

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON  
HEALTH AND COMMITTEE ON WOMEN'S ISSUES

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October 27, 2015  
Start: 11:22 a.m.  
Recess: 04:10 p.m.

HELD AT: Council Chambers - City Hall

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Chairperson

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Co-Chairperson

COREY D. JOHNSON  
Co-Chairperson

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Planned Parenthood of New York

Brenise Sutton  
Adult Role Model  
Planned Parenthood of New York

Chandeerah Davis  
Youth Development Specialist  
Steps to End Family Violence

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[gavel]

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CHAIRPERSON DROMM: Okay good morning

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everyone and welcome to this joint hearing of the

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Education, Health, and Women's Issues Committee on

6

sex education in New York City schools. Today we

7

will hear testimony on three bills; Intro 952

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sponsored by Council Member Laurie Cumbo, Intro

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number 957 sponsored by Council Member Vanessa

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Gibson, and Intro number 771 sponsored by Council

11

Member Corey Johnson. I'll talk more about these

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bills shortly after some opening remarks. And then

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we'll move on to hear about my co-chairs. Sex

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education was first introduced in the New York City

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school system in 1967 when the Board of Education

16

initiated the family living including sex education

17

program as an elective for grades pre-k to 12. In

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1987 New York state mandated that HIV/AIDs

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curriculum be taught in grades K to 12 in all

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public schools. It is important to note that both

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of these initiatives included all grades from K to

22

12 especially since the DOE's 2011 sex education

23

mandate only included middle and high schools, not

24

elementary schools. At present New York City public

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schools, middle schools and high schools are

1  
2 required to provide one semester of daily health  
3 education including the mandatory sex education  
4 component which must be taught by a certified  
5 health education teacher. Ever since sex education  
6 was first introduced in the city's school's  
7 implementation has been a problem. Some schools  
8 fail to incorporate instruction in sex education  
9 because they lacked trained staff or felt they  
10 didn't have enough time given the emphasis on  
11 English and math and preparation for standardized  
12 tests. In other cases, the content of sexual health  
13 education was strictly limited based on local  
14 community values. For example, in community school  
15 district 24 in Queens where I taught the school  
16 board closely regulated what could be taught as  
17 part of the sexual health education. Going so far  
18 as to actually ban the use of four specific words;  
19 abortion, birth control, masturbation, and  
20 homosexuality. While we've come a long way from the  
21 four forbidden words and we're grateful that the  
22 DOE is mandating that sex education be included as  
23 part of comprehensive health education in middle  
24 and high school's implementation of this mandate is  
25 still problematic. We've heard from advocates that

1  
2 many schools are not fully meeting sex education  
3 requirements. Even when schools do teach sex  
4 education it's often not offered until 12<sup>th</sup> grade  
5 in high schools contrary to the DOE's strong  
6 recommendation that health instruction take place  
7 in 9<sup>th</sup> or 10<sup>th</sup> grade when it would be of greater use  
8 as a preventative tool. In today's world it is  
9 essential that New York City schools provide  
10 students with age appropriate information on sexual  
11 health starting in elementary school. Between  
12 television, movies, and the internet children are  
13 exposed to more sex related content than ever  
14 before. In this information age kids need a safe  
15 space to discuss all these issues and to separate  
16 fact from misinformation. It is also critical that  
17 the curriculum be LGBT inclusive covering such  
18 issues as sexual orientation and gender identity.  
19 Providing such LGBT inclusive curriculum could go a  
20 long way towards preventing bullying and harassment  
21 of lesbian, gay, bisexual, and transgender students  
22 and teachers like the harassment that I experienced  
23 when I came out as an openly gay teacher. Today's  
24 hearing will provide an opportunity to review the  
25 DOE's current policies and programs on sex

1  
2 education as well as any planned changes. The  
3 committees also look forward to hearing the  
4 concerns and recommendations of parents, students,  
5 educators, advocates, CEC members, and other  
6 stakeholders on this issue. As I stated earlier we  
7 will also hear testimony on Intro number 952, Intro  
8 957, and Intro 9... and Intro 771 today. Intro 952  
9 would require the DOE to submit to the council and  
10 post on the DOE's website an annual report starting  
11 on December 1<sup>st</sup> of 2016 with data on comprehensive  
12 health education in New York City schools. The bill  
13 would require DOE to report information on the  
14 number and percentage of students who have  
15 completed mandatory comprehensive health education  
16 as well as the requisite number of lessons in  
17 HIV/AIDS education. The bill would also require  
18 information regarding how DOE tracks compliance  
19 with a comprehensive health education and HIV/AIDS  
20 education requirements, how health education  
21 curriculum is evaluated, and the percentage of  
22 visits to a school nurse or guidance counsellor by  
23 students in grades six to 12 where reproductive  
24 health information is sought. Intro number 957  
25 would require the DOE to submit to the council and

1  
2 post on the DOE's website an annual report starting  
3 on February 15<sup>th</sup>, 2016 with data on numbers of  
4 health instructors and certified health instructors  
5 in New York City schools. The bill would also  
6 require information regarding the total number and  
7 percentage of such instructors who received  
8 professional development provided by the department  
9 on sexual health education in the prior school year  
10 and the number of training sessions they attended.  
11 Intro number 771 would require the DOE to submit to  
12 the council an annual report by November 1<sup>st</sup> of  
13 each year with data on provision of health services  
14 of public schools during the previous school year.  
15 Among the information required to be included in  
16 this report would be a breakdown of full and part  
17 time nurses available at schools, the number of  
18 health related encounters between students and  
19 nurses other than mandatory screenings, the number  
20 of referrals for urgent health services via 9-1-1  
21 calls, the number of health screenings, the amount  
22 of medication ordered, the number of case  
23 management meetings, the number of students with  
24 reported special need care... special health care  
25 needs, and the number of school based health

1  
2 clinics. I would like to remind everyone who wishes  
3 to testify today that you must fill out a witness  
4 slip which is located at the desk of the Sergeant  
5 at Arms near the front of this room. If you wish to  
6 testify on Intro 952, Intro 957, or Intro 771  
7 please indicate on the witness slip whether you are  
8 here to testify in favor or in opposition of the  
9 bills. I also want to point out that we will not be  
10 voting on these bills today as this is just the  
11 first hearing. To allow as many people to testify  
12 as possible testimony will be limited to 3:00 per  
13 person. And I want to note that all witnesses will  
14 be sworn in before testifying. And now I'd like to  
15 turn the floor over to my colleague Laurie Cumbo.

16 COUNCIL MEMBER CUMBO: I want to thank  
17 my colleague Council Member Danny Dromm as well as  
18 my colleague Council Member Corey Johnson. Good  
19 morning, I am Council Member Laurie Cumbo, chair of  
20 the Committee on Women's Issues. I'd like to thank  
21 my co-chairs Council Member Danny Dromm as well as  
22 Council Member Corey Johnson for working with me to  
23 bring this very important discussion forward. It is  
24 certainly an idea whose time has come. And this has  
25 been a hearing that's been very long awaited by

1  
2 myself and many other colleagues. And so I'm so  
3 happy that we were able to do this today. I want to  
4 thank those of you that were able to join us on the  
5 steps of City Hall for our press conference. It was  
6 incredible to hear the testimony of so many of the  
7 advocates around this very important issue. We were  
8 also joined by Michael Chaskes the Director of  
9 Public Affairs and Policy at the Gay Men's Health  
10 Center. And I want to thank all of the advocates  
11 that came because you are the ones who are doing  
12 this work and your voice has been silenced for far  
13 too long. We teach our young people a number of  
14 things during the school day. While formal learning  
15 takes place in the classroom so does relationship  
16 development and informal group thinking and what's  
17 normal and what's accepted. Unfortunately, there's  
18 a lack of information and a lot of in...  
19 misinformation that also goes on. Many of us  
20 remember growing up that so much of this  
21 information was found in the streets. And it's so  
22 important that we make sure that it's our  
23 responsibility as adults to take hold of that  
24 information. Comprehensive sex education can  
25 address all of the ways in which young people

