 19, 2011



The Young Progressives
Uniting people to promote progressive ideas.

Memorandum: In Opposition of SB-237

The Young Progressives represents students at both the college and high-school level. Over 90% of its active members attended or continue to attend public high schools and universities in Wisconsin. This testimony expresses The Young Progressives' position in opposition to SB-237 or any repeal of the Healthy Youth Act, passed in 2009 under Gov. Jim Doyle.

The Healthy Youth Act provides for, among other things, comprehensive reproductive education to be provided to Wisconsin's public school students. The education curriculum enumerated in the Healthy Youth Act includes "the health benefits, side effects, and proper use of contraceptives and barrier methods approved by the federal Food and Drug Administration (FDA) to prevent pregnancy and barrier methods approved by the FDA to prevent sexually transmitted infections" (§ 118.019 (2) (a) 6 Wis. Stat.). The Healthy Youth Act also requires that reproductive education curriculum explain "the benefits of and reasons for abstaining from sexual activity" (§ 118.019 (2) (a) 5 Wis. Stat.).

The Young Progressives Executive Committee has voted to oppose SB-237 (alternatively LRB-2088/1) on the following grounds:

1. SB-237 completely repeals § 119.019 (2) (a) 6, eliminating the requirement for teaching contraceptive methods as part of human growth and development. However, many public school students do not understand contraceptive methods at the outset of puberty, and studies have shown that adolescents will engage in sexual activity regardless of whether instruction in contraception is offered. A 2007 statewide study found reports of incidents including one in which a male student asked his school health professional where his cervix was. The Young Progressives believes that, to combat rising rates of teen pregnancy and sexually transmitted infection, practical education in methods of contraception is crucial.
2. Sen. Mary Lazich's memo introducing LRB-2088 for cosponsorship alleged that the bill would "give each community *options*, rather than *mandates*," and alleged that the

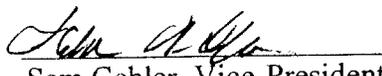
proposal would in some sense restore local control over reproductive education curriculum. However, SB-237 establishes § 118.019 (2m) (d), which “Emphasizes that abstinence from sexual activity before marriage is the only reliable way to prevent pregnancy and sexually transmitted diseases....” The Young Progressives contend that this language is *factually inaccurate*: as methods of preventing pregnancy and sexually transmitted infection, condoms are scientifically proven to be at least 85% effective—certainly satisfying the definition of *reliable*. Additionally, The Young Progressives feels that the codification of this language could be interpreted as forbidding school districts from teaching methods of contraception; this would in fact *restrict* local control, rather than *restoring* it.

3. SB-237 eliminates a clause of § 118.019 (3) that requires school districts not offering instruction in human growth and development to notify the parents of their district. The Young Progressives feels that the elimination of this requirement is irresponsible, as a 2007 study conducted by Planned Parenthood of Wisconsin found that 87 percent of parents in Wisconsin—including over 50 percent of Republicans—support the instruction of comprehensive reproductive education. Additionally, the same study found that over 90 percent of parents expect their children to be receiving instruction in human growth and development. Eliminating the requirement that school districts provide this notification in the absence of instruction would effectively misrepresent curriculum to the parents of Wisconsin.
4. SB-237 amends § 146.89 (3r) (e) to eliminate the ability of a volunteer medical professional to provide human growth and development instruction compliant with the statutory curriculum requirements. The Young Progressives feels that this is again an assault on local control, as it limits the options available to school districts to use to instruct their pupils. Additionally, this modification restricts the resources available to school districts in this instructional area, as the majority of health instructors employed by public schools are not certified medical professionals.

The Young Progressives urges all Wisconsin State Legislators to consider these positions and to oppose SB-237, and any legislation to repeal the Healthy Youth Act.

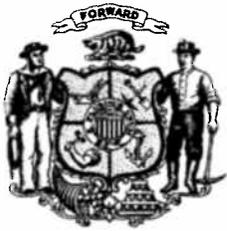
Respectfully submitted this 19th Day of October, 2011.


