



**Department of
Education**

Carmen Fariña, Chancellor

**Testimony of the New York City Department of Education
on Sex Education in NYC Schools, and Intros Nos. 771, 952, and 957**

Before the NYC Council Committees on Education, Women's Issues and Health

October 27, 2015

Good morning Chairs Dromm, Cumbo, and Johnson, and all the Members of the Education, Women's Issues, and Health Committees here today. I am Dr. Roger Platt, Chief Executive Officer for the Office of School Health. Joining me are Lindsey Harr, Executive Director of the Office of School Wellness Programs in the Office of School Health, and Katie Hansen, Senior Director of the Office of Academic Policy and Systems within DOE's Division of Teaching and Learning. We appreciate the opportunity to discuss our work to expand sexual health services available to our students and support sexual health instruction as part of comprehensive health education in NYC, and to comment on Intros Nos. 771, 952, and 957.

The Office of School Health (OSH), a joint program of the NYC Department of Education (DOE) and the NYC Department of Health and Mental Hygiene (DOHMH), was created to support the physical and emotional health and academic growth of all students through a comprehensive offering of integrated supports and services.

The most recent data on NYC teens indicate that by 9th grade one out of four students have had sex, and by high school graduation, 60 percent of students report being sexually active. Each year more than 4,000 females under the age of 18 become mothers or terminate a pregnancy; almost all of these pregnancies are unintended. To provide NYC teens with the information, support, and tools they need to make healthy decisions, have healthy relationships, and prevent unwanted pregnancies, the Office of School Health has developed a comprehensive set of resources and services, including support for middle and high schools' instruction on sexual health and direct reproductive health services in school settings.

Currently there are 142 School Based Health Centers (SBHC) serving over 200,000 NYC students. In 2008, with the support of a private donor, we launched the School-Based Health Center Reproductive Health Project to reduce unintended teen pregnancy among NYC public high schools students. Providing reproductive health services in SBHCs, including onsite contraception distribution and long acting reversible contraception, allows for easy access to these services and increases utilization by teens. Today, 60 of the 71 SBHCs serving high school students participate in this program.

In an effort to reach students in schools not served by SBHCs with reproductive health services, we developed an onsite reproductive health program, called Connecting Adolescents to Comprehensive Healthcare, or CATCH. While not a full-service, school based clinic, free and confidential services are provided by Office of School Health staff including school nurses, physicians, and nurse practitioners. CATCH services include pregnancy testing, emergency contraception, oral contraceptive pills, and providing information on contraceptive methods,



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pregnancy options and sexually transmitted infections (STI) prevention. Students can also receive referrals for STI testing and treatment at a local, community-based teen friendly clinic, as well as referrals for mental health counseling at an approved community based mental health agency. Parents may opt their teenagers out of CATCH services. Last year in the 31 participating high schools, 52 percent of the estimated sexually active female students in the schools utilized CATCH services, and of these, 53 percent received birth control onsite.

Currently, 46 percent of all high school students have access to school-based reproductive health services, including onsite contraception dispensing either through an SBHC or CATCH program. In the coming years, as part of this administration's Community School Initiative, both SBHCs and CATCH will expand to 25 additional school sites.

We believe expanding reproductive health services has contributed to the decline in teen pregnancy. In 1995 there were 85.3 pregnancies for every 1,000 females age 15 to 17. In 2013 that number dropped to 29.5 per 1,000 females. While more than 4,000 females under 18 became mothers or terminated a pregnancy in 2013, the comparable number in 1995 was more than 13,000.

Additionally, the required high school Condom Availability Program gives students access to trained school staff who provide free condoms, as well as information about sexual health and teen friendly clinics.

As we expand the health services available to our students, we must also ensure that we are educating and empowering teens to access these resources through health education classes. Comprehensive health education is fundamental to the well-being of the whole child. In addition to providing students with functional knowledge, this instruction covers a wide range of skills like communication, decision-making, healthy relationships, and how to access health services. New York State requires that all schools provide comprehensive health education in grades K-12 based on State and national standards, with specific guidance on what students should know and be able to do at each grade level. Sexual health is one of several health education topics, along with physical fitness and nutrition, violence prevention, alcohol and drug prevention, and others. Health education skills include learning how to manage stress and relationships, goal setting, and advocacy—skills that students must develop across these topics to be healthy. The State expects school districts to use its guidance to assess curricula.

According to State requirements, elementary schools must integrate health education topics into classroom instruction. In addition, students must receive five HIV/AIDS lessons every year in each grade K-6. The State requires one semester of daily, comprehensive health education in middle school and again in high school, where one credit of health education is a graduation requirement. The State also specifies that six HIV/AIDS lessons are taught every year in each grade 7-12. The State does not require that sexual health be included in comprehensive health education classes.



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In 2011, the DOE announced a citywide sexual health education mandate, and as with the required HIV lessons, we allow parents to opt their children out of certain prevention lessons, except for those that discuss abstinence as the best and most effective way to prevent pregnancy and sexually transmitted diseases. At the end of last school year, Chancellor Fariña and Commissioner Bassett notified high school superintendents in a joint statement that male and female condom demonstrations would now be permitted in high school health education class, recognizing that learning how to use a condom correctly and consistently belongs in the classroom as part of a required skills-based health class. Previously, condom demonstrations were only available to students through the Condom Availability Program.

To support schools with health education instruction, the Office of School Wellness Programs provides schools with instructional support and free professional learning opportunities on comprehensive health education, including sexual health topics. This Office provides teachers with the recommended research-based curricula aligned with State and national standards that include lessons that cover sexual health knowledge and skills: *HealthTeacher* for the elementary grades, *Middle School HealthSmart* for grades 6-8, and *High School HealthSmart* plus *Reducing the Risk* and *Understanding Self-Identity* for high school, as well as the DOE's own K-12 HIV Curriculum.

The recommended curricula include lessons on sexual identity, respect for self and others, and healthy relationships. The Office of School Wellness Programs instructional specialists provide free curricula, training, and technical assistance to teachers citywide, last year reaching 1000 participants. Trainings included strategies for creating safe, supportive classrooms for all students, as well as how to incorporate topics of consent and respect for partners into health lessons. In addition, two Condom Availability Program staff provide training and support to high school staff on creating inclusive spaces for all students to receive health services information, referrals, and male and female condoms in a health resource room setting.

The Office of School Wellness Programs also works closely with 26 high schools in a Centers for Disease Control (CDC) grant funded program to improve sexual health instruction, develop sexual health-focused school wellness councils, and build safe and supportive learning environments. The grant includes a special focus on LGBTQ students, and the School Wellness Programs teams collaborate closely with the DOE Office of Safety and Youth Development, the Gay Straight Alliance Network, and other partners in this work.

While we currently have a recommended elementary curriculum, we will convene a review committee this year to take a fresh look at curricula and supplementary resources, focusing on how K-5 health education and HIV/AIDS lessons can provide age-appropriate content and skills aligned with National and State Health Education Standards as well as National Sexuality Education Standards. The committee will provide a recommendation next summer.



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The DOE's centralized scheduling system, STARS, provides data on when students are scheduled for health education. We recommend that schools schedule health education in 6th or 7th grade in middle school, and in 9th or 10th grade in high school to ensure students get this important information when it is most useful. STARS shows us that in 2014-15, more than half or 56 percent of high school students were scheduled for a semester of health education during 9th or 10th grade as recommended. Among middle schools students almost 70 percent of received health education 6th or 7th grade.

While STARS does not specify if these students received sexual health lessons in their comprehensive health education classes, we do know what high schools students report in the biannual Youth Risk Behavior Surveys, a national CDC survey administered in NYC public schools. In both 2011 and 2013, about 60 percent of New York City high school students reported being taught a class about birth control methods such as the pill, the ring, IUDs, birth control shots, patches, or condoms. For the health of our students, we need this percentage to be much higher. To gather more detailed information about when and where students learn about birth control, the DOE has worked with the DOHMH to make adjustments to the 2015 Youth Risk Behavior Survey. We are also strengthening the use of the national School Health Profiles survey in NYC through a more uniform online administration. Through this survey, a sample of principals and health teachers provide information on a variety of topics, including provision of health education, including sexual health, and health services.

In terms of staffing, we know that many middle and high schools do not have a full-time certified health instructor. There are about 160 certified health education teachers employed by the Department. While non-certified instructors are permitted under certain circumstances to teach health education, certified health instructors are the best-suited to teach comprehensive health education. Both certified and non-certified health teachers can receive free training and support from the Office of School Wellness Programs. We are also exploring potential staffing models that could help schools share a certified health teacher.

To ensure that schools deliver comprehensive health education to students, Superintendents have new supervisory roles in their districts, especially related to instruction, while also fielding feedback from families and communities about the provision of comprehensive health. Staff in the Borough Field Support Centers provide schools with resources for understanding and applying health education requirements outlined in grade-specific academic policy guides.

I would like to turn to the proposed legislation.

We support improved transparency throughout the school health system, including the provision of health care services. We believe we can meet the goals of Intro 771 within our existing reporting systems, and we would be glad to discuss this with the City Council in more detail after the hearing.



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I would also like to express our support for Intro 957, which requires DOE to report on sexual education training of teachers, and Intro 952 in relation to reporting on the provision of comprehensive health education in NYC schools. These reports will be an invaluable resource to the DOE, as well as school communities, elected officials, and other stakeholders. We look forward to working with the City Council to ensure that the reporting requirements in these bills align with New York State mandates and what we currently track in our data systems.

We know that the combination of comprehensive health education, including age-appropriate, medically accurate sexual health lessons, and access to health services can help our students make healthy choices, care for themselves, and be ready to succeed in school and in life. We look forward to working with the Council on this important issue.

Thank you again for the opportunity to testify and we are happy to take any questions.

Testimony of Housing Works
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int 0771-2015, Int 0952-2015, Int 0957-2015, T2015-3658
October 27, 2015

Thank you, Chairman Dromm, Chariman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon. My name is Vinay Krishnan, and I am here today representing Housing Works. Housing Works is a healing community of people living with and affected by HIV/AIDS. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of lifesaving services, and entrepreneurial businesses that sustain our efforts. Currently, we are working to implement the Governor's *Blueprint for Ending the AIDS Epidemic*, and comprehensive sexuality education is an integral part of that plan.

Each of the bills being considered today would require the Department of Education to better monitor and measure sexuality education practices in New York City public schools and provide detailed reports on those practices to the City Council. This data will enable the Council to better understand how the City is educating its students and better plan for how to improve those practices and expand sexuality education.

We applaud these bills and support their passage, and we urge the Council to take further action to expand comprehensive sexuality education in K-12 schools. The 23rd recommendation in the Governor's *Blueprint* is the promotion of comprehensive sexual health education. It supports educating New York State youth in making healthy, positive choices about sexual health in order to avoid negative health outcomes such as HIV, STIs, and unintended pregnancy. Expanding comprehensive, age-appropriate, medically accurate health and sexuality education in K-12 schools would increase the number of young people receiving information about HIV and STI prevention tools, such as condoms, Post Exposure Prophylaxis (nPEP), and Pre Exposure Prophylaxis (PrEP). Comprehensive sexuality education would also create a foundation of support for HIV testing by providing young people with information and messages that encourage and normalize testing.

According to the CDC, Americans ages 15-24 make up just 27% of the sexually active population but account for 50% of the new STIs in the U.S. each year. Among U.S. high school students surveyed by the CDC in 2013, 47% had had sexual intercourse, 41% did not use a condom the last time they had sex, and only 22% had ever been tested for HIV. The CDC estimates that 50% of youth with HIV do not know they are infected.

HIV prevention is particularly important for youth populations. As the *Blueprint* explains, young men who have sex with men (YMSM) ages 13-29 "make up a considerable percentage of new HIV diagnoses in New York State. More than a quarter, 27.9%, of new HIV diagnoses in 2013 were

among YMSM, and between 2012 and 2013 YMSM was the only large risk group where new HIV diagnoses increased, up 5% statewide.”¹

Numerous studies have found that a comprehensive approach to sexuality education can help young people delay intercourse, reduce the frequency of intercourse, reduce their number of sexual partners, and increase the use of condoms and other contraceptive methods when they do become sexually active. Comprehensive sexuality education is also critical to effectively preventing the transmission of HIV.

National, state, and local polls consistently find that most parents, teachers, medical professionals, and young people want schools to provide comprehensive sexuality education programs, and New York City should take the necessary steps to best serve its students and ensure that its schools are promoting healthy attitudes and healthy decisions about sex.

The bills before us today are important initiatives in that effort, but we urge the Council to do more. We urge Chancellor Carmen Fariña to pass a Chancellor’s Regulation that would mandate comprehensive, age-appropriate, medically accurate health and sexuality education in K-12 schools. We also call on the Department of Education to create a meaningful implementation plan that ensures that all New York City public school students receive sexual health education. The plan should ensure that teachers are trained and staffed and that all necessary materials are both suitable and available. This is the type of bold action that is necessary to best serve our students.

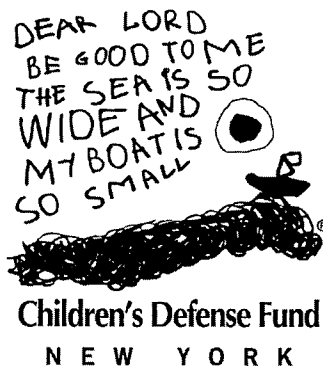
Housing Works thanks the Council for the opportunity to speak here today and for the Council’s efforts to improve sexuality education in New York City. We urge you to pass these three bills and to take further steps to expand comprehensive sexuality education in K-12 schools.

¹ 2015 Blueprint for Ending the AIDS Epidemic. New York State Department of Health. Page 8. http://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf.

Testimony of the Children's Defense Fund – New York
Before the Committee on Health, the Committee on
Education and the Committee on Women's Issues

New York City Council
October 27, 2015

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Good morning. My name is Andrew Leonard. I am the Senior Policy Associate for Health, Housing and Income Security at the Children's Defense Fund – New York. Thank you to Councilmembers Johnson, Dromm and Cumbo, and the members of the Health, Education and Women's Issues Committees for the opportunity to testify today.

The Children's Defense Fund's (CDF) Leave No Child Behind® mission is to ensure every child a healthy start, a head start, a fair start, a safe start and a moral start in life, and successful passage to adulthood with the help of caring families and communities. CDF provides a strong, effective and independent voice for all the children of America who cannot vote, lobby or speak for themselves. We pay particular attention to the needs of poor children, children of color and those with disabilities. CDF – New York's (CDF-NY) unique approach to improving conditions for children combines research, public education, policy development, community organizing and advocacy activities, making us an innovative leader for New York's children, particularly in the areas of health, education, early childhood and juvenile justice.

CDF-NY has a strong history of supporting access to health care services in schools. We have worked closely with schools and providers to protect and expand important efforts to address health inequities, while promoting enhanced opportunities for learning. In May of this year, we released a report, entitled *Health + Education = Opportunity: An Equation that Works* that details the school health system in New York City and suggests ways this already robust system can be sustained and expanded to ensure even greater access to care.

The school health system in New York City plays a crucial safety net role in securing the academic and health care needs of New York's children. Schools have recently become increasingly important health care access points for children. As a fully integrated part of the health care delivery system, schools can play a strong public and primary health care role for children, improving both individual student and school-wide population health.

Children with unmet health needs are far less likely to succeed in school.^{1,2} The presence of unmanaged health conditions in children was shown to be highly correlated with negative performance on math and reading standardized tests.³ Without proper school-based health support, children lose significant academic seat time. The National Association of School Nurses reports the presence of a school nurse saves teachers an average of twenty classroom minutes each day.⁴ Without the appropriate school health supports, an asthma attack that could be properly managed in a clinic or prevented with health education and self-management instruction becomes an emergency room visit that takes the student away from school for at least the rest of that day. A school that can better manage the day to day health care needs of its students will enable the best educational outcomes.

¹ Case, A., Lubotsky, D., & Paxson, C. (2002). Economic status and health in childhood: The origins of the gradient. *The American Economic Review*, 92, 1308–1334

² Ding, W., Lehrer, S. F., Rosenquist, J. N., & Audrain-McGovern, J. (2009). The impact of poor health on academic performance: New evidence using genetic markers. *Journal of Health Economics*, 28(3), 578-597.

³ Eide, E. R., Showalter, M. H., & Goldhaber, D. D. (2010). The relation between children's health and academic achievement. *Children and Youth Services Review*, 32(2), 231-238.

⁴ *Five Ways a School Nurse Benefits a School*; <http://www.nasn.org/Portals/0/about/FiveWays.pdf>

Beyond ensuring that students have the tools needed to succeed academically, schools are uniquely positioned to provide health services that students may not sufficiently receive through traditional community providers. Schools are a gathering place for nearly all New York City children. Over 98 percent of children in the United States between the ages of 7 and 13 are enrolled in school.⁵ With so much of the young population easily accounted for, school health providers can generate significant health improvements by addressing an attentive audience.

Additionally, schools provide a space in which providers can offer care in a more comfortable and confidential environment. Many of the services older students often need are sensitive in nature. Students often fail to receive behavioral and reproductive health services in the community because of the stigma found among peers and within their communities. In the school setting, adolescents can more discreetly access these needed services and improve their health care status.

Intro. No. 771

With this understanding of the need for school-based health services, CDF-NY would like to express its support for Introduction Number 771 of 2015, a bill that would require the Department of Education to report to the Council on student health and student health services.

Accurate and population wide data are the foundation of an efficient and comprehensive school health system. Making available a universal method for tracking district level data points will help identify those schools and communities most vulnerable to the negative educational outcomes and poor adult health that stem from untreated pediatric needs. The reporting called for in this bill will additionally demonstrate the need for expanding school health services to all children in need throughout the five boroughs.

The analysis that this data will facilitate will further demonstrate the existing health disparities facing children in our city. Schools typically receive more intensive health care services based on the number of students in each school, the presence of students with special health care needs, a principal's desire to have enhanced health services, and the availability of a willing provider and adequate space within a school. While all schools have high needs, certain schools will stand out as having greater need for more intensive services. More readily accessible data reporting will assist the Department of Education in making the most strategic choices when allocating health resources. Such a report will enable school health providers to better assess what level of care is needed, what conditions must be targeted, and what existing school-based health model can best achieve positive health outcomes.

This bill will help capture the strengths of the existing school health system, while better positioning schools to meet the long-term health and wellness needs of their students. The intersection of health and education may happen first for a child in their school, but these two forces will continue to cross paths long into adulthood. We ought to safeguard this initial crossroads and work to ensure that it becomes a launching pad for life long wellness.

⁵ https://nces.ed.gov/programs/digest/d12/tables/dt12_007.asp

We thank Councilmember Johnson for introducing this bill and the Committees present here for prioritizing children's access to needed school health services.

Thank you for the opportunity to testify. I can be reached at 212-697-0642 or aleonard@childrensdefense.org should you have any questions regarding this testimony.



Testimony of Better Sex Talk
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int 0771-2015, Int 0952-2015, Int 0957-2015
October 27, 2015

Thank you, Chairman Dromm, Chariman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon. My name is Meghan Racklin and I am here today representing Better Sex Talk, which started in New York City and now works across the country to advocate for better sex education that includes information about consent, communication, and healthy sexuality as an avenue to prevent gender-based violence. We work primarily with college students, who have been continuously confronted by the reality of sexual assault on college campuses. Comprehensive sexuality education is a key part of stopping campus sexual assault, because it gives students the tools to build healthy sexual relationships.

In a recent survey by the Connect to Protect (C2P) Bronx Coalition, fewer than two-thirds of Bronx high school students said they learned about healthy relationships, and just 37 percent learned communication skills when it comes to sex. If we are serious about stopping campus sexual assault, all students need to be learning these skills. My little sister is currently in the process of applying to colleges. She deserves to have the space necessary to develop a healthy sense of self, an understanding of what she is and is not comfortable with, and she deserves to be taught the tools necessary to communicate that to a partner. Furthermore, she deserves partners who respect her. She deserves partners who know how to communicate and to listen and who care about making her comfortable. She deserves a college experience free from the threat of sexual assault. If that is to become a reality, policy-making bodies like this council must prioritize comprehensive sexuality education.

The bills presented today require the Department of Education to better track and evaluate the sexuality education that is happening in schools, which would be an important step in ensuring that appropriate sexual health education is delivered to all students. Better Sex Talk supports these bills as a preliminary measure, however, we call on Chancellor Carmen Fariña to pass a Chancellor's Regulation requiring comprehensive, evidence-based and developmentally appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade. Expanding sexuality education to elementary school will allow us to build a culture that prioritizes consent. Building a consent culture requires giving students the time to develop a deeper understanding of autonomy and healthy relationships over time. The Department of Education also needs to create a meaningful implementation plan that ensures that all New York City public school students receive sexual health education. This will ensure that all students receive this education, and will reduce disparities that arise due to differences in location, resources, or the will of administrators.

The New York City Council has demonstrated an understanding that young people have a right to information necessary to maintain their physical, emotional, and mental health through proactive legislation like the bills before you today. Better Sex Talk thanks the Council for holding this hearing today and taking steps to improve comprehensive sexuality education in New York City public schools. We urge you to pass these important pieces of legislation.

Testimony of Lambda Legal Defense and Education Fund
delivered by Caroline Sacerdote before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int 0771-2015, Int 0952-2015, Int 0957-2015
October 27, 2015

Thank you, Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this morning. My name is Caroline Sacerdote, and I am a Ford Foundation Fellow at Lambda Legal. Founded in 1973, Lambda Legal is the oldest and largest national legal organization whose mission is to achieve full recognition of the civil rights of lesbians, gay men, bisexuals, and those with HIV through impact litigation, education, and public policy work. Lambda Legal works for respect and acceptance of LGBTQ youth, adult professionals, and LGBT-headed families in schools and other organized youth activities. Our work in this area goes back to the 1970s when we helped persuade a court to force the University of New Hampshire to treat a gay student group like every other group on campus. Since then we have secured first-ever federal court rulings that schools must protect gay students from violence and harassment and that gay-straight alliances must be allowed to meet under the same rules as other student groups. We also negotiated a first-ever federal court settlement recognizing the constitutional right of lesbian and gay youth to be out at school. Through vital outreach and support to youth allies and advocates, we help shape mainstream America's awareness and understanding of LGBTQ youth, making clear the harm that antigay discrimination causes all young people.¹

Lambda Legal supports efforts to implement and monitor a comprehensive K-12 sexual education curriculum for New York City schools. We believe that to mean that each student receive fact-based, age appropriate lessons that aid not only their personal growth, but foster a school climate that is respectful and reflective of the diversity of our city, inclusive of respect for sexual orientation, gender identity, gender expression, and HIV status. The students in New York City public schools come from all walks of life, and it is imperative that all students and families feel that their identities are recognized, celebrated, and valued. Additionally, we are particularly aware of the negative consequences on the ability to learn and on well-being when students are unsupported, or even targeted, for their orientation or identity or for that of their parents. The bills before you today require the Department of Education to better track and evaluate the sex education happening in schools, which would be an important step in ensuring that appropriate sexual health education is delivered to all students.

The Dignity for All Students Act mandates that New York City public schools must include instruction that supports the development of a school environment free of discrimination and harassment. Comprehensive sexual health education is a vitally important component of that directive. Whether it be access to a kindergarten-level library book describing the life of a child

¹ Lambda Legal, *Youth and Schools*, <http://www.lambdalegal.org/issues/schools> (last visited Oct. 26, 2015).



with gay fathers, a fourth grade lesson about challenging stereotypes in gender presentation, or high school instruction on making healthy choices for your body with a sexual partner, Lambda Legal believes that demystifying these issues is the best way to destigmatize them.

Further, when children learn from an early age that being gay, lesbian, bisexual, or transgender is completely normal and healthy, we give them the tools to grow into tolerant, compassionate young adults who value fellow students who have been traditionally marginalized. The Department of Education's initiatives to end bullying in schools will be greatly strengthened when our students, as a matter of course, have an understanding that diversity of identity is part and parcel of our city and our schools. This year, for the first time, NYC public schools were closed to celebrate Eid al-Adha, a Muslim holiday, and now over a million of our children understand more about their fellow students. Lambda Legal believes it is just that sort of education that should extend to discussions about things like sexual orientation.

At Lambda Legal, we have been supporting efforts to implement and monitor comprehensive sexual education curriculum for many years. Several years ago, we represented a local PFLAG chapter in litigation centered on the sexual health curriculum in Montgomery County, Maryland Public Schools. The Circuit Court agreed with us, supporting schools' implementation of a medically accurate sexual health curriculum, including lessons on respecting differences in human sexuality, as well as demonstrating how to properly use a condom.

Additionally, we have partnered with the Gay, Lesbian, and Straight Education Network for the past four years to address issues with a student's right to participate in the National Day of Silence ("DOS"). In the past two years, our Help Desk staff has fielded approximately 110 inquiries from students and their parents experiencing discrimination or resistance in participating in DOS. The Day of Silence is a student-led action that attempts to raise awareness about the silencing effect of anti-LGBT bullying, harassment, and discrimination. We have, along with our colleagues, helped students advocate for their own rights. Though DOS is not specifically tied to sexual health curriculum, the stories these students tell give us a good idea about school climates across the country and schools' willingness to allow their students to participate in discussions around LGBT issues. The students who have reached out for help were as young as eleven years old. That, to us, indicates a growing need for education in our elementary and middle schools. Young people are already learning about LGBT issues. If they do not identify as LGBT themselves, they come from families, or have friends, who do. Sweeping these issues under the rug not only erases the existence of these students and their families, but perpetuates the myth that it is okay to victimize them.

We commend the Department of Education for its continued focus on preventing and addressing bullying; Lambda Legal's Help Desk regularly fields calls from students who are experiencing discrimination and bullying because of their perceived or actual sexual orientation, or gender identity, including students attending New York City public schools.

In many parts of the country, health education operates under a paradigm of shame or ignorance. Comprehensive health education is treated as having a lesser value than subjects where our students take standardized tests to indicate mastery. The problem, of course, is that the lessons which are part of a comprehensive health education program are essential not only to how our

students interact with each other, but profoundly influence their ability to cooperate and learn in the other parts of academia and outside the classroom. They are asked to indicate mastery of these values every day, from the ability to treat one another with kindness, to the decisions they will make when it comes to contraception or sexually transmitted infection prevention, including but not limited to prevention of HIV. If we demand responsibility from our children, we must provide them with the knowledge to act responsibly.

We also support the creation of a comprehensive health education platform for New York City students because there are so many places, still, that try to pretend that LGBT people do not exist or try to diminish their existence. Lambda Legal has been proactive in fighting states with anti-LGBT curriculum laws that specifically call out LGBT issues for disfavored treatment in schools. Our #Don'tEraseUs campaign seeks to shine a spotlight on laws that mandate that students must be taught that being gay, lesbian, bisexual, or transgender is unacceptable or curriculums that prohibit portrayals of same-sex relationships in a positive light. Some curricula even seek to erase LGBT people altogether, with the exception of talking about them in the context of sexually transmitted diseases, which further stigmatizes students who may identify as LGBT at a time where they are most vulnerable.

Lambda Legal has created a website resource entitled “How to Make Curricula LGBTQ-Inclusive” (found at <http://www.lambdalegal.org/know-your-rights/how-to-make-curricula-lgbtq-inclusive>). There, we note that organizations including the American Academy of Pediatrics, the American School Health Association, the American Association of School Administrators, and the National Association of Social workers, to name a few, all support the inclusion of LGBT-supportive materials in school curricula. We also offer ideas for health teachers to include facts about sexual orientation and gender identity, as well as nonjudgmental, fact based information about HIV prevention and transmission.

Lambda Legal acknowledges that this comprehensive education should not stop with lesson plans alone. We have also created a fact sheet (located at http://www.lambdalegal.org/publications/fs_preventing-censorship-of-lgbt-information-in-public-school-libraries) detailing the harms of censorship in school libraries of books and periodicals that acknowledge LGBT people and their relationships. Among the information there is the fact that the American Library Association has repeatedly emphasized a school librarian's duty to include LGBTQ materials **in any library collection**, and that the Association specifically discourages efforts to systematically exclude such materials. A school library may be the only place where a young person may have access to these materials, and we detail the many ways in which the knowledge gleaned therein can affect a young person's attitudes, mental, and physical health. If this holds true for a school library, it should correspond to the lessons our students are taught in their classrooms.

Lambda Legal urges the City Council to move forward. A comprehensive sexual health education program in all New York City public schools is truly important to our children, their families, and the future generations of children who will follow them. We would be pleased to address any further inquiries.

Testimony of Fayola Richardson
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int No 952, Int No 957, Int No 771
October 27, 2015

The Importance of Sex Education in School

Sex education in schools is a very sensitive topic to many people such as parents, teachers and those who are religious. Sometimes just the thought of having to teach students about sex can cause discomfort and embarrassment resulting in the parents and teachers only teaching abstinence or not teaching anything at all. We need someone to expand our knowledge on sex education.

One thing I've learned since being apart of TORCH is that sex education helps us teens learn and understand information about our bodies. As we get older our bodies mature, causing us to have hundreds of questions. Without the answer to these questions, we are left lost and confused. With all of this confusion, we deserve to be educated on what's going on. Because without the education, we are easily influenced by any false information we see. This is when the simple teaching of abstinence gets confusing for us.