1  
2 develop. It could give them the basic tools to  
3 understand their bodies and most important  
4 decisions about their sexuality and health. Talking  
5 about reproductive health should not be confused  
6 with an initiation to begin to having sex. This is  
7 a conversation that we are beginning to make sure  
8 that young people are empowered with all of the  
9 information that they need to make the most  
10 educated decision about their body as well as that  
11 of their partner. It could teach options for young  
12 people to respond to stress and learn what's  
13 acceptable in a healthy relationship. Young people  
14 need to be given the tools to make informed  
15 decisions about their health and wellbeing. After  
16 all some of these decisions that our young people  
17 are making are impacting their entire adult life.  
18 So many of these decisions you cannot turn the  
19 hands of time back on. As chair of the Women's  
20 Issues Committee I have particular concerns  
21 surrounding certain issues including teen  
22 pregnancy, intimate partner violence, and assisting  
23 young women who might be at risk and from  
24 underserved communities. Comprehensive sexual  
25 education is needed now more than ever. According

1  
2 to the American Academy of Pediatrics kids are  
3 starting to date if you can believe that earlier  
4 than ever than before with the average age of 12  
5 and a half for girls and 13 and a half for boys.  
6 While arguments can be made about age  
7 appropriateness let's be frank, the truth is it's  
8 happening. And without honest dialogues and fact  
9 based curriculums our children might not be  
10 equipped to handle what's next. We need to equip  
11 and empower our people, our young people with  
12 knowledge and not wait until it's too late to turn  
13 back the hands of time. Although teenage  
14 pregnancies are declining overall teens in the  
15 highest poverty neighborhoods are more likely to  
16 become pregnant compared with teens in the lowest  
17 poverty neighborhoods. About nine in 10 pregnancies  
18 in New York City are unintended. There are over  
19 17,000 teenage pregnancies that happen every single  
20 year. But today in 2015 is not like it was at a  
21 certain time. When a young person decides that they  
22 want to make the decision to have a child in their  
23 teenage years it is our responsibility to give them  
24 all of the guidance and the support and the  
25 resources that they need to carry through their

1  
2 position. We can no longer continue to ostracize  
3 and force young people to keep their pregnancies  
4 silent in that way. Teenage mothers have greater  
5 challenges as it pertains to obtaining their high  
6 school and college degrees as well as their ability  
7 to raise their children outside of poverty. We need  
8 to give them all of the resources so that they can  
9 make the best decisions about their reproductive  
10 health as well as that of their partner.  
11 Additionally, dating violence statistics are  
12 discerning. According to the 2011 New York City  
13 high school youth risk behavior survey in New York  
14 City 10.4 percent of male and female high students  
15 reported being hit, slapped, or physically hurt on  
16 purpose by a boyfriend or a girlfriend within the  
17 past year. Unhealthy relationships have long term  
18 and negative effects on emotional and physical  
19 wellbeing. Excuse me. [coughs] Quality education  
20 that teaches healthy boundaries is essential. Today  
21 we hope to hear from young women and men and  
22 organizations that provide services to assist them  
23 to help us understand the importance of providing  
24 options that enable girls and boys to have healthy  
25 and empowered futures. I would also like to point

1  
2 out that we will be addressing a bill that I  
3 introduced along with Council Member Ben Kallos;  
4 Intro number 952. This bill would require the New  
5 York City Department of Education to report  
6 annually information regarding school compliance  
7 with state regulations governing comprehensive  
8 health education and HIV/AIDS education for  
9 students in grades six through 12. Although  
10 HIV/AIDS education has been required since 1987  
11 today we have no real sense of what the status is  
12 on New York City's implementation. And this issue  
13 was far too important for us to ignore. We can't  
14 afford to ignore this issue. The information that  
15 my bill would mandate will assist us in moving  
16 forward to ensure that schools are held  
17 accountable. I look forward to hearing about what  
18 the Department of Education is doing with regard to  
19 sex education and reproductive health. And about  
20 what more can be done to ensure that our young  
21 people get the appropriate information they need to  
22 make responsible decisions when it comes to their  
23 sexual lives and their overall wellbeing. I want to  
24 thank again Council Member Danny Dromm as well as  
25 Council Member Corey Johnson as well as all of

1  
2 those that are introducing bills today. This is an  
3 important hearing. This is so important for our  
4 young people. And I'm so glad that so many of you  
5 have joined us here today to have your voice heard.  
6 I hope that this conversation will resound all  
7 throughout the nation and all throughout the world  
8 because New York City must be at the forefront of  
9 making this an issue that impacts the lives of our  
10 young people. Thank you.

11 CHAIRPERSON DROMM: Thank you very much.  
12 And now Council Member Corey Johnson would like to  
13 make an opening remark.

14 COUNCIL MEMBER JOHNSON: Good morning.  
15 Thank you Chair Dromm. I'm Corey Johnson, Chair of  
16 the Council's Committee on Health. I'd like to  
17 thank my co-chairs for holding this hearing today;  
18 Council Members Dromm and Council Members Cumbo and  
19 for their leadership on the important issue of sex  
20 education in our schools. The health benefits of  
21 comprehensive sex education for students are well  
22 documented. Sex ed has been shown to reduce the  
23 incidence of teenage pregnancy, increase the use of  
24 condoms and contraception once teens become  
25 sexually active and reduce the infection rate of

1  
2 sexually transmitted diseases. Given these benefits  
3 it is no surprise that comprehensive  
4 developmentally appropriate sex education is  
5 endorsed by leading national health and education  
6 organizations like the American Medical Association  
7 and the American Academy of Pediatrics. We have  
8 seen some support for sex education from the  
9 Department of Education in recent years. Most  
10 notably the 2011 mandate from then Chancellor  
11 Walcott that schools teach a semester of sex  
12 education in both 6<sup>th</sup> or 7<sup>th</sup> and 9<sup>th</sup> or 10<sup>th</sup> grades.  
13 The sex ed mandate can be included in the school's  
14 existing health education classes. While this  
15 mandate could go further in requiring age  
16 appropriate sex ed throughout a child's schooling  
17 as a first step I believe the department must track  
18 whether even the current mandate is being followed  
19 by schools. Introduction 957 by Council Member  
20 Gibson would be a good step in this direction.  
21 We're also hearing two bills today on the broader  
22 topic of health resource and education in our  
23 schools. Introduction number 952 by Council Members  
24 Cumbo and Kallos and a bill that I introduced  
25 Introduction 711. I cannot overstate the importance

1  
2 of educating our young people on physical and  
3 mental health and ensuring that services are  
4 available for them at our schools. I'd like to  
5 close with a thought on council mandated reporting  
6 requirements. Two of the city council's key goals  
7 in our city government are legislation and  
8 oversight. The legislative process is well  
9 understood. And we typically have the information  
10 we need or the ability to get it to legislate  
11 effectively. Parties that might be affected by  
12 legislation are generally willing to give us  
13 information to assist our decision making. Indeed,  
14 when entities in or outside of the government  
15 perceive that legislation could affect their  
16 interest there are real incentives to provide us  
17 with the information that we need. Effective  
18 oversight depends even more on good information.  
19 And yet we are less able to get the facts we need  
20 when it comes to oversight as opposed to  
21 legislation. One way of accounting for this  
22 disparity is by using our legislative power to  
23 bolster our ability to conduct effective oversight.  
24 That is our charter mandated responsibility. We do  
25 that by legislating that information be provided to

1  
2 us. That doesn't mean that every bill that requires  
3 reporting is perfect or that every potential  
4 reporting bill requirement will always be worth the  
5 burden. But I believe that when we discuss  
6 reporting requirements this is the framework we  
7 should use to evaluate whether or not it is  
8 worthwhile. Before I hand it back over to Chair  
9 Dromm I just want to say I think this is a very  
10 important hearing as we heard from the previous  
11 chairs. And just personally as one of six LGBT  
12 members of this council and as someone who is HIV  
13 positive I know how important it is to actually  
14 talk about these issues openly and honestly and  
15 without shame. And that is important for adults but  
16 it is as equally as important for young people to  
17 understand there should be no shame in talking  
18 about these issues to be able to ask difficult  
19 questions and to be able to be armed with the tools  
20 and facts that can guide them to better sexual and  
21 reproductive health. Thank you very much Chair  
22 Dromm.