Steve Hughes, President


Sam Gehler, Vice-President



WISCONSIN STATE LEGISLATURE



Testimony



WISCONSIN COALITION AGAINST SEXUAL ASSAULT

600 Williamson Street, Ste. N-2
Madison, Wisconsin 53703
Phone: (608) 257-1516 Fax:

To: Members of the Committee on Education
From: Wisconsin Coalition Against Sexual Assault (WCASA)
Date: October 19, 2011
Re: Senate Bill 237

Chairperson Olsen and Members of the Committee, thank you for the opportunity to provide testimony on Senate Bill 237. My name is John Keckhaver, and I represent the Wisconsin Coalition Against Sexual Assault (WCASA). WCASA is a non-profit organization representing 46 Sexual Assault Service Providers (SASP's) across the state.

On behalf of these providers, and the victims/survivors of sexual assault that they serve, we oppose SB 237. This bill will negatively impact sex education in this state, limiting the scope of information students will receive, and thus potentially increasing incidents of sexual assault and unwanted teenage pregnancy.

Under current law, a school district that adopts a human growth and development program must include the following topics:

- Body image, and gender stereotypes;
- Refraining from making inappropriate verbal, physical, and sexual advances and how to recognize, rebuff, and report any unwanted or inappropriate verbal, physical, and sexual behaviors;
- Self-esteem and positive interpersonal skills, with an emphasis on healthy relationships, including friendships, marriage, and romantic and familial relationships.
- Counseling, medical, and legal resources for survivors of sexual abuse and assault, including resources for escaping violent relationships.

Under SB 237, these important topics are "recommended" rather than required. This alone is a significant and detrimental change.

Sexual assault is pandemic in our culture; nearly 1 in 3 women have been a victim of assault or unwanted sexual contact in their lifetime; nearly 1 in 6 males have been victims of sexual assault. Sexual violence affects people of all genders, ethnic identities, physical and cognitive abilities, across the age spectrum.

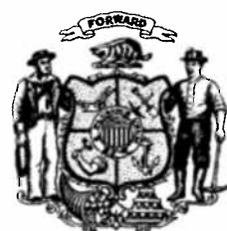
Sexual assault is learned behavior. Popular culture messaging – through television, movies, advertising, and the internet – perpetuate a misogynist, hetero-centrist, and male centered picture of sex as an act of domination and violence. The antidote to this, and the key to eliminating sexual violence is educating today's youth with the skills to forge healthy relationships - including a fundamental understanding of healthy sexuality and gender stereotypes. Education empowers them to avoid and refrain from abusive behavior.

Many teens are in unhealthy dating relationships, which involve sexual coercion and rape; one way abusive partners sexually control their victims is to deny, sabotage or lie about contraceptives. SB 237 removes requirements that schools with human growth and development curricula provide age-appropriate information about contraceptives. Ideally, we wouldn't have to worry about sexual coercion and power imbalances in teen relationships. In reality, however, we are faced with a choice: would we rather teens are given information about contraceptives at school or rely on misinformation from other sources, like abusive partners? When teens do not have accurate information, it is more likely they will experience teen pregnancy as a result of an abusive relationship.

In sum, WCASA believes many of the provisions of SB 237 reduce our state's efforts to address and prevent domestic, dating and sexual violence. Thank you for listening to our concerns with this legislation. I would be happy to answer any questions.



WISCONSIN STATE LEGISLATURE



October 19, 2011

Michelle A. Madson, BSN, RN
701 E. McArthur Street
Appleton, WI 54911
(920) 954-0134

Good afternoon Esteemed Senators,

I stood before some of you almost exactly 2 years ago, on October 28, 2009, to testify about the need for the Healthy Youth Act to become law. I have been a nurse for over 15 years, and have spent my entire career in women's health; OB/GYN in a hospital setting, family planning clinic, and comprehensive sexuality education in the Fox Valley community. I speak from direct experience: all people need access to the correct, up-to-date information and resources.