Everyday sex is advertised all over. Tv shows, movies, cartoons, music, magazines, etc. We're taught abstinence is the way to go, but when we step outside and look around us, sex is being advertised all over. Without the proper education, teens look at the media for guidance. Causing them to do everything they see and hear. We don't want the media teaching teens because the media is not truthful. They're not realistic at all, making it seem as though having sex is not a big deal. The media doesn't show us how to put on a condom properly, they don't tell us about STI's. They make sex seem as though there can never be any consequences if we're not careful. Many teens don't realize the media is not very realistic. The media makes everything seem perfect so they can make money.

TORCH has made me realize there are so many types of contraception. When I first walked in I only knew about condoms and birth control. But now that I've been educated I now know about IUD's, the patch, the implant, and many, many more. With the spreading of the knowledge we can have a positive effect on society. There can be fewer teen pregnancy and fewer people with STI's.

Teaching sex education doesn't only mean we're educating students on different types of contraception and STI's. Students will also be educated on healthy relationships. Having a healthy relationship is extremely important because we can all be heavily affected by them.

There are many teens who are in abusive relationships because they don't know what a healthy relationship is. These relationships result in a lot of physical and/or mental damage to many teens. We have to teach students that just because you're in a relationship does not mean they should be mistreated. No one should have to tolerate abuse of any kind. We need to teach them how to communicate and how to get out of those situations if they're ever in one.

These are only a few reasons why sex education classes are important but there are many more. These classes will allow teens to be aware. They're aware that media is not the greatest source and they're aware of all the false information being shown. Teens will also be aware of how to have safe sex, preventing STI's and unwanted pregnancy. They'll learn the difference between a healthy and unhealthy relationship and be able to spread all their knowledge on to others, having a positive effect on society.



**NEW YORK CITY COUNCIL OVERSIGHT HEARING
COMMITTEE ON HEALTH, EDUCATION AND WOMEN'S ISSUES**

October 27, 2015 at 11 A.M.

Good morning, my name is Michael Czaczkas and I am the Director of Policy and Public Affairs at the Gay Men's Health Crisis (GMHC). Today, I will be testifying on behalf of GMHC in support of Intro Numbers 952, 967, and 771, sponsored by Council Members Cumbo, Gibson, and Johnson, respectively.

GMHC is the world's first AIDS service organization. Based in New York City, we are a not-for-profit, volunteer-supported and community-based organization that has been a leader since 1982 in the fight to end HIV and AIDS. We offer a wide range of comprehensive client services, including hot meals, benefits enrollment, HIV prevention services, HIV counseling and testing, case management, legal assistance, workforce development, individual and group counseling services, and mental health services. In 2014, we served 9,336 clients across New York City. Our clients reflect the diversity of the HIV epidemic:

55% identify as Latino or Black;
47% identify as lesbian, gay or bisexual; and
54% reside outside Manhattan¹

In addition to direct services, GMHC provides public policy advocacy, which is why I am here today.

Intro 952, sponsored by Council Member Cumbo, would require the New York City Department of Education to report data that would include the total number and percentage of students in grade six who have completed at least five lessons in HIV and AIDS education; total number and percentage of students in grades seven through twelve who have completed at least six lessons in HIV and AIDS education; and information regarding the implementation of the comprehensive health education curriculum, which includes how the department tracks compliance with HIV and AIDS education requirements.

According to the Center for Disease Control and Prevention (CDC), over 50% of youth with HIV in the United States do not know they are infected and a majority of 15- to 24-year-olds in the United States responding to a Kaiser Family Foundation survey said they were not concerned about becoming infected with HIV. In turn, a 2013 survey in the United States showed that of the

¹ Client Demographics: January 1 – December 31, 2014. Gay Men's Health Crisis. Retrieved October 13, 2015 from www.gmhc.org/about-us/client-demographics



4% of high school students reporting sexual intercourse in the previous three months, 41% did not use a condom.²

GMHC believes that schools are vital partners in helping young people take responsibility for their own health. Without being a vital partner, young adults can receive partial information, or information driven by ideology rather than public health, and in turn continue to not use condoms or not get tested. Properly implemented school health programs can help youth adopt lifelong attitudes and behaviors that support overall health and well-being—including behaviors that can reduce their risk for HIV and other sexually transmitted diseases (STDs). A review of 48 research studies by the CDC found that about two-thirds of the HIV and STD prevention programs studied had a significant impact on reducing sexual risk behaviors, including a delay in first sexual intercourse, a decline in the number of sex partners, and an increase in condom or contraceptive use. HIV prevention programs were also not shown to hasten initiation of sexual intercourse among adolescents, even when curricula encouraged sexually active young people to use condoms.³

In the long term, these programs equate to cost savings. An economic analysis by the CDC of one school-based sexual risk reduction program found that for every dollar invested in the program, \$2.65 was saved in medical costs and lost productivity. Other studies have found similar savings for HIV prevention programs focusing on youth who are at disproportionate risk for HIV, including young gay and bisexual men of color.⁴

Intro 967, introduced by Council Member Gibson will require the Department of Education to submit information regarding the provision of sexual health education to school instructors. Sex education must be taught by trained teachers. State and local mandates require specific levels of teacher training for HIV and AIDS education. For optimal performance, we have to learn how many teachers were actually trained and what schools sent these teachers for training.

Finally, Intro 771, sponsored Council Member Johnson, will provide critical information, which we at GMHC believe will help to bridge the healthcare divide in our city. We know there are still uninsured and underinsured families across New York City. Even individuals with insurance, may not be able to go to the nearest urgent care center when their child becomes ill because that center may not accept their insurance or have a co-pay. By determining how school health services are being utilized by community district, we will be able to determine where these gaps in healthcare are most prevalent. For instance, the total amount of medication ordered by type

² Center for Disease Control and Prevention. HIV among Youth. Retrieved October 26, 2015 from www.cdc.gov/hiv/group/age/youth/

³ Effective HIV and STD Prevention Programs for Youth: A Summary of Scientific Evidence. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Retrieved October 26, 2015 from www.cdc.gov/healthyouth/sexualbehaviors/pdf/effective_hiv.pdf

⁴ Ibid



and the doses administered may be an indicator that students in a particular district do not have access to primary care physicians outside of school.

As an HIV and AIDS service provider, we know that detection and treatment of a medical condition early on is critical to care for both the individual and the community at large. For anyone infected with the HIV virus, it is important to be connected to an HIV healthcare provider immediately to begin treatment to help you stay as healthy as possible and prevent passing HIV on to others. Treatment can help people with HIV live longer, healthier lives, and has been shown to reduce sexual transmission of HIV by 96 percent.⁵

In closing, I would like to thank the Committees on Health, Education, and Women's Issues for hosting today's hearing. We at GMHC look forward to working with you on the topic of sex education in New York City schools.

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⁵ U.S. Department of Health & Human Services. HIV/AIDS Care Continuum. Retrieved October 26, 2015 from www.aids.gov/federal-resources/policies/care-continuum/



**NARAL
Pro-Choice New York**

**Testimony of NARAL Pro-Choice New York
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int. No. 952, Int. No. 957, Int. No. 771
October 27, 2015**

Thank you, Chairman Dromm, Chairwoman Cumbo, Chairman Johnson, and members of the Committees for the opportunity to speak this afternoon. My name is Danielle Castaldi-Micca and I am here today representing NARAL Pro-Choice New York and the National Institute for Reproductive Health, which work in New York State and across the country to ensure that every woman has the right and ability to make the reproductive health decisions that are best for her life and her family. This includes preventing unintended pregnancy, bearing healthy children, and choosing safe, legal abortion. Comprehensive sexuality education, which gives young people the tools they need to navigate decision making when it comes to sex, relationships, and health over the course of their lives, is a core part of our mission. We are also part of the Sexuality Education Alliance of New York City, or SEANYC, a coalition of dozens of advocacy and direct service organizations that support comprehensive sexuality education for all New York City students.

In 2011, then-Chancellor Dennis Walcott announced that New York City would require both middle and high schools to incorporate sex education into each of their one semester of already-required health education. We cheered this development four years ago as an important first step on the road to comprehensive sex ed, although we believe that starting in middle school is not early enough. Research shows that comprehensive sexuality education delays sexual activity among young people and increases rates of contraceptive use. The most effective sex education programs begin at kindergarten and go beyond discussion of puberty, anatomy and pregnancy prevention to include lessons in communication and consent, healthy relationships, gender and sexual identity, and the importance of communicating with a trusted adult. Sex education is overwhelmingly supported across New York, and yet students throughout the city continue to report that they are not receiving sex education that is anywhere near

comprehensive. Alarming, in a recent survey by the Connect to Protect (C2P) Bronx Coalition, fewer than two-thirds of Bronx high school students said they learned about healthy relationships, and just 37 percent learned communication skills when it comes to sex.

The bills before you require the Department of Education to better track and evaluate the sexuality education and health care that is happening in schools, which would help us better understand what kind of education students are receiving and when. We support these bills as a preliminary measure, though we ask the Council to make sure that they include protections for student confidentiality. However, we cannot track that which students are not being taught.

We recommend that Chancellor Carmen Fariña pass a Chancellor's Regulation requiring comprehensive and developmentally-appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade. Expanding sexuality education to elementary school will allow students to develop a deeper understanding of autonomy, healthy relationships, and consent over time. The Department of Education also needs to create a meaningful implementation plan that ensures that all New York City public school students receive sexual health education.

We are encouraged by Chancellor Fariña and Commissioner Bassett's memo last spring allowing condom demonstrations in classrooms. We also commend the de Blasio administration's commitment of new resources that support educators' professional development and School Wellness Councils. We hope that the Mayor and his administration will make K-12 comprehensive sexuality education a priority. A Chancellor's Regulation would create a better policy that would provide students with the kind of sexual health education they desperately need.

The New York City Council has demonstrated respect for young people's health, rights, and safety time and again through proactive legislation like the bills before you today. NARAL Pro-Choice New York and the National Institute for Reproductive Health thank the Council for holding this hearing today and committing to improve comprehensive sexuality education in New York City public schools. We urge you to pass these important pieces of legislation – the young people of New York City cannot afford to wait.



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Testimony of Sola Stamm, New York Lawyers for the Public Interest

before

The New York City Council Committees on Health, Education and Women's Issues

regarding

Sex Education in NYC Schools

Int. No. 952, Int. No. 957, Int. No. 711.

October 27th, 2015

Good afternoon Chairman Dromm, Chairman Johnson, Chairwoman Cumbo and members of the Committees and thank you for the opportunity to provide testimony this afternoon. My name is Sola Stamm and I am a Health Justice Community Organizer at the New York Lawyers for the Public Interest (NYLPI), a non-profit, civil rights organization. NYLPI's Health Justice Program uses a wide range of advocacy tools, including community organizing, coalition building, individual representation, impact litigation, and legislative advocacy, to challenge health disparities, eliminate racial and ethnic discrimination and systemic barriers that limit universal access to health care, and to address social determinants of health so that all New Yorkers can live a healthy life.

Advocacy around the pursuit for holistic health and wellness for New Yorkers can be seen through our support of City Council legislation on Intro 644, which promotes children's' health, focus and academic performance through physical education. Organizing around Intro 644 lead to NYLPI's partnership with SEANYC and its work to promote comprehensive, medically accurate and age appropriate sexual health education throughout New York City Public Schools.

While New York City is a leader in many areas of reproductive health advocacy, and the Department of Education recommends that middle and high school students receive sexual health education, it has been reported that some students have not received any form of sexual health education. With this in consideration, it is clear that measures need to be taken to ensure that New York City youth are receiving the sexual health education that they deserve and that implementation of the recommended curriculum is meaningful and consistent.

The goal of the bills before you is to ensure that NYC sexual health education is properly tracked and evaluated. Passing these bills would be a proactive first step toward ensuring that sexual health education is, in fact, taking place in our schools. It would also ensure that critical health information reaches all NYC youth regardless of what school they attend within the five Boroughs. NYLPI supports the passage of these pieces of legislation as an important first step toward providing comprehensive and developmentally appropriate sexual health education in NYC schools. We are encouraged by the administrative and City Council efforts to improve access to sexual health education throughout the city:

such as the de Blasio administration's commitment of new resources that support educators' professional development and school wellness councils. We are also encouraged by the bills before you today, and hope that future efforts will be made to address the need for sexual health education that reflect the realities of New York City youth.

NYLPI echo's NARAL Pro-Choice in recommending that Chancellor Carmen Fariña pass a Chancellor's Regulation requiring comprehensive sexual health education that reflects the National Sexuality Education Standards for kindergarteners through 12th graders. Further, NYLPI supports comprehensive sex education legislation that is inclusive to all sexualities and genders, is taught by trained instructors, connects students to local health care centers and resources, is culturally competent, medically accurate and provides guidance through the topics of autonomy and healthy relationships.

The New York City Council has demonstrated its commitment to reproductive health advocacy through the introduction of bills such as the ones before you today. Passage of Intro No. 952, Int. No. 957 and Int. No. 771 is a necessary preliminary measure to ensuring that appropriate sexual health education is delivered to all students. The New York Lawyers for the Public Interest thanks the Council for holding this hearing and for its commitment to the health of New York City youth and we urge you to pass these pieces of legislation.



NYCLU

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Testimony of the New York Civil Liberties Union
before
The New York City Council
Committees on Women’s Issues, Health, and Education
regarding
Comprehensive Sexuality Education; Int 771, Int 952, Int 957
October 27, 2015

Good afternoon. My name is Katharine Bodde and I am a Policy Counsel with the New York Civil Liberties Union’s Reproductive Rights Program. I would like to thank the Committees on Women’s Issues, Health, and Education for inviting us to provide testimony today in support of policies that ensure students in New York City (“NYC”) Schools receive comprehensive sexual health education.

The New York Civil Liberties Union (“NYCLU”), the state affiliate of the American Civil Liberties Union, is a not-for-profit, nonpartisan organization with eight offices across the state, and nearly 50,000 members. The NYCLU’s mission is to defend and promote the fundamental principles, rights and constitutional values embodied in the Bill of Rights of the U.S. Constitution and the Constitution of the State of New York. This includes the rights to privacy, personal autonomy, and equal opportunities that are the foundation of reproductive freedom and bodily autonomy.

The NYCLU supports individual’s ability to make meaningful decisions about their lives and futures; and this requires creating a society in which people have access to the information, resources and services they need to make informed, supported decisions about their bodies and their relationships. To this end, the NYCLU strongly believes that New York’s young people deserve sexual health education in Kindergarten through twelfth grade (“K-12”) that is age-appropriate, medically accurate, and comprehensive.

The need for comprehensive sexual health education is explicit and urgent. Students who don't receive quality sexuality education enter adolescence ill-informed and miseducated; they become sexually active and enter relationships without the knowledge they need to act responsibly and safely. The stakes are much higher than simply failing a test—lack of comprehensive sexual health education can lead to harmful relationships, unintended pregnancies, sexually transmitted infections, bullying, sexual assault and discrimination. Comprehensive sex education is a critical component of a successful health education program and of a student's overall educational achievement and success in life. Research demonstrates that effective sex education improves young people's health, and delays sexual activity.¹ And New Yorkers overwhelmingly support sexual health education in schools.²

However, many New York City students report they have not received any sexual health education while in school. In a recent survey by the Connect to Protect (C2P) Bronx Coalition, fewer than two-thirds of Bronx high school students said they learned about healthy relationships, and just 37 percent learned communication skills when it comes to sex.³ This means that most students are receiving little education or instruction that can foster tolerance, awareness or support of non-traditional sex roles and gender models (gender norms). It means that LGBTQ students receive little or no relevant information on safe sex and healthy relationships. It means that the physical health and sexual and emotional well-being of New York's youngest residents is being compromised. And the failure to provide sexual health

¹ Pamela K. Kohler, RN. et al., *Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy*, J. of Adolescent Health, Spring 2008, available at <http://download.journals.elsevierhealth.com/pdfs/journals/1054-139X/PIIS1054139X07004260.pdf> (hereinafter Kohler); Douglas Kirby, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, The Nat'l Campaign to Prevent Teen and Unplanned Pregnancy, 2007, 127-36; Douglas Kirby et al., *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries* 26-42 (Family Health Int'l, Working Paper No. 2, 2005), available at <http://download.journals.elsevierhealth.com/pdfs/journals/1054-139X/PIIS1054139X0600601X.pdf>; Sue Alford, *Advocates for Youth, Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (2d ed. 2008), available at <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>; see also Centers for Disease Control and Prevention, *Young People at Risk: HIV/AIDS Among America's Youth*, The Body, Jan. 31, 2001.

² Poll conducted by Global Strategy Group, February 2-8, 2009, for the National Institute for Reproductive Health (in a 2009 poll, 87 percent of New York voters said it was important that public schools provide sex education to students); Lake Research Partners. Family Planning Advocates of New York Survey on New York State Reproductive Health Act, December 2011 (a 2011 poll showed that more than three-fourths of New York voters favor teaching comprehensive sex education).

³ *Sexual Health Education Survey*, Connect to Protect (C2P) Bronx Coalition, 2014 (on file with SEANYC).

education not only limits young people's education; this failure aggravates health disparities and undermines students' ability to succeed in school.⁴

While New York State requires all public school students to learn about HIV and AIDS, it does not require general sexual health education, leaving vast gaps in skills, awareness and knowledge. This knowledge gap carries great risks. According to the NYCLU report *Birds, Bees and Bias: How Absent Sex Ed Standards Fail New York's Students*, which examines sex-ed materials used during the 2009-2010 and 2010-11 school years from across New York State, many public school districts across New York State provide sexuality education instruction that is inaccurate, incomplete and biased.

States and cities across the country, including Chicago and Boston, are requiring comprehensive sexuality education in schools. New York, however, is being left behind. While efforts have been made to pass meaningful reform on the state level, Albany has failed to act. It is up to localities, including New York City, the largest school district in the country, to do right by our youth and communities. While the city has taken steps toward addressing these gaps by recommending that sexuality education be incorporated in one mandated semester of health education in middle school and high school, this is inadequate.

Proposed legislation now before the City Council would require that the city's Department of Education report information on whether or not sexual health education is being taught. But creating transparency without a foundational policy mandating sexual health instruction is backwards. It is not within NYC Council's power to legislate a mandate for sexual health education in schools; therefore the Department of Education must take the lead.

The NYCLU strongly urges the Mayor and the DOE to pass a Chancellor's Regulation requiring comprehensive sexual health education K-12 that reflects the National Sexuality Education Standards. Sexual Health education in elementary school is developmentally appropriate and will allow students to develop a deeper understanding of autonomy, healthy relationships, and consent. Just as we would not assume that a student who has never done simple arithmetic can jump into complex math equations, we cannot expect students who have

⁴ Basch CE. *Healthier Students Are Better Learners: a Missing Link in School Reforms to Close the Achievement Gap*. Equity Matters; Research Review #6. NY: Teachers College of Columbia University, 2010; Dilley J. *Research Review: School-Based Health Interventions and Academic Achievement*. Washington State Board of Health, 2009. http://here.doh.wa.gov/materials/researchreview-school-based-health-interventions-and-academicachievement/12_HealthAcademic_E09L.pdf.

never been introduced to sexuality education in earlier grades to grasp the complex material they are asked to learn in later grades. And in order to ensure that students are receiving sexual health education, we urge the DOE to create a meaningful implementation and monitoring plan that ensures that all NYC public school students receive sexual health education.

I will offer a specific recommendation regarding the reporting requirements proposed by the City Council in Int. No. 771 and Int. No. 952. The NYCLU has serious concerns as to the confidentiality safeguards in the proposed legislation. Minors in New York State have the legal right to provide informed consent to confidential reproductive and sexual health care. In order to protect this right, the NYCLU strongly recommends that the Council revise Int. No. 771 and Int. No. 952 to include explicit protections of confidential communications between minors and their health care providers. Without these protections, minors will not seek the care they need to keep themselves healthy and safe.

The lack of a mandate requiring medically accurate, age-appropriate, comprehensive and unbiased sexual health education puts NYC students, and the public health, at undue risk. New York's young people need and deserve access to comprehensive sexual health education that is respectful and inclusive of all students.

The NYCLU urges the DOE to act and require sexual health instruction in kindergarten through twelfth grade, ensuring that every young person educated in our public school system obtains the skills and knowledge they need for a healthy future.

I commend the New York City Council's support of comprehensive sexuality education. It is this continuing support and leadership that will ensure that comprehensive sexual health instruction is a reality for NYC students. Thank you.



Planned Parenthood of New York City

Testimony of Bernice Sutton
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int No 952, Int No 957, Int No 771
October 27, 2015

Thank you, Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak today. My name is Bernice Sutton and I am here today as a parent and also an Adult Role Model at Planned Parenthood of New York City, where I help other parents understand how to talk to their children about sexual health. Comprehensive sexuality education, which gives young people the tools they need to navigate decision making when it comes to sex, relationships, and health over the course of their lives, is a core part of Planned Parenthood of New York City's mission, and is very important to me as a parent. Planned Parenthood of New York City is part of the Sexuality Education Alliance of New York City, a coalition of dozens of organizations that support comprehensive sexuality education for all students.

The Department of Education recommends that students receive sexual health education for part of a semester in middle school and for a semester in high school. However, many New York City students report they have not received any sexual health education while in school. Our Adult Role Model program offers a real and safe environment for parents to express their concerns. I wish I had the workshops and training raising my own children. Had my children had appropriate sex ed in NYC public schools it would have been SOO much easier. Having the tools to discuss any topic would have eliminated a lot of embarrassment and misinformation. However, now I can assist my adult children with my grandchildren. I have become the COOL grandma.

These three bills require the Department of Education to better track and evaluate the sexuality education that is happening in schools, which would be an important step in ensuring that appropriate sexual health education is delivered to all students. I also recommend that Chancellor Carmen Fariña pass a Chancellor's Regulation requiring

comprehensive and developmentally appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade. Expanding sexuality education to elementary school will allow students to develop a deeper understanding of autonomy, healthy relationships, and consent over time. The Department of Education also needs to create a meaningful implementation plan that ensures that all New York City public school students receive sexual health education. We need a joint education that involves both parents and students every semester that offers age-appropriate messages.

I hope that the mayor and his administration will make comprehensive sexuality education a priority. A Chancellor's Regulation would create a true mandate and provide students with the kind of sexuality education they desperately need.

The New York City Council has demonstrated respect for young people's health, rights, and safety time and again through proactive legislation like the bills before you today. I thank the Council for holding this hearing, and I urge you to pass these important pieces of legislation. To make a difference, we must take a different approach to sex ed in our schools. Thank you.



Planned Parenthood of New York City

Testimony of Nelson Santana
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int No 952, Int No 957, Int No 771
October 27, 2015

Thank you, Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak today. My name is Nelson Santana, and I am here as a sex educator at Planned Parenthood of New York City, where I help educate students on how to make decisions when it comes to sex, relationships and health over the course of their lives. Planned Parenthood of New York City is part of the Sexuality Education Alliance of New York City, a coalition of dozens of organizations that support comprehensive sexuality education for all students.

Comprehensive sexuality education includes lessons on puberty and anatomy; healthy relationships and decision making; body image and self esteem; gender, sexual orientation, gender identity and gender expression; methods for preventing unintended pregnancy; HIV and sexually transmitted infection prevention and treatment; strategies for preventing, recognizing, and addressing both bullying and sexual violence; healthy relationships, consent, and respect; and the use of social media in intimate relationships.

Of course this is a lot, and as you can imagine it is impossible to go over in enough detail in the time slot of one semester or even a school year. This is why it is important to have a K-12 program that spreads out this vital information over time rather than overwhelming the students in higher grades and expecting them to retain all the information. When sex education starts early, the lessons build upon and reinforce earlier lessons and provide a cohesive foundation for navigating relationships and decision making.

Right now, the Department of Education recommends that students receive sexual health education for part of a semester in middle school and for a semester in high school. This is not happening in many schools, and whether a student receives sex ed at

all can depend on where they go to school or their school's resources. Even if this were happening in every school, it wouldn't be enough.

New York City students deserve more. I have been an educator for 5 years and from my experience as a sex educator in NYC schools, I know just how much misinformation is out there about sex when you're a young person. And if you don't have comprehensive sex ed in school or a trusted adult to talk to (and unfortunately, not every young person has someone they trust who they can talk to about these issues), you're left to try to sort out fact from myth on your own or from what you hear from your peers.

In addition to being comprehensive, sex education must not exclude anyone. This means that it must provide medically accurate and age-appropriate sexual health information for all students, including LGBTQ students. We also need to create a safe environment for LGBTQ youth by including topics like gender identity and sexual expression in sex education.

The bills before you require the Department of Education to better track and evaluate the sexuality education that is happening in schools, which would be an important step in ensuring that NYC students receive sex education. I support these bills as an initial step, and I recommend that Chancellor Carmen Fariña pass a Regulation requiring comprehensive, age-appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade.

As a sex educator, I cannot stress enough the need for thorough sex education in our schools. Without setting a standard that schools are required to meet, we lose the idea of accountability, and we have kids in the same grade with completely different levels of knowledge about sex education because they are not given the same information. With my experience as an educator I have come across students who were ecstatic that they had a chance to be a part of the workshops we facilitate. They would thank me and tell me that without this information they would have never known as much about sexual health. I have been in middle schools as well as high schools and I can say students really need this information and when they receive this information they are grateful. They would have so many questions about sexual health and reproductive issues and even more questions about myths that they hear. It feels good to provide them with this factual information.

Offering inclusive, comprehensive education in schools that addresses misinformation, stigma and anxiety around sexual and reproductive health would help reassure students that they have a safe, comfortable support system in their schools.

I hope that the mayor and his administration will make comprehensive sexuality education a priority. A Chancellor's Regulation would create a true mandate and provide students with the kind of sexuality education they desperately need.

I thank the New York City Council for holding this hearing today and committing to improve comprehensive sexuality education in New York City public schools. I urge you to pass these important pieces of legislation.



Planned Parenthood of New York City

Testimony of Marsha Blackman
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int 0771-2015, Int 0952-2015, Int 0957-2015
October 27, 2015

Thank you, Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak today. My name is Marsha Blackman and I am here today as a parent and also an Adult Role Model at Planned Parenthood of New York City, where I help other parents understand how to talk to their children about sexual health. Planned Parenthood of New York City is part of the Sexuality Education Alliance of New York City, a coalition of dozens of organizations that support comprehensive sexuality education for all students.

Sexuality education is important to me not only as a parent and a peer educator, but because of my own experience--or lack of experience--with sex ed when I was a young person. I wasn't getting my questions answered at home, or at my public school in New York City. Sex ed did not go into detail about body image or the emotional connection that came along with sexuality.

This was two decades ago, but unfortunately, in NYC, many young people still aren't getting adequate information about sexual health or relationships at school. And like me, many aren't getting this information from their parents or caregivers either. Today, young people are often left unequipped in a world filled with distorted sexual messages everywhere from social media to advertisements.

That's why it's so important that, as a city, we prioritize comprehensive, age-appropriate sex ed for all students, kindergarten through 12th grade.

We can't assume that young people talk to their parents or trusted adults in their lives about sexual health and relationships. Unfortunately, there are many young people who, for a variety of reasons, are not comfortable speaking to their parents about sex,

and vice versa. My parents migrated to this country from the Caribbean, and in their culture, sex was not discussed in detail, especially with daughters. It was a brief topic of doom discussed when a girl began menstruating because now there was fear that she could end up pregnant. She was typically warned that if she had sex before marriage, the young man was likely to leave, which meant she would have to rear the child by herself.

As a teen, I was left on my own, with myths and unknowledgeable answers from my friends, to figure sexuality out. Had my parents felt comfortable and had accurate information about sexuality, or had I learned much-needed information in the NYC school system, I believe my sexual experiences would have been filled with fewer heartbreaks and less gloom.

Today, I go to various schools and communities in NYC, and I'm surprised that many parents are still not having these important conversations with their children. It's heartbreaking that so many students still aren't learning these essential lessons at home or school.

We must prioritize sex ed in NYC schools, and encourage parents and the caring adults in the lives of youth to talk to young people about sexuality and sexual health early and often.

The Department of Education recommends that students receive sexual health education for part of a semester in middle school and for a semester in high school. However, many New York City students are still not even receiving that minimum.

The bills before you require the Department of Education to better track and evaluate the sexuality education that is happening in schools, which would be an important step. I support these bills as a positive step, though I ask the Council to make sure that they include provisions that protect student confidentiality.

Sex ed must be comprehensive and culturally competent, and it must also start early. I recommend that Chancellor Carmen Fariña pass a Chancellor's Regulation requiring comprehensive and age-appropriate sex ed starting in kindergarten and through 12th grade, reflecting the National Sexuality Education Standards.

I thank the Council for holding this hearing today and committing to improve comprehensive sexuality education in New York City public schools. I urge you to pass these important pieces of legislation. Thank you.