23 CHAIRPERSON DROMM: Thank you Council  
24 Member Johnson. Now I'd like to ask Council Member

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1  
2 Vanessa Gibson to give an opening statement on  
3 Intro number 957.

4                   COUNCIL MEMBER GIBSON: Thank you very  
5 much Chair Danny Dromm. And good morning to each  
6 and every one of you. Thank you for being here at  
7 this very important hearing. Thank you to the co-  
8 chairs of this hearing, co-chair Council Member  
9 Laurie Cumbo and Council Member Corey Johnson. It's  
10 truly a privilege to be here and to be the prime  
11 sponsor of Intro 957. I am thankful for the  
12 opportunity to talk about important legislation  
13 that will truly bring transparency to the level of  
14 education and op... optional professional development  
15 that's obtained by our educators who teach sexual  
16 health education in our New York City public  
17 schools. The bill I have introduced, 957 would  
18 require the Department of Education to report on  
19 the number of full time and part time sex education  
20 instructors who are certified sexual health  
21 instructors and the number of full and part time  
22 instructors who have taken the department's  
23 optional professional development courses in this  
24 subject area. Our city has recognized the  
25 importance of sexual health education and has since

1  
2 the academic year 2011/2012 has mandated that all  
3 public school students take a semester of sex ed in  
4 both middle and high school. Conversations around  
5 sexual health can be extremely sensitive especially  
6 with our teenagers. But it is truly essential that  
7 all of our teachers are knowledgeable, experienced,  
8 and prepared to discuss what can be a very  
9 difficult subject. Despite the mandate that  
10 educators have in teaching these subjects we do not  
11 have a standard curriculum and are not required to  
12 obtain certification. The Department of Ed provides  
13 optional professional development. But whether or  
14 not someone chooses to take that is not tracked nor  
15 is there a follow-up. Sexual health education saves  
16 lives and it is imperative that all of our young  
17 people have equal access to well informed and  
18 experienced teachers. Intro 957 would require the  
19 Department of Ed to report on the number of  
20 teachers who are certified in sexual health  
21 education and also the number of teachers who have  
22 taken the optional DOE professional development  
23 courses in teaching sexual health. Simply put the  
24 quality of our student's sex ed and health outcomes  
25 are too important to be determined by the level of

1  
2 instruction that their teacher chooses to obtain.  
3 With this important information we can begin to  
4 better evaluate and understand the sex education  
5 mandate and improve sexual health education for all  
6 of our young people. I am thankful that we have the  
7 administration here looking forward to a very  
8 productive conversation. And thank you to our co-  
9 chairs Danny Dromm, Laurie Cumbo, and Corey Johnson  
10 for convening this very important hearing today.  
11 And I look forward to having a very fruitful  
12 discussion. Thank you Chair Dromm.

13 CHAIRPERSON DROMM: Thank you very much  
14 Council Member Gibson. And we're going to switch  
15 back to the vote in a moment but let me announce  
16 who's joined us today, what council members are  
17 here. And I'm going to start over with Council  
18 Member Inez Barron from Brooklyn, Council Member  
19 Corey Johnson who's been introduced, Council Member  
20 Andy King from the Bronx, Council Member Peter Koo  
21 from Queens, Council Member Chaim Deutsch from  
22 Brooklyn, Council Member Vanessa Gibson again,  
23 Council Member Mathieu Eugene from Brooklyn,  
24 Council Member Karen Koslowitz from Queens, Council  
25 Member Debbie Rose from Staten Island, Council

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2 Member Margaret Chin from Manhattan, Council Member  
3 Laurie Cumbo again, Council Member Mark Levine as  
4 well. And I hope I got everybody. Alright and with  
5 that I'm just going to switch back to the vote and  
6 allow two council members to vote. So we're going  
7 to take one moment to do that.

8 [pause]

9 CHAIRPERSON DROMM: Alright thank you.  
10 We're now we're back to the hearing on sex  
11 education. And I want to say that we've been joined  
12 again by Council Member Elizabeth Crowley. And with  
13 that I'm going to ask Roger Platt from the DO Each...  
14 from the DOE, Department of Health and Mental  
15 Health, Office of School Health, Lindsey Harr  
16 Office of School Wellness Program from the DOE and  
17 Katie Hansen from the Office of Academic Policy in  
18 the DOE to raise your right hands. And do you  
19 solemnly swear to tell the truth, the whole truth,  
20 and nothing but the truth, and to answer Council  
21 Member questions honestly? Okay and who'd like to  
22 start? Doctor Platt? Thank you.

23 DOCTOR PLATT: Good morning Chairs  
24 Dromm, Cumbo and Johnson and all the members of the  
25 Education, Women's Issues, and Health Committees

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON  
HEALTH AND COMMITTEE ON WOMEN'S ISSUES

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1  
2 here today. I am Doctor Roger Platt, Chief  
3 Executive Officer for the Office of School Health.  
4 Joining me are Lindsey Harr Executive Director of  
5 the School Wellness Programs in the Office of  
6 School Health and Katie Hansen Senior Director of  
7 the Office of Academic Policy and Systems within  
8 DOE's Division of Teaching and Learning. We  
9 appreciate the opportunity to discuss our work to  
10 expand sexual health services and education  
11 available to our students and support sexual health  
12 instruction as part of comprehensive health  
13 education in New York City and to comment on intros  
14 number 771, 952 and 957. The Office of School  
15 Health, OSH, is a joint program of the New York  
16 City Department of Education and the New York City  
17 Department of Health and Mental Hygiene and was  
18 created to support the physical and emotional  
19 health and academic growth of all students to a  
20 comprehensive offering of integrated supports and  
21 services. The most recent data on New York City  
22 teams indicates that by 9<sup>th</sup> grade one out of four  
23 students has had sex and by high school graduation  
24 60 percent of students report being sexually  
25 active. Each year more than 4,000 females under the

1  
2 age of 18 become mothers or terminate a pregnancy.  
3 Almost all of these pregnancies are unintended. To  
4 provide New York City teens with the information,  
5 support, and tools they need to make healthy  
6 decisions, have healthy relationships, and prevent  
7 unwanted pregnancies the Office of School Health  
8 has developed a comprehensive set of resources and  
9 services including support for middle and high  
10 school instruction on sexual health and direct  
11 reproductive health services in school settings.  
12 Currently there are 142 school based health centers  
13 serving over 200,000 New York City students. 2008  
14 with the support of a private donor we launched the  
15 New York... the school based health center  
16 reproductive health project to reduce unintended  
17 teen pregnancy among New York City public high  
18 school students. Providing reproductive health  
19 services in school based health centers including  
20 on site contraception, distribution, and long  
21 acting reversible contraception allows for easy  
22 access to these services and increases utilization  
23 by teens. Today 60 of the 71 school based health  
24 centers serving high school students participate in  
25 this program. In an effort to reach students in