In a perfect world, all children would be educated by their parents, from early on, about how their bodies work, their anatomy, and insight about "good touch/bad touch". In that perfect world, as the children began puberty, they would continue to have open, honest communication with their parents, or other trusted adults, about the confusing changes their bodies were undergoing, the rise of sexual urges, (often mistaken for love and romance), and worries about "what is normal". That perfect world really needs to continue as the children are teens, and are faced with pressure to become sexually active, are often struggling with body image issues, are bombarded with sexually promiscuous media messages, and are possibly questioning their own sexual orientation and/or gender identity. Educated youth delay sexual activity; that is statistically proven. Many others today will present all those numbers.

I'm sure it is not news to you that we do not live in that perfect world; our children, (and plenty of adults!), are often woefully ignorant about their own bodies, contraception, and sexually transmitted infections. The direct result of LACK OF EDUCATION is limited ability to make healthy, responsible decisions, unintended pregnancy, (with a disproportionate majority of those high-risk and premature, with astronomical costs, commonly paid for by the

state), descent into poverty, cervical disease and cancer, sexual assault, and depression and suicide due to confusion about sexuality.

The primary point of the Healthy Youth Act law is that IF a school district is going to offer sex ed, that it will be done appropriately. Each school district still has the option to offer it or not. The benefit of this law is that no longer would parents be led to believe that their children were being educated, only to find out, (or worse yet, never find out), that school boards with conservative social agendas were presenting ineffective abstinence only programs, allowing instructors to present homophobic views, and deny youth accurate contraceptive information. I have worked with teens since 1998, from Green Bay to Oshkosh, and I hear what their sex ed classes are like. Some of them are appalling!

The Healthy Youth Act was just passed last year, with the overwhelming majority of Wisconsin voters in favor. This is not an outdated law that needs to be changed! The vast majority of parents, physicians, especially pediatricians and OB/GYN's, social workers, clergy, educators, domestic violence prevention groups, public health officials, and youth are in favor of the Healthy Youth Act. This law is in line with the goals and philosophies of the CDC and WHO.

I implore you to do the right thing; the Healthy Youth Act became law last year for good reason. There is no good reason to undo this law.



Healthy Youth Act
Senate Education Committee
October 19, 2011

bmargulis@tds.net
wl_rerc@yahoo.com

Testimony of Rabbi Bonnie Margulis

Chair, Wisconsin Religious Coalition for Reproductive Choice

Good afternoon. I am Rabbi Bonnie Margulis, Chair of the Wisconsin Religious Coalition for Reproductive Choice. Less than two years ago, the Wisconsin Religious Coalition for Reproductive Choice joined in the celebration at the passage of the Healthy Youth Act. This important piece of legislation ensures that Wisconsin's children would receive comprehensive, medically accurate, and unbiased sexuality education. The impact of this law has been and will continue to be significant in terms of reducing teen pregnancy and the incidence of sexually-transmitted infections. It also provides our teens with the skills and knowledge they need to make healthy and responsible decisions about their relationships and sexual activity.