Testimony of Kurtis Smith
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int 0771-2015, Int 0952-2015, Int 0957-2015
October 27, 2015

Thank you, Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak today. My name is Kurtis Smith and I am here today as a student and also a Teen Advocate at Planned Parenthood of New York City. The Teen Advocate program consist of 10 teens from all over NYC including Brooklyn, The Bronx and Manhattan. As teen advocates we travel throughout said boroughs and conduct engaging workshops that seek to educate teens about their rights and access to sexual and reproductive health care. In order to help teens overcome barriers and stigma around sexual and reproductive healthcare we host "Teen Nights" where teens can come into our facility, get a tour of the clinic and receive tips on talking to both their provider and partner. There is also a digital aspect of the program where we create social media content that we feel will resonate with NYC teens and get them to make proud and responsible choices regarding their health.

Having attended public school for practically my entire academic career I believe that I'm a good spokesperson for the current state of sex ed in schools. With that said I can say that there virtually is none. The DOE requires there to be at least one semester of Health in middle school and one in high school. Although schools do a pretty good job at sticking to that minimum they do a very poor job at incorporating sex ed. When sex ed is integrated into the curriculum it is often very brief and uninformative. Luckily for me my school annually has a whole week where our phys ed teachers have to dedicate the entire 40 minute period to talking about HIV/AIDS. The only problem is that depending on your schedule you have gym either 2 or 3 times that week. Its sad to say that receiving 80 -120 minutes of sex ed limited to only HIV/AIDS is "luck".

Another problem with sex ed in schools deals not with a regulation already set in place but a lack thereof a regulation. I believe that all public schools should have sex ed integrated into every child's curriculum including elementary school students. In subjects like trigonometry or geometry students aren't just expected to walk into class mystically having all required prior knowledge imbedded into their brains, they are taught from a very young age basic principles needed to succeed in these classes. This is the way that sex ed in schools should be taught because it isn't easy to learn and retain all information regarding sexual health all in one shot. Implementing all aspects of sexual health over many years of schooling will give the information a deeper meaning to students and help them to think of sexual health as a normal part of their life that they should be concerned about.

I must admit that there has been some changes that encourage me in my push for better sex ed including Chancellor Farina and Commissioner Bassett's memo last spring that allowed

condom demos in classrooms. This is a huge step seeing that the proper use of a condom is one of the simplest but also one of the most effective ways in making healthy choices regarding sexual health. Setting some new regulations into play will help students to receive the sex ed that they truly do need. I would like to thank the Council for holding this hearing today and committing to improve comprehensive sexuality education in New York City public schools. And, I strongly urge you to pass these important pieces of legislation. Thank you.

Testimony of Melissa Toala
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
October 27, 2015

Thank you, Chairman Dromm, Chariman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon. My name is Melissa Toala and I stand before you today as someone who was born and raised in the South Bronx, who grew up in a single parent household where domestic violence was present, who was robbed of my body autonomy at the age of 6, who was robbed again of my self worth and body at 18 and who never felt safe to say this out loud.

I stand before you all as someone who never received comprehensive sexuality education in school, who became pregnant at 19 during my first year of college, who walked into a crisis pregnancy center in the Bronx by accident when I was looking for the entrance to Planned Parenthood, who was never told that I had options, who hid my pregnancy for 8 months and who by age 20 became a mother.

I stand before you as the single parent of a 10 year old, 5th grade boy at PS 71 in the Bronx and the mother of a 2 years old girl. I stand before you as a parent who believes that my children should grow up in a society and be taught in schools where they are challenged to critically analyze the messages they will be socialized to believe around who they should be, who they should be attracted to, how they should act and what rights they have over their own bodies. I am here today as the mother of a boy and a girl who will received messages of what it means to be a man and a woman and who may one day hate the parts of themselves that don't fit the definition. I stand before you as a mother who teaches her son the importance of being an ally. Who sees the importance of raising him as a feminist, who understands the necessity of raising my daughter to believe she is just as valuable in this world as her brother. I am here today as the mother of two children that as they continue to grow will have questions about their bodies, about their sexuality,

about sex, about relationships, about choice and who may find out the answers to some of their questions when they find themselves in situations that could have been avoided had the people who had the opportunity to equip them with information saw the urgency to do so in meaningful ways.

Lastly I stand before you as the Youth Initiatives Coordinator and Sexuality Educator for the TORCH Program at NARAL Pro-Choice NY and the National Institute for Reproductive Health where I have the opportunity to work alongside some of the most amazing group of peer leaders who go out into their communities to educate other young people on topics like Healthy Relationships, Body Image, Self Esteem, Contraception, Abortion, STIs and more. I see first hand the impact that sex positive education has on them and the decisions they make. Comprehensive Sex ed is more than just teaching about prevention, its about empowerment. It's about helping to activate healthy self-concept, decision-making skills, leadership skills and autonomy. It is about understanding that working from an anti oppressive, intersectional lens requires us to listen to the experts in this matter and when it comes for the need for comprehensive sex education in NYC public schools the experts are all those students, it is my son, TORCH peer leaders, and young people across NYC who have asked you all to please enforce the mandate and give them what they need.

Testimony of Megan Pedragron

before

The New York City Council

Committees on Health, Education, and Women's Issues

Regarding

Sex Education in NYC Schools

October 27, 2015

Throughout my years in grades K-12, I remember being taught some kind of sexual health education once in the 6th grade. Our home-room teacher separated the class, boys in one room and girls in the other. We weren't told what was going on, just that a speaker was coming in for two periods to give a presentation. Looking back at it now, I don't know exactly what the reason was behind concealing what we were about to see. Maybe it was because the faculty felt we were too immature, or because they wanted this session to be over and done with so we could get back to scheduled programming. Once settled in, the speaker turned on an overhead projector and began explaining what happens to our bodies once we hit puberty. I remember the extreme emphasis on our menstrual cycles and the diagrams that were poorly explained, but absolutely nothing else.

Regardless, sexual health education isn't something that should be rushed. It isn't something that we should receive once in our 12 years of schooling like I did or a few times per semester upon reaching the 9th grade. Comprehensive sexual health education should be taught in grades K-12 by someone who sees the reaping benefits of the material that they are teaching. Comprehensive sexual health education reaps more benefits than science, math, or history. I am in no way saying that learning the aforementioned subjects are not beneficial at all, but not teaching comprehensive sexual health education is just like promoting abstinence-only programs- knowing prevention methods for unintended pregnancies, H.I.V and sexually transmitted infections outweighs any mathematic formula in my opinion.

I went all throughout middle and high-school listening to stories from friends and older relatives about their experiences related to sex and dating, as did the majority of my friends. A great deal of the advice I solicited ended up being a compilation of facts and myths that were passed down like tall tales, a lot of myths that could have been debunked if the proper sexual health education was taught when it needed to be. During my time in grades 6 through 12, one of my friends became pregnant, the other was struggling heavily with her sexual orientation, and my best friend was fighting a battle with herself and the mirror. These were all things that we should have been educated on while in school. It only seems logical to do so since we spend the majority of our time there. A lot of us had parents who we barely saw because they were either too busy at work or not willing to answer the questions that we had.

Thankfully for the TORCH program ran by The National Institute for Reproductive Health and NARAL Pro-Choice NY, I now know way more than my peers. If it weren't for TORCH, I would still be searching for answers I wouldn't have been able to find unless I utilized a search engine on the internet. And what if the internet didn't exist? Unfortunately, not everyone would be granted the opportunity to participate in an amazing program like TORCH and learn as much as I did, which is why I think it is beyond necessary to teach comprehensive sexual health education in grades K-12. The topics that the curriculum aims to cover desperately need to be taught in grades K-12. If comprehensive sexual education has been proven to be effective by lowering the incidences of unprotected sex, unintended pregnancies, and STI rates, why not want what's best for our youth?

Testimony of Dr. Chris Creatura
Before the New York City Council
for the Oversight Hearing on Sex Ed in NYC Schools

October 27, 2015

My name is Dr Chris Creatura and I'd like to thank the City Council for this opportunity to talk about sex education today. I have provided sexuality education and reproductive health care in New York City for 30 years as an obstetrician and gynecologist and I am certified in female sexual medicine by the International Society for Women's Sexual Health. I consider myself an advocate for sexual rights and am delighted that our city government is concerned about the quality of our sexuality education programs. I serve on the Board of Planned Parenthood of New York City and volunteer in NYC public and private schools as a sexuality educator. I am also a parent of teenagers who have had a variable experience in public and private schools with sexuality education. When I was a public school adolescent in the early 1970s, I had my "AHA" moment when Mary Calderone, the founder of SIECUS, came to speak to my class about sexual health. It seemed clear to me that day that so many of the accidents, misunderstandings, even the violence we experience were a result of insufficient sexual health education.

As a physician I experience the effects of inadequate education daily. Well-informed patients have better health behaviors and are able to advocate for themselves and make responsible decisions. The impact that a well-timed presentation on adolescents' right to privacy and ability in NYS to obtain confidential reproductive health care can be life-saving for a student who doesn't learn this at home or from her health care provider. A class on accessing emergency contraceptives in a timely and affordable way can prevent a naïve person from just crossing her fingers and waiting for a period to come...or not. Exercises in assertive behavior can prevent sexual assault, bullying, and high-risk sexual and drug use behaviors. All should be part of an ongoing sex education program.

In their declaration of sexual rights, the World Association of Sexual Health includes the right to comprehensive sexuality education. This is a lifelong process from birth throughout the lifecycle and should involve all social institutions. As part of the curriculum I designed and offer to 6th grade students, I introduce the concept of sexual rights as universal and fundamental human rights and ask my students to write a short position paper. I'd like to read an excerpt from the work of a 12 year old girl in my class:

THE RIGHT TO COMPREHENSIVE SEXUALITY EDUCATION IS ONE OF THE MOST IMPORTANT SEXUAL RIGHTS. MANY CHILDREN DO NOT HAVE SEX EDUCATION. THE REASON THIS IS BAD IS BECAUSE THEY DONT KNOW WHAT TO PREPARE FOR WHEN THEY GROW UP. THEY MIGHT NOT KNOW HOW TO PUT A CONDOM ON PROPERLY AND MIGHT RISK AN UNPLANNED PREGNANCY. SEX ED PREPARES

YOU FOR PUBERTY AND BECOMING AN ADULT, IF A GIRL DOESN'T HAVE A CLOSE RELATIONSHIP WITH HER MOTHER OR DOESN'T HAVE A MOTHER SHE MIGHT NOT KNOW WHAT TO DO WHEN SHE GETS HER PERIOD. GROWING UP CAN BE SCARY TO SOME PEOPLE, BUT IF YOU ARE NOT PREPARED FOR IT, IT CAN BE DOWNRIGHT AWFUL. BEFORE I HAD THIS COURSE, I DIDN'T UNDERSTAND HOW MUCH SEX EDUCATION CAN AFFECT SOMEONE'S LIFE. BEFORE WE STARTED THIS CLASS I WASN'T SO COMFORTABLE WITH THE WHOLE SEX IDEA BUT NOW, WHENEVER SOMEONE IS TALKING ABOUT IT I KNOW WHAT THEY ARE SAYING AND CAN UNDERSTAND THE CONCEPT. I THINK SEX EDUCATION IS A VERY BIG PRIVILEGE THAT I AM VERY THANKFUL TO RECEIVE. WITHOUT THIS CLASS I WOULDN'T BE AS COMFORTABLE SPEAKING TO MY MOM ABOUT PUBERTY AND I AM ALSO MORE COMFORTABLE AROUND MY FRIENDS. OUR SCHOOL GIVES KIDS THE CHANCE TO SAY WHATEVER THEY WANT AND TO EXPRESS OUR FEELINGS ABOUT SEX.

Comprehensive sexuality education that is scientifically-accurate and age-appropriate needs to start early. Learning about their bodies, appropriate touches, and feelings gives younger children the basis from which to build upon discussions of respect, trust, and relationships in middle and high school. Communication skills, role-playing, and negotiation strategies are all essential components of this curriculum and are life skills that require practice throughout all stages of healthy development.

The City Council hearing today underscores New York City's commitment to investing in our young people so they can live to their fullest potential. We recognize that sexual rights are human rights and that sexuality education is fundamental to these goals. By implementing comprehensive sexuality education and offering it in all grades K-12, New York City is poised to be a leader in this field and to take a crucial step towards improving the quality of life and safety of all New Yorkers.

Thank you for the opportunity to testify on this important issue and I would be happy to take any questions or provide additional information.

**Testimony of Adjoa Sankofia Tetteh,
Planned Parenthood of NYC Action Fund Activist Council, Sex Ed Advocacy Group Co-Chair
before The New York City Council
Committees on Health, Education, and Women's Issues
regarding Sex Education in NYC Schools
Int 0771-2015, Int 0952-2015, Int 0957-2015
October 27, 2015**

Many thanks to Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and the members of the Committees for convening this hearing today. My name is Adjoa Sankofia Tetteh and I am here today representing the Sex Ed Advocacy Committee of the Planned Parenthood of NYC Action Fund Activist Council. In a nutshell, the Activist Council is a 10-year strong network of volunteers that, through our individual committees, work to protect, uplift, and further Planned Parenthood of NYC's commitment to sexual/reproductive health, rights, and justice. As the Sex Ed Advocacy Committee, we believe strongly in supporting and embodying comprehensive and inclusive approaches to sexuality education throughout the life course, because we know we do not all of sudden understand everything about ourselves and others just because we reach adulthood. We accomplish this by working to increase knowledge and change the culture and political landscape around how people of all ages access information and services regarding sexuality and reproductive health. We do this through community events, advocacy campaigns, safer sex kit outreach throughout the city (we've been honored to have some City Council members join us for outreach this past year), and supporting the work of the Sex Education Alliance of NYC, of which Planned Parenthood of NYC is a member.

This September, the Sex Ed Advocacy Committee celebrated Sex Ed Action Month, where we worked both online and offline to raise awareness about the impact sexuality education has on people's lives and the need for #SexEdAction to improve sexuality education in NYC. We closed out the month with a panel event, Taking Sex Ed Back to School, on the current state of sex ed in NYC and the US and the role policy plays in what happens on the ground. We were joined by an intergenerational panel of experts from different NYC and tri-state based organizations, some of which are also testifying in the hearing today. The 140+ attendees included sexuality educators, teachers, caregivers, concerned community members, and current students. Through surveys at the event, attendees shared with us their own experiences with sexuality education and how they felt it could be better. The stories they shared were powerful, a number speaking to a focus mostly on pregnancy prevention and the overwhelming lack of conversation about consent, partner communication, and the emotional aspects of sexuality. Some spoke to experiences with dangerous, medically inaccurate information like that all condoms have holes in them big enough to pass on HIV. They also echoed that for a number of them, sexuality education was too little, too late, with people, including native New Yorkers, not receiving sex ed until 12th grade.

One attendee said: "...What bothered me most was no discussion in 'why sex?', 'what makes us feel desire?', 'how do we explore these things respectfully, consensually, and considerately with the partner(s) we choose to have sex with?'. It's one thing to show teens how to use protection, but to actually talk about the actions that even lead to using protection in the first place is crucial to ensure protection will even be used at all."

Overall, some of the key calls to action from attendees and ones we have long echoed were for: 1) sexuality education that includes conversations about consent, pleasure, partner communication, and healthy relationships, 2) curricula that are inclusive of all students including LGBTQ youth, 3) teachers who are better trained and have access to ongoing training, 4) programs that are more closely monitored and evaluated, and schools that are held accountable, and 5) the importance of comprehensive, age-appropriate sexuality education from Kindergarten through 12th grade, as is recommended by the National Sexuality Education Standards.

We see the ways that NYC has been making strides to move ahead on this issue with the comprehensive sexuality education mandate, the new allowance of condom demonstrations in schools, and even this hearing itself, but we know there is more work ahead for NYC schools. As a sexuality educator who works in Long Island City, I see the direct health impacts of "too little, too late" and when key conversations are missing from sexuality education today. We thank the City Council for taking steps with these proposed bills to strive for a more transparent and accountable space with regard to sexuality education in NYC schools. These bills are one step in what we hope will be many to ensure that NYC youth receive the sexuality education they're asking for and deserve. We ask the Council to pass these bills today. Thank you.



Testimony of BIG Talks Workshops
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
October 27, 2015

Thank you for the opportunity to speak this afternoon. My name is Tara Abrol, and I am here today representing the young people and families with whom I work. I am a clinical social worker providing therapy and also the founder of BIG Talks Workshops. BIG Talks provides workshops and training for young people and adults around adolescent relationship issues including holistic sexuality education. I am also a member of the Sexuality Education Alliance of New York City and the Women's City Club.

The Department of Education recommends that students receive sexual health education for part of a semester in middle school and for a semester in high school. As part of the Women's City Club Sex Education Task Force, I can attest to the difficulty in identifying whether or not students are actually receiving this important information, who is teaching this information, the level of training these educators have received, and exactly how and what is being taught. As a therapist and youth advocate, I would like to share my professional experience which illustrates the imperativeness that students immediately begin receiving comprehensive sexuality education throughout their school career.

As a clinician I currently serve multiple teenage clients exploring topics related to sexuality education, including but not limited to, healthy dating relationship dynamics, witnessing parental domestic violence, communication strategies around sexual consent and safe sex practices, gender roles within familial dynamics, shaming behavior around female sexuality, and on-line sexual harassment. In essence, I am providing these teenage clients with sexuality education. The number of teens that require this information as part of clinical work illustrates the necessity of comprehensive sexuality education for young people.

Last year I started seeing a 15 year old female client who was experiencing suicidal ideation. The year before her boyfriend asked her to send him nude pictures of herself and she had. After they broke up, she found these same pictures online. Two years later she continues to be exposed online when new pages are created after the old pages are taken down. Fortunately she is no longer experiencing suicidal ideation, but this continuous harassment has had long term effects on her self esteem, sexual development, and has created questions for her around self worth and female sexuality.



Above is but one example of a teen's life that has been severely affected by a lack of information around sexuality. She has suffered, and she says this herself, because she didn't know any better at the age of 14. Young people need to be engaged in dialogue around sexuality multiple times so that they can begin to form healthy concepts of their own sexuality and that of their peers. We need to talk to young people about what is going on in their sexual lives even if it makes us as adults feel uncomfortable, and we need to make sure that the people talking to youth are qualified because, as the above case illustrates, much is at stake.

I urge you to pass these important pieces of legislation to help the numerous young people struggling with vital issues around their sexuality, and I encourage you to continue fighting for comprehensive and developmentally appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade.

Testimony of Delaine Powerful
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
October 27, 2015

My name is Delaine Powerful and I am here to speak on behalf of my younger self, a sun-kissed black girl, who didn't learn her body was hers until she hit her 20s. Who didn't realize that being touched and grabbed by men was wrong. Who was silent even when she was screaming inside, begging someone to intervene, for someone to stop. Who didn't know what consent was. Who victim blamed herself. Who couldn't understand that her parent's relationship wasn't supposed to be full of silent encounters turned into yelling and tears. That the emotional violence that induced her mother's depression was not the fault of her mother.

I am here to speak on behalf of my younger self, a sun kissed black girl, and other girls, and other boys, and other gender non conforming folk who were forced to adhere to societal expectations of their assigned gender. Girls who were called tom boys. Boys who were called sissys, folks who were called confused when they didn't feel like the gender binary fit their identity. For those who were afraid to be themselves. To step out of their gender roles and remove themselves from gender expectations and be free to move in the world. For those girls who were told to put on more clothes so the men outside wouldn't stare or worse, because it was up to us to prevent sexual harassment, not the men doing it. For those boys who like to dance and sing or play with dolls or other humanely things, but were trained to be hypermasculine- and the dangers and violence that are attributed to that. For those who didn't know gender lies on a spectrum. And there is no right end of the spectrum.

I am here to speak on behalf of my younger self, a sun kissed black girl, who was afraid to explore her sexuality. Who thought she was a lesbian after she kissed a girl on the cheek in first grade and cried for days. Who thought a fellow student was pretty, or caught herself looking at a girls breast and was confused and disgusted with herself. And was scared to tell anyone. Who didn't know it was okay to question her sexuality. I'm speaking for all of my LGBTQ friends- those who have faced extreme levels of violence (physical, sexual, emotional).

Council members, comprehensive sexuality education is more than about sex. Its about consent versus coercion. About healthy relationships. About how to communicate effectively and honestly. Its about learning about your right and ownership over your own body. Its about giving students the words to describe the discomfort they are feeling when their bodies are violated. Its about learning

about your body, exploring your body, loving your body. Its about building positive body image and healthy self esteem. Its about exploring your sexuality. Its about creating an LGBT-inclusive school climate, where students are taught to understand, be tolerant, and adaptive to differences, all this being beneficial in dispelling stigmas and counteracting discrimination

Similar to the misguided belief that teaching young people sexual health will encourage them to engage in sexual activities, sexuality will not "turn a person gay." Instead, it introduces sexuality as a spectrum, a human experience, and lends way to sex positivity.

I am sexuality educator professional. I work with a dynamic team of high school students giving comprehensive sexuality education to their peers. We call ourselves TORCH – a program under the National Institute for Reproductive Health and NARAL Pro-Choice NY. I also work with an incredible unit of 200 activists and organizers across the world fighting for sexual and reproductive health rights under the organization Women Deliver. I shouldn't have had to graduate college and enter the supposed "real" world in order to learn about the aforementioned things. I shouldn't have spent so many years hating myself, my body, confused, and unaware. The learnings of my younger self still have detrimental affects on my womanhood.

The facts are there, comprehensive sexuality education leads to a delay in having sex for the first time, lowers unwanted pregnancy, HIV and other STIs, but it does so so so much more. Sexuality isn't only about sex. Remember that.



Testimony Before the New York City Council Committee on Education, Committee on Health, and Committee on Women's Issues

On Student Health Services, Comprehensive Health Education, and Sexual Health Educational Training

Submitted by: Pepis Rodriguez
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October 27, 2015

Good morning. Thank you, Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this morning. My name is Pepis Rodriguez, and I am pleased to offer this testimony on behalf of The Center for HIV Law and Policy (CHLP), a national legal and policy resource and advocacy center working to end HIV discrimination. I coordinate CHLP's Teen SENSE initiative, which works to secure the rights of system-involved youth to comprehensive, LGBTQ-inclusive sexual health care and sexual health literacy programs. This includes ensuring that staff of foster care, detention, and other government-operated and -regulated youth facilities are trained to understand and respond to the needs of all youth in their care, regardless of sexual orientation, gender identity, gender expression, or HIV status. CHLP supports the Committees' efforts to ensure transparency in the areas of "Student Health Services", "Comprehensive Health Education", and "Sexual Health Educational Training." However, I must urge the Committees to expand such efforts to benefit all young people, particularly LGBTQ and system-involved youth. CHLP supports LGBTQ-inclusive sexual health care and literacy programs. Moreover, I urge the Committees to consider similar policies for the benefit of our youth under state care.

Increasing young people's sexual health knowledge and ensuring access to sexual health services and programming are critical prevention strategies that can help stop sexual violence and promote healthy sexual attitudes and behaviors. The link between sexual health and safety is the foundation of our work in New York. As such, we have partnered with the Administration for Children's Services (ACS) on several initiatives over the last few years. The need for dissemination of sexual health knowledge and access to sexual health services are all the more urgent for our youth living with HIV and our LGBTQ youth, who face additional hurdles because of their sexual orientation, gender identity, or gender expression. ACS acknowledges that as many as 82% of LGBTQ youth experience some form of mistreatment in the classroom.¹ When we provide sexual health care and literacy programs that do not account for their specific needs, we are complicit in such mistreatment. If we marginalize LGBTQ youth and youth living with HIV, why wouldn't their peers?

This is no less true for our youth in state care. Youth of color, youth from low-income backgrounds, LGBTQ youth, and youth survivors of sexual violence are significantly overrepresented in state custody settings. Youth entering the system often present with histories of physical abuse, sexual abuse, emotional abuse, neglect, and family instability. Sexually abused girls and young women are significantly more likely than their non-abused peers to enter care, and once there, often experience greater risk of sexual violence. For some, the pathway into state custody includes periods of homelessness and engaging in high-risk sexual behavior, often in exchange for shelter or food. Youth in out-of-home care face significant threats to their sexual health and well-being, including higher rates of sexually transmitted infections (STIs), HIV, unintended pregnancy, and substance abuse. For some youth who identify or are perceived as LGBTQ, their sexual orientation, gender identity, or gender expression may have led to family rejection, abuse, or neglect, prompting the state to remove them from their home.

A recent United States Department of Justice (DOJ) report surveying over 8,700 adjudicated youth in juvenile facilities across the United States found that nearly 10% of youth reported experiencing one or more incidents of sexual victimization by another youth or staff in

¹ <http://www.nyc.gov/html/acs/html/lgbtq/lgbtq.shtml>

the past 12 months or since admission, if less than 12 months.² According to the DOJ report, LGBTQ youth were nearly seven times as likely to report youth-on-youth victimization as heterosexual youth.³ In light of this data, I urge the committees to review our Teen SENSE Model Policies and Standards on sexual health care for youth in state custody, endorsed by ACS, for implementation.⁴

A New York City Council Resolution expressing the need for written policies guaranteeing comprehensive, LGBTQ-inclusive sexual and reproductive health services and programming to the youth in its care would provide this public policy issue the urgency and platform it deserves. The Committee on Education, the Committee on Health, and the Committee on Women's Issues are each well suited to introduce a Resolution that will help ensure that all young people, including our LGBTQ youth and our system-involved youth, have access to the sexual health services, sexual health literacy programs, and supportive and adequately trained staff they need to be safe and to thrive. CHLP looks forward to working closely with the Committees on this important next step to protect and provide adequate services for all young people. Thank you.

² Allen J. Beck, David Cantor, John Hartge & Time Smith, U.S. Dept. of Just., Off. of Just. Programs, Bureau of Statistics, *Sexual Victimization in Juvenile Facilities Reported by Youth, 2012: National Survey of Youth in Custody, 2012 (2013)*, available at <http://www.bjs.gov/content/pub/pdf/svjfry12.pdf> (2013).

³ *Id.*

⁴ Teen SENSE Model Policy: Sexual Health Care for Youth in State Custody available at <http://www.hivlawandpolicy.org/sites/www.hivlawandpolicy.org/files/Teen%20SENSE%20Model%20Policy%20-%20Sexual%20Health%20Care%20for%20Youth%20in%20State%20Custody.pdf>. Teen SENSE Model Policy: Sexual Health Literacy for Youth in State Custody available at <http://www.hivlawandpolicy.org/sites/www.hivlawandpolicy.org/files/Teen%20SENSE%20Model%20Policy%20-%20Sexual%20Health%20Literacy%20for%20Youth%20in%20State%20Custody.pdf>. Teen SENSE Model Policy: Staff Training Focusing on the Needs of Youth in State Custody available at <http://www.hivlawandpolicy.org/sites/www.hivlawandpolicy.org/files/Teen%20SENSE%20Model%20Policy%20-%20Staff%20Training%20Focusing%20on%20the%20Needs%20of%20Youth%20in%20State%20Custody.pdf>. Teen SENSE Model Standards: Sexual Health Care for Youth in State Custody available at <http://www.hivlawandpolicy.org/sites/www.hivlawandpolicy.org/files/Teen%20SENSE%20Model%20Standards%20-%20Sexual%20Health%20Care%20for%20Youth%20in%20State%20Custody.pdf>. Teen SENSE Model Standards: Sexual Health Literacy for Youth in State Custody available at <http://www.hivlawandpolicy.org/sites/www.hivlawandpolicy.org/files/Teen%20SENSE%20Model%20Standards%20-%20Sexual%20Health%20Literacy%20for%20Youth%20in%20State%20Custody.pdf>. Teen SENSE Model Standards: Staff Training Focusing on the Needs of Youth in State Custody.



**Testimony of Corey Westover
Family Planning Program Manager
Community Healthcare Network
Hearing before the New York City Council Committee on Health and the Committee on
Women's Issues
RE Oversight: Sex Education in NYC Schools
New York City Council Chambers
Tuesday, October 27, 2015**

Thank you, Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon. My name is Corey Westover and I am the Family Planning Program Manager at Community Healthcare Network. CHN has been in existence for over 30 years. Today we operate a network of 13 Federally Qualified Health Centers in the boroughs of the Bronx, Manhattan, Queens and Brooklyn, including a mobile health van and a school-based health center. We provide comprehensive services including primary care, behavioral health and social services, to over 85,000 individuals each year.

At CHN, we have a robust sexual and reproductive health program in which we provide clinical and educational services and counseling. As part of this program, we offer no-cost comprehensive sexuality education to schools and community-based organizations throughout NYC. So far in 2015, our skilled health educators have facilitated 575 workshops in 49 schools and organizations, reaching thousands of young people. We are very proud and excited to be reaching so many young people, but, we are doing the job of our public schools. Most of the public schools we work with reach out to us because they do not feel equipped to provide comprehensive sexuality education. This is because of a lack of staff training, discomfort with sexual health content, or a conflict in staff values.

For the last few years, I have provided education and counseling to patients in our health centers, as well as facilitated educational workshops for groups. I can tell you that young people need and want this education. One of the tools we use in the classroom is an anonymous question box, in which participants can safely ask questions about sexuality. For example, participants have asked some of these actual questions:

- My partner won't use a condom. Is it safe to use birth control the first time you have sex?
- Can you skip using a condom because you know your partner and you are clean?
- How do you know if you're ready to have sex?
- How do you know if your partner is the right person for you?