1  
2 schools not served by school based health centers  
3 with reproductive health services we developed an  
4 on-site reproductive health program called  
5 connecting adolescence to comprehensive health care  
6 or CACH. While not a full service school based  
7 clinic free and confidential services are provided  
8 by Office of School Health Staff including school  
9 nurses, physicians, and nurse practitioners. CACH  
10 services including pregnancy testing, emergency  
11 contraception, oral contraceptive pills, and  
12 providing information on contracept... contraceptive  
13 methods, pregnancy options, and sexually  
14 transmitted infections and their prevention.  
15 Students can also receive referrals for STI testing  
16 and treatment at a local community based teen  
17 friendly clinic as whereas... well as referrals for  
18 mental health counselling and an appropriate  
19 community based mental health agency. Parents may  
20 opt their teenagers out of CACH services. Last year  
21 in the 31 participating high schools 52 percent of  
22 the estimated sexually active females in the school  
23 utilized CACH services and of these 53 percent  
24 received birth control on site. Currently 46  
25 percent of all high school students have access to

1  
2 school based reproductive health care, services  
3 including on-site contraception dispensing either  
4 through a school based health center or the CACH  
5 program. In the coming years as part of this  
6 administration's community school initiative both  
7 school based health centers and CACH will be  
8 expanded to 25 additional school sites. We believe  
9 expanding reproductive health services has  
10 contributed to the decline in teen pregnancy in New  
11 York. In 1995 there were 85 pregnancies for every  
12 1,000 females aged 15 to 17. In 2013 that number  
13 dropped to 29.5. While more than 4,000 females  
14 under 18 became mothers or terminated a pregnancy  
15 in 2013 the comparable number in 1995 was more than  
16 13,000. Additionally, the required high school  
17 condom availability program gives students access  
18 to trained school staff who provide free condoms as  
19 well as information about sexual health in teen  
20 friendly clinics. As we expand the health services  
21 available our... to our students we must also ensure  
22 that we are educating and empowering teens to  
23 access these resources through health education  
24 classes. Comprehensive health education is  
25 fundamental for the wellbeing of the whole child.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON  
HEALTH AND COMMITTEE ON WOMEN'S ISSUES

31

1  
2 In addition to providing students with functional  
3 knowledge this instruction covers a wide variety...  
4 wide range of schools like communication, decision  
5 making, healthy relationships, and how to access  
6 health services. New York state requires that all  
7 schools provide comprehensive health education in  
8 grades K through 12 based on state and national  
9 standards with specific guidance on what students  
10 should know and be able to do at each grade level.  
11 Sexual health is one of several health education  
12 topics along with physical fitness and nutrition,  
13 violence prevention, alcohol and drug prevention,  
14 and others. Health education schools include  
15 learning how to manage stress and relationships,  
16 goal setting, and advocacy, skills a student must  
17 develop across these topics to be healthy. The  
18 state expects school districts to use its guidance  
19 to assess curriculum. According to state  
20 requirements elementary schools must integrate  
21 health education topics into classroom instruction.  
22 In addition, students must receive five HIV/AIDS  
23 lessons every year in each grade K through six.  
24 State requires one semester of daily comprehensive  
25 health education in middle school and again in high

1  
2 school where one credit of health education is  
3 graduation requirement. The state also specifies  
4 that six HIV/AIDS lessons are taught every year in  
5 each grade seven through 12. The state does not  
6 require that sexual health be included in  
7 comprehensive health education classes. In 2011 the  
8 Department of Education announced a citywide sexual  
9 health education mandate and as for the required  
10 HIV lessons we allow parents to opt their children  
11 out of certain prevention lessons except for those  
12 that discuss abstinence as the best and most  
13 effective way to prevent pregnancy and sexually  
14 transmitted diseases. At the end of the last school  
15 year Chancellor Farina and Commissioner Bassett  
16 notified high school superintendents in a joint  
17 statement that male and female condom  
18 demonstrations would now be permitted in high  
19 school health education class recognizing that  
20 learning how to use a condom correctly and  
21 consistently belongs in the classroom as part of a  
22 required skill based health class. Previously  
23 condom demonstrations were only available to  
24 students through the condom availability program.  
25 To support schools with health education

1  
2 instruction the Office of School Wellness programs  
3 provide schools with instructional support and free  
4 professional learning opportunities and  
5 comprehensive health education including sexual  
6 health topics. This office provides teachers with  
7 the recommended research based curricula aligned  
8 with the state and national standards that include  
9 lessons that cover sexual health knowledge and  
10 skills. Health teacher for elementary grades,  
11 middle school health smart for grades six through  
12 eight, and high school health smart plus reducing  
13 the risk and understanding self-identity for high  
14 school as well as the DOE's own K through 12 HIV  
15 curriculum. The recommended curriculum includes  
16 lessons on sexual identity, a respect for self and  
17 others, and healthy relationships. The Office of  
18 School Wellness Programs instructional specialists  
19 provide free curricula, training, and technical  
20 assistance to teachers citywide last year reaching  
21 1,000 participants. Trainings include strategies  
22 for creating safe supportive classrooms for all  
23 students as well as how to incorporate topics of  
24 consent and respect for partners into health  
25 lessons. In addition to condom availability

1  
2 programs staff provide training and support to high  
3 school staff on creating inclusive spaces for all  
4 students to receive health services information,  
5 referrals, and male and female condoms in a health  
6 resource room setting. The Office of School  
7 Wellness Programs also work closely with 26 high  
8 schools in a Center for Disease Control, CDC, grant  
9 funded program to improve sexual health  
10 instruction, develop healthy.. health focused school  
11 wellness councils, and build safe and supportive  
12 learning environment. The grant includes a special  
13 focus on LGBTQ students. And the School Wellness  
14 Program's teams collaborate closely with the DOE  
15 Office of Safety and Youth Development, a  
16 gay/straight alliance network, and other partners  
17 in this work. While we currently have a recommended  
18 elementary curriculum we will convene a review  
19 committee this year to take a fresh look at  
20 curricula and supplementary resources focusing on  
21 how K through 5 health education and HIV/AIDS  
22 lessons can provide age appropriate content and  
23 skills aligned with the national and state health  
24 education standards as well as the national  
25 sexuality education standards. The committee will

1  
2 provide a recommendation next summer. The DOE's  
3 centralized scheduling system STARS [sp?] provides  
4 data on when students are scheduled for health  
5 education. We recommend that schools schedule  
6 health education in sixth or seventh grade in  
7 middle school and in 9<sup>th</sup> or 10<sup>th</sup> in high school to  
8 ensure students get this important information when  
9 it's most useful. STARS shows us that in 2014/15  
10 more than half or 56 percent of high school  
11 students were scheduled for semester of health  
12 education during 9<sup>th</sup> or 10<sup>th</sup> grade as recommended.  
13 Among middle schools students, almost 70 percent,  
14 received health education in 6<sup>th</sup> or 7<sup>th</sup> grade. While  
15 STARS does not specify if these students received  
16 sexual health lessons in their comprehensive health  
17 education classes we do know what high school  
18 students support on the biannual youth risk  
19 behavior survey and national CDC survey  
20 administered in New York City public schools. In  
21 both 2011 and 2013 about 60 percent of New York  
22 City High School students reported being taught a  
23 class about birth control methods such as the pill,  
24 the ring, IVs, birth control shots, patches, or  
25 condoms. For the health of our students we need

1  
2 this percentage to be much higher. To gather more  
3 detailed information about when and where students  
4 learn about birth control the DOE has worked with  
5 the DOHMH to make adjustments to 2015 youth risk  
6 behavior survey. We are also strengthening the use  
7 of the National School Health Profile survey in New  
8 York City through a more uniform online  
9 administration. Through this sample... through this  
10 survey a sample of principals and health teachers  
11 provide information on a variety of topics  
12 including provision of health education including  
13 sexual health and health services. In terms of  
14 staffing we know that middle... many middle and high  
15 schools do not a full time certified health  
16 instructor. There are about 160 certified health  
17 education teachers employed by the department while  
18 non certified instructors are permitted under  
19 certain circumstances to teach health education  
20 certified health instructors are the best suited to  
21 teach comprehensive health education. Both  
22 certified and noncertified health teachers can  
23 receive free training and support from the Office  
24 of School Wellness programs. We are also exploring  
25 staffing models that can help schools share a