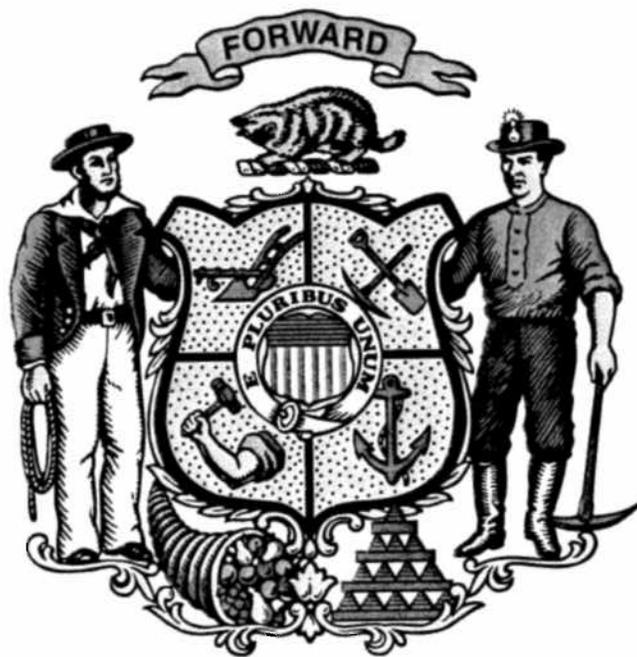
As clergy and people of faith, we believe it is a moral imperative to provide teens with *all* the information they need to live healthy lives. For this reason, the national bodies of major denominations have gone on the record in support of comprehensive sexuality education. Evangelical Lutheran Church of America has said, "Education about sexuality should emphasize monogamy, abstinence, and responsible sexual behavior, as well as practices intended to prevent the transmission of disease during sexual intercourse."

The Presbyterian Church (USA): "Calls upon state legislatures to require that all schools provide comprehensive kindergarten through twelfth grade human growth and development education that is complete, factual, accurate, free of bias, and does not discriminate on the basis of sex, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability. "

As far back as 1987, the United Church of Christ said, "Sex education beginning early in elementary school, as called for by the Surgeon General, is a major component of the effort to contain the AIDS pandemic. Curricula need to address the physical, social and ethical nature of human sexuality and teach skills for responsible personal decision-making."

My own rabbinic organization, the Central Conference of American Rabbis, passed the following resolution in 2003, stating: "Therefore, the Central Conference of American Rabbis resolves to: Support federal, state, provincial, and local legislation to provide for the inclusion of comprehensive and age-appropriate sexuality education in the public schools on all levels (from grade school through high school), while opposing federal, state, provincial, and local funding exclusively for abstinence-only programs."

The Wisconsin Religious Coalition for Reproductive Choice, comprising members of the Presbyterian, Episcopal, Methodist, United Church of Christ, Lutheran, Unitarian, and Jewish faiths, supports the Healthy Youth Act and we urge you to reject this move to overturn it.



October 19, 2011
Testimony in Opposition of Senate Bill 237
From Dr. Elizabeth Pritts

Hello. I am here today as a practicing Obstetrician and Gynecologist, President of the Dane County Medical Society and mother of two girls to oppose Senate Bill 237.

While as a physician, we are often not offered the time away to attend hearings and testify on health related policy, I made a special point of being here today to make sure the voice of health professionals are heard in this debate.

Despite there being strong consensus among the medical community that comprehensive, medically accurate, age appropriate and evidenced based sexuality education works, I'm disappointed to know our legislative leaders are wasting time and taxpayers dollars on this bill when we should be focusing on creating jobs and fixing our economy. If you as policy decision makers truly want to help strengthen our state's economy, you'll vote no on SB 237 and maintain current law that actually reduces teen pregnancies and therefore Medicaid funded births in this state.

As noted on the American Congress of Obstetricians and Gynecologists website, sexual development is an integral and important part of human development. Sexual health is an important component of health throughout the life-span. Sex education is a major component of comprehensive health education, the goal of which is to help children and adolescents become healthy adults with responsible health behaviors.

As reflective in the introduction of SB 237, there is a pervasive fear in the US that sex education will promote adolescent sexual activity and increase the risk of pregnancy, sexually transmitted infections (STIs), and HIV infection among teenagers. Careful and objective scholarly research during the last two decades has shown that sex education does not increase rates of sexual activity among teenagers and does increase knowledge about sexual behavior and its consequences.

Bottom line – comprehensive, abstinence-plus sex education works – abstinence-only until marriage education does not. Last year, we did the right thing by ensuring our young people are taught accurate information about how to make healthy, responsible choices with the Healthy Youth Act. To move ahead with SB 237 will simply turn back the clock on the progress we've made to align our policies with proven methods of prevention.