These questions can be shocking, amusing, and poignant. But they are honest, and they open up a space for meaningful, complicated conversations around sexual decision making and communication.

The Department of Education recommends that students receive sexual health education for part of a semester in middle school and for a full semester in high school. Unfortunately, many students are not receiving this bare minimum. There is currently no system of tracking sexual health education or services, and no system of tracking staff training. Inadequate sexual education in our public schools is not only disappointing, it is also dangerous. We cannot expect sexually active young people to make informed choices about their health without giving them the skills and information to do so. These bills will reinforce the idea that comprehensive sexuality education is critically important to healthy adolescent development.

On behalf of CHN, we fully support the New York City Council in passing the bills before you, which will require the Department of Education to monitor and evaluate the provision of sexuality education in our schools.

CHN is encouraged by the positive strides that the city is making to improve sexuality education in our classrooms, such as the recent memo allowing correct condom use to be demonstrated in classrooms. In addition to the three bills before you, CHN also recommends that Chancellor Carmen Fariña pass a Chancellor's Regulation requiring adherence to the National Sexuality Education Standards for all public school students, from kindergarten through 12th grade. Additionally, the Department of Education also needs to create a meaningful implementation plan for the National Sexuality Education Standards.

In closing, I strongly encourage the New York City Council to pass these bills which will enforce transparency in sexuality education, enabling young people to lead sexually healthy and responsible lives. Thank you for holding this hearing today.

Testimony of Lisa Osherow before
The New York City Council Committees on Health, Education, and Women's Issues
Regarding Int 0771-2015, T2015-2665, T-2015-3641
Sex Education in NYC Schools

October 27, 2015

Thank you, Chairman Dromm, Chariman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon. My name is Lisa Osherow and I am here today as a Health and Sexuality Educator. I am passionate about educating young people and helping them to make healthier choices, thereby reducing their overall risks. I spend most of my time talking to parents topics as consent, reproductive health, preventing infections, and gender.

Comprehensive sexuality education, which gives young people the tools they need to better navigate the complex decisions they face when it comes to sex and relationships, is extremely important and desperately needed in New York City Public Schools.

The bills before you require the Department of Education to better track and evaluate the sexuality education that is currently being offered in schools, which would be an important step in ensuring that appropriate sexual health education is delivered to all of our city's students. I strongly support these bills. Additionally, I, recommend that Chancellor Carmen Fariña pass a Chancellor's Regulation requiring comprehensive and developmentally appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade. Expanding sexuality education to elementary schools will allow students to reap significant benefits from this life-long learning experience and enable them to practice creating and maintaining healthy relationships.

When should we start teaching these young people about consent, taking care of their bodies and improving communication? Should we start freshman year of college or high school? Imagine the progress our students could make if these principles were taught from the beginning of their public school education? The earlier that schools can reinforce the message that all decisions should be consensual, the more time students will have to master these communication skills to properly ask for consent, answer these questions as well as listen how to the answers. By starting early, we are giving our young people the best opportunity to make "healthy decision making" part of their daily habits and a way of life.

I, too, am encouraged by the recent changes allowing condom demonstrations in the classrooms. It's promising to see that some things have changed since I first student-taught over 15 years ago in a Greenwich Village Middle School. But, without this bill, we won't know when, or if, all students are actually receiving comprehensive sexuality education that is medically accurate, developmentally appropriate, unbiased and respectful of all people.

The New York City Council has demonstrated respect for young peoples' health, rights, and safety time and again through proactive measures like the bills before you today. I thank the Council for holding this hearing and its commitment to improve comprehensive sexuality education in the New York City public schools. I urge you to pass these important pieces of legislation.

Thank you,

Lisa Osherow

FOR THE RECORD

To Whom It May Concern,

I am writing to submit testimony related to Introduction 957, a local law to amend the administrative code of the city of New York, in relation to requiring transparency from the department of education on instructors receiving training in sexual health education.

The proposed amendment to the city charter calls for data to be collected about the number of full and part-time instructors certified to perform comprehensive sex education, as well as the number to receive training.

Comprehensive sexual education is vital to the health and wellbeing of all New Yorkers, and this proposal should be commended for helping to ensure that this topic will receive the transparency and accountability that it requires. I would like to encourage the council to build on this victory by adding language encouraging these educators to be trained on on issues facing gay, lesbian, bisexual, transgender and asexual youth.

As a leader in the asexual community, it is common to hear community members report sex educators that either fail to address asexual identity or actively provide misinformation out of ignorance. Many instructors open their trainings by asserting that "all of us are sexual beings." Some, when questioned about asexuality, will deny its existence. Similarly, members of our community who also identify as transgender often report that educators have little or no awareness of the issues facing transgender youth.

LGBTQA youth often face feelings of isolation along with increased risks of bullying and self-harm*, as well as a risk profile around sexual behavior that is often deviates from that of their heterosexual and cisgender peers. Ensuring that instructors are aware of the issues facing these youth will provide a better, more accurate sexual health experience for all students.

Excellent training modules on these issues exist. For example, the New York asexual community regularly works with Planned Parenthood of New York to provide trainings on asexual-friendly sexual health education. Similar trainings exist which help to fill knowledge gaps around transgender and LGB experience.

By encouraging this instructor training, you will be preparing instructors to understand a set of sexual and gender identities that a growing number of students are openly expressing at a high school level. For example, a recent survey of incoming first-years in the University of California system indicated that 4.6% of students identified as asexual, 8.2% identified as lesbian, gay, bisexual, or queer, and 0.84% identified as transgender or genderqueer**. If these rates are representative of New York's secondary school system, then it is reasonable to expect that the vast majority of instructors will be teaching a significant population of LGBTQA throughout their career. Training for these instructors should be made a significant priority.

Best Regards,

David Jay
Founder, Asexuality.org

* See: <http://www.glsen.org/sites/default/files/Harsh%20Realities.pdf> for an in-depth description of the issues facing transgender young people.

**http://campusclimate.ucop.edu/_common/files/pdf-climate/ucsystem-full-report.pdf The University of California system is cited because equivalent data has not been collected for state universities in New York.

FOR THE RECORD

*Nicole Clark Consulting
Raise Your Voice for Women & Girls of Color*

Testimony of Nicole Clark Consulting, LLC
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
October 27, 2015

To Chairman Dromm, Chariman Johnson, Chairwoman Cumbo, and members of the Committees, thank you for the opportunity to share this testimony. My name is Nicole Clark and I am representing myself and my consulting business, Nicole Clark Consulting, LLC. I am a licensed social worker in the state of New York, and I am also an independent program evaluator, where I work with local, state, and national organizations in developing, implementing, and evaluating programs and services, with an emphasis on women and girls of color. Many of the organizations I work with offer programs and services including unintended pregnancy prevention, bearing healthy children, choosing safe, legal abortion, and comprehensive sexuality education, and it has been a pleasure to work with organizations and community groups who believe in the power and potential of young people, and in their autonomy to make the best decisions for themselves and their lives.

Before I was a social worker and evaluator, I was an activist, focused on educating my peers in the South on comprehensive sexual education, which gives young people the tools they need to navigate decision making when it comes to sex, relationships, and health over the course of their lives. Comprehensive sex education was rarely spoken about in the public schools of the south, and when sex was mentioned, it was included in health class slide shows of individuals who had contracted sexually transmitted infections, followed by fear-based rhetoric of what could happen if we did not protect ourselves. We never learned of ways to protect ourselves from unintended pregnancy, other than to be told "don't do it." Also, many of us were products of households in

which our parents or guardians either did not speak to us about sex and sexuality, or wanted to but did not have the language to effectively engage with us.

The lack of information, the increase of fear-based responses to sex, and in witnessing the discomfort many parents faced, encouraged me to become an activist for adult-youth communication, especially regarding sex and sexuality and healthy relationships. When I moved to New York City in 2008, I believed that, in a city that is more forward-thinking compared to the South and to other cities in the country, comprehensive sex education would not only be encouraged, but would have been implemented in New York City public schools long ago. While I appreciate that there is a mandate for comprehensive sex education in this city, more needs to be done to ensure that comprehensive sex education is strategically and effectively implemented in our schools.

Per The Department of Education, the comprehensive sex education mandate recommends that students receive sexual health education for part of a semester in middle school and for a semester in high school. However, many New York City students have reported they have not received any sexual health education while in school. Also, in a recent survey by the Connect to Protect (C2P) Bronx Coalition, less than two-thirds of Bronx high school students said they learned about healthy relationships, and just 37 percent learned communication skills when it comes to sex.

The bills presented before you today are requiring the Department of Education to develop more robust systems to track and evaluate the sexuality education that is happening in New York City schools. This is a crucial step in ensuring that appropriate sexual health education is delivered to all students, while taking the necessary steps to ensure their confidentiality. Additionally, I also recommend that Chancellor Carmen Fariña pass a Chancellor's Regulation to require comprehensive and developmentally appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade. Equipping qualified health educators with the knowledge and tools needed to implement this curriculum—in addition to allowing parents to learn more about the curriculum will allow parents to grow more empowered to become more empowered to have enriching conversations with their young people about sex and sexuality.

The Department of Education also needs to create a meaningful implementation plan that ensures that all New York City public school students receive sexual health education. I believe a key step in this would be to include more examples of youth-adult partnerships, particularly between young people and their parental guardians. Along with implementing comprehensive sex education, parents and guardians should be invited review the curriculum and be able to speak with qualified health educators to gain better understanding of what their children are learning. As an independent evaluator, I believe that these steps are crucial to ensure the empowerment of New York City children to take care of themselves before the age of 18 and beyond, and in having more positive outcomes that reduce the teen pregnancy rate and the rates of sexually transmitted infections. .

It is my hope that our city makes sexuality education a priority for our young people. I also encourage that other government entities—including the department of Health & Mental

Hygiene—be on board with the Department of Education to ensure more collaboration across the government to ensure that comprehensive sex education taught in all New York City public schools.

I would like to thank you for holding this hearing today and committing to improve comprehensive sexuality education in New York City public schools. I urge you to pass these important pieces of legislation.

Thank you,

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October 27th, 2015

Testimony- Education, Health and Women's Issues on Comprehensive Sex Education in Department of Education Schools

Good Morning/ Good Afternoon Members of The New York City Council, Members of the Education, Health and Women's Issues Committee. Chairs Dromm, Johnson & Cumbo. I want to thank Councilmember Cumbo for asking me to speak here to you today, specifically Int. 952 and Int, 957.

My name is Bryan Ellicott, and I am here as an advocate and activist in the LGBTQIA. I am a bisexual and transgender man who attended public schools in Staten Island from K-12. I graduated from high school in 2008 from South Richmond High School on the grounds of Mount Loretto.

I want to speak to you on New York City's need in 2015 need for a comprehensive sexual education curriculum in Department of Education Schools across New York City. We should push for a curriculum that is inclusive and includes topics of Gender, Sexual Orientation, Gender Identity and Gender Expression.

Sex Education needs to be taught in a way that is more than heterosexual and cisgender based. It should be done in a way that embraces all orientations and identities. Sex Education should be started young. It teaches students about what different types of families look like, whether that is with heterosexual parents, a lesbian mom, gay dads or if your parents are bisexual or transgender for younger students.

Older students should be taught about sexual orientation and gender identity in an affirming way. While being taught how to be safe and knowledgeable of things like HIV/AIDS, STI's, Consent and Healthy Relationships and even Reproductive Health.

These are things that I didn't learn when I was in school whether it be middle school or high school, that I feel, had my teachers has access or the tools to give me. I would have benefited the feelings I had about my own gender identity and expression as well as my sexual orientation and the struggles may have been different.

It has been reported that 50% of all New York public high schools students have mentioned that they have had sexual intercourse. It is not mentioned because we don't collect data on the identities along with that data. The ACLU mentioned "that 75% of NYC public schools report not learning about LGBTQ "people or identities is also mentioned it.

As I mentioned, I attended New York City Public Schools in my home borough of Staten Island. Sex Education was something that was covered briefly in my opinion to just check off they had covered it, or it wasn't covered because too many people's parents had not signed the "permission slip" These are examples of the experiences of when being taught affirming and comprehensive sex education would have been helpful in my youth. .

The experiences I had in both elementary school, middle school and high school were the reasons that I feel that sex education needs to change and be a more inclusive and diverse.

My first attempt at explaining that was attracted to both women and men was in 3rd Grade after the very brief heterosexual sex education that was in the classroom. It ended with my parents being called and me being placed into therapy. After that I didn't ask any more questions. I was also held back that year and was told I was depressed.

My 2nd attempt to ask more questions was in middle school (IS 75); I began to question my sexual orientation and gender identity again. This also wasn't handled well and I suppressed my identity again for the next 7-8 years. Kids teased me and my teachers told me that I brought it on because I dressed a little too masculine.

I spent high school in a DOE District 75 school. We were not given any sex education. I first had sex at 16 years old; I was poorly educated to handle that situation. I didn't have the tools or knowledge, to make the decision about my own body and the experience. I didn't have much real sex education until college, when I first attended the Staten Island LGBT Community Center at the age of 21.

All of these examples are why I am a strong supporter of these bills being discussed by this Council and their Committees today. It is my opinion as a sex positive person, that we should start young, but appropriately.

It's time we discuss Sex Education in an affirming way that includes all the identities that our students may identify with and continue to review and expand on the curriculum as the times change.

I want our New York City school children to be more knowledgeable and the ability to make better choices than I was, more able to possibly live in their own skin more comfortably. Feel included in the classroom...that the most important part to not live a

student wondering where do I fit in this conversation. I want our youth to have trusted and trained adults who feel comfortable talking about.

These are just some of the reasons why I am supporting the need for comprehensive sex education in our schools and why it NEEDS too be inclusive of topics including Gender, Sexual Orientation, Gender Identity and Gender Expression.

Thank you!



FOR THE RECORD

Testimony of the TORCH Program
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int 0771-2015, T2015-2665, T-2015-3641
October 27, 2015

Thank you, Chairman Dromm, Chariman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon. My name is Kathryn Albergate Davis and I am here today representing the TORCH Program of NARAL Pro-Choice New York and the National Institute for Reproductive Health. The TORCH Program is a peer sexuality education and leadership training program for New York City high school students, with a strong emphasis on empowerment and team building. Every year since 1996, the TORCH Program trains adolescents to facilitate workshops on critical issues around sexual and reproductive health for other youth across the five boroughs. Our mission is to provide our Peer Leaders with culturally appropriate and medically accurate comprehensive sexuality education and empower them to then educate their peers on these critically important topics around New York City through the workshops TORCH has developed. We are part of the Sexuality Education Alliance of New York City, a coalition of dozens of advocacy and direct service organizations that support comprehensive sexuality education for all New York City students.

The Department of Education recommends that students receive sexual health education for part of a semester in middle school and for a semester in high school—however in my three years as the Manager of the TORCH program; I have yet to have an entire class of New Peer Leaders who have met this recommendation. Every year, we hear more stories from our Peer Leaders about the sexual harassment and sexual assault they or their peers have experienced; as well as bullying of their LGBTQ classmates in our New York City high schools. One of our program interns from last year, a 20 year-old college student at NYU, bravely shared her story with our Peer Leaders during one



of our lessons on consent. She explained that she was raped in high school by another young person she was dating and never reported it out of confusion and fear. She went on to share that no one had ever talked to her about consent, more specifically that consent can be reversible, and that she had a right to say no. Experiences like this happen every day in our communities and will continue to happen if we do not start educating our youth, starting at an early age, about their bodies, their rights and healthy sexuality.

Our services continue to be requested year after year because thousands of young people around New York City are not receiving adequate comprehensive sexuality education in their schools. TORCH workshops are requested by after school programs that recognize their youth participants are lacking this incredibly important information during the day at school. Supplemental programming after school is not enough and never will be. How many students are we not reaching by relying on programs like ours to be the sole providers of comprehensive sexuality education? What we experience in the TORCH Program anecdotally supports the data from a recent survey by the Connect to Protect (C2P) Bronx Coalition that reported less than two-thirds of Bronx high school students said they learned about healthy relationships, and just 37 percent learned communication skills when it comes to sex.

The bills before you require the Department of Education to better track and evaluate the sexuality education that is happening. We support these bills as a preliminary measure and we recommend that Chancellor Carmen Fariña pass a Chancellor's Regulation requiring comprehensive, culturally appropriate and developmentally appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade.

I truly believe that we can reduce the number of stories we hear about sexual assault, like our intern from last year, as well as bullying and suicide of our LGBTQ youth if we start teaching our youth starting in Kindergarten about these, and many more important issues related to comprehensive sexuality education. To do this well, the Department of Education needs to create a meaningful implementation and tracking plan that ensures that all New York City public school students receive sexual health education.



We are encouraged by Chancellor Fariña and Commissioner Barrett's memo last spring allowing condom demonstrations in classrooms and the de Blasio administration's commitment of new resources that support educators' professional development and school wellness councils. We need to continue to do better for the next generations.

The TORCH Program would like to thank the Council for holding this hearing today and committing to improve comprehensive sexuality education in New York City public schools. We urge you to pass these important pieces of legislation.

KNOW YOUR IX

Empowering students to stop sexual violence

FOR THE RECORD

Testimony of Know Your IX
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Proposed Int. No. 957, Int. No. 952, and Int. No. 771
Sex Education in NYC Schools
October 27, 2015

Good morning. Thank you to Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon about the importance of sex education for youth that includes information on setting and asserting sexual boundaries and healthy relationships.

My name is Zoe Ridolfi-Starr, and I am a Deputy Director at Know Your IX. Know Your IX is a national survivor- and youth-led organization that empowers young people to end sexual and dating violence in schools. We work to educate college and high school students in the United States about their legal rights to safe educations free from gender violence and discrimination; to train, organize, and support student activists in effecting change on their campuses; and to advocate for constructive policy changes at campus, city, state, and federal levels. Our student network is active on over 200 campuses across the country, including on ten here in New York City.

The prevalence of sexual and dating violence on college campuses is unacceptable. One in five women will experience sexual assault during her time in college. Twenty-four percent of transgender and gender-nonconforming students will be sexually assaulted while pursuing higher education. Six percent of men experience rape or sexual assault. The number of students who experience dating violence and relationship abuse are similarly high and disturbing: one of five female students report experiencing dating violence with a current partner, and one in three report experiencing it with a former partner.

We work with students, service providers, researchers across the country to understand the roots of this issue and help policymakers develop effective prevention and response programs.

Consistently, we have found that the lack of comprehensive and inclusive sexuality education in primary, secondary, and higher education programs is one of the most significant contributing factors to the prevalence of campus sexual violence.

We talk to students every day who tell us they arrived at campus having received little or no sexuality education. In a recent survey by the Connect to Protect (C2P) Bronx Coalition, fewer than two-thirds of Bronx high school students said they learned about healthy relationships, and just 37 percent learned communication skills when it comes to sex. These young people have little or no information regarding how to set and assert sexual boundaries, about consent and coercion, healthy relationships and dating violence, or resources for youth who have experienced violence or want to make a report.

Some students, who aren't taught to recognize or communicate about sex and boundaries, commit assault. Other students suffer sexual or dating violence, but lack the information they need to identify their experiences as such or to seek help. In fact, in a recent national survey conducted by the American Association of Universities, more than three in four students who experienced sexual assault said they never reported it. The majority of these students indicated this was because they did not believe it was serious enough or that they would be believed. This illustrates what Know Your IX knows to be true: the majority of young people entering college lack crucial information about what constitutes sexual violence, and thus do not seek support resources or report to college officials. When we do not educate our young people about sexual communication and healthy relationships, young people are assaulted at staggering numbers and do not come forward for help. This lack of information creates an unsafe campus environment for all students.

To address this, it is imperative that all students receive comprehensive sexuality education, and that this education begin long before students arrive on college campuses.

We strongly support the three bills before you today, which would require the Department of Education to better track and evaluate the sexuality education that is happening in schools. This would be an important step in ensuring that appropriate sexual health education is delivered to all students. In each of the three bills, we recommend that the term "comprehensive sex education" be amended to explicitly include training for students on how to set, assert, and respect sexual boundaries, on healthy relationships, and on resources and reporting options for youth who have experienced sexual or dating violence. We also support the Sexuality Education Alliance of New York City Coalition's recommendation that Chancellor Carmen Fariña pass a Chancellor's Regulation requiring comprehensive and developmentally appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade. Expanding sexuality education to elementary school will allow

students to develop a deeper understanding of autonomy, healthy relationships, and consent over time--an essential step forward in the struggle to end sexual violence on campus.

The New York City Council has demonstrated respect for young people's health, rights, and safety time and again through proactive legislation like the bills before you today. Know Your IX thanks the Council for holding this hearing today and committing to help end sexual violence, by improving comprehensive sexuality education in New York City public schools. We urge you to pass these important pieces of legislation. Thank you.

With questions or comments regarding this testimony or Know Your IX, please contact:

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THE CENTER

October 27, 2015

Testimony from The Lesbian, Gay, Bisexual and Transgender Community Center

Re: Int. 771, 952 and 957

Good morning members of the Committees on Education, Health and Women's Issues. My name is Joanna McClintick and I am the Sexual Health Specialist at The LGBT Community Center, where I provide comprehensive and LGBT-affirming sexual health curriculum to LGBT youth and their allies, ages 13 – 22 years old. As part of this work, I teach a CDC-approved curriculum called Personal Opinion Leader (POL) to over 40 LGBT youth annually, in addition to leading a weekly group for all youth members to attend and speak about sexual health topics. In those weekly groups, youth education and sexual education in schools is a frequent topic of discussion.

Data collection is vital to determining how to meet the needs of today's youth, so I applaud the Council for introducing the three bills being discussed today. However, I encourage the sponsors of these bills to move beyond basic reporting, to gather more substantive and targeted data so that we can ultimately improve sexual health education in the City's public schools. Based on my professional experience, many youth who say they have received sexual health lessons, but don't feel able to apply the information, or may not retain the information if the instructor does not create an LGBT-affirming environment. My recommendation is rather than simply tracking how many lessons were taken, how many health educators a school has or how many encounters a school nurse has with students, these bills should also track:

- 1) What curriculum was used in instruction, if any of that curriculum is LGBT-affirming or LGBT specific, and if that curriculum includes information about HIV and how and where to get tested;
- 2) How many instructors have received LGBT-affirming trainings and feel comfortable with presenting and discussing these identities;
- 3) How many lessons include demonstrative lessons, for example, how to actually put on a condom; and,
- 4) If those lessons provide HIV testing information, including locations on where to get tested.

Below, I outline the importance of capturing additional, LGBT-specific data for each of these bills.

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THE CENTER

1) How many lessons have LGBT-affirming curriculum – Ints. 952/2015 and 957/2015

An overwhelming amount of youth that I have worked with report that they did not receive a comprehensive sexual health education. Those that did have sex ed at their school often report to me that they had only one lesson from their gym teacher about preventing teen pregnancy. While this is vitally important information, it is not LGBT-affirming, and does not speak to the range of sexual practices that young people may be engaged in. Should an LGBT-identifying youth have a question or sexual health need, it is unlikely that they will approach the sexual health educator if there is not an explicit message that this person will not judge their identity. This can easily be conveyed if the curriculum normalizes the range of sexual behaviors that many young people, LGBT-identifying or not, experiment with. Being able to do so also requires understanding how many lessons are currently offered that focus on LGBT-affirming sexual health practice. I urge the committee to include in Int. 957 to report on how many if any trainings given to sexual health instructors have a portion on LGBT identities, how to speak in an inclusive and normalizing manner about these identities. Similarly, I recommend that Int. 952 require reporting on the type of lessons or curriculum being taught, not just the number of lessons offered. Many youth have shared with me that they do not feel comfortable asking their teacher more about their own sexual health, for fear of being judged or sensing that the instructor is uncomfortable with the topic of LGBT sexual health.

2) How many instructors have received what is considered LGBT-affirming trainings that include information about HIV – Int. 957/2015

The POL training is a great tool that speaks directly to young people at risk for HIV transmission, and was designed to be a four-session curriculum for young men who have sex with men, to lower overall HIV transmission rates. It is approved by the CDC and provides more understanding of the specific sexual health needs of LGBT youth. A vital step towards ending the spread of HIV in New York City is speaking explicitly, clearly and demonstratively about how young people can protect themselves from infection. This is not happening in our schools, and most of the youth that I train at The LGBT Community Center say that this is the first time they are learning about HIV protection. Therefore, requiring that instructors be specifically trained on HIV-related information is instrumental in ultimately lowering overall transmission rates among youth. To effectuate this goal, I urge the committee to consider requiring a POL training, or a similar curriculum, for sexual health educators. In the interim, the legislation can at minimum report on the type of training the health educators have received.

3) How many lessons include demonstrative information – Int. 952/2015

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An additional recommendation however, is collecting data on how many sex ed lessons provide a chance for students to practice what they have learned. This greatly improves their confidence and ability to incorporate the lessons into their sexual practices. Of the youth I work with that report receiving information about *why* protection is important, most report that they did not learn *how* to properly use condoms and other safe sex barrier methods. This is doing a disservice to our youth, because information without demonstration is not empowering for our youth. The lessons I provide give youth group and individual coaching on how to incorporate protection into their sexual practices, and each student practices speaking honestly and directly with a potential partner. In follow up with the participants, an overwhelming number of young people reported feeling more confident and able to ask their partner to use protection, and even more importantly, reported understanding the correct way to use different barriers for different sexual practices.

4) How many meetings with the school nurse were students seeking information about HIV testing – Int. 771/2015

More than half of HIV transmissions among youth under 25 are between sexual partners who do not know their HIV status. Therefore, another key factor in lowering the overall HIV transmission rates is having young people know their HIV status and get tested regularly. Int. 771 should consider specifically reporting on the number of student health encounters where the student requests information about his or her HIV status, and/or requests information about how and where to get tested. Knowing how many students are seeking out HIV testing information can speak to the effectiveness of the current curriculum regarding HIV and testing, which ultimately better informs how sexual health curriculum is taught in our schools.

Thank you again for your time today and I look forward to working with the Council to strengthen and ultimately enact this important legislation.

Joanna McClintick, LMSW

jmclintick@gaycenter.org 212.620.7310, x244

Testimony of Rachael Pulsifer
Before The New York City Council
Committees on Health, Education, and Women's Issues
Regarding Int 0771-2015, T2015-2665, T-2015-3641 Sex Education in NYC Schools
October 27, 2015

Thank you, Chairman Dromm, Chariman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon. My name is Rachael Pulsifer and I am here today because I have been a resident of New York City for 7.5 years, and a volunteer with Planned Parenthood of New York City Action Fund Activist Council for nearly 3.

I care deeply about supporting complete, comprehensive, medically and scientifically accurate sex ed in schools. The Department of Education recommends that students receive sexual health education for part of a semester in middle school and for a semester in high school. I had similar education when I was in school- every other day for one semester of my 8th grade year, the gym teacher would teach us the basics of male and female anatomy, and a few different forms of birth control. I was told to never have sex without a condom, but I was never actually shown a condom, let alone taught how to use one. The culmination of the semester was a showing of "The Miracle of Life," designed to show us how painful childbirth looked, in an effort to terrify us out of having sex. No discussion followed.

While my sex education was better than nothing, it included absolutely no discussion whatsoever about sexuality, consent, communication, or relationships. I was left to fill in the blanks for myself from what I could glean from Seventeen and, later, Cosmopolitan magazine. As you can imagine, and as I learned from experience, what sells magazines and what serves as quality guidance on interpersonal communication do not always align.

The bills before you today are an important preliminary step to ensuring that students today receive better sexuality education than I received many years ago. I support these bills, though would like to add that it is important to protect student confidentiality. Additionally, I believe it is incredibly important to require comprehensive and developmentally appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade. Expanding sexuality education to elementary school will allow students to develop a deeper understanding of autonomy, healthy relationships, and consent over time. The Department of Education also needs to create a meaningful implementation plan that ensures that all New York City public school students receive sexual health education.

Sex ed is about so much more than sex. Teaching kids about the full spectrum of human sexuality experience, including sexuality, gender inclusivity, sexual orientation, consent, communication, will create a stronger, healthier community for all of us.

Thank you for your time today, and I urge you to pass these important pieces of legislation.

Testimony of Caitlin Johnston
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
October 27, 2015

Thank you Chairwoman Cumbo, Chairwoman Gibson, Chairman Johnson, and members of the Committees for the opportunity to speak today. My name is Caitlin Johnston, and I am a new member of the Sex Ed Advocacy Group with the Planned Parenthood Activist Council. We are part of the Sexuality Education Alliance of New York City, a coalition of dozens of advocacy and direct service organizations that support comprehensive sexuality education for all New York City students. I have never spoken at a hearing before, but this issue is important enough to me that I felt compelled to deliver testimony.