1  
2 certified health teacher. To ensure that schools  
3 deliver comprehensive health education to students  
4 superintendents have new supervisory roles in their  
5 districts especially related to instruction. While  
6 also... while also fielding feedback from families  
7 and communities about the provision of  
8 comprehensive health. Staff in the borough field  
9 support centers provide schools with resources for  
10 understanding and applying health education  
11 requirements outlined in grade specific academic  
12 policy guidelines. Now I would like to turn to the  
13 proposed legislation. We support and prove  
14 transparency throughout the school health system  
15 including the provision of health services. We  
16 believe that we can meet the goals of Intro 771  
17 within... excuse me, within our existing reporting  
18 system and we would be glad to discuss this with  
19 the city council in more detail after the hearing.  
20 I would also like to express our support for Intro  
21 957 which requires DOE to report on sexual  
22 education training of teachers and Intro 952 in  
23 relation to reporting on the provision of  
24 comprehensive health education in New York City  
25 Schools. These reports will be an invaluable

1  
2 resource... resource to the DOE as well as school  
3 communities, elected officials, and other  
4 stakeholders. We look forward to working with the  
5 city council to ensure that the reporting  
6 requirements in these bills align with New York  
7 state mandates and what we currently track in our  
8 data system. We know that the compre... combination  
9 of comprehensive health education including age  
10 appropriate medically accurate sexual health  
11 lessons and access to health services can help our  
12 students make healthy choices, care for themselves,  
13 and be ready to succeed in school and in life. We  
14 look forward to working with the council on this  
15 important issue. Thank you again for the  
16 opportunity to testify and we are happy to take any  
17 questions.

18 CHAIRPERSON DROMM: Thank you very much.  
19 And I want to announce that we have been joined by  
20 Council Member Darlene Mealy, Council Member Steve  
21 Levin, Council Member Rosie Mendez, I think I've  
22 got everybody now. So let me start off by saying  
23 thank you very much for your testimony here today.  
24 And I have some questions. Do you know how many  
25 certified health education teachers we have to

1  
2 teach health education in the middle and high  
3 schools?

4 DOCTOR PLATT: We only have the total  
5 number of those teachers with health education  
6 licenses. That number is 160. I believe that the  
7 vast majority of them are in middle and high  
8 schools but we don't have exact numbers on that.

9 CHAIRPERSON DROMM: So 160 teachers  
10 certified. The state mandates that they're  
11 certified? Am I correct?

12 DOCTOR PLATT: Yes. It's a state  
13 license... [cross-talk]

14 CHAIRPERSON DROMM: And how many high  
15 schools do we have?

16 DOCTOR PLATT: We have over 400 high  
17 schools.

18 CHAIRPERSON DROMM: And then you add in  
19 elementary schools you're talking about you know  
20 one for every five middle and elementary schools  
21 total. Am I correct on... in that thinking?

22 DOCTOR PLATT: We... we certainly do not  
23 have as many certified health education teachers as  
24 we would like to have.

1  
2           CHAIRPERSON DROMM: Well that's really  
3 a... really very very low number to be honest with  
4 you. And I think that's really the point of this  
5 legislation is to you know make sure that we can  
6 improve on that number. What did you say? 160 what?

7           DOCTOR PLATT: 1-6-0.

8           CHAIRPERSON DROMM: 1-6-0 is... it's  
9 actually... it's... it's floored me then to know that  
10 there's that few health educators in our system,  
11 sex education educators. And how do you divide up  
12 that work then? So there's not one in every school.

13           DOCTOR PLATT: That's correct. It's the  
14 responsibility of the principal to assign a teacher  
15 to teach the required health education courses in  
16 middle and high school.

17           CHAIRPERSON DROMM: But state law says  
18 they're supposed to be certified right?

19           DOCTOR PLATT: It is permissible for a  
20 teacher to teach a certain percentage of his or her  
21 time out of license.

22           CHAIRPERSON DROMM: Do we have a number  
23 on how many are teaching out of license?

1  
2 DOCTOR PLATT: We don't... we do not have  
3 an exact number. But it... I... I can tell you that it  
4 is far higher than 160.

5 CHAIRPERSON DROMM: Okay. And I would  
6 like to get that obviously as we move forward.  
7 That'll be very very important. You know we had a  
8 forum earlier this morning that we attended  
9 sponsored by the Women's City Club and at that  
10 forum you mentioned the number of youth who are  
11 contracting sexually transmitted diseases. I didn't  
12 hear that in your testimony but I thought it was  
13 such an important point to make. Do you have  
14 numbers on how many young people are contracting  
15 sexually transmitted diseases in New York City?

16 DOCTOR PLATT: I do. The number I gave  
17 earlier today on the panel you and I were both  
18 attending was at the rate of for chlamydia  
19 Infection in 2013 for females between 13 and 19 in  
20 New York City was 23 hundred reported infections  
21 per 100,000 people in that group. So that's two...  
22 that's actually 2.3 percent of females 13 to 19  
23 have a reported chlamydia infection... had a reported  
24 chlamydia infection in 2013. The comparable number  
25 for Gonorrhoea was 370. So that means about three

1  
2 females... well closer to four females in a thousand  
3 have a reported gonorrhoea infection, had a... had a  
4 reported gonorrhoea infection in 2013.

5 CHAIRPERSON DROMM: Do you have the  
6 numbers on males?

7 DOCTOR PLATT: I do not have that with  
8 me. We can certainly get it for you.

9 CHAIRPERSON DROMM: So I would love to  
10 have those numbers as well because it seems to me  
11 that there's a crisis going on. Would you describe  
12 it as that?

13 DOCTOR PLATT: Well it... it's certainly a  
14 very large number, yes.

15 CHAIRPERSON DROMM: And obviously  
16 additional education would help to reduce those  
17 numbers.

18 DOCTOR PLATT: I certainly would support  
19 additional education.

20 CHAIRPERSON DROMM: Is there a direct  
21 correlation between education and behaviors?

22 DOCTOR PLATT: I would have to research  
23 the literature to... to give you an accurate answer  
24 about that question. I can't give you an accurate  
25

1  
2 answer about that question today in terms of what's  
3 been reported in scientific literature.

4 CHAIRPERSON DROMM: So then why do you  
5 teach it?

6 DOCTOR PLATT: Well it's one thing to  
7 believe it and think it's the right thing to do.  
8 It's another thing to have proven scientific  
9 evidence that shows that it actually reduces the  
10 incidents of infection.

11 CHAIRPERSON DROMM: Sure. So I... I was  
12 just saying as a professional do you believe that  
13 there is a correlation between teaching sex  
14 education and a reduction in numbers?

15 DOCTOR PLATT: I... I believe that it is  
16 important to teach comprehensive health education  
17 period.

18 CHAIRPERSON DROMM: Well that's a very  
19 interesting position for someone in your position  
20 to have. Believe me. And that you're not willing to  
21 comment on that.

22 DOCTOR PLATT: Well I'm... I'm not going  
23 to comment if I don't have the data. And it's...  
24 I'll... we'll be happy to get back to you if... I'll...  
25 I'll research it and when I have the data I'll be

1  
2 happy to give you an opinion about it but I just  
3 don't have the data with me.

4 CHAIRPERSON DROMM: So let me take it to  
5 the next level then. Beyond education... changing of  
6 behaviors. How do you work then to change behaviors  
7 in the public school system? I know that you said  
8 originally now... I mean not originally but now  
9 you're allowing condom demonstrations to be held in  
10 certain classrooms.