There was a time when doctors were seen as trusted messengers on health policy issues. With only a handful of state legislators with a health background - one of them sitting on this committee - I'm proud to be an engaged physician and I'm happy to help bring my expertise and experience to this hearing today. I hope you'll once again give credence to medical community including my testimony, the testimony of other health professionals here today, and the policies of health care organizations and institutes who all support comprehensive sex education.

For the health of our young people and our state's bottom line, please vote no on Senate Bill 237 and maintain Wisconsin's Healthy Youth Act.



Sarah Adinawo

1 of 2



October 19, 2011

I am here to support bill SB 237 to repeal the sex ed law.

As a parent of 4 beautiful children, ages 12-20,

I know the reality of how hard it is

to raise thriving and responsible teens in

our society. I don't feel it is the

right of public schools or planned parenthood

to dictate what our behavior norms

should be. Sexuality is a complex

intimate topic. The teen brain from

the age 11-19 year is reordering and

growing. To encourage children to make

adult choices at that time would be unethical.

Dot



Please refer to The Teen Brain, a
(by Barbara Strauch.)
review of NHT research which makes
the case that we cannot demand
adult expectations from this age group.

Sarah Quinones
475 N. Westfield Rd.
Madison, WI 53717
608/833-2050

Other sources on teen brain research:

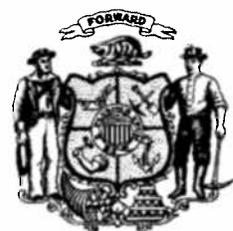
Institute of ~~Interrelational~~ Intelligence.org
Relationship
by Dr. Richard Panzer

Realalternatives.org

Lovesmarts.org



WISCONSIN STATE LEGISLATURE



Senate Public Hearing, Committee on Education, Senate Bill 237, October 19, 2011 12 PM

My name is Syte Reitz. Our family is a typical Madison family. We support Senate bill 237.

I am a Ph.D. biochemist, did postdoctoral work at Princeton University, worked as a professor, homeschooled our children up to admission to UW Madison, and now I'm a local Madison blogger on cultural and political issues at SyteReitz.com.

Our family and our friends are well educated. We are scientists. My husband is a Wisconsin Distinguished professor whose work in fuel efficiency is known globally and which is being used in UW's EcoCAR. Our sons are both UW graduates, one in engineering, one in math and computer science.

We believe in sexual responsibility and in abstinence like 70% of American parents and 60% of American teens who also favor abstinence before marriage, according to a recent US government study.
<http://www.lifesitenews.com/news/archive/ldn/2010/aug/10082308> ;
<http://sytereitz.com/2010/10/national-survey-of-adolescents-and-their-parents/>
The Center for Disease Control also recommends abstinence as the primary mechanism for the reduction of STD's in our population.

Self-control has served as the foundation of our society. It is an essential element of

- Law and order
- A good education
- Morality and honesty
- Athletic discipline
- Musical training
- Scientific training
- And all other important human achievements.

Self-control is also an essential element of responsible sexuality:

- Abstinence is not anachronistic, nor is it unachievable.
- Abstinence is not likely to be learned unless it is taught. It must be included in a good sex education program.
- Abstinence strengthens marriages; it strengthens families, and is the only sure method for avoidance of a host of medical and psychological disorders.

Why would anybody dumb our children down and doubt that our children are also capable of responsible behavior and self-control in the area of sexuality and family life?

Senate bill 237

- allows the design of curricula that reflect these community values
- promotes parental control of sex education for kids
- allows a number of effective approaches to teach kids healthy behaviors
- simplifies and complements a law which has become cumbersome and failed to cover all important aspects of sex education. The previous Healthy Youth Act contained some omissions which could inadvertently send the message that promiscuity was being encouraged.

Please support Senate bill 237.

Abstinence makes the heart grow fonder!