I grew up in Wisconsin, and the full extent of our sexual health in school was one class in middle school, and one in high school. Sexual health is a complex and expansive subject, and those two brief classes were not enough for a lot of my classmates. I was lucky enough to receive comprehensive sexual health education from my mother. She was a medical writer for a non-profit organization, and when I was 7 years old, she sat me down in her home office to talk with me about sex. In addition to the logistics of intercourse, she explained to me the necessity of consent, the importance of safety and using protection... When I finally felt ready to become sexually active with my boyfriend in high school, my mom even took me to the doctor to get birth control. It has now been two decades since that first talk in my mother's office, and I have still never gotten pregnant, I have never contracted an STI, and I have never had sex without consent; I realize that in those respects, I am unfortunately in the minority among other women my age.

According to the recent survey conducted by the Connect to Protect Bronx Coalition, only 37 percent of students reported learning communication skills when it comes to sex, and 1 in 3 high school students said they have never received sex education at all. Meanwhile, according to the 2012 national data from the Centers for Disease Control, nearly 1 in 5 women are raped at some time in their lives, and 51.1% of the time the perpetrator is an intimate partner. According to that same data from the CDC, rape also results in about 32,000

pregnancies each year. Consent is crucial, and it needs to be taught to our children if we ever want those statistics to improve.

The bills before you require the Department of Education to annually track and evaluate sexual health education for grades six through twelve, which is an important step in ensuring that all students receive comprehensive health education, including learning about consent. In addition to this, I also urge a regulation to require comprehensive and developmentally appropriate sexual health education for all public school students from kindergarten through 12th grade. I was fortunate enough to have a mother who taught me about sexual health from a young age, which helped me to develop safe and healthy attitudes about sex as an adult. All New York school children could be so fortunate, if sexuality education were expanded to elementary school.

This hearing today is an indicator to me that we are already headed in the right direction to make New York safer by ensuring that comprehensive sexual health education is delivered to all students. Thank you Chairwoman Cumbo, Chairwoman Gibson, and Chairman Johnson for drafting these bills. To the New York City Council, thank you for listening to my testimony. I urge you to pass these essential pieces of legislation as soon as possible, so that our children can learn healthy and responsible choices, and create a brighter and safer future for our state.

Testimony of Inés Anguiano
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
October 27, 2015

I, Inés Anguiano was a student at Brooklyn Preparatory High School from 2012-2015. During my time there I received just two 30 minute lessons on STIs and information about pregnancy trimesters during advisory, a class made up of about 15 students that is supposed to give students a more personal interaction with a specific teacher. We were informed that the guidance counselor distributed condoms and that if we needed them we could go to them and talk about it. I never felt school was that safe place nor did I learn much about my sexual reproductive health and rights. It wasn't until I started working with the TORCH program that I was exposed to comprehensive sex ed. The TORCH program educates New York City youth on their sexual reproductive health and rights through the facilitation of workshops by peer leaders (teen educators). During my time there my eyes were opened to various things pertaining to my own body and I realized that there were so many people I went to school with that were miseducated when it came to our sexual reproductive health and rights as New York City youth.

Working with my peers and becoming a peer facilitator I noticed the impact comprehensive sex ed had on our lives. When you have the knowledge you are able to make the right decisions for you and your body. Comprehensive sex ed made us more comfortable with voicing issues regarding our health and demanding that despite our age we be treated with quality confidential care. It is unfortunate that many students in NYC do not have access to a curriculum that teaches them about their bodies, rights and sexual health.

Testimony of Margaux Lazarin, DO, MPH
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int 0771-2015, T2015-2665, T-2015-3641

October 27, 2015

Thank you Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon. My name is Margaux Lazarin. I am a board-certified family physician and have been living and practicing in New York City for five years. I trained at the Mount Sinai Beth Israel Residency in Urban Family Medicine and am currently a provider at a community clinic in the Bronx. Prior to medical school, I completed a Master's in Public Health at the University of Texas with a focus on international and family health. Two years ago, I was a fellow with Physicians for Reproductive Health, a doctor-led national advocacy organization that uses evidence-based medicine to promote sound reproductive health policies.

I am here today to urge you to support these bills. I am pleased to see the City Council taking steps to implement reporting and tracking systems to make sure that each student receives appropriate sexual health education. I am also here to encourage the Council to go further to ensure quality sexuality education in New York.

The National Sexuality Education Standards recommend comprehensive sex education for all students from kindergarten through 12th grade.¹ The New York State Department of Education currently requires only one semester of comprehensive sexual health education in both middle and high school. Starting sexuality education that is developmentally appropriate in kindergarten helps avoid unintended pregnancy, maternal deaths, unsafe abortions, and sexually-transmitted infections.² Even young children can learn the names for their body parts and how to build the foundations for healthy relationships. This sex education must be evidence-based and medically accurate. It should meet national standards and emphasize concepts like strength, resiliency, good decision-making, and autonomy. Numerous studies have found that early, comprehensive sex education has positive benefits. For example, the *Journal of Adolescent Health* found such programs to be effective at delaying or reducing sexual activity and increasing condom use.³

As a family medicine physician, I often see young women who think that they are infertile simply because they have not yet been pregnant. They are not using any form of protection during intercourse. When I ask them if they want to be pregnant right now, the answer is almost always "no." But because they haven't had adequate education about their menstrual cycle, about the basic biology behind

¹ Future of Sex Education Initiative. (2012). National Sexuality Education Standards: Core Content and Skills, K-12 [a special publication of the Journal of School Health]. Retrieved from <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>

² Susan M. Igras, Marjorie Macieira, Elaine Murphy & Rebecka Lundgren (2014) Investing in very young adolescents' sexual and reproductive health, *Global Public Health: An International Journal for Research, Policy and Practice*, 9:5, 555-569, DOI: 10.1080/17441692.2014.908230

fertilization, or about how half of pregnancies in this country are unintended, they have concluded that they cannot have children. The 15 minute appointment slot that I have with each of these young women is not enough to adequately teach them everything they need to know.

A few months ago, I diagnosed a 15-year-old with her first outbreak of genital herpes. She was not using condoms because her male partners told her they were uncomfortable to wear. My heart broke as she cried in my office. How did our community fail to give this young woman the resources she needed to protect herself from a diagnosis that she will now carry her entire life? It is a diagnosis that she will have to share with future partners. And it is a diagnosis that could impact her future pregnancies, if or when she decides to have children.

I have also had a few success stories. Patients whose friends have seen me for long-acting, reversible contraception, such as the IUD or the implant, learn from their peers that this is a good form of birth control. Empowering young women to take control of their health enables them to put their education first, which is something my community in the Bronx desperately needs. Our kids in these communities deserve medically accurate sexual education before they learn about the consequences of unprotected intercourse.

As a provider of comprehensive sexual health care services, I am extremely invested in the sexual health education of students in New York City. While I am glad to see the City Council taking up this important issue, I believe we still have a long way to go and that the Council should be leaders on this issue. Nationally, a full forty-one percent of teens between the ages of 18 and 19 report that they know little or nothing about condoms. Seventy-five percent say they know little or nothing about the contraceptive pill.⁴ Since seven out of 10 teens report having intercourse by their 19th birthdays, it is so important that they understand how to make healthy choices before they graduate from high school.⁵ Supporting comprehensive sexuality education that starts in kindergarten, is inclusive of all genders and sexual orientations, and emphasizes strength and resiliency will help New York's students thrive in school and beyond.

⁴ Kaye K et al., *The Fog Zone: How Misperceptions, Magical Thinking, and Ambivalence Put Young Adults at Risk for Unplanned Pregnancy*, Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy, 2009.

⁵ Abma JC et al., Teenagers in the United States: sexual activity, contraceptive use, and childbearing, National Survey of Family Growth 2006–2008, *Vital and Health Statistics*, 2010, Series 23, No. 30.

Testimony of Arden Levy, New York Civil Liberties Union's Teen Activist Project
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
October 27, 2015

My name is Arden Dressner Levy. I am a 16 year old junior in high school and a member of the New York Civil Liberties Union's Teen Activist Project (TAP). TAP is a youth program that engages New York City teens as organizers and peer educators on civil rights and civil liberties. We work on a range of issues affecting NYC youth, including the rights of pregnant and parenting teens, student's rights, racial justice, and LGBTQ rights.

Thank you for the opportunity to testify at this hearing. Many other policy makers would review topics like this without ever hearing from the perspective of a young person it is actually going to affect, and I appreciate being able to share my experience. I am also lucky enough to have teachers and parents who understand how important it is for me to speak here, but most of my peers could not take time off from school to testify; I hope the Council holds future hearings that impact teens at a time after school, when we can all share our perspectives.

My body and my relationships can be confusing. I've been around for a decade and a half, so I'm still figuring it all out. Don't even get me started on my sexuality - I have no idea what's up with that. All this means that I'm looking for guidance and accurate information. Comprehensive sexual education in school is what can give me that knowledge and that guidance.

I believe that knowledge is power. Being educated about my body, my relationships, and my sexuality only leads to me making more empowered, educated and informed choices. And it's the same for all my peers.

My friends have had pregnancy scares because they didn't know where they could get cheap, confidential access to birth control. My friends have had pregnancy scares because no one ever taught them to check the expiration date of a condom. My friends have exposed themselves to STIs because they were not taught that they have the power and the right to ask their partner to use protection. And my friends have had sexual encounters where consent was not really present, because they weren't taught that their active consent was important and necessary. And I know of peers who have dropped out of high schools in New York City after getting pregnant - and guess what: they dropped out of schools that didn't offer any form of sex education.

We deserve to be equipped with the knowledge to protect ourselves from sexually transmitted infections, unwanted pregnancies and unhealthy relationships. We deserve to know the definitions of consent and understand how to give and withhold it. We deserve to learn about sex and sexualities that aren't just between heterosexual, cisgender people. To quote Heather Corinna of the sexual health website Scarleteen, good sexual education:

"Emphasizes -- for all sexes and genders, not just one or two --
autonomy, personal responsibility, full and active consent,
sexuality in the holistic context of a whole, well-rounded life
and healthy, equitable relationships, self-esteem, non-subordination

and non-violence, safety, health , happiness and pleasure and very real equality in sexuality, in which equal voice and accord are given to issues from any and all partners in sexual partnerships and sexual activity.”

I am growing up in the age of the internet. There is a lot of good content on the internet, but there’s also a lot of misinformation. That’s why it’s so crucial that you don’t leave it up to students to educate themselves about this. The information young people are getting about their bodies and relationships needs to be valid and easily accessible. We need to be getting it from a young age and it needs to be normalized.

Unfortunately today, teens in NYC don’t always get this type of comprehensive sex education, because health classes vary from school to school, or the safe environment needed to openly discuss sex isn’t available. Every student deserves to receive this information, and it can start with the City Council and the Department of Education.

I urge the City Council to pass measures that would show what sex education is being offered in New York City schools.

And that isn’t enough: We need to push for comprehensive K through 12 sexual education. It needs to be mandatory and it needs to be comprehensive. Because only then will young people like me be able to make healthy, informed choices about our bodies, our sexuality, and our relationships. Thank you again for this opportunity.

Testimony of Amber Peralta
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
October 27, 2015

Hello and good morning my fellow people. I am so excited to be speaking here and given the opportunity to establish my input on health education in school systems. I feel everybody has basic rights as to knowing about health education in general and everyone deserves the right to get it as well. you know a lot of people don't have the same advantages, like in my neighborhood resources are limited and we have to raise money to do things. Growing up in a low-income area isn't easy so many of us don't have a basic health class in general. Our health education is what we learn from our friends and their experiences. In my three years of high school I haven't gotten and received a health class. I'm grateful to have knowledge on this topic however there are many people who are older and younger than me that aren't as fortunate to have the same knowledge and resources on health and to be frank its despicable. By having this information and being trained how to use it, it can lower so many statistics and stereotypes. At torch we learn not only about biological health but also we learn about sexual orientation, healthy relationships, contraception and more. We also don't judge people based on their gender, who they're attracted to and I'm glad to say I'm apart of their team and work we these lovely and dedicated people as often as I do. I also feel every child should know this information at a young age so they know who they truly are and attracted to, the difference between a unhealthy and healthy relationship and the different contraception and how to use it. Everyone deserves this knowledge even if they're in an area that cant access it doesn't mean they don't deserve it because having this knowledge is something no one can take away from you. Thank you everyone and have a good and blessed day.

Testimony of Lilly Hershey-Webb
Student, Millennium High School

before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int No. 952, Int. No. 957, Int. No. 771
October 27, 2015

Thank you, Chairman Dromm, Chairman Johnson, Chairwoman Cumbo and members of the Committees for the opportunity to speak this afternoon about sex education in my schools. My name is Lilly Hershey-Webb and I am a sophomore at Millennium High School, a public school located in the financial district in lower Manhattan.

As a teenager, I know I need education that helps me make healthy decisions about sex, birth control and pregnancy. I attended Salk School of Science for middle school, which is a public school in partnership with NYU Medical Center. In middle school, a small team of college kids spent a few weeks talking about reproductive health and sex education. In 9th grade at Millennium High School, I again was taught one semester about sexually transmitted diseases, how they are transmitted and how to protect myself from contracting them. Over those two sessions, I learned about methods of contraceptives and how to protect myself from unintended pregnancies and STDs.

But sex education should teach a lot more to help students develop healthy relationships, build self-esteem and positive body image and learn about keeping a healthy lifestyle. These things were not fully taught to me in middle school or the one semester of sex education in high school. Teachers need to be sensitive to the different sexual orientation of students, including those who are still trying to figure out their identity. We should be taught that when we are in a relationship and if we choose to have sex, we should talk with each other about what birth control method works for both of us. We need to understand what a bad relationship looks like, and that it includes

more than unwanted pressure to have sex. It also includes things like emotional and digital abuse, like when a partner posts private information or pictures of the other person without their consent. Sex education should also teach teens that New York State ensures that teens have access to confidential family planning services and reproductive health care, including abortion, even without parents consent.

I feel that my teachers in middle school and high school did their best to teach me about the basics of sex, contraceptives and sexually transmitted diseases, including HIV/ AIDS. But spending just a few weeks on this material is not enough time. I believe sex education would be more meaningful and help teenagers grow into healthy and responsible persons if it also encourages them to develop healthy attitudes about their bodies, sexual orientation, gender roles and real life relationship challenges.

Thank you for your time.



FOR THE RECORD

MEMORANDUM OF SUPPORT- Int. 0771-2015

A local law to amend the administrative code of the City of New York, in relation to requiring the DOE to report on student health services.

President

Ernest A. Logan

Executive Vice President

Mark Cannizzaro

First Vice President

Randi Herman, Ed.D.

Secretary

Sandy DiTrapani

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Henry Rubio

Vice Presidents

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Executive Director Operations

Erminia Claudio

Executive Director Field Services

Sana Q. Nasser

The Council of School Supervisors and Administrators (CSA), which represents some 16,000 members, strongly support this vital bill which will provide valuable data for the Council. Namely, there will be greater transparency in evaluating the number of nurses, school based health centers, common student illness, and health screenings.

CSA has always believed that our students' health is a top priority and we have always supported measures that foster student well-being. We know that students who do not receive adequate health care suffer academic consequences. Also, the research clearly validates the fact that early screening for vision and hearing can dramatically improve our students' abilities to flourish in school.

This bill can only help our students to be more successful in school by ensuring that they are receiving all of the health services that can be provided for them. As any health professional can attest, we need this data to effectively diagnose and treat health concerns among our students.

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FOR THE RECORD

MEMORANDUM OF SUPPORT- Int. 0952-2015

A local law to amend the administrative code of the City of New York, in relation to requiring the DOE to report information regarding comprehensive health education.

President
Ernest A. Logan

Executive Vice President
Mark Cannizzaro

First Vice President
Randi Herman, Ed.D.

Secretary
Sandy DiTrapani

Treasurer
Henry Rubio

Vice Presidents
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Nancy Russo

Executive Director Operations
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Executive Director Field Services
Sana Q. Nasser

The Council of School Supervisors and Administrators (CSA), which represents some 16,000 members, strongly supports this vital bill which not only adds transparency, but ultimately can actually save lives.

This bill would require the New York City DOE to report annually, information regarding school compliance with state regulations governing comprehensive health education and HIV/AIDS education for students in grades 6-12.

This is literally a life and death matter because HIV/AIDS education can help to prevent deaths by providing accurate instruction in abstaining from sex or practicing safe sex, by understanding how this disease is transmitted and more importantly, that it is indeed preventable.

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Council of School Supervisors and Administrators, New York City
Local 1: American Federation of School Administrators, AFL-CIO

FOR THE RECORD

MEMORANDUM OF SUPPORT- Int. 0957-2015

**A local law to amend the administrative code of the City of New York,
in relation to requiring transparency from the DOE on instructors
receiving training in sexual health education.**

President
Ernest A. Logan

Executive Vice President
Mark Cannizzaro

First Vice President
Randi Herman, Ed.D.

Secretary
Sandy DiTrapani

Treasurer
Henry Rubio

Vice Presidents
Debra Handler
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The Council of School Supervisors and Administrators (CSA), which represents some 16,000 members, strongly supports this vital bill which by definition will add transparency to the data collection process in terms of determining the total number of full-time and part-time instructors teaching health, total number and percentage of full-time and part-time instructors who have received a certification in sexual health education, the total number and percentage of full-time and part-time instructors who received professional development training provided by the DOE on sexual health education in the prior school year, and the total number and percentage of full-time and part-time instructors who attended multiple sexual health education professional development training sessions provided by the DOE, disaggregated by the number of trainings attended.

All of this data will be disaggregated by instructors in grades 6-8 and grades 9-12, as well as by Council District, Community School District, and school. Most importantly, the DOE would provide this data to the Council and post it on its website by February 15, 2016, and thereafter by February 15th of each year.

If we are going to hold schools accountable for teaching sexual education to our middle and high school students in grades 6-12, we must ensure that trained and certified instructors are available in every middle and high school in NYC. This bill will go a long way in holding the DOE accountable for training and monitoring the teaching of sexual education in NYC for grades 6-12.

Testimony from the Downstate Legislative Committee, Day One and STEPS to End Family Violence

Committees on Health, Education and Women's Issues

Oversight: Sex Education in NYC Schools

October 27, 2015

Good morning, distinguished members of City Council:

Thank you for the opportunity to present testimony on the impactful legislative bill proposals which speak to the critical need for relevant sexual health education in New York City public schools. I am reading testimony on behalf of the **Legislative Committee of the Downstate Coalition for Crime Victims** which acts as a bridge between victims of violence and those who make laws that affect them; **Day One**, which partners with young people aged 24 and under to end dating abuse and sexual assault by engaging in community education, trainings, direct legal and social services, technical assistance and youth leadership development and my agency, **STEPS to End Family Violence**, which has been providing free programs throughout NYC, including the school-based **Relationship Abuse Prevention Program (RAPP)**, to address the multiple effects of gender-based violence as well as to prevent abuse altogether.

As the largest school district in the U.S., reaching 1.1 million students, New York City's Department of Education is in a unique position to equip young people with necessary information they should have to lead healthy and fulfilling adult lives.

As you are well aware, youth receive messages about sexuality from numerous competing forms in our communities. Many are misinformed, abhorrent and sensationalist, yet are often presented in highly communicative styles, through social

media and popular culture. It is vital, however, that young people receive age-appropriate sexual health information to develop practical skills for making safe and informed decisions. Young people need opportunities to learn specifically about consent, healthy communication and the realities of sexuality. They have a right to know about their own bodies and how they function to dispel the myths around issues including virginity, promiscuity and commitment. They have a right to know about any sexual changes that are occurring now and any others that may occur during their lifetimes. Educators, therefore, should provide culturally meaningful learning opportunities in safe and nonjudgmental environments so that students can learn about sexuality in a positive context.

It is vital that New York public schools are equipped with effective tools and proper training when discussing sexual education, sexual health and the fluid spectrum of sexuality in general. These are a few of the uncomfortable topics often deemed taboo and about which there is no a safe place for discussion in most parts of young people's lives. The classroom has traditionally served as an unsafe zone to converse about sexual education, sexual health and ultimately sexuality.

It is undoubtedly the Department of Education's responsibility, amongst many others, to prioritize the holistic development of its students, its future citizens of the city, by providing student health services that address all aspect's of the student's needs. In fact, comprehensive, whole-school sexuality education that provides consistent and accurate information that is respectful of diversity can contribute to positive behavior change.

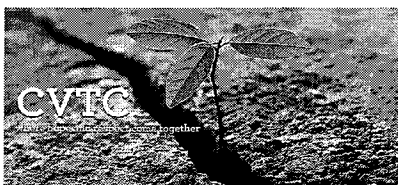
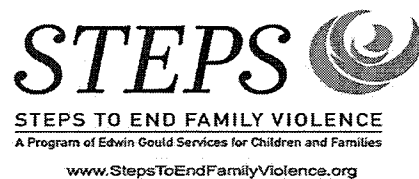
Young people can make well informed decisions about their sexual health if teachers are well trained about what education policies, programs and services are available to help them.

Most experts concur that education about issues like alcohol abuse is most effective if it begins at least two years before the behavior is likely to start. If children seven and eight years old are not too young to learn about the dangers of substance abuse, then students beginning in 6th grade are certainly not too young to become educated about their own sexuality.

Ultimately, it is the Department of Education's responsibility to assist in supporting its students towards attaining self-determination and striving to be the best versions of themselves.

We hope that these legislative bills are accompanied by proper training of school staff and absolute accountability from the Department of Education to ensure that services are being provided and that there are changes occurring within and outside the communities being served.

Thank you for the opportunity of hearing testimony on the critical legislative bill proposals which speak to the importance and need for germane sexual health education in NYC schools and its appropriate training.



Testimony of May Vutrapongvatana on behalf of Young Women of Color HIV/AIDS Coalition *before the New York City Council Committee on Health, jointly with the Committee on Women's Issues and the Committee on Education regarding Int. 771 , Gibson Bill and Cumbo Bill regarding Oversight - Sex Education in NYC Schools*

Thank you, Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak to you today. My name is May Vutrapongvatana and I am representing the Young Women of Color HIV/AIDS Coalition to provide the council with my testimony on the importance of sex education in New York City public schools and the significant impact that can result from the three bills on the floor today.

As a former student in the New York City public school system, I can attest to the conditions of sex education in our schools. I was fortunate enough to have gone to a high school, NEST+m, which provided their students with comprehensive sex education and had an instructor who was trained. After the implementation of the mandate, NEST continued to improve its sex education by using the recommended HealthSmart curriculum.

Unfortunately the situation is not the same at other schools in the city. Although the mandate has been an instrumental part in the improvement of sex ed in our schools, this does not necessarily mean that all instruction is created equal. STD rates are still increasing across the city, particularly among young women ages 15-24 in low socio-economic neighborhoods.

It is necessary that we support the three bills in discussion today. We need regulation and training for instructors to ensure that every student receives the same comprehensive knowledge regarding their sexual health. We need reporting from schools to ensure that the mandate is being implemented and that students are getting the education they need. Finally we need funding to support effective implementation and evaluation.

Allow me to leave the Council with one final thought. Sex is an issue highly stigmatized in our society. However, to deny an individual information that can be life saving for their health is considered a human rights violation. We need to debunk the idea that sex education is a tool that is used to encourage individuals to engage in sexual behavior and look at it as a tool of prevention, a tool for one to protect ones' self, and even a tool to empower one's self.

Once again, I would like to thank the Council for hearing my testimony and I hope it is taken into consideration as decisions are made in regards to the bills in discussion.

PEER HEALTH EXCHANGE

Testimony of Peer Health Exchange New York City
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int. 0952-2015, Int. 0957-2015, Int. 0771-2015
October 27, 2015

Thank you, Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon. My name is Sarah Cocuzzo and I am here today representing Peer Health Exchange, a nonprofit organization that works in public high schools in New York City and across the country to ensure that young people have the knowledge and skills they need to make healthy decisions. We train college student volunteers to teach a skills-based health curriculum to ninth-grade students. We have been working in NYC high schools for the last 11 years, and this year we will be reaching 5,000 ninth graders across 40 high schools. We work together with Lindsey Harr and the Office of School Wellness.

In addition to the work we do around mental health and substance use, comprehensive sexuality education is a core part of our mission, giving young people the tools they need to navigate decision making when it comes to sex, relationships, and health over the course of their lives. We are part of the Sexuality Education Alliance of New York City, a coalition of dozens of advocacy and direct service organizations that support comprehensive sexuality education for all New York City students.

The Department of Education recommends that students receive sexual health education as part of a semester of health in middle school and a semester in high school. However, many New York City students are not receiving the right information at the right time. In a recent survey by the Connect to Protect Bronx Coalition, less than two-thirds of Bronx high school students said they learned about healthy relationships, and just 37 percent learned communication skills when it comes to sex. Many students do not receive health education until their junior or senior year, a time when many students may have already dropped out or experienced a health crisis. Twenty thousand New York City public school students have dropped out of high school by 12th grade, and the largest cited reason by young women is a pregnancy. Our goal is to reach young people just as or before they are confronted with decisions about their health, and to provide them with the knowledge and skills they need to make healthy decisions.

We have heard from students that they learned valuable information in our program, information that every student in NYC should have access to. To highlight the value in comprehensive sexuality education, I want to share a few highlights from our students:

“The most important thing I learned was that it’s ok to say no. You’re entitled to refuse anything.”

“The most important thing I learned is how to avoid getting STIs, how to protect yourself from pregnancy, and how to avoid peer pressure. When I have to make a decision, I create a scenario to see what I care about, what are the consequences, identify my choices, and then choose my decision.”

“Something I learned that I would share with a friend is to end an unhealthy relationship if it is affecting you in a bad way.”

Imagine what might happen if all young people consistently learned about relationships, consent, and STIs.

The bills before you will provide the Department of Education with an effective mechanism for tracking and evaluating the health education that is happening in schools. We would want to be sure that this is tracked *by grade level* because we know that *when* students receive health education matters, and they should receive age-appropriate content when they most need it. We support these bills as a way to increase accountability for providing young people with comprehensive health education.

Additionally, we recommend that Chancellor Carmen Fariña pass a Chancellor’s Regulation requiring comprehensive and developmentally appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade. A Chancellor’s Regulation would create a true mandate and provide students with the kind of sexuality education they desperately need.

Both the New York City Council and the Department of Education have repeatedly demonstrated respect for young people’s well-being. Peer Health Exchange thanks the Council for holding this hearing today and committing to improve comprehensive health education in New York City public schools. We urge you to pass these important pieces of legislation.

BOOM!

HEALTH

Testimony of BOOM!Health before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int 0771-2015, T2015-2665, T-2015-3641
October 27, 2015

Thank you, Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon. My name is Bianca Lopez and I am the VP of Prevention Programs at BOOM!Health, a non-profit organization that foresees a Bronx where every youth and adult served will be put on a path to realizing his/her full potential, beginning with comprehensive health care and supportive services. We recognize the importance of ensuring age-appropriate sexual health education is delivered to all students.

BOOM!Health delivers a full range of prevention, behavioral health and wellness services to the hardest to reach communities in the Bronx. Our sexual health education programs maintains a strong and vibrant youth component because from the very beginning of our relationship we encourage open communication in a non-judgmental environment. We offer specific programs for both young women and LGBT youth ages 13-24. We have observed a 65% increase in the number of youth served by our Prevention Department in the past year, which demonstrates the success of our youth engagement efforts.

BOOM!Health acknowledges that the population of the Bronx is negatively impacted by numerous stressors (such as poverty) which impacts the youth who reside in the borough, making this group extremely vulnerable and at increased risk of acquiring HIV/sexually transmitted infections.

- In a recent ranking of NY state counties, the Bronx ranked dead last (62 out of 62) for both socioeconomic and health indicators, finding poverty, unemployment and limited access to health care plague the borough's residents.¹
- Many of the ZIP codes in New York City with high HIV diagnosis rates also have among the highest poverty rates and are located in the Bronx, including HighBridge Morrisania, Hunts Point-Mott Haven and Crotona-Tremont. ²
- One zip code alone—10457— which includes Tremont, portions of Crotona, Belmont and Claremont — has the highest number of people afflicted by two of the following conditions: HIV, hepatitis B, hepatitis C, gonorrhea, syphilis, chlamydia and tuberculosis, according to the NYC Department of Health. All seven diseases are epidemic in 10457, with infection rates for all conditions in the top 20% of cases citywide.³

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The Department of Education recommends that students receive sexual health education for part of a semester in middle school and for a semester in high school. However, many New York City students, including students in the Bronx, report they have not received any sexual health education while in school. In a recent survey by the Connect to Protect (C2P) Bronx Coalition, less than two-thirds of Bronx high school students said they learned about healthy relationships, and just 37 percent learned communication skills when it comes to sex. Furthermore, research has found that educational attainment predicts good health, and disparities in health and in educational achievement are closely linked; public health professionals advocate for evidence-based interventions that can improve health and reduce dropout rates must address sex education; substance abuse; birth control, pregnancy, and parenting services; violence prevention; and mental health.⁴

BOOM!Health is a member of the Connect to Protect Bronx Coalition, as well as the Sexuality Education Alliance of New York City, that supports comprehensive sexuality education for all New York City students. We are here to support these bills to require the Department of Education to better track and evaluate the sexuality education that is happening in schools, which would be an important step in ensuring that appropriate sexual health education is delivered to all students. Additionally, we recommend that Chancellor Carmen Fariña pass a Chancellor's Regulation requiring comprehensive and developmentally appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade. Expanding sexuality education to elementary school will allow students to develop a deeper understanding of human anatomy, healthy relationships, and consent over time. We cannot expect students who have never been introduced to sexuality education in earlier grades to truly understand the complex material they are asked to learn in later grades. The Department of Education also needs to create a meaningful implementation plan that ensures that all New York City public school students receive sexual health education and include provisions to protect student confidentiality.