11 DOCTOR PLATT: I... I'm not sure I... I  
12 understand your question Councilman.

13 CHAIRPERSON DROMM: So educating people  
14 is one thing. Knowledge of saying you know to  
15 people that you should use a condom to... to prevent  
16 sexually transmitted diseases. People know that and  
17 they can understand that. And you know many high-  
18 schoolers can get it. But actually getting them to  
19 use condoms is another thing. How do we work on  
20 peoples' behaviors so that they take measures to...  
21 to practice safe sex. Ultimately that is the goal I  
22 would believe of sex education.

23 DOCTOR PLATT: I think that the  
24 educational process has to be more intensive. I  
25 think it has to include not only knowledge but

1  
2 skills. And therefore I think that the fact that we  
3 are now going to be conducting condom  
4 demonstrations in the classroom is a major advance.  
5 So I... I think repetition is a good thing and we  
6 have to spend more time on this and pay more  
7 attention to it.

8 CHAIRPERSON DROMM: So condom  
9 demonstrations are not mandatory?

10 DOCTOR PLATT: Condom demonstrations  
11 currently are permitted in the classroom setting.  
12 They are also held with great frequency I would say  
13 almost universally in health resource rooms.

14 CHAIRPERSON DROMM: In... in all what?

15 DOCTOR PLATT: In health resource rooms  
16 for the condom...

17 CHAIRPERSON DROMM: Do you believe...

18 DOCTOR PLATT: ...availability program.

19 CHAIRPERSON DROMM: ...that they should be  
20 mandatory in all sex education classes.

21 DOCTOR PLATT: I think that the DOE has  
22 to decide which... which I cannot decide on what... how  
23 centralized the set of mandates it wants to have  
24 and how decentralized it wants to be. For the  
25 moment the DOE's policy is that some of these

1  
2 decisions are the responsibility of the  
3 superintendents and the principals.

4 CHAIRPERSON DROMM: So with regard to  
5 LGBT students, high incidence of HIV/AIDS one of  
6 the best ways to prevent HIV/AIDS transmission is  
7 through condom usage. How do you handle that  
8 specifically in the classrooms?

9 DOCTOR PLATT: Excuse me, I'm going to  
10 turn that question over to...

11 CHAIRPERSON DROMM: Mm-hmm.

12 DOCTOR PLATT: ...to Lindsey Harr.

13 LINDSEY HARR: Hi. So we incorporate  
14 lessons for all students with a special focus in  
15 some cases on LGBTQ students. So we talk about male  
16 and female condoms. We now can in high school  
17 setting do demonstrations of male and female  
18 condoms in our lessons. Again for all students we  
19 talk about high risk behaviors, how to avoid those  
20 behaviors and... and how to have within the school  
21 and the community an inclusive and supportive  
22 environment to help all students make healthy and  
23 safe decisions.

24 CHAIRPERSON DROMM: So in those lessons  
25 do you talk about sex acts such as hilatio

1  
2 [phonetic], anal intercourse between same sex  
3 couples?

4 LINDSEY HARR: Yes.

5 CHAIRPERSON DROMM: So it gets that  
6 specific? And do all kids in the classroom hear  
7 that?

8 LINDSEY HARR: If they are in the health  
9 education classroom.

10 CHAIRPERSON DROMM: And it's specific to  
11 same sex, not just to heterosexual?

12 LINDSEY HARR: That's correct.

13 CHAIRPERSON DROMM: Okay. Alright so I'm  
14 going to... I'm going to stop here because we have a  
15 million people to testify today. And... and I know  
16 my... my colleagues want to ask questions as well. So  
17 thank you. I'm going to now turn it over to Council  
18 Member King followed by Council Member Cumbo,  
19 Johnson, and Gibson.

20 COUNCIL MEMBER KING: Good morning.  
21 Thank you again for your testimony. I'll be real  
22 brief. As someone who works with children in the  
23 schools when I'm not here at city hall I understand  
24 sex education is part of their life. What...  
25 whatever's being fed in television and in music can

1  
2 shape their thinking and activity. I heard my  
3 colleague Council Member Cumbo talk about how do we  
4 educate on the reproductive system without turning  
5 it into lustful sexual acts. That's where my  
6 questions comes from because I like to see teens be  
7 focused on how they pass SATs and Regents and all  
8 other things that make them productive people as  
9 opposed to engaging in so much activity that  
10 revolve around every productive system. So my  
11 question is how... are... are they any programs that  
12 talks a lot about not being engaged in sexual  
13 activity, abstinence? How much is that promoted in  
14 any sexual education communication that's being  
15 engaged in? And... and secondly how do you address  
16 education for students who might not be ready for  
17 certain levels of sexual communication whether it's  
18 in the sixth grade or whatever? How do you... how do  
19 you educate that student or group of students who  
20 are saying you know we're not really ready for  
21 that? You know it's like if I don't know how...  
22 excuse my language on this one, if I don't know how  
23 to smoke crack how do I watch a documentary that  
24 shows me how to smoke crack now all of a sudden I  
25 want to engage in that activity? So I know it's a

1  
2 little extreme but if you give it to a six... a sixth  
3 grader who never thought about engaging in sexual  
4 activity now you show them how to do everything  
5 where do we... which direction are we leading them  
6 in? So thank you.

7           LINDSEY HARR: So throughout our middle  
8 school and high school curriculum abstinence is  
9 described as the only 100 percent sure way to avoid  
10 unintended pregnancy and STI. At the same time, we  
11 believe it's very important for students to learn  
12 how to keep themselves safe whether they are  
13 sexually active at the age of 16, 26, 66. So that  
14 by the... whenever it is that they decide to become  
15 sexually active that they have medically accurate  
16 information and they can... and that they have the  
17 skills and the knowledge to keep themselves safe  
18 and their partner or partner safe. Doctor Platt  
19 mentioned in his testimony the importance of the  
20 skill safe health education. And these skills are  
21 really critical for all students again regardless  
22 of what decisions they're making. They're about  
23 goal setting, identifying their values, their goals  
24 for their life, how to make decisions that are  
25 consistent with their goals that can help them meet

1  
2 their goals, communication, self-advocacy, ways  
3 that they can avoid high risk situations, and live  
4 healthy and productive lives. So that's a lot of  
5 the focus of the health education, sexual health  
6 education lessons.

7 COUNCIL MEMBER KING: I'll just want to...  
8 I'll end with this. When we talk about sex  
9 education a lot of times with whole... whole host of  
10 education value systems come into play. How do you  
11 balance the value system of... society or the homes  
12 that the children come from to implement an  
13 education that doesn't violate that as well?

14 LINDSEY HARR: Absolutely. I... there's a  
15 lot of discussion in our recommended curriculum  
16 acknowledging that there's a wide range of values  
17 and beliefs for our students, our families, our  
18 communities and that it's important for students to  
19 be able to identify those and again set goals and  
20 make decisions that are consistent for them with  
21 those. And to also understand that we have a very  
22 diverse community and that it's important to  
23 understand and respect the beliefs and values of  
24 others as well.

1  
2 CHAIRPERSON DROMM: Thank you Council  
3 Member King. Council Member Cumbo followed by  
4 Council Member Johnson and then Gibson.

5 COUNCIL MEMBER CUMBO: Thank you. Thank  
6 you so much for your testimony. Wanted to follow up  
7 with some brief questions about your testimony. You  
8 stated that there are 142 based health centers with  
9 the support of a private donor. And I want to get  
10 back to the private donor aspect. How do you  
11 determine what schools and what neighborhoods  
12 receive the 142 health based centers? How does that  
13 actually happen and what is the process. And also  
14 there are 142 out of a potential how many going  
15 back to Council Member Dromm's question?

16 DOCTOR PLATT: Thank you for that  
17 question. The... the total number of campuses that  
18 DOE runs is about 13 hundred. But we don't consider  
19 a school based health center suitable unless the  
20 campus has at least 700 students because there  
21 simply isn't the volume of work to make it viable  
22 financially. School based health centers have to  
23 generate a lot of their support from insurance  
24 reimbursement. And so they need a... a total of  
25 patients and a certain type.