Syte Reitz 3983 Plymouth Circle, Madison 53705 (608) 238-7027 <http://SyteReitz.com>



Pro-Life Wisconsin



Defending them all...

P.O. Box 221, Brookfield, WI 53008-0221
Phone (262) 796-1111 Fax (262) 796-1115
info@prolifewisconsin.org www.prolifewisconsin.org

Testimony in Support of Senate Bill 237: "Strong Communities...Healthy Kids Act" Senate Committee on Education By Matt Sande, Director of Legislation

October 19, 2011

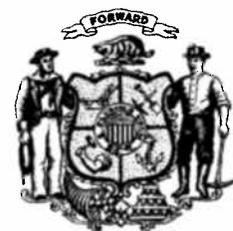
Good morning Chairman Olsen and Committee members. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin. Thank you for this opportunity to express our support for Senate Bill (SB) 237, the "Strong Communities...Healthy Kids Act," legislation that would give local school districts the option to adopt abstinence-only human growth and development curricula and would prohibit school-based health volunteers from providing human growth and development instruction.

Last session the Wisconsin Legislature and Governor Doyle enacted 2009 **Wisconsin Act 134**, the so-called "Healthy Youth Act." The new law prohibits local public school districts from adopting "abstinence-only" human growth and development programs - a freedom and flexibility they enjoyed under previous law. **Under current law, if a school district chooses to adopt a human growth and development program it is forced to include in its curriculum instruction on the "health benefits, side effects, and proper use of contraceptives and barrier methods."** This ties the hands of local human growth and development advisory committees - a violation of the principle of local control. These advisory committees include teachers, parents, medical professionals, clergy and others, all of whom 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.

Wisconsin Act 134 also removed a common sense provision in previous law that prohibited school-based health volunteers from providing human growth and development instruction in the areas of human sexuality, reproduction and family planning. **Current law permits contraceptive or abortion education by school volunteer health care providers, including those from Planned Parenthood.** 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. Significantly, school volunteer health providers are considered agents of the state and therefore are immune from civil liability. The state Volunteer Health Care Provider Program confers legal protection on 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. 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.

Senate Bill 237 reverses the contraception education/instruction mandate of 2009, giving school districts the freedom to adopt abstinence-only human growth and development programs. **Chastity/abstinence is the only message that will protect our children's bodies and preserve their innocence, and local school districts should be given this option.** It also prohibits school-based volunteer health providers from providing instruction in human growth and development. Sexual development is not properly under the purview of a school health room physician or nurse, especially one from Planned Parenthood. The bill prevents Planned Parenthood nurses and physicians from teaching about abortion and contraception in our public schools.

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





WISCONSIN CATHOLIC CONFERENCE

**TESTIMONY ON SENATE BILL 237:
HUMAN GROWTH AND DEVELOPMENT**
Presented to the Senate Committee on Education
By Barbara Sella, Associate Director
October 19, 2011

Thank you for the opportunity to testify in support of Senate Bill 237, the "Strong Communities...Healthy Kids Act." The Wisconsin Catholic Conference strongly supports this bill because it is a balanced, flexible, and all-inclusive approach to the issue of sex education in public schools.

SB 237 is an improvement over current law first because it strengthens local control. Under current law, a school district can only offer comprehensive sex education or nothing at all. SB 237 gives school districts the option of offering 1) comprehensive sex education, 2) abstinence-based sex education, 3) both comprehensive and abstinence-based education, or 4) no instruction. SB 237 also gives school districts the option of instructing pupils in single-sex courses. Finally, it strengthens local control by revising the composition of the ad hoc advisory committee to ensure that it truly reflects the wishes of the community.

Second, SB 237 increases parental involvement. Parents are the first and primary educators of their children. Again and again, research demonstrates that when parents know what their children are learning and doing, when they communicate openly, impart their values, and set meaningful boundaries, their children are less likely to engage in risky behavior of all kinds. SB 237 gives parents more choices about how they wish to see their children educated, thereby empowering and encouraging them to become more, not less, involved in their children's lives.