By passing these bills, all public school students, including the vulnerable Bronx youth served by BOOM!Health will be better equipped to make healthier decisions thereby improving not only their own individual sexual health outcomes, but the health disparities that persist in the borough. In addition, a key element in the three point plan to end the HIV epidemic in New York State is to decrease the number of new HIV infections. The availability and access to medically accurate, age-appropriate, queer friendly sexual health education is a key strategy in reducing new HIV infections, particularly among young Gay, Bisexual and Men who have Sex Men, the population currently seeing a rise in new infections.

The New York City Council has demonstrated respect for young people's health, rights, and safety time and again through proactive legislation like the bills before you today. BOOM!Health would like to urge you to pass these important pieces of legislation.

Thank you for your commitment to improve comprehensive sexuality education in New York City schools. Thank you for holding this hearing today.

¹ LaMantia, J. “For six years running, the Bronx is the least healthy county in NY State”. Crain’s New York. March 25, 2015. Accessed October 26, 2015:

http://www.crainsnewyork.com/article/20150325/HEALTH_CARE/150329911/for-six-years-running-bronx-is-the-least-healthy-county-in-ny-state

² NYC DOHMH. HIV Diagnoses by High-risk Neighborhoods, Race/Ethnicity and HIV Transmission Risk New York City, 2012.

³ Cunningham, JH. “Disease Alley: Bronx Zip code 10457 has the highest numbers of dual STD sufferers in the city” NY Daily News, June 6, 2013. Accessed on October 26, 2015: <http://www.nydailynews.com/new-york/bronx/disease-alley-stds-epidemic-proportions-10457-zip-code-article-1.1364485>

⁴ Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. Prev Chronic Dis 2007;4(4). http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm. Accessed on October 26th, 2015.



**WOMEN'S
CITY CLUB**
OF NEW YORK

Shaping Policy
Improving Lives

wccny.org

Testimony Submitted by

Marge Ives, WCC Member and Co-Chair of WCC Sex Education in NYC Public Schools Task Force

Women's City Club of New York

October 27, 2015

Chairperson Dromm and members of the Committee on Education, Chairperson Johnson and members of the Committee on Health, and Chairperson Cumbo and members of the Committee on Women's Issue, thank you for this opportunity to advocate for much-needed reform for sex education in New York City public schools. I am Marge Ives, member of the Women's City Club of New York (WCC) and co-chair of WCC's Sex Education in NYC Public Schools Task Force. WCC is a century-old organization that shapes public policy through education, issue analysis, advocacy and civic participation.

WCC has long been at the forefront of improving standards for public school education as well as meeting the health needs of women and children throughout the five boroughs. In 1947 we conducted a survey of counseling and guidance services in public high schools and published a report with our findings; in 1988 we held a symposium on AIDS and its impact on children and their families in New York City; in 1995 WCC produced a 28-minute video tape promoting HIV/AIDS awareness among adolescents and young people that was incorporated into the sex education curriculum in public schools at that time; in 2011, WCC held a conference on improving the health of students by complying with the NYC Department of Education made of physical education. Most recently, WCC created the Sex Education in NYC Public Schools Task Force amid concern the 2011 sex education recommendation had not accomplished its intended goal: to provide comprehensive sex education to middle and high school students.

Today I am testifying on behalf of our 600-plus membership to ensure that New York City public schools are in fact providing that comprehensive sex education to our children.

The current rate of sexually transmitted infections among New York City youth is 25%. Nearly 20,000 15 to 19-year-olds in NYC have Chlamydia and nearly 3,300 have Gonorrhea. Moreover, although Herpes and Human Papilloma Virus (HPV) are not reportable, they are exceedingly common. Overall, among sexually active adolescents, 1 in 4 will have an STD by age 21, with 1 in 2 sexually active people having an STD by age 25.ⁱ

Further, HIV rates are sharply increasing among youth of color in New York City while decreasing for other age and racial groups. Between 2002 and 2011, the number of males between the ages of 15 and 24 living with HIV increased by 258%.ⁱⁱ It is imperative that young people receive comprehensive sex education in order to curve this dramatic increase in one of the deadliest infections our nation has ever seen.

Finally, there were 17,000 teen pregnancies in New York City in 2011, 87% of which were unintended.ⁱⁱⁱ The Bronx has seen the highest rates of teen pregnancies and abortions, as girls accounted for 86.4 of every 1,000 pregnancies – and nearly 1,800 babies.^{iv} As a member of a working group for the New York City Council’s Young Women’s Initiative, I have helped to assess the needs and disparities experienced by women and girls in New York City, through the lenses of educational attainment, preventative healthcare, and reproductive access. The teen pregnancy rates that we are currently seeing – as well as the rates of STIs and HIV – demonstrate the urgent need to educate our young women on safe sex practices. WCC commended the mayor and the New York City Department of Education when it issued its 2011 recommendation for a universal standard for sex education, as we felt it indicated the Department’s commitment to meeting the needs of our youth.

Unfortunately, since that recommendation was issued, Women’s City Club has failed to find qualitative and quantitative data to assess the recommendation’s effectiveness. In our efforts to collect such data we have probed multiple access points, including a Freedom of Information Act request to the Department of Education. In addition to the individual efforts of the task force, WCC also worked as a member of the Sex Education Alliance of New York City (SEANYC) to advocate for the release of data related to the sex education recommendation. To date, neither the task force nor SEANYC has been able to obtain from the Department of Education any quantitative data on educator training, curricula utilized, or amount of classroom time devoted to sex education.

This lack of information regarding compliance of the 2011 sex education recommendation is concerning because without the accountability mechanisms to ensure compliance, schools may be sidestepping their responsibility of providing every middle and high school student vital health information.

The three bills being discussed at today’s hearing seek to remedy this deficiency. By requiring schools to report on comprehensive sex education curriculum, instructor training, program evaluation, and reproductive health inquiries, the New York City Council will ensure that public schools are accountable to our young men and women. Without comprehensive sex education, our youngest New Yorkers are vulnerable to making adverse sexual health decisions that will result in negative long-term consequences. The Women’s City Club of New York supports legislation requiring the Department of Education to codify its original intent to provide comprehensive sex education. Further, we recommend that DoE expands sex education to grades kindergarten through 12th grade to ensure continuity and a fully comprehensive education.

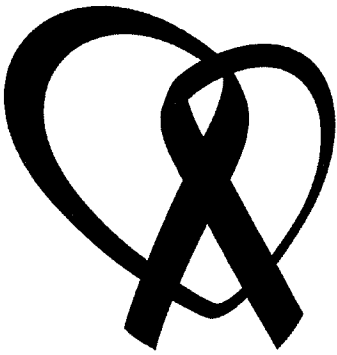
Thank you.

ⁱ New York State Department of Health. New York State Youth Sexual Health Plan. 2014. Accessed Online 23 October 2015. <https://www.health.ny.gov/community/youth/development/docs/2014_nys_youth_sexual_health_plan.pdf>.

ⁱⁱ Ibid i

ⁱⁱⁱ New York City Department of Health and Mental Hygiene. "Health Department Data Shows Steady Decline In Teen Pregnancy Rate." May 8, 2013. Accessed Online 23 October 2015. <<http://www.nyc.gov/html/doh/html/pr2013/pr012-13.shtml>>.

^{iv} Cunningham, Jennifer. "Pregnancy and abortion rates among Bronx teens is highest in the city, new report says." March 3, 2014. New York Daily News: New York, NY.



LOVE HEALS

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Testimony of
Love Heals, the Alison Gertz Foundation for AIDS Education
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
Int 0771-2015, T2015-2665, T-2015-3641
October 27, 2015

Thank you, Chairman Dromm, Chairman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon. My name is Sara Flowers, and I am here today representing Love Heals, the Alison Gertz Foundation for AIDS Education, a leading provider of HIV/AIDS education in New York City. Since 1992, Love Heals has worked to empower young people to become leaders by equipping them with the knowledge, skills, and confidence they need to protect themselves and their communities from HIV. Love Heals' Speakers Bureau pairs an HIV+ individual with a health educator to decrease stigma and provide clear, concise HIV prevention and testing information to students throughout New York City and in the surrounding tri-state area. Love Heals' Leadership Empowerment and Awareness Program (LEAP) for Girls helps young women of color to develop knowledge and skills to protect themselves from HIV transmission, while learning to recognize and stand up against social drivers that contribute to the very disparities they experience around HIV and sexual health. This year alone, Love Heals has reached over 35,000 students through HIV awareness and prevention presentations offered at 212 schools and other community sites across the five boroughs.

Love Heals is a membership organization of the Sexuality Education Alliance of New York City, a coalition of advocacy and direct service organizations that support comprehensive sexuality education for all New York City students. We stand before you today to lend our support to legislation that looks to solidify the infrastructure of the existing comprehensive sexuality education curriculum mandate in two ways: through overall monitoring and evaluation, and through resource allocation for training and professional development for those educators responsible for teaching comprehensive sex education in schools. These bills also reflect an opportunity to align New York City's sex education curriculum with recommendations outlined in the

National AIDS Strategy and Governor Cuomo's Blueprint to End the AIDS Epidemic in New York State.

Currently, the New York City Department of Education recommends that young people receive sexual health education for one semester in both middle school and high school. While this requirement is a step in the right direction, it exists without oversight or specifically designated resources, and therefore may often be overlooked or deprioritized in curriculum planning and implementation. As a result, many New York City students report that they have not received any sexual health education in school.

The legislation before you will require the Department of Education to formally monitor, evaluate and report on the sexuality education being taught in New York City schools, a critical stepping stone on the path towards ensuring that all students receive clear, concise, developmentally appropriate, and evidence-informed comprehensive sexuality education. To further bolster the proposed legislation, we recommend that Chancellor Carmen Fariña pass a Chancellor's Regulation to require comprehensive, developmentally appropriate sexuality education for all public school students from kindergarten through 12th grade, as outlined in the National Sexuality Education Standards. Healthy sexual development is a lifelong process; expanding sexuality education to elementary school will well-position students in New York City to:

- Avoid unintended health outcomes including reducing the disparate burden of HIV infection, STIs and unintended pregnancy;
- Learn to communicate effectively about sexuality and sexual health with family, friends, partners, and clinicians;
- Develop a sense of autonomy over their own bodies and respect the autonomy of others';
- Understand and practice consent; and
- Develop and demonstrate a sense of dignity and respect for all people, regardless of sexual orientation or gender identity, and speak and behave inclusively.

In order to implement the suggested recommendations most efficaciously, the Department of Education will also need to develop a clearly articulated implementation plan, make it compulsory for all New York City public schools, and monitor and evaluate the plan as implemented.

Chancellor Fariña and Commissioner Bassett's joint memo from earlier this year allowing condom demonstrations in classrooms is a solid testament to this city's commitment to providing evidence-informed, skills-based learning opportunities to further improve sexual health outcomes. Equally exciting is Speaker Melissa Mark-Viverito's recent launch of the Young Women's Initiative, which positions key stakeholders to work together to make solid policy recommendations to bridge gaps in services and reduce inequities experienced by young women across New York City, including those related to sexual health. We commend Mayor Bill de Blasio for prioritizing teachers' professional development, and hope that his administration will specify support for teacher training around sexuality education in order to ensure the adequate implementation of comprehensive sexuality education curricula across grade levels. Again, a Chancellor's Regulation would solidify the mandate

and better position the DOE to provide New York City students with the successive, comprehensive sexuality education they need.

The New York City Council clearly prioritizes health, rights, and education for young people. This legislation offers the Council another opportunity to stand up for what's best for students today and in the future. Love Heals thanks the Council for holding today's hearing, and recognizes it as one step towards improving the provision of comprehensive sexuality education in New York City public schools. We urge you to pass these important pieces of legislation.

FOR THE RECORD

My name is Raven and I'm sending a testimony from a high school senior in my neighborhood. I just let him speak and wrote down what he said. I hope that this sufficient enough.

Stephon told me that "the last time I took a sex ed class was in middle school, 7th grade. We learned about STDs, and basically sex is bad and not to do it. But if you do do it use a condom so you don't get a STD. After that everything I've learned about sex was from the homies on the block, rap songs and whatever online. As long as it isn't lame it'll be cool but awkward to learn about sex and stuff."

I hope that this can be helpful.

Thank you,

~Raven

FOR THE RECORD

My name is Ellen Streit, and I'm a second year Master of Public Health candidate at Columbia University Mailman School of Public Health studying adolescent sexual and reproductive health education. I have more than 6 years of experience teaching comprehensive sexuality education to middle and high schools students in California, Texas, and New York City.

I'm writing you to today to urge you to require that NYC public schools provide all students with comprehensive K-12 sexuality education. When I say "comprehensive," I mean much more than simply discussing condoms and birth control in addition to abstinence. I mean that the curriculum is culturally competent, sex positive, and inclusive of all genders and sexual identities, and provides young people with the tools they need to make healthy, informed, and empowered decisions not only in their sexual lives, but in every aspect of their lives. It is not enough to teach students about the risks of STIs and pregnancy. Students need to be given space to establish their own values and boundaries, to learn how to recognize and respect others' boundaries, and to understand what a healthy and satisfying relationship looks and sounds like. Students need to be exposed to different sexual and gender identities and expressions, learn to be accepting of people's differences, and even advocate on behalf of those who are different from them. They need to be given opportunities to practice communicating confidently with others about their wants, needs, and boundaries. They need a safe space where they can voice their fears, anxieties, and hopes with a trusted adult, who will give them medically accurate and nonbiased information, free of judgment.

In short – comprehensive sexuality is about so much more than sex. Comprehensive sexuality education gives students the information and skills they need to grow into healthy, responsible, and respectful adults, both in their sexual lives and otherwise. Students have a right to know how their bodies work, how to have safe and satisfying sexual experiences, free of coercion, and how to protect their health. We all want the same thing for the young people of New York City: for them to be safe, healthy, and happy. Mandating comprehensive sexuality education in schools is one important and necessary step towards making that a reality.

Thank you for your time,

Ellen Streit

MPH Candidate, Class of 2016

Columbia University Mailman School of Public Health

Department of Population and Family Health

Email: ellen.streit@gmail.com | Phone: 510-459-3119

I am the Chairperson of the CEC for District 15 and a parent of two children at PS261. I am also a social scientist with a long standing interest in sex education.

The children in the grade schools that I know may start to enter puberty in 3rd grade, 4th grade or 5th grade. A few may begin earlier and many may not begin until they go to Middle School. Unfortunately, there is very little information provided to grade school kids about what puberty is, whom it affects and how.

My children's school (PS261 in Brooklyn) provided a small amount of information without context or details. Concerned, I spoke with my principal and, together and with another parent who is a public health consultant, we developed a single-session class for 4th and 5th graders. Both of us (the two parents) have training and experience in public health.

Each of us went into every class for either 4th or 5th grade. We tried to do all of the classes in a single day. The classroom teacher was in the room, as was the entire class, boys and girls.

We solicited ideas about how the children's interests now had changed from when they were in kindergarten, and we discussed how those changes showed increased independence, interest in friends and maturity. We used this to segue into an explanation that puberty was the process of becoming an adult, physically and emotionally. We described the changes that boys and girls bodies would make and described the range of ages when those changes were likely to happen. We described the production of hormones and the mechanics of menstruation. We talked about whether girls could do all the things they normally did when they have their periods, and we talked about some of the logistics of getting your period in class and not getting messy when you get your period. We talked about boys' voices changing and in a few classes we talked about wet dreams (when someone asked). We spent the last 10 minutes playing a sorting game in groups to see whether puberty-related words should be categorized as happening to girls, boys or both, and we talked about the fact that most things (like growing, getting hair on your body, getting stronger, and feeling more sensitive about social relationships) happened to both boys and girls.

Throughout these classes the kids were engaged and curious. The teachers were uniformly enthusiastic about the sessions.

This year we hope to expand to have 2 or 3 sessions across the year.

I urge this Committee to show leadership on this issue. Provide young children with information about what is happening to them and to their peers. Offer straight talk by trusted adults in grade school. If we wait until Middle School, too many of these children will already be confused about the social context of Middle School, coping with new peers, anxious about their changing bodies and ill-equipped to listen to a new teacher talk about all of sex-ed. We can help them adjust to puberty by speaking to them early and clearly. If other schools are like our very diverse school near downtown Brooklyn, everyone will be glad that we do more.

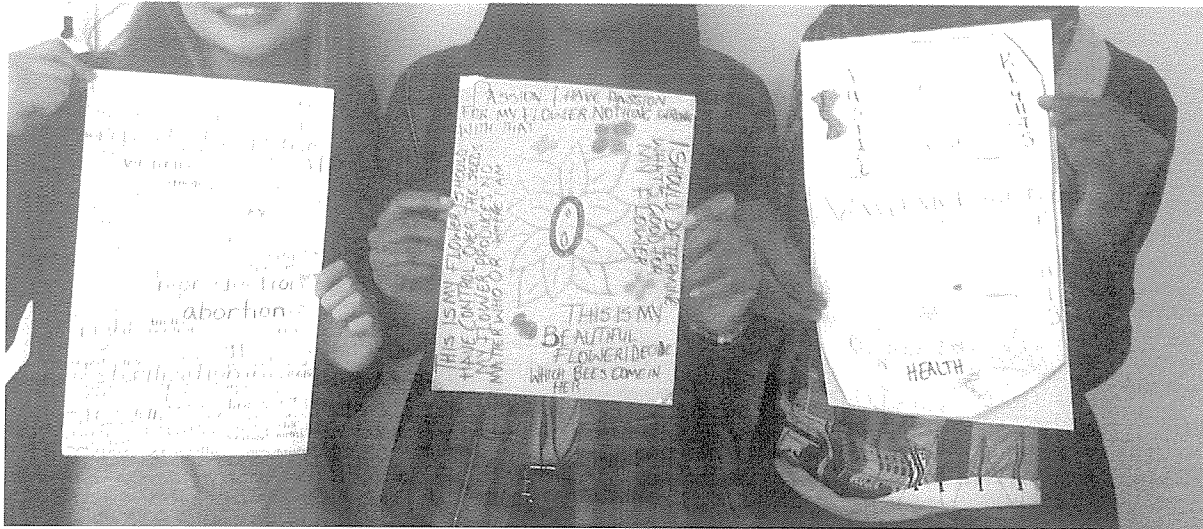
I am happy to help participate in this effort however I can. Thank you.

Rachel Porter

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Reproductive Justice Students. Sadie Nash Summer Leadership Institute, 2015

**Kyla Searle
Sadie Nash Leadership Project**

**Testimony prepared for:
Committees on Health, Education and Women's Issues
Joint hearing
Tuesday, October 27, 2015 11am**

Good morning. First, I want to thank the Committees on Health, Education and Women's Issues for the opportunity to engage a public conversation about sex education in our public schools. My name is Kyla Searle and I am here as an educator and faculty member with the Sadie Nash Leadership Project. Sadie Nash provides education and leadership programming to young women in New York and Newark.

Through Sadie Nash I have taught sex education in every New York City borough at public schools, community centers and through SNLP's Summer Leadership Institute where my class focused explicitly on reproductive justice. The schools I have taught in are vastly different. One has a clinic with comprehensive sex education programming. Another school is under the guidance of a principal, steadfast in his belief that no young person should be exposed to sex education beyond the biology of fetal development. Although comprehensive sex education that continues throughout adolescence is a critical source of support, students in New York are not receiving the same level of access to information about sex and reproduction.

At the beginning of each of my classes I ask students to report and discuss where they get most of their information about sex from. The most common responses are: friends and television. Then we talk about what information they already have. Among other things, students have shared the following:

- if you stand up while having sex you can't get pregnant
- ejaculation into the mouth can cause pregnancy

- drinking bleach induces miscarriage
- douching with bleach prevents the development of sexually transmitted infection
- hitting your stomach induces miscarriage
- if you are on your period you cannot contract a sexually transmitted infection

So there is the basic issue of misinformation.

And then the second issue, which is perhaps even more crucial is who young people can speak to and where they can receive support.

I have responded to dozens of phone calls and text messages about where to find health services, how to get free emergency contraception and where to go for confidential pregnancy testing and abortion services. Every single student who asks me for this kind of information tells me they have no one else to ask.

Students have shared with me time and again that comprehensive sex education not only informs them about their bodies and relationships but improves their ability to seek care and reach out for more information. Comprehensive sex education in schools facilitates a culture of health literacy, personal advocacy, resource sharing and peer support.

Increased sex education training, pedagogy and evaluation will strengthen New York public schools, support the choices and boundaries of young people and reinforce the availability of free and confidential care throughout the city.

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WE HELP TEENS TAKE CHARGE OF THEIR LIVES

Testimony of Inwood House

Before

The New York City Council

Committees on Health, Education and Women's Issues

Regarding

Sex Education in NYC Schools

Int 0771-2015, T-2015-2665, T-2015-3641

Tuesday, October 27, 2015

Carlton S. Mitchell

Interim Executive Director

80 Maiden Lane, Suite 1504, New York, 10038

Good Morning and thank you Chairman Dromm, Chariman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to testify today. I am Carlton S. Mitchell, Interim Executive Director of Inwood House. We were established in 1830 and are an internationally recognized leader and innovator in teen pregnancy prevention, youth development, and teen family services. We were among the first to address the connection between poverty and teen pregnancy, as well as the first to provide mother/child foster homes, deliver ongoing family support services after childbirth, engage teen fathers, bring asset-building comprehensive sexuality education and prevention programming to schools, and engage young boys in pregnancy prevention programming.

Since 1978, our TEEN CHOICE Program has been providing comprehensive, medically accurate and age-appropriate sexual health education to thousands of students in middle and high schools throughout New York City. Multiple evaluations of Teen Choice have deemed it a "Promising Program," reaching highest-risk students with long-term impact and equipping them with the knowledge, skills and confidence to make healthy life decisions. It is currently being nationally studied for its effectiveness as an Evidence-Based Program.

Inwood House, as one of the many organizations that comprise the Sexuality Education Alliance of New York City, applauds the introduction of these bills as an important step to helping young people take charge of their health and their lives. But we recommend that language be added

to strengthen privacy protections so that no student's confidentiality is violated and none of data that is collected is misused.

It is time to make sexuality education a priority for all of our students, on a continuum of kindergarten through 12th grade. Too often, students are not provided any of the required HIV/AIDS lessons that are mandated, and health classes include little or no sex education. Even more egregious, there are countless examples of factually inaccurate information being given to students by ill-prepared teachers.

Recently, we conducted an informal survey of students we serve, and they overwhelmingly believe that good, comprehensive sex education should be available to all youth, preferably before they have sex. They want to receive this information in a non-judgmental, caring way and not based on fear tactics. They want to learn communication skills, the differences between healthy and unhealthy relationships, sexuality and sexual orientation, assault and consent, and how to approach situations they face – such as bullying and peer pressure, violence and trauma, substance abuse, and daily stress. They want the tools that will assist them to negotiate these realities, combat insecurities and gain the self-efficacy needed to remain safe and centered in their own identity.

We thank you for recognizing the holistic development of all students and urge you to pass these critically-needed pieces of legislation.

INWOOD HOUSE PROGRAMS

Continuum of Teen Family Support & Pregnancy Prevention

Pregnant & Parenting Teen Residences

24-hour comprehensive maternity, mother & child care facility for pregnant & parenting teens in foster care or who are homeless

Teen Choice and PREP

NYC/Westchester

Pregnancy & HIV/AIDS prevention in high schools

PRIME Leaders

Out-of-school academic enrichment, leadership & community engagement

Legacy of Literacy

Libraries for children in each of our residences

Mother Child Foster Care

Foster family homes for parenting teens & their babies

Passport to Parenting

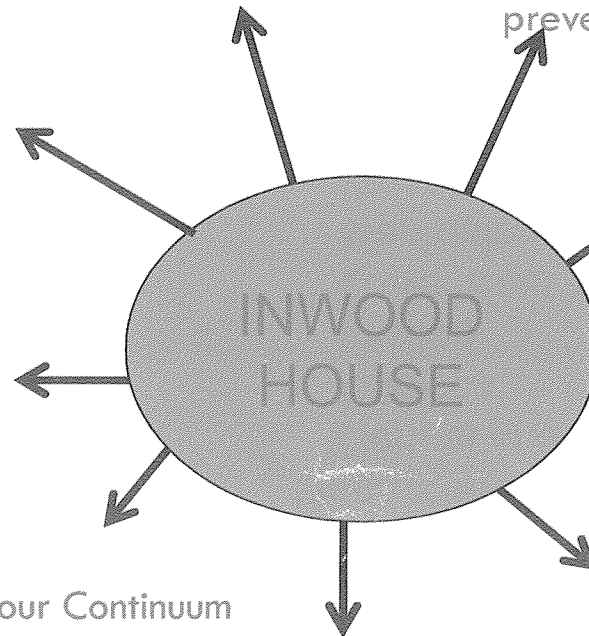
Partnerships to bring the our Continuum of Care to multiservice foster care agencies

Fathers Count

Counseling, academic & career support services for young fathers in Inwood House families

FLEE

Financial Literacy Training throughout our programs



Communities Served



Our young people come from neighborhoods with the highest incidences of teenage pregnancy and AIDS, and where poverty, drug abuse, school drop-out and gang activity are a daily part of their lives.

Bronx:

East Tremont
Fordham
Hunts Point
Morrisania
Mott Haven
University Heights

Brooklyn:

Bedford Stuyvesant
Brownsville
Bushwick
Crown Heights
Flatbush

Manhattan:

Central and East Harlem
Chelsea
Inwood
Lower East Side
Manhattanville
Washington Heights

Queens:

Jamaica
Far Rockaway

Westchester

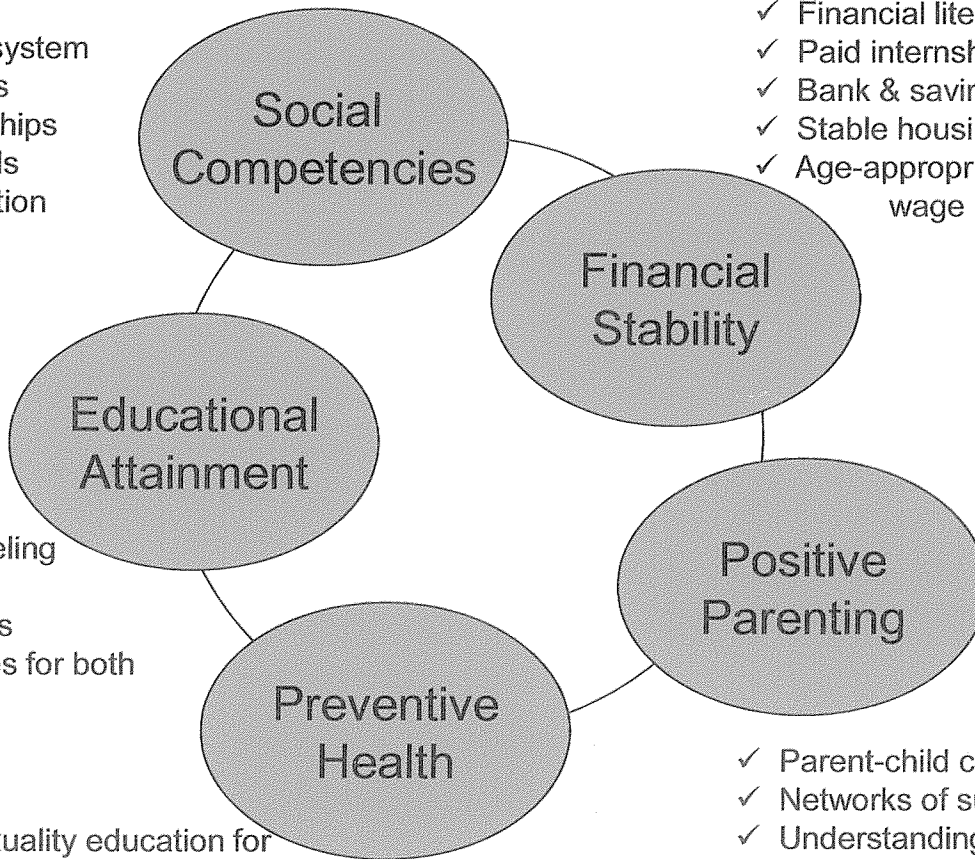
We help teens take charge of their lives!