1  
2 COUNCIL MEMBER CUMBO: On that point if  
3 you go to a smaller school would you then be  
4 instructed to go to a larger school for those same  
5 services?

6 DOCTOR PLATT: Unfortunately, school  
7 based health centers are regulated by New York  
8 state under Article 28 and New York state does not  
9 permit a school based health centers to serve  
10 anybody except the students in the building where  
11 the school based health center is located.

12 COUNCIL MEMBER CUMBO: So if you were  
13 attending a smaller school you would not have  
14 access to those same services?

15 DOCTOR PLATT: That is correct.

16 COUNCIL MEMBER CUMBO: So of about... of  
17 the 142 based health centers there's a potential 13  
18 hundred campuses of varying sizes that if in an  
19 ideal world they'd all have it but based off of the  
20 size of the school 142 have it currently?

21 DOCTOR PLATT: Well 142 have it  
22 currently. I think there are several issues if we  
23 want to build an additional school based health  
24 center. And in fact we are in the process of  
25 opening additional sites over the next year or two.

1  
2 First there has to be available space. Some of our  
3 schools are very overcrowded.

4 COUNCIL MEMBER CUMBO: Mm-hmm.

5 DOCTOR PLATT: And carving out 15  
6 hundred square feet for a school based health  
7 center is just not possible.

8 COUNCIL MEMBER CUMBO: Mm-hmm.

9 DOCTOR PLATT: A second issue is that  
10 there has to be will... a willing provider. That is,  
11 we need to identify a hospital or a community  
12 health center that wants to operate as a school  
13 based health center. We don't do that directly. And  
14 third there has to be the capital available to  
15 build the school based health center. Construction  
16 inside schools is very expensive. We budget about a  
17 million and a half dollars to build a new school  
18 based health center. So those are the expansion  
19 constraints. The space dollars and a willing  
20 provider. With that said we've opened 20 new sites  
21 over the past three years and we expect to... to open  
22 another 15 to 20 sites over the next two years.

23 COUNCIL MEMBER CUMBO: Do you have an  
24 understanding of the success of these particular  
25 health centers. Do we understand the impact that

1  
2 they're having? So for a school that does have one,  
3 a school that does not have one, do we have an  
4 understanding of... are we able to track in that way  
5 are STDs lower as a result, are teen pregnancies  
6 lower in schools where they have these services,  
7 have we ever been able to track what is impacted?  
8 And also back to the original question how do we  
9 determine what neighborhoods get them? And do we  
10 have a breakdown by borough?

11 DOCTOR PLATT: We can certainly provide  
12 that. We can provide you with a full list with a  
13 breakdown by borough, with a breakdown by sponsor  
14 so we will... we will get that to you.

15 COUNCIL MEMBER CUMBO: Okay.

16 DOCTOR PLATT: The by in large we try to  
17 locate these school based health centers in the  
18 areas of the highest need or higher need. They are  
19 disproportionately in the Bronx and in Manhattan  
20 and in lower income parts of... of Brooklyn.

21 COUNCIL MEMBER CUMBO: Mm-hmm.

22 DOCTOR PLATT: So we do try to focus on  
23 the areas where there is the greatest need. We've  
24 also had a focus in recent years on opening new  
25 school based health centers in high schools

1  
2 particularly because we believe that the single  
3 most problematic thing for our students is the  
4 access to reproductive health services in high  
5 schools. It's very tough for students to get  
6 completely confidential services...

7 COUNCIL MEMBER CUMBO: Mm-hmm.

8 DOCTOR PLATT: ...in... in the regular  
9 healthcare system. And in addition it's our  
10 experience that while parents certainly take  
11 younger children to the doctor with... with  
12 significant frequency and meet their needs that  
13 it's very common for high school aged students not  
14 to see a doctor for years at a time. So our  
15 emphasis in recent years has been on high schools.  
16 As far as tracking is concerned it's extremely  
17 difficult to match public health data such as data  
18 on STIs with data from inside an individual's  
19 school. We do have some information.

20 COUNCIL MEMBER CUMBO: Mm-hmm.

21 DOCTOR PLATT: It's been shown for  
22 example that in a school based health center or a  
23 really good school based health center reduces  
24 absences for asthma in its population. And we  
25 certainly know with respect to reproductive health

1  
2 that we're seeing far lower rates of positive  
3 pregnancy tests in schools where our reproductive  
4 health programs have been fully adopted by school  
5 based health centers. So the evidence is  
6 fragmentary but I can tell you that when you go in  
7 and have a conversation with a principal if you  
8 ever say to a principal well you know we're not  
9 sure we can continue to support your school based  
10 health center there's an outcry about it. So it's a  
11 service that both the school administration and the  
12 students certainly value very highly.

13 COUNCIL MEMBER CUMBO: You spoke of a  
14 private donor. And I guess my concern with that is  
15 if you have a private donor is it one private donor  
16 that's supporting this entire operation? And is  
17 there a fear or a concern if there's just this one  
18 private donor that's providing a comprehensive  
19 service for the city of New York is there concern  
20 if that private donor should decide that its  
21 funding interests are different and then what would  
22 happen to the viability of this program?

23 DOCTOR PLATT: Yes. We certainly have  
24 concern about continued support for our programs.  
25 The... there was a single private donor who over a

1  
2 five-year period contributed 10 million dollars to  
3 develop a comprehensive reproductive health program  
4 in our schools. That... those funds went for  
5 training...

6 COUNCIL MEMBER CUMBO: Uh-huh.

7 DOCTOR PLATT: ...for the development of  
8 a... an informational infrastructure and for actual  
9 purchase of contraceptives. Fortunately, after that  
10 five year period another foundation came forward.  
11 And we are in the midst of a three year grant from  
12 that foundation to support the program. We think  
13 we're in... we... we've constructed the data system so  
14 that's done. And we now have an experienced  
15 workforce who knows how to provide these services  
16 and is comfortable doing so. The remaining budget  
17 problem for us is the actual purpose... purchase of  
18 contraceptives and contraceptive supplies because  
19 that is not something that is normally reimbursed  
20 through the insurance system. If you have insurance  
21 ordinarily you go to... go to your doctor, the doctor  
22 fee is reimbursed and you get a prescription, you  
23 go to the pharmacist and you get your supplies,  
24 your birth control pills, whatever else you need.  
25 We know that giving a prescription to a teenager

1  
2 and telling them to go to pharmacy doesn't work  
3 very well. So our school based health centers  
4 actually distribute the birth control pills and  
5 other supplies that are needed. But insurance only  
6 pays that money to a pharmacy. It doesn't pay that  
7 money to the doctor who's providing the service.  
8 And so...

9 COUNCIL MEMBER CUMBO: Mm-hmm.

10 DOCTOR PLATT: ...we need a flow of  
11 dollars to be able to provide those contraceptives  
12 in an ongoing way to students. So far we've been  
13 able to do it but it is a struggle.

14 COUNCIL MEMBER CUMBO: Let me just ask  
15 you this. If we know that let's say there are  
16 17,000 teenage pregnancies that happen every year  
17 are we able to calculate the cost of that to the  
18 city of New York in terms of understanding usually  
19 given how expensive it is to live in New York City  
20 someone in their teenage years having a child is  
21 going to have to require some level of public  
22 assistance or support and there is a cost that's  
23 associated with that as well as treatment for STDs,  
24 potentially HIV. All of these things have a cost  
25 associated. I'm... I'm curious as to why if there is

1  
2 a state mandate for so much of this why we have to  
3 also turn to a private donor to carry the weight.  
4 And have we thought about when Council Member Dromm  
5 talked about having the right amount of certified  
6 teachers, having the right amount of equipment, the  
7 right amount of capital construction to go into  
8 these types of programs. Have we thought about the  
9 dollar amount of all of this and then advocating  
10 for that in the city's budget? Because it seems  
11 like it's costing the city to deal with it on the  
12 back end versus dealing with it on the front end.  
13 And we could have an incredible impact on the  
14 viability and the health of our young people at an  
15 early age.