Third, the subjects SB 237 recommends are more inclusive than the current law because they include the essential topics of prenatal development, the nature and treatment of sexually transmitted infections, adoption, prenatal and postnatal care, personal responsibility, and the benefits of marriage. The bill recommends teaching children not simply about the benefits of abstinence, but also about the skills they will need if they choose abstinence. At the same time, the bill retains important topics in the current law, such as prevention of bullying, resources for survivors of sexual abuse and assault, criminal penalties, and sex offender registration.

Fourth, SB 237 is fiscally responsible because it broadens the funding available to school districts by requiring the Department of Public Instruction to apply for all federal funding intended for education on all the topics listed in the bill. As a state, we need to make sure that we obtain all the financial resources available so we can provide our children the very best instruction possible

Fifth, SB 237 fosters accountability by prohibiting volunteers from outside groups to teach the HGD curriculum. Unlike outside volunteers, teachers are ultimately accountable to parents and school boards for the education pupils receive in their classroom. We trust that teachers have the training necessary to teach in this sensitive area and that they will be responsive to community standards and parent concerns.

What we teach our children about sexuality today will help determine the kind of society we will live in tomorrow. It is not enough to give children information on staying safe and healthy; they also need formation and guidance. The best sex education is not just about avoiding pregnancy and sexually transmitted diseases. The best education teaches children to develop their unique character and potential, to increase their self-worth and self-restraint, and to grow in their capacity for love and responsibility. Intelligent and compassionate instruction helps students learn from past mistakes and change potentially damaging behavior.

The Catholic Church teaches that abstinence-based instruction is the best way to fulfill this educational mission. Others maintain that comprehensive sex education and expanding access to contraception is the surest way to achieve this goal. The important thing is that rather than mandating a uniform approach for all sex education programs across the state as current law does, lawmakers should focus their efforts on empowering parents, pupils, educators, and other interested community members, because strong communities are essential to raising healthy kids.

For all these reasons, the WCC urges you to support this measured, tolerant, and inclusive legislation. We believe it is a responsible approach that will stand the test of time.

Thank you.



October 19, 2011
Testimony in Opposition of Senate Bill 237
From Amanda Spielman

Hello,

My name is Mandy Spielman, I'm currently a student at the University of Wisconsin – Milwaukee. I'm originally from Stevens Point, WI and attended Stevens Point Area Senior High (SPASH). While I lucked out having a mother in a health occupation that was not afraid to educate her children in sex and contraception, my fellow class mates were not so lucky.

In eighth grade we received a comprehensive sexual education lesson covering everything from sex, pregnancy, sexually transmitted disease and contraception. We did not receive any similar information for the rest of our high school career except for a sophomore year health class that briefly touched on sexually transmitted diseases. The health class did not discuss anything related to sex or pregnancy. That's why it wasn't surprising when the number of teen pregnancies my junior year of high school was around 30.

In the last month of my high school career, my best friend became pregnant. While I sat with her in the bathroom looking at the pregnancy tests with positive results, she told me she didn't know how she could have gotten pregnant. I asked if she was taking birth control pills or had been using some form of contraception like condoms, but she shook her head. She told me that her and her boyfriend had been using the 'pull out method', and truthfully believed that was a reliable method against pregnancy.

With no information from her parents and no formal education from school related to sex and pregnancy, my best friend had no idea the high rates of failure the pull out method had at preventing pregnancy. Proper sex education can influence young people to make healthy responsible decisions related to their sexual health and safety. If my best friend had been supplied such information, she could have made more informed choices.

We must not punish Wisconsin's youth by withholding information that greatly impacts the rest of their life. By supporting informative and accurate information we as students, parents and communities can help keep Wisconsin's youth healthy, informed and safe. Thank you for your time and commitment to Wisconsin's teens, please vote no on SB 237.

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