- ✓ Self-esteem & personal value system
- ✓ Relationships with caring adults
- ✓ Positive peer & family relationships
- ✓ Peaceful conflict resolution skills
- ✓ Empowerment & future orientation
- ✓ Healthy decision-making
- ✓ Delaying gratification
- ✓ Community engagement

- ✓ School engagement
- ✓ Secondary & higher education
- ✓ Educational guidance & counseling
- ✓ Early childhood development
- ✓ Child school-readiness activities
- ✓ Access to educational resources for both parent and child

- ✓ Comprehensive sexuality education for primary prevention as well as family planning
- ✓ Knowledge & access to school & community-based resources
- ✓ Pre- & post- natal care
- ✓ Well-baby visits
- ✓ Self-care visits



- ✓ Financial literacy
- ✓ Paid internships & career development
- ✓ Bank & savings account
- ✓ Stable housing & affordable child care
- ✓ Age-appropriate employment & wage progression

- ✓ Parent-child communication & bonding
- ✓ Networks of support
- ✓ Understanding parenting roles, responsibilities & expectations
- ✓ Understanding needs of their children, as well as child safety measures
- ✓ Regular engagement of fathers



TEEN CHOICE: TIMELINE - HISTORICAL CONTEXT AND BACKGROUND

Inwood House's Teen Choice was created in 1978 at the request of the New York City Department of Education. An asset-building mental health model of school and community based teen pregnancy and disease prevention, Teen Choice was the first co-ed and comprehensive sexuality education program offered in NYC public schools and over the decades has gained recognition for its evidence-informed impact.

- Teen Choice social workers were on the forefront of prevention in the AIDS epidemic in NYC.
- In 1995, Inwood House was selected as a lead agency for the New York State Department of Health (NYSDOH) Community-Based Adolescent Pregnant Prevention (CBAPP) program, providing Teen Choice and related youth development services to high-risk youth and their families in Inwood/Washington Heights and the South Bronx, representing some of the most economically depressed communities in the United States.
- In 1999, Inwood House launched a partnership initiative with the Atlantic County Government, Superintendent of Schools, and Atlantic County Health Collaborative to operate Teen Choice in Atlantic County, NJ schools.
- Teen Choice was again replicated in 2006-2008 in partnership with the Hispanic Federation, expanding Teen Choice programming for Latino youth at three community-based agencies.
- In 2010, Inwood House was contracted by N.Y. State's Office of Children and Family Services (OCFS) to provide Teen Choice sexuality education and Peer Leader programs to adjudicated youth at Good Shepherd's community-based programs in the Bronx and Brooklyn.

Teen Choice has been recognized nationally through strong funding partnerships that have supported the program for over 35 years. Notable funding investments in the Teen Choice model have included:

- 1995: Inwood House was awarded a five-year national demonstration grant from the U.S. Department of Health and Human Services to longitudinally evaluate the impact of Teen Choice, later published in the September/October 2000 Family Planning Perspectives (Volume 32, Number 5), in an article entitled "Long Term Outcomes of an Abstinence-Based, Small Group Pregnancy Prevention Program in New York City Schools."
- 1999: The New York State Department of Health awarded Inwood House an innovation grant to launch *Project Straight Talk for Boys*, a Teen Choice pilot project designed to engage young boys and their parents through the transition from elementary to middle school. *Project Straight Talk* was designed to help build family support and communication about sex and relationships at this crucial time in their development. The success of this program and positive impact on the lives and risk behaviors of the young boys was developed into a model for additional programming by the NYSDOH.
- 2003 – 2008: Inwood House is awarded funding from the New York State Department of Health's AIDS Institute to provide Teen Choice and Peer Leadership programming to NYC Department of Education schools in the highest risk communities in the Bronx.
- 2010: Inwood House was awarded a five-year Comprehensive Adolescent Pregnant Prevention (CAPP) grant from the New York State Department of Health to provide Teen Choice services, including the delivery of *Making Proud Choices* (an evidence-based curriculum), in schools in the Bronx, Manhattan, and Brooklyn.
- Private and public sector funding for Teen Choice programming has included United Way of New York City, the World Childhood Foundation, NYC's Department of Youth and Community Development (DYCD), the Starr Foundation, the Robert Wood Johnson Foundation, and multi-year funding from the Charles A. Frueauff Foundation and the Tiger Foundation.



WE HELP TEENS TAKE CHARGE OF THEIR LIVES

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

In 2012, Inwood House received expanded program support from the New York State Department of Health, through the U.S. Department of Health and Human Services, for its Personal Responsibility Education Program (PREP), to expand Teen Choice services to New York City special-needs youth in foster and residential care facilities, a population that has been shown to be vulnerable to high-risk sexual behaviors and pregnancy. A teen girl in foster care is 2.5 times more likely to get pregnant by age 20 than her peers not in foster care, with 71% of young women who have been in foster care report having been pregnant at least once by age 21¹. A University of Washington study also showed that foster care youth face an increased risk of STIs in young adulthood than non-fostered peers².

The PREP expansion includes a formal, randomized evaluation study of our Teen Choice program implementation and impact at three partner agencies, to be conducted by Mathematica. A Fidelity Scale has been created to ensure that the model is delivered faithfully and consistently at all sites. With extensive experience in serving foster care populations, Inwood House is one of only four PREP sites nationally and the only site in New York State to be evaluated by Mathematica.

The Teen Choice PREP Curriculum is designed to help teens:

- Develop critical thinking, decision-making and communication skills
- Reduce risky behavior
- Make responsible and safe choices about their sexuality
- Build positive peer support while challenging the stereotypes of youth culture
- Acquire the knowledge, skills, and confidence needed to set and achieve future goals.

What makes Teen Choice unique is the use of group interaction, known as the "Mutual Aid Model," empirically validated and embedded in social work and practice theory for 50 years. Teen Choice groups are ideally limited to no more than 10 - 12 young people who meet weekly for a minimum of 12 sessions. Members are able to help one another and to be helped through sharing their knowledge, experiences, and feelings. The small group provides a venue for adolescents to talk about emotionally-loaded subjects, express and clarify their values, take in and retain relevant factual information, and try out new skills. The Resource Center for Adolescent Pregnancy Prevention (ReCAPP), nationally known for its scientific research in this field, cites this model as an effective intervention.

Core topics addressed through the small group modality include: Contracting, Group Norms and Ground Rules; Values and Decision-Making; Anatomy, Birth Control Methods, STI's + HIV/AIDS, Reproductive Health Resources; Healthy and Unhealthy Relationships; Trust and Communication/Negotiation Skills; Problem-Solving and Conflict Resolution; Purposeful Use of Self and Safety Plans for the Future ("Taking Action")

Through the facilitation of small group sessions, based upon a Curriculum that is utilized with fidelity, the Teen Choice PREP Program will be evaluated for the following outcomes:

- Helps teens acquire the knowledge and personal skills required to make responsible decisions when confronted with sexual situations
- Delays the onset of sexual activity
- Reduces the frequency of risky sexual behaviors (increased use of additional contraceptive methods, including condoms, to avoid pregnancy and STI's)
- Increases access to community-based health resources

1. Why it Matters: Teen Pregnancy and Child Welfare. Washington, DC. The National Campaign to Prevent Teen and Unplanned Pregnancy. http://www.thenationalcampaign.org/why-it-matters/pdf/child_welfare.pdf

² Ahrens KR, (2010, July 26) *Laboratory-diagnosed sexually transmitted infections in former foster care youth compared with peers*. Retrived Dec 1 2013 from the National Library of Medicine. <http://www.ncbi.nlm.nih.gov/20547646>

Proposed Jt. Announcement to the Public (assumed by Jan. 27th)
January 23, 2014 – **FINAL**

After careful deliberation, the Boards of Trustees of Inwood House and The Children's Village ® are pleased to announce a formal alliance that will create a dynamic organization with the capacity to provide better services for more young men and women at the margins of society. Founded in the mid-1800's, both organizations bring a rich history and compelling charitable mission to help those most in need. The Children's Village's expertise lies in working with a broad base of at-risk teens, while Inwood House offers a unique niche within that segment with its expertise in caring for pregnant and parenting teens and pregnancy prevention. Joining these skills together will create a powerful force to improve outcomes for New York youth.

Both organizations are committed to building the potential of youth to break the cycle of poverty. Working together, Inwood House and The Children's Village will have access to more children and teens, many of whom face overlapping challenges. As one organization, we can provide one-stop, wraparound programs that are designed to keep children safe, help teens avoid life-altering obstacles such as early pregnancy, drug abuse and incarceration, and support families, including parenting teens.

"We are excited about partnering with The Children's Village," said Inwood House Board President Andrew Wozniak, Managing Director at Cisco Systems, Inc. "Together we can leverage Inwood House's specialized expertise and knowledge to expand beyond direct service and bring the issues of pregnant and parenting teens to the forefront of the national agenda."

Said Children's Village Board Chairman Paul H. Jenkel, former Senior Vice President at Alliance Capital Management Corp., "we are very pleased that Inwood House chose us as a partner. We admire the organization's' strong commitment to pregnant and parenting teens, and its desire to serve increased numbers of this marginalized population."

Inwood House and The Children's Village share a set of core beliefs. First, all children and youth need positive connections to adults – at least one committed adult, preferably one or more family members, who believes in them and will remain connected throughout their lives. Second, education, appropriate social behavior, common-sense values, and job skills are essential to functioning independently in society.

And third, despite the burdens of racism, social injustice and inequality, everyone has strengths and the desire to make his or her life happy and fulfilling, and most can and will succeed given the support and tools to overcome obstacles.

Carlton S. Mitchell will lead Inwood House's transition in the role of Interim Executive Director. His credentials include over 30 years of executive-level experience in the nonprofit, public, and private sectors. He previously served as Interim Executive Director of Turning Point-Brooklyn, Interim President and CEO of Families First New York, Executive Director of the International Center in New York, Inc. and as Deputy Commissioner of Community Development in the New York City Department of Youth and Community Development.

"Carlton brings the necessary business acumen and operational skills at an important time in our agency's history. I have the utmost confidence in Carlton and in this plan to ensure that Inwood House's mission continues to have a powerful impact on young people throughout New York City. We are also grateful for the support given by the New York, Merger, Acquisition, and Collaboration Fund," said Dr. Linda Lausell Bryant, former Inwood House Executive Director, and now Clinical Assistant Professor and the Katherine and Howard Aibel Visiting Assistant Professor and Executive in Residence at the New York University Silver School of Social Work.

Mr. Mitchell will work closely with Dr. Jeremy Kohomban, President and CEO, The Children's Village, who will lead the merged organization.

The joint organization will have a significant influence on the policies and practices that affect at risk teens. It will be better able to transcend the politics of any given day, the ups and downs of government funding cycles, and the ever-changing funding trends. Because of Inwood House's unique expertise, the organization has the potential to lead in issues affecting pregnant and parenting teens and their families as well as to reduce teen pregnancy throughout the youth populations it will serve.

The joint organization will pursue a two-prong strategy. First, it will remain true to providing high quality, direct services to a broad base of at-risk young people, including programs designed to prevent teen pregnancy and provide services to pregnant and parenting teens. Second, the Inwood House Division will expand its traditional role as

advocate and thought leader to ensure clients' voices and needs are heard.

By joining forces, Inwood House and The Children's Village will amplify each other's ability to profoundly change more young lives, whether through direct services or targeted advocacy.

About The Children's Village

The mission of The Children's Village is to work in partnership with families to help society's most vulnerable children so that they become educationally proficient, economically productive, and socially responsible members of their communities. The organization focuses on keeping children safe and, whenever possible, with their families in the community, with an emphasis on cultural sensitivity and valuing families' strengths. The Children's Village was founded in 1851 to shelter New York City's adolescents who committed petty crimes. Over the decades, Children's Village has evolved to become an innovative leader in strengthening youth who are among the most at-risk in New York's child welfare and juvenile justice systems. Each year Children's Village serves close to 10,000 children, youth and families in short-term residential care and community-based youth and family support programs. www.childrensvillage.org.

About Inwood House

Inwood House is dedicated to helping teens become healthy, self-reliant adults. It helps teens take charge of their lives by: facilitating the development of the knowledge, skills, and self-esteem needed to set life goals, make responsible decisions, and avoid teenage pregnancy; providing a continuum of care for pregnant and parenting teens in foster care that builds on their strengths and moves them toward self-sufficiency; and being a source of hope, guidance and opportunity to the youth it serves.

Established in 1830 to help sexually exploited girls in New York City rebuild their lives, Inwood House is internationally recognized as a leader and innovator in teen pregnancy prevention, youth development, and teen family services. Inwood House was among the first to address the connection between poverty and teen pregnancy, as well as the first to provide mother/child foster homes, deliver ongoing family support services after childbirth, engage teen fathers, bring asset-building comprehensive sexuality education and prevention programming to schools, and serve on the front lines of prevention in the AIDS epidemic.

Today, informed by rigorous research and a highly qualified staff, Inwood House's programs promote the healthy development of more than 2,500 youth from our most vulnerable communities through residential and foster family care and ongoing Teen Family Support initiatives, and comprehensive school and community-based Teen Pregnancy Prevention programs in New York City. www.inwoodhouse.com

For further information, please contact Zankhana Shukla at zshukla@inwoodhouse.com, 212.861.4400 ext. 8062, or Lia Schwartz at lschwartz@childrensvillage.org, 914.693.0600 ext. 1819.



The Children's Aid Society

www.childrensaidsociety.org

**Testimony of the Just Ask Me (JAM) Peer Educators, The Children's Aid Society
New York City Council Oversight Hearing on Sex Education in NYC Schools
Prepared for the Committee on Health, the Committee on Education, and
the Committee on Women's Issues**

October 27, 2015

We are the Just Ask Me (JAM) Peer Educators at The Children's Aid Society (CAS). We would like to thank Chair Corey Johnson of the Committee on Health, Chair Daniel Dromm of the Committee on Education and Chair Laurie Cumbo of the Committee on Women's Issues for having this hearing on the current state of sexual health education in New York City schools.

The JAM Peer Education Program is very important due to the fact that we teens can get involved and learn more information about sexual health in depth and we can spread the accurate sexual health information. Currently, there are seven JAM Peer Educators, ranging from grades 9th through 12th. As JAM Peer Educators we hear questions from our peers and are able to provide the correct information. We are also in high school and have experience in the sex ed we are getting in NYC DOE schools.

Sex Education in school creates awareness for all teens who don't know a lot about sexual health or the consequences of having sex. Teens are sometimes uncomfortable speaking with parents and need someone to give them factual information because there are so many myths that we hear. In school, teens are always talking and saying things like "oral sex isn't really sex and you can't get anything". Basically, some teens don't know and they need to be informed. If and when we get health education in school, they only focus on things like nutrition, drugs and alcohol which is important but we need to hear about everything. A lot of teens don't use condoms because they don't know how to or where to get them from. Here's an example from one of us: I had a friend who thought he got a girl pregnant because he had unprotected sex and thought he couldn't get her pregnant. This is why we need to be educated so we can make better decisions.

Sex education isn't only about sex but learning about our bodies, healthy and unhealthy relationships, our values, and how to communicate our feelings. This is why it's so important that we have trained professionals in our schools to teach us about these things early in middle and high school. And if our teachers can't because they are uncomfortable talking about sex with us, then we should have trained professionals from the outside to teach. It's also important to have someone that you trust and can build a bond with and they understand what's going on with you and can help.

Thank you.



**NEW YORK
CITY BAR**

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**WRITTEN TESTIMONY OF
THE NEW YORK CITY BAR ASSOCIATION
SEX AND LAW COMMITTEE**

**NEW YORK CITY COUNCIL COMMITTEES
ON HEALTH, EDUCATION, AND WOMEN'S ISSUES
HEARING ON SEX EDUCATION IN NYC SCHOOLS
INT. 0771-2015, INT. 0952-2015, INT. 0957-2015**

OCTOBER 27, 2015

My name is Melissa Lee, and I am a member of the Sex and Law Committee of the New York City Bar Association. Our Committee represents a broad cross-section of the legal community, including civil rights attorneys, prosecutors, public defense attorneys, and attorneys with expertise in public health policy, education, and childhood development.

The City Bar commends the City Council for once again taking the time to focus on improving sex education outcomes for New York City's students. In line with this priority, comprehensive sex education not only improves educational outcomes, but it teaches young people how to build respectful relationships, reduce bullying, grow into healthy adults, and build strong, compassionate communities.

The City Bar urges the Council to look to sexual health education reform as a long-term and proactive way to cease the current rise of sexual assault cases on our school campuses.

Int. 0952-2015 and Int. 0957-2015 are a step in the right direction towards ensuring that students in New York City's public schools receive sexual education for part of a semester in middle school and for a semester in high school. However, we can and should be doing more, to ensure 1) an increased commitment to providing comprehensive, medically-accurate, age-appropriate sexual health education for all students starting as early as Kindergarten through the 12th Grade, and 2) monitoring and oversight so that the commitment becomes and remains a reality. Our testimony does not address Int. 0771-2015 as it concerns student health services that go beyond the sexual health education issues that we have specifically studied and seek to address here today.

Sexual violence and harassment start early. One out of 10 high school students reports being hit, slammed into something or injured with an object or weapon by someone she or he was dating, according to the Center for Disease Control's 2013 Youth Risk Behavior

Surveillance.¹ The same percentage of students report being forcibly kissed, touched or made to engage in sexual intercourse.² These alarming statistics have wide implications for our communities, public health and the future of our young people.

To be sure, a problem as prevalent and deeply rooted as sexual violence requires a multi-dimensional, multi-sector response. At the core of any such policy response must be a comprehensive sex education program that reaches all of our students. A program for part of a semester in middle school is simply not enough. It is imperative that comprehensive sexual health education that addresses these issues be taught in our schools from the students' early age, so that we may effectively prevent sexual violence before it ever begins.

To that end, sexual health education reform should require the concrete, specific support of a Chancellor's Regulation to ensure that the program sets and meets worthwhile goals, that such a program is actually implemented in all of the city's schools, and that the program, once implemented, will endure.

In 2011, the Department of Education released a memo that required sexual health education be incorporated into the one semester of health education required in middle and high school.³ While that was certainly a step in the right direction, it is now time to go further. Cities across the country, including Chicago⁴ and Washington D.C.,⁵ are already leading the movement by requiring and implementing comprehensive, age-appropriate sex education from kindergarten through high school. New York, however, is being left behind.

New York City's public school students need more than a policy – they need *a guarantee* that they will receive comprehensive, medically accurate, evidence-based, developmentally appropriate, unbiased sexual health education. More specifically, the Committee recommends that a Chancellor Regulation be put in place that meets the following criteria:

- (1) Requires medically-accurate, comprehensive, developmentally appropriate sexuality education for all New York City school students from Kindergarten through the 12th Grade.

¹ Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance- United States, 2013", Morbidity and Mortality Weekly Report, 63:4, June 13, 2014 at 10, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

² *Id.* at 11.

³ New York City Department of Education, Office of School Wellness Programs, Sexual Health Education in Middle and High Schools, http://schools.nyc.gov/NR/rdonlyres/E8BEF0FA-1165-47A3-852D-618E2E0744A4/0/WQRG_SexualHealthEducation.pdf.

⁴ Chicago Department of Public Health, "Sexual Education Policy in Illinois and Chicago", June 2013, http://www.cityofchicago.org/content/dam/city/depts/cdph/policy_planning/Board_of_Health/HCPolicyBriefJune2013.pdf.

⁵ D.C. Office of the State Superintendent of Education, "Health Education Standards", August, 2008, <http://dcps.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/HealthEdStandards.pdf>.

- (2) Adopts a curriculum that, at a minimum, reflects the National Sexuality Education Standards⁶ and covers: (i) sexuality as a normal, healthy aspect of human development; (ii) healthy relationships and healthy decision-making; (iii) body image and self-esteem; (iv) gender, sexual orientation, and gender identity; (v) the benefits of delaying sexual activity; (vi) risk behaviors and prevention methods for unintended pregnancy, STIs and HIV; (vii) local testing and treatment sites for STIs and HIV; (viii) local reproductive health care providers; (ix) strategies for preventing, recognizing, and addressing bullying and sexual violence; (x) the use of technology and social media in intimate relationships; and (xi) the importance of communication with trusted adults about sexuality and intimate relations.
- (3) Creates a meaningful implementation plan that includes: (i) giving schools a full year to implement teacher training and ensure adequate staffing; (ii) requiring all teachers providing sexual health education to receive training that reviews the program requirements and addresses how to use the recommended curriculum and effectively discuss and teach about the subjects to be covered; (iii) requires all schools to have an adequate number of trained teachers to provide sexual health education; (iv) provides teachers with appropriate written standards and curriculum and ongoing training and appropriate written training materials; (v) makes written training materials available on the Department of Education's website; and (vi) provides for periodic evaluation by the Department of Education to assess whether to change or update the recommended curriculum and teacher training based on advancements in the field.
- (4) Creates a meaningful tracking and evaluation system that includes: (i) a requirement that each school submit an annual report to the Office of School Wellness on the status of its sexual health education program, including: the name and relevant training received by all teachers providing sexual health education; the name and affiliation of any outside consultants or guest speakers providing sexual health education in the school; the textbooks, curricula, lesson plans, and activities used to provide sexual health education; and the hours of instruction provided for each grade; (ii) biannual evaluation by the Office of School Wellness about each school's compliance with the requirements of the program, to be set forth in written public

⁶ Released in 2012, the National Sexuality Education Standards establish a thorough catalog of essential sex education content. The standards promote healthy relationship-building skills as one of seven fundamental components to a comprehensive sex education curriculum. Lessons focus not only on physical development, pregnancy, and STIs, but also on safety, respect and consent, sexual decision-making, sense of control over one's environment and behavior, sexual orientation and gender identity, and awareness about cultural messages that reinforce gender norms and sexual violence. These curricular standards are essential to challenging societal messages that implicitly and explicitly condone misogyny, homophobia, transphobia (that is, negative attitudes based on someone's status as a transsexual or transgendered individual), and the violence and sexualized bullying that too often result. Further, the learning is age-appropriate and cumulative so that all students from Kindergarten through high school are receiving and building on information that is right for their level of cognitive and social development. See National Sexuality Education Standards, <http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>.

findings; and (iii) where necessary, the creation of plans for future compliance for schools by the Office of School Wellness, which will also work with schools to meet the goals of such plans.

Int. No. 0952 is an encouraging first step in ensuring transparency as to whether each school is complying with current law and recommendations regarding sexual health education. *We are concerned, however, about the privacy implications of proposed subparagraphs (b)(5) and (6).* We urge further study of whether disclosing information about the percentage of students seeking sexual health information from a school nurse or guidance counselor or information about the racial and ethnic composition of students serves a valid health or education purpose and whether that purpose outweighs the potential privacy concerns raised by these subparagraphs.

Int. No. 0957 will be a similarly useful tool for the public, policymakers, and advocates seeking to evaluate the sufficiency of numbers of staff and their qualifications, as well as the level of training supplied to that staff.

However, and in conclusion, the City Bar urges that a more comprehensive sexual health education program be mandated and implemented in grades K through 12. We therefore recommend that a Chancellor's Regulation be formulated and implemented as described in this testimony to ensure that the data subsequently reported pursuant to enactment of the bills before you will document tangible, critical educational services actually delivered to our students.

For these reasons, the City Bar supports the passage of Int. 0952 and 0957, but further asks that the Council give its full support to putting in place such a Chancellor's Regulation that will expand educational services vital to keeping all of our public school students healthy and safe. Our youth and our communities deserve nothing less.

Respectfully Submitted,

Melissa Lee
Member, Sex and Law Committee
New York City Bar Association

Testimony in Support of Comprehensive Sexual Health Education in NYC Public Schools:

As an educator with a decade of experience working with public school youth ages 12-18, including working for a holistic pregnancy prevention program, I feel passionately that available, accessible, and transparent comprehensive sexual health awareness education is a both a moral imperative and a basic human right for our young people. NYC public schools today serve over a million children, and are the primary source for the sexual health education that these children will carry with them into adulthood. Yet without a comprehensive, transparent, and accountable program, these students are at risk. Over 500,000 young women are growing up in an educational environment that is not guaranteed to teach them accurately about their own bodies at best, and at worst enables active emotional and physical harm by teaching young girls that their sexuality is shameful, nonexistent, or less important than that of their male peers. Without accessibly providing such education, we willingly increase the chances of long term impacts on young women's lives through unplanned pregnancy, preventable STI infection, and sexual harassment or assault. We likewise know that a lack of comprehensive, accessible sexual education disproportionately impacts marginalized communities. Over 80% of students in NYC public schools are students of color. Almost 80% of public schoolers in New York experience household poverty. A student's race or ethnicity should not in 2015 be a barrier to receiving the same education as their wealthy white peers; yet, without a comprehensive, transparent, accessible sexual health and awareness program in public schools, this is the reality that we face. Similarly, the lack of such education plays a direct role in the continued marginalization of LGBTQ youth in New York City. More than half of homeless youth are LGBTQ, and gay and lesbian youth are at 4 times greater risk of suicide than their straight peers. For trans youth, the risk is 8 times greater than that of cisgender peers who identify with the gender they were assigned at birth. Young people are coming out younger than ever before, a trend that we should be celebrating. And yet they are coming out into a world that does not educate, or even acknowledge their true authentic selves, and often actively persecutes them. This erasure does real damage and directly contributes to the statistics around homelessness and suicide. Touching important intersections of race, class, sexual orientation, and gender identity, this is not simply an educational issue, it is a Civil Rights Issue. If New York City wants to be a leader amongst American Cities in the 21st century, then we must lead on this issue and do right by our young people.

Thank you.

Carmen C. Melillo

October 23, 2015

Dear Members of the Committee on Health Education and Women Issues,

My name is Monique Willoughby and I have been attending the Urban Assembly Institute for Math and Science for Young Women. I have been attending the Children's Aid Society Carrera program for 5 years and I have benefited greatly from the Family Life Sexuality Classes.

One of the first things I learned was there is more to sex than sexual intercourse. I've learned to dispel myths about sexual intercourse. I've learned about different forms of contraception, STIs and how to protect myself from them, even about the variety of condoms and how they are used. Without the knowledge of this class I would probably make the mistake of opening a condom with my teeth or using two condoms because I don't want to be pregnant. This program is very beneficial because in the world we live in today there are so many myths and people have the wrong idea of sex and how to use condoms, you turn on the TV and they don't even check the condom to see if it's expired!

The Carrera Program is an excellent program, and more schools should have comprehensive Sex Ed. Thank you for your time. I really hope you take my letter into consideration; you'll be making me happy and other kids smarter!

Sincerely,

Monique Willoughby, 11th grader

A handwritten signature in cursive script that reads "Monique Willoughby". The signature is written in dark ink and is positioned below the typed name.

October 23, 2015

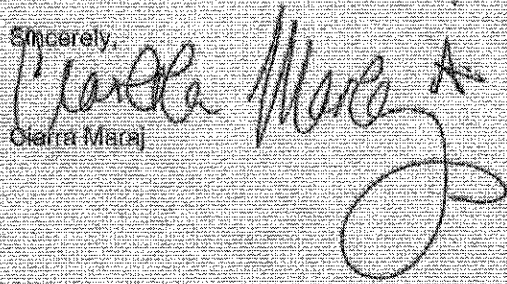
Dear Members of the Committee on Health and Women Issues,

My name is Ciarra Maraj, I'm sixteen years old, and I'm a senior that attends the Urban Assembly Institute of Math and Science for Young Women. I've been in the Carrera program for about seven years now and FLSE (sex ed) has always been my favorite class. It has helped develop my character and my values as a female individual. Due to my relationship with Ms. Wazina, my teacher, I am a proud feminist. It has taught me a lot about the world around me that I would've never known had I left the Carrera program. For example, conversations around sexuality has made it less of a taboo topic. I learned that everyone has sexuality and they deserve to learn more about it, beyond their sexual orientation.

Sexual education is important because it reduces the amount of ignorance in the world about this topic. Being so young and learning about it is beneficial because the curriculum is designed to grow with students. Sexual education isn't only about penises and vaginas, it's about society and how you can make a difference. It's about being empowered and how your individuality can never be taken away from you. All schools need sex ed because no student should be hampered from learning about themselves and the world around them. I hope this influences your decision.

Sincerely,

Ciarra Maraj

A handwritten signature in black ink that reads "Ciarra Maraj". The signature is stylized, with a large, looping flourish at the end of the name.

October 23, 2015

Dear Members of the committee on Health Education and Women Issues,

My name is Kayla Quarless and I have been attending the Urban Assembly Institute for Math and Science for Young Women. I have been attending the Children's Aid Society Carrera program for 6 years and I have benefited greatly from the Family Life Sexuality Education (FLSE) classes, and so have my parents and younger sister.

When I first came to the program I learned about how my body works and what I may experience during puberty. At first, I thought it was going to be like the program at my old school where we briefly went over the topic of puberty and hygiene. However, I was wrong. As part of the Carrera program, I learned about puberty, sex education, hygiene, gender identity, sexual violence/trafficking, and peer pressure. I also learned what to do in these situations that may put me at risk.

At different times I have found myself in situations where I have counseled a friend when they have had issues with their menstrual cycle or given another advice to about how to abstain from sexual contact. This program offers guidance in situations like pregnancy, HIV, sexual transmitted diseases, peer pressure etc. This program has always welcomed all students who are curious to learn or need help - It's like a safety net. If your parents can't help you or they may not understand or maybe not welcome a topic of discussion, you always have the opportunity to talk to someone who is educated about the topic, and open minded, - and that is the staff of the Carrera Program. They ensure that you learn your body, regardless of your beliefs, and help you to prevent a situation that can be devastating in you life.

This program is also helpful because they also offer classes to parents. For example, if you're in a situation where you're the father of a girl and you don't know how to a approach your daughter about puberty or don't know all of the real facts, a Parent Family Life and Sexuality class is the way to go. Not only do you learn the facts but also you will learn what to do when the situation comes up and be prepared as a family.

Thank you for your time,



Kayla Quarless

October 23, 2015

Dear Members of the Committee on Health Education and Women Issues,

My name is Arianna Arias, and I attend the Urban Assembly Institute for Math and Science for Young Women. I have also been attending the Children's Aid Society Carrera program for 5 years and have benefitted greatly from the Family Life Sexuality Education (FLSE) classes. I am so grateful to get to experience and enjoy FLSE. To be honest I was a bit embarrassed talking about things that are considered taboo among some people my age; however, Carrera has become like a family to me. After a few classes and having 'girl talks' with the staff and social worker I have been able to ask questions without feeling like the class was going to laugh at me.

Taking this class has also made me aware of how little some of my friends from different schools knew about the topics we cover in FLSE. I have run into situations where something I thought was common sense was something completely new for someone else. For example, I was talking to a friend and he said that using two condoms is better than one. I was surprised at how confident he seemed as well. I had to tell him that no, it actually isn't better than one, the friction can in fact break the condom.

Many people may argue that having students take classes like FLSE is bad and that those teachers shouldn't be teaching kids how to have sex-they are wrong and that is not what we are learning. I am being taught about the outcomes of having sex, all the different STIs, how to treat them, where to go if I were to get an STI. I am learning about my body and how to care of it. Things that people all over the world should know, but don't. I will be forever grateful towards everyone for teaching me. It has definitely helped me in and out of school.

Respectfully,



Arianna Arias, 10th grader

October 23, 2015

Dear Members of the Committee on Health Education and Women's Issues,

My name is Nande Trant and I am a student at the Urban Assembly Institute of Math and Science for Young Women. I have been attending the Children's Aid Society Carrera program for 5 years and have benefited greatly from the Family Life Sexuality Education (FLSE) classes.

I personally feel very privileged to have FLSE classes here at Carrera. From the 6th grade to 10th grade I've had learned about my body, sexuality, health and many other things. I learned things that I never knew before, things that are important for me to know at my age. Thanks to sex education classes, I've learned from actual sex education teachers who are qualified, instead of learning important, vital, life information from the internet or friends. The result of having sex education for me, is being educated. I know right from wrong. I know my body. I know the false information that gets told to teens everywhere; I know not to believe this information.

Sex education should be taught in all schools in New York City. Students should be able to have the experience I've had. They deserve the right to learn about their bodies, their sexuality and their health. (Not from any random school teacher who just talks about abstinence.) They should be taught by a teacher who is a qualified sex ed teacher, who goes through everything that has to do with sexuality. Without Sex Ed, us teens are left in the wind where we are uneducated about things like contraception and STDs, where we are exposed to all these false ideas on how things like sexual intercourse work, with no one to tell us what true and what's false. Please approve of Sex Education in New York City schools. From personal experience, I know that it can save and change lives.

Sincerely,



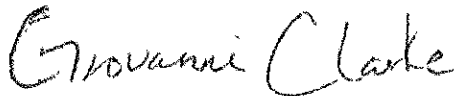
Nande Trant

October 23, 2015

Dear Members of the Health Education and Women's Issues Committee:

My name is Giovanni Clarke and I am a 13 year old student at Opportunity Charter School. I have participated in Family Life Sexuality Education classes for the last 3 years. This class has taught me how important it is to know about my anatomy. It has also taught me about how and where to obtain birth control if needed. FLSE class is important to me because it will help me in the future to know how to take care of my body and make healthy life decisions. I appreciate how the FLSE class is the only class that is confidential and safe for my questions and concerns on these topics.

Cordially Yours,

A handwritten signature in cursive script that reads "Giovanni Clarke". The signature is written in black ink and is positioned above the printed name.

Giovanni Clarke

October 23, 2015

Dear Members of the Health Education and Women's Issues Committee:

My name is Laura Terri and I am an 18 year old student at Opportunity Charter School. I have participated in Family Life Sexuality Education Class for the last four years. Being apart of Children's Aid Society has changed the way I see life because it has granted me an open door to success. I have been taught so much about healthy living, how to take care of my body, and making wise decisions about sex education. I have knowledge of how and where to obtain contraceptive methods if I need it, as well as, having a full understanding of different types of human sexuality. I am grateful to have classes that are open where other students are supportive of one another. The staff are easily accessible and are also supportive when tough situations arise. There is nothing more satisfying than having someone listen to your problems and give you helpful hints to aid you in that process.

My participation in the Carrera Program has taught me more than any other program or internship that I have been a part of. I know I have grown into a more confident young woman and will continue to grow. I am consistently able to make wise decisions on my own pertaining to FLSE topics. I am happy to reach out to the wonderful Carrera staff whenever I need support.

Sincerely,

A handwritten signature in cursive script that reads "Laura Terri".

Laura Terri

10/23/15

Dear Members of the Health Education and Women's
Issue Committee

My name is Esmeralda, and I am 16 years
old. I go to school at Bronx Prep charter
school. I've had FISE for 6 years and it
has taught me how to prevent pregnancies,
the different ways to catch STI's and STD's.
It has also taught me reliable places and
resources I can go to if I need help with
anything. I also learned a lot about
the female and male anatomy and it
has been fun learning these things. I've had
a great experience with my teachers. They're
always there for me when I need counseling.
My FISE teacher finds different ways to make
learning fun and always has a positive
attitude while teaching.

Dear Members of the Health Education and Women's Issues Committee,

My name is Laila Friday, and I'm 12 years old. I have had FLSE at Bronx prep for the last 3 years. Over these three years I have built amazing bonds with the people at the Carrera program. FLSE has taught me about my anatomy and has also taught me the importance of loving and accepting yourself. FLSE has made me a more educated scholar with information that can and will help me in the future. Overall FLSE has been a big impact on my life.

Testimony of Siri Nelson
before
The New York City Council
Committees on Health, Education, and Women's Issues
regarding
Sex Education in NYC Schools
October 27, 2015

Thank you, Chairman Dromm, Chariman Johnson, Chairwoman Cumbo, and members of the Committees for the opportunity to speak this afternoon. My name is Siri Nelson and I am here today speaking independently as a member of the New York City community and a graduate of New York City's public school system. Comprehensive sexual education, which gives young people the tools they need to navigate decision making when it comes to sex, relationships, and health over the course of their lives, is integral to the health of our city. I am here in solidarity with the Sexuality Education Alliance of New York City, a coalition of dozens of advocacy and direct service organizations that support comprehensive sexuality education for all New York City students.

Young people are currently being educated about sex all over the city. The education they are receiving is comprehensive, hands on, experiential and often times unsolicited. In New York City we are constantly inundated with information, sexually explicit imagery, and sexual harassment in public spaces. These experiences can be confusing, isolating, scary, and often times thought provoking. After experiencing or witnessing sexual situations young people might wonder: Was that rape? Am I at risk? How could I have protect myself? Is that what sex really looks like?

Healthy curious minds seek answers, and when the education system fails to comprehensively inform teens and young people about sexuality and holistic sexual health, they are forced to turn to peers and the internet. According to the Guttmacher Institute's Fact sheet:

- More than half (55%) of 7th–12th graders say they have looked up health information online in order to learn more about an issue affecting themselves or someone they know.
- The Web sites teens turn to for sexual health information often have inaccurate information. For example, of 177 sexual health Web sites examined in a recent study, 46% of those addressing contraception and 35% of those addressing abortion contained inaccurate information.

And get this:

- - Even when parents provide information, their knowledge about contraception or other sexual health topics may often be inaccurate or incomplete.

As a graduate of public schools in the Department of Education, I can vouch that at school, I received comprehensive information about how to protect myself from STI's and avoid pregnancy. As I entered the adult world I quickly realized that I had no idea how to define consent and sexual misconduct. That was a problem.

Through my teen year the majority of the ideas I had about sex were derived from pornography. Pornography impacted my sexual imagination as my primary sexual educator, my mind was saturated with racist and patriarchal stereotypes scaffolding falsehoods about consent and healthy sexual dynamics which normalize sexual abuse and objectification. Thankfully in adulthood, I have released my mind of such limited perceptions. The jarring reality is that the majority of my peers remain limited by the pornographic imagination and understand sexual health to the extent of information expressed in common PSA's. This reality has had an alienating effect on my sex life and interpersonal relationships. It is difficult to build trust with people who barely understand what sexual responsibility looks like. Yes, my sexual education at school might have been limited, but at least I know how to be responsible!

The bills before you require that the Department of Education better track and evaluate the sexuality education in schools, to all students. These bills are a preliminary measure, and we ask the Council to make sure that any decision they make includes measures that protect student confidentiality and trainings to reduce race, gender, and sexuality bias in Sexual Education Teachers throughout the city. Additionally, I encourage Chancellor Carmen Fariña to pass a Chancellor's Regulation requiring comprehensive and developmentally appropriate sexual health education that reflects the National Sexuality Education Standards for all public school students from kindergarten through 12th grade.

Pornography, sexually explicit advertising and entertainment often offer false, limited and toxic narratives that deal in fantasy. Despite that children, teens, and many adults still confuse the information they gain from these sources with fact. The pervasive availability of sexually explicit media makes it impossible to know or predict when children will first encounter it. Expanding sexual education to elementary school will allow students to develop a deeper understanding of autonomy, healthy relationships,

and consent over time before the outside media establishes a toxic foundation for their perceptions of sexuality.

It is critical that sexual education reach beyond the nuts and bolts of reproduction and the human body, and into interpersonal aspects like consent, and healthy relationships. Though I considered myself a sexually aware teen, I spent much of my time thinking that it was okay for friends to grope me uninvited, or acceptable for others to force and pressure me into sex, and that rape was only rape if it was physically violent. Now I know better, I know that rape can be quite and discreet. More importantly as an adult, learning lessons I wish I had been taught in high-school, I've discovered what consent is: Honesty, mutuality, and genuine autonomous agreement.

Experienced educators know that it is easier to teach the lesson well the first time, than to deconstruct falsehoods and start again. By the time high school students enter the Sex Ed classroom they have already had varying amounts of exposure and experience with sexually explicit materials and activities. The best way to combat the pervasive sexual miseducation of young people by the media is for The Department of Education to create a meaningful implementation plan that ensures that all New York City public school students receive sexual health education.

Chancellor Fariña and Commissioner Bassett's memo last spring allowing condom demonstrations in classrooms is a practical start. The de Blasio administration's commitment of new resources that support educators' professional development and school wellness councils has been essential. The mayor and his administration should continue to make sexuality education a priority. A Chancellor's Regulation would create a true mandate and provide students with the kind of sexual health education that would insure they grow into sexually responsible, fully dateable adults.

The New York City Council has demonstrated respect for young people's health, rights, and safety time and again through proactive legislation like the bills before you today. As a New Yorker born and raised, I have personally been a benefactor of those efforts. I thank the Council for holding this hearing today and committing to improve comprehensive sexuality education in New York City public schools and urge you to pass these important pieces of legislation.

<https://www.guttmacher.org/pubs/FB-Teen-Sex-Ed.html>



The Children's Aid Society

www.childrensaidsociety.org

**Testimony of Yolanda McBride, Director of Public Policy, The Children's Aid Society
New York City Council Oversight Hearing on Sex Education in NYC Schools
Prepared for the Committee on Health, the Committee on Education, and
the Committee on Women's Issues**

October 27, 2015

My name is Yolanda McBride and I am the Director of Public Policy at The Children's Aid Society (CAS). I would like to thank Chair Corey Johnson of the Committee on Health, Chair Daniel Dromm of the Committee on Education and Chair Laurie Cumbo of the Committee on Women's Issues for having this hearing on the current state of sexual health education in New York City schools.

As one of the nation's largest and oldest community-based organizations, The Children's Aid Society (Children's Aid) helps children in poverty to succeed and thrive. We act on this mission by building, implementing, and always improving comprehensive supports and place-based initiatives, from cradle through college, to children and their families in targeted, resource-limited New York City neighborhoods and schools. Today, Children's Aid touches the lives of tens of thousands of children and families each year.

Our network of community centers, community schools, and health clinics is organized into service hubs concentrated in the South Bronx, Harlem, Washington Heights and Northern Staten Island. Citywide, we offer more than 100 programs in 45 sites, where we provide education and youth development services, foster care and preventive services, after-school, weekend and summer enrichment, early childhood programs, adolescent pregnancy prevention, comprehensive health services (including comprehensive medical, mental health, vision and dental), legal services, and programs for disconnected youth, including programs for young people who have been incarcerated or are at high risk of incarceration. As an agency with a strong advocacy agenda, Children's Aid is also a member of and supports the platform of the Sex Education Alliance of New York City (SEANYC).

Background

The Children's Aid Society has a long history, over 40 years, of providing comprehensive health and mental health services to children and adolescents in low-resource communities in New York City. Sexuality education is a key component of our comprehensive health and wellness services. We strongly believe that children and adolescents should receive holistic sexuality education at the earliest stage possible. Children's Aid operates sexual and reproductive health programs in public schools, school-based health centers (SBHCs), and community clinics. We serve 11,600 children and youth in our evidence-based services and programs which have also shown significant positive outcomes. We also invest in supporting parents and guardians as primary sexuality educators to ensure that they are prepared to engage in healthy and open conversations about sexuality and wellness in the home.

Currently, the New York State Department of Education (NYSED) “requires” that all students in middle school (grades 6-8) and high school (grades 9-12) receive one semester of comprehensive health education. And we are thankful for the New York City Department of Education went beyond that regulation, mandating in 2011 that all middle and high school students receive a semester of sex education. However, we believe that the delivery of comprehensive health education, specifically sexuality education in public schools can go further and that ALL students in grades Prek- 12 should be provided with age-appropriate comprehensive health/sexuality education.

An evaluation of our signature evidence-based program—the Carrera Adolescent Pregnancy Prevention Program—conducted in 2010, found that “older teenagers in the program who had already had sexual experiences were more difficult to engage to reduce risky behaviors.” The Carrera program uses a holistic “above the waist” approach to ensure that young people develop robust personal goals, succeed academically, and begin to plan for a productive future. The findings from the report resulted in the program focusing efforts on middle school-aged children leading to greater success. Also, a survey conducted by the Connect to Protect (C2P) Bronx Coalition, further supports the impact of limited exposure of young adults to sexuality education. The results highlighted that fewer than two-thirds of Bronx high school students said they learned about healthy relationships, and just 37 percent learned communication skills when it comes to sex.

Support for Int. No. 952, Int. No. 957 and Int. No. 771

Based on our experience, we know that it is not enough to only provide children and adolescents with information and tools. Young people need to also know how to apply the knowledge and be supported to become disciplined in using the information and tools correctly and consistently. It is then that they become more comfortable asking questions and are less likely to engage in risky behaviors that may derail their ability to realize their full potential in life. This is why it is extremely important that school staff providing comprehensive health education are well trained. Therefore, **Children’s Aid supports Int. No. 957 which would provide valuable information on professional development that school staff are receiving to teach sexual health education. We also support Int. No. 952 which would require the Department of Education to track compliance of the provision of comprehensive health (including sexual health) education in schools.**

Children’s Aid is not only committed to reducing health disparities among children and families living in poverty but we are also dedicated to increasing the provision of access to quality comprehensive health care services. Because of this commitment, Children’s Aid operates five School-Based Health Centers (SBHCs) and two standalone community clinics. Through these clinics, we serve nearly 10,000 children and young adults up until age 21 regardless of insurance or immigration status. We recognize that without these services children and adolescents in our communities would not have access to quality comprehensive services that help maintain chronic illnesses and provide access to confidential reproductive health information and services.

Having accurate on-time data can help highlight service gaps, maximize resources, and identify cost savings and impact. Data—when used in collaborative settings can—also encourage robust conversation among key stakeholders about service delivery. Annually, Children’s Aid develops and maintains detailed profiles on our SBHCs and community clinics which include data and information

like the number of students receiving services and the kinds of services that students are receiving. In 2013-2014 our five SBHCs had nearly 25,000 student visits. Also, in 2013-2014, at the time of a student's first encounter with our Health Educator, only 53% (88) of sexually active female patients (165) were using a hormonal birth control method. By the end of the school year, 87% (144) of sexually active female patients were using a birth control method; a 61% increase in hormonal birth control method utilization. We also review data from our risk behavior assessment to elicit trends. Unfortunately, data on health services being provided in school settings is not readily available for the rest of the system. Therefore, **Children's Aid also supports Int. No. 771 which would significantly increase reporting on readily available student health services in public schools including data that are being collected on students.**

Recommendations:

Sexuality education for children and adolescents is critical for their healthy growth and well-being. If not properly addressed, risky behaviors can occur becoming barriers to learning for the children that are most at risk. City agencies and community based agencies that support schools and communities need relevant and on time information to help them find out which programs are currently being offered and determine where the services gaps are in schools. Below, we offer the following recommendations for how the proposed bills and comprehensive health education can be strengthened to ensure that children and adolescents are receiving the best sexual health education and reproductive health services possible:

1. **Ensure ALL NYC students receive sexual health education.** The Department of Education should pass a Chancellor's regulation requiring comprehensive sexual health education for all grades. Furthermore, as outlined in Int. No. 952, we agree that the New York City Department of Education should create a meaningful implementation plan for sexual health education. At Children's Aid, we believe that this plan should include ALL grades beginning at pre-kindergarten through 12th grade. The plan should also include a continual review of the middle school and high school curricula specifically to ensure the inclusion of concepts and themes relevant to young people such as the right to reproductive and sexual health care, free and low-cost reproductive and sexual health services available in their community. A strong emphasis on affirmative sexual consent, and deepening understanding of sexual identity and building empathy should also be critical components of sexual health education.
2. **Train parents/guardians on how to support health conversations and sexual education in the home.** Any implementation plan developed by the DOE and DOH should also include a deliberate focus on training parents and families on how to support healthy conversations with their children about gender identify, reproductive health, bullying, and health relationships. Children's Aid currently operates the Parent and Family Life Education Program (PFLE) which facilitates a parent/guardian's ability to communicate more effectively with their children about important family life and relationship issues. During the 30 years that this program has been in operation we have worked with more 5,000 parents. Through weekly sessions conducted by bi-lingual and bi-cultural male/female instructional teams, parents are learning information including healthy development, puberty and male/female anatomy, and sexually transmitted infections, including HIV/AIDS education and prevention.

3. **Implement a youth peer education program system-wide.** DOE should strongly consider including a youth peer education program to any comprehensive implementation plan they develop. There is strong research that suggests that there are clear benefits from peers learning from other peers about sexual health and reproductive issues. For example, since 2011, health educators and 43 Just Ask Me (JAM) peer health educators at Children’s Aid conducted outreach through one-on-one sessions, peer education workshops, peer educator led events, clinic escorting, CATCH program referrals, and tabling. In Harlem and South Bronx 9,861 youth were reached through these efforts.
4. **Expand School-Based Health Centers (SBHCs) in middle school and high schools to address access to reproductive health services in low-resource communities.** School-Based Health Centers are one of the most effective and efficient ways to provide preventive health and reproductive care to children living in communities with limited services and resources. With a parent's consent, children and youth can receive comprehensive medical (physical, dental, vision) and mental health services in a school setting. In accordance with the New York State law, reproductive health services can be confidentially made available to middle and high school aged youth. For example, high school students in two of our community schools are receiving wide-ranging reproductive health services including on-site dispensing of contraceptives and referrals for long-acting, reversible contraceptives. Additionally, this program includes pre- and post-test counseling for STI and HIV and pregnancy tests and other services all provided by a caring team of health professionals on the school site including social workers, nurse practitioners, and physicians.
5. **Offer additional opportunities for teachers to receive training before executing the recommended, or other, curricula.** These professional development opportunities should be separate and apart from training on how to effectively deliver Health Smart or Reducing the Risk and should include topics that are often not covered in pre-service training of health educators such as typical sexual development, current trends in sexuality education, exploring attitudes and feelings about sexuality, and creating safe spaces. This is not work that schools need to do alone. Strong partnerships can be cultivated with community-based partners that can offer significant expertise and support to school faculty and/or provide deep and robust sexuality education in schools.

Maintaining and supporting comprehensive and quality sexual health education services in schools significantly increases the likelihood that children and adolescents who need services will actually receive them. The Children’s Aid Society is committed to ensuring that children and youth in the communities we serve have access to these critical services.

Thank you for the opportunity to testify today.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 957,952-771 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Zoe Ridolfi-Starr

Address: 235 W. 196th St NYC 10039

I represent: Know Your IX

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Amber Peralta

Address: 2081 Morris Ave apt: D2

I represent: Torch

Address: 470 park ave south NY, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952 Res. No. 957 771

in favor in opposition

Date: 10/27/2015

(PLEASE PRINT)

Name: KATHRYN ALBERGATE DAVIS

Address: 470 PARK AVE SOUTH, NY NY 10016

I represent: THE TORCH PROGRAM

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952 Res. No. 957 771

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: MEGAN PEDRAGON

Address: 470 PARK AVE SOUTH, NY NY 10015

I represent: college student

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952 Res. No. 957 + 771

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: FAYRA RICHARSON

Address: 470 PARK AVE SOUTH, NY, NY 10015

I represent: HIGH SCHOOL STUDENT

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952, 957, 771 Res. No. _____

in favor in opposition

Date: 10/27/2015

(PLEASE PRINT)

Name: Chris Creatura

Address: 126 Bleeker Street

I represent: Planned Parenthood of NYC

Address: 26 Bleeker Street NY NY 10012

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952, 957, 771 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Bernice Sutton

Address: 419 East 135th Street

I represent: PWNYC

Address: 26 Bleeker St NY, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 957, 952, 771 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: LOUISE MARCELINA

Address: 26 BLEECKER STREET NY NY 10012

I represent: PLANNED PARENTHOOD OF NYC

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952, 957, 771 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Marsha Blackman

Address: 1317 Prospect Place

I represent: Planned Parenthood of NY

Address: 26 Bleeker St NY NY 10012

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952,957, 721 Res. No. _____

in favor in opposition

Date: 10/27/2015

(PLEASE PRINT)

Name: Kurtis Smith

Address: 26 Bleeker street

I represent: PPNYC Teen Advocates

Address: 26 Bleeker

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/27

(PLEASE PRINT)

Name: Lindsey Harr

Address: Executive Director

I represent: Office of School Wellness

Address: Program, DOE

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952,957,771 Res. No. _____

in favor in opposition

Date: OCTOBER 27, 2015

(PLEASE PRINT)

Name: NELSON SANTANA

Address: 1023 FDR DRIVE APT # 10

I represent: PLANNED PARENTHOOD OF NYC

Address: 26 BLEEKER ST NEW YORK, NY 10012

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Rev. Valerie A. Ross

Address: Judson Memorial Church

I represent: _____

Address: 55 WASHINGTON Sq PARK NY, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/6/27

(PLEASE PRINT)

Name: Katie Hansen Senior Div

Address: Office of Academic

I represent: Policy DOE

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Chandeerah Davis

Address: 413 E 120th St, NYC

I represent: Steps to End Family Violence

Address: 413 E 120th St, NYC

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/27/2015

(PLEASE PRINT)

Name: Inés Anquiano

Address: 116 TAPSCOTT ST, BK, NY 11212

I represent: Myself

Address: 470 PAR

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Delaine Power

Address: 70 E 115th St (apt 2) New York NY 10035

I represent: Myself / MARIA L PRO CHOICE NY

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952 Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Adjoa S. Tetteh

Address: 45-05 25th Avenue, Apt. 3

I represent: Planned Parenthood of NYC Action Fund Activist Council

Address: 26 Bleecker St.

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952 Res. No. _____
 in favor in opposition

Date: 10/27

(PLEASE PRINT)

Name: Sarah Cocuzzo
Address: 919 St. Johns Pl #3R, Brooklyn, NY 11216
I represent: Peer Health Exchange
Address: 55 Exchange Pl, Suite 405, NY, NY 10005

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Melissa Toala
Address: 1748 Jarvis Ave
I represent: Myself / NARAL Pro Choice NY
Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Sherise Palmino
Address: 1130 Grand Concourse
I represent: BronxWorks Sexual Health Program
Address: 1130 Grand Concourse

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Theresa Valentin

Address: 1130 Grand Concourse

I represent: Bronx Works - Sexual Health Program

Address: 1130 Grand Concourse

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Caitlin Johnston

Address: 286 Ft. Washington Ave # 4C NYC 10032

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0771-2015 Res. No. T2015-2665

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Lisa Osherow

Address: 133 Hilldale Rd, Debbs Ferry, NY 10522

I represent: myself, a health & sexuality educator

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 771 Res. No. _____

in favor in opposition

Date: 10 27 15

(PLEASE PRINT)

Name: SARA Flowers

Address: 446 West 32nd St NYC

I represent: Love Heals

Address: 446 West 33rd St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Meghan Rocklin

Address: 109 S. Marks Pl. NY, NY 10009

I represent: Better Sex Talk

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10-27-15

(PLEASE PRINT)

Name: MARGE IVES

Address: _____

I represent: WOMEN'S CITY CLUB OF N.Y.

Address: 110 W 40 ST.

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952,957,771 Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Juan Luis Rodriguez

Address: _____

I represent: The Center for HIV Law & Policy

Address: 65 Broadway, Suite 832 New York, NY 10006

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. ⁰⁷⁷¹0952 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Caroline Sacerdote

Address: _____

I represent: Lambda Legal

Address: 120 Wall Street 19th Fl. NYC, NY 10005

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Lilly Hershey-Welb

Address: 1700 York Ave. #10J NYC

I represent: STUDENT

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0771-2015 Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Marion Le Coggic

Address: 99 Commercial St, Brooklyn, NY 11221

I represent: myself

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0771-2015 Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Rachael Pulsifer

Address: 252 23rd St #6 Astoria NY 1102

I represent: PPNYC Activist Council

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952,957,77 Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Tara Abrol

Address: 100 Woodruff Ave #10, Bklyn, NY 11226

I represent: BIG Talks Workshops

Address: Same as above

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Danielle Castaldi-Micca

Address: _____

I represent: NARAL Pro Choice NY

Address: 470 Rock Ave S.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Katharine Rodde NYCLU

Address: 125 Broad St

I represent: NYCLU

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952 Res. No. _____

in favor in opposition

Date: 10/28/07

(PLEASE PRINT)

Name: Corey Westover

Address: 60 Madison Ave

I represent: Community Healthcare Network

Address: same as above

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Jordan B. ...

Address: ...

I represent: ...

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. 952 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Michael C. Zaczkes

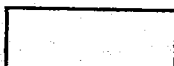
Address: FLOOR 446 W. 33rd St NYC

I represent: C.M.H.C.

Address: 500 4th Ave Brooklyn

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. 771 Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: CARLTON S. MITCHELL

Address: 80 MAIDEN LANE

I represent: INWOOD HOUSE

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 771 Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Bianca Lopez

Address: 3144 Third Ave Bx M

I represent: BOOM! Health

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 771 Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: MAY Vutrapongvatana

Address: 195 Adams St. 4E Brooklyn NY 11201

I represent: YWCHAC

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 771, 95, 957 Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: JOANNA McClintick

Address: 208 West 13th Street

I represent: The LGBT Center

Address: 208 West 13th Street

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/27

(PLEASE PRINT)

Name:

Margeaux Lazard

Address:

I represent:

Physicians for Reproductive Health

Address:

55 West 39th St, NY, NY 10018

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0771, 0952, 0957 Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name:

Vinay Krishnan

Address:

316 Bergen Street Brooklyn, NY 11217

I represent:

Housing Works

Address:

57 Willoughby St, 2nd Floor Brooklyn, NY 11201

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 771 Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name:

Andrew Leonard

Address:

15 Maiden Lane, 12th Floor

I represent:

The Children's Defense Fund-NY

Address:

15 Maiden Lane, 12th Floor

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)
Name: Roger Platt

Address: 42-09 28th Street, LIC NY 11101

I represent: DOE/DOHMH office of School Health

Address: same as above

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 771 Res. No. _____

in favor in opposition

Date: 10.27.15

(PLEASE PRINT)
Name: Kyla Searle

Address: 569 Decatur St, Brooklyn NY

I represent: Sadie Nash Leadership Project

Address: 4 W. 43rd St. St 502 New York NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952, 771 Res. No. _____

in favor in opposition

Date: 10/27/15

(PLEASE PRINT)
Name: YOLANDA McBride

Address: 711 Third Avenue, Suite 711 NYC 10017

I represent: The Children's Aid Society

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 952,771⁹⁵⁷ Res. No. _____
 in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: Pascale Saintonge

Address: 711 Third Avenue, Suite 711 NYC 10017

I represent: The Children's Aid Society

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. SEX ED LEGISLATION Res. No. _____
 in favor in opposition

Date: 10/27/15

(PLEASE PRINT)

Name: SOLA STAMMI

Address: 151 W 30th St, 10001

I represent: NEW YORK LAWYERS FOR THE

Address: PUBLIC INTEREST (NYLPI)

Please complete this card and return to the Sergeant-at-Arms