16 DOCTOR PLATT: Well we certainly would  
17 be delighted to see more support for these programs  
18 and we'd be delighted to continue to expand the  
19 programs. I think if the council were to request a  
20 budget estimate of the cost of expanding these  
21 programs I'm sure that the Health Department and  
22 the Department of Education would be happy to  
23 provide the estimate of that cost.

24 COUNCIL MEMBER CUMBO: And then just  
25 finally because I know we have a lot of colleagues

1  
2 that have questions... Council Member King talked  
3 about this but wanted to find out in the education  
4 of this how heavily would you say abstinence in the  
5 education process is brought up? How often is  
6 marriage, family values, love, relationships... all  
7 of these different types of elements other than  
8 just the... the technical aspects of having sex... is  
9 there anything in terms of moral values? Is there  
10 anything in terms of family values that are brought  
11 into this? Because I feel like just giving our  
12 young people so many of the... the technical aspects  
13 of how to take birth control or how to use a condom  
14 could potentially override the... the main purpose  
15 and function of what relationships are intended to  
16 do.

17 LINDSEY HARR: Sure. Yes, our health  
18 education lessons in our recommended curricula are...  
19 are very skills focused in line with the state's  
20 guidance and standards around things like self-  
21 management, healthy relationships, communication,  
22 goal setting, decision making, self-advocacy. You  
23 know I think that our goal in comprehensive health  
24 education is to really give students not only the  
25 medically accurate knowledge they need but really

1  
2 the skills to make healthy decisions and to live  
3 healthy lives to take care of themselves, to take  
4 care of their families, their communities, their  
5 partners, whether they have partners now or will in  
6 the future. And so that's a lot of the focus of our  
7 health... of our recommended curriculum.

8 COUNCIL MEMBER CUMBO: Okay. Well thank  
9 you. I'm going to allow opportunities for my other  
10 colleagues to ask questions. And I look forward to  
11 a continued testimony. Thank you.

12 CHAIRPERSON DROMM: Just before we turn  
13 it over to Council Member Johnson. So an  
14 interesting thing... observation from me as an LGBT  
15 person is that we couldn't get married in New York  
16 state until about four years ago. Now finally in  
17 the United States of America we are allowed to get  
18 married. How are you dealing with the marriage  
19 question in terms of your sex education classes  
20 around gay marriage?

21 LINDSEY HARR: So that's certainly that  
22 could... a topic that could absolutely and I think  
23 often does come up in health education class. I  
24 mean I think it fits again with the overall  
25 framework of teaching our students that they live

1  
2 in a diverse community and that respect for oneself  
3 and respect for others is really paramount.

4 CHAIRPERSON DROMM: So you're promoting  
5 gay marriage?

6 LINDSEY HARR: I think that we are... we  
7 are...

8 CHAIRPERSON DROMM: Well it's a really  
9 interesting question. How could you promote one  
10 marriage and not another?

11 LINDSEY HARR: We're not promoting one  
12 over the other. We're promoting... [cross-talk]

13 CHAIRPERSON DROMM: Well...

14 LINDSEY HARR: ...equality and respect.

15 CHAIRPERSON DROMM: Well if... if we're  
16 talking about marriage as being the place you know  
17 that you should have... abstain from sex until you're  
18 married obviously we're telling gay children that  
19 they should get married right?

20 LINDSEY HARR: I...

21 CHAIRPERSON DROMM: Or never have sex.

22 LINDSEY HARR: I'm not quite... [cross-  
23 talk]

24 CHAIRPERSON DROMM: It... it...  
25

1  
2 LINDSEY HARR: ...on your question, I'm  
3 sorry.

4 CHAIRPERSON DROMM: I'm sorry?

5 LINDSEY HARR: I'm not quite clear on  
6 your question.

7 CHAIRPERSON DROMM: You're not clear on  
8 it? Well if you're... if you're telling students that  
9 marriage is you know important in terms of their  
10 decision making process about you know whether or  
11 not they enter into a sexual relationship with  
12 people and abstinence is the only means of you know  
13 ensuring that you don't have sexually transmitted  
14 diseases or unwanted pregnancies then I would  
15 assume marriage would equate equally across the  
16 board to both heterosexual and homosexual students  
17 and that we would be promoting gay marriage in the  
18 classroom as much as we are promoting heterosexual  
19 marriage.

20 LINDSEY HARR: The... while we do talk  
21 about and want to make sure that students  
22 understand that abstinence is the only 100 percent  
23 way to be sure that... to avoid unintended  
24 pregnancies and STIs we're not telling them that  
25 they need... that they necessarily need to wait until

1  
2 marriage to be sexually active. We know that young  
3 people make different decisions. Some will wait  
4 till marriage, some will not. Our focus is really  
5 making sure that whenever those students become  
6 sexually active they have the knowledge and skills  
7 to keep themselves and their partners safe.

8 CHAIRPERSON DROMM: Okay thank you. It's  
9 an interesting question though and interesting  
10 perspective. Thanks. Council Member Johnson.

11 COUNCIL MEMBER JOHNSON: Thank you Chair  
12 Dromm. Thank you Doctor Platt. Thank you all for  
13 being here. I appreciate your testimony. There was  
14 one thing that really was concerning to me that you  
15 had mentioned which is you said that the DOE  
16 centralized scheduling system, STARS, provides data  
17 on when students are scheduled for health  
18 education. You mention that you recommend that  
19 schools schedule health education in sixth or  
20 seventh grades and ninth or 10<sup>th</sup> grades as I  
21 mentioned in my opening statement in high school to  
22 ensure students get this information... important  
23 information when it's most useful. STARS, the  
24 scheduling system shows that in the 2014 2015 year  
25 more than half or 56 percent of high school

1  
2 students were scheduled for a semester of health  
3 education, 56 percent, ninth or 10<sup>th</sup> grade. Among  
4 middle school students 70 percent received health  
5 education. Those numbers are bad. Those are  
6 disappointing numbers. And you go on and you say  
7 that there's no indication on whether or not  
8 comprehensive sex education is even included in  
9 that health education. So it's not broken out that  
10 way. So even if it's... if I think... I think 56  
11 percent and 70 percent is actually low and what  
12 those students should be receiving even within  
13 those numbers I'm sure there's even a greater drop  
14 off on the number of students who are actually  
15 receiving comprehensive sex education. So who do we  
16 hold accountable for this?

17 DOCTOR PLATT: Under the current DOE  
18 organizational structure principal support to...  
19 report to the superintendent. And it is the  
20 superintendents who are responsible for... [cross-  
21 talk]

22 COUNCIL MEMBER JOHNSON: Who's holding  
23 them responsible.

24 DOCTOR PLATT: Well superintendents  
25 report to a Senior Deputy Chancellor.

1  
2 COUNCIL MEMBER JOHNSON: And what is the  
3 Senior Deputy Chancellor doing about this? Which  
4 senior deputy chancellor is in charge of holding  
5 superintendents accountable on this issue.

6 DOCTOR PLATT: Well there is only one  
7 senior deputy chancellor... [cross-talk]

8 COUNCIL MEMBER JOHNSON: Who is that?

9 DOCTOR PLATT: ...my knowledge sir. Her  
10 name is Dorita Gibson and she of course reports to  
11 Chancellor Farina.

12 COUNCIL MEMBER JOHNSON: And can you  
13 tell me about what she is doing on holding  
14 superintendents accountable who are then hopefully  
15 holding principals accountable and making sure that  
16 the mandate is followed?

17 DOCTOR PLATT: Well this... this  
18 information is relatively new information. I can't...  
19 I have not personally had a conversation with  
20 Superintendent Gibson... Deputy Chancellor Gibson  
21 about this... this issues. We will certainly go back  
22 and relay your concerns about it. I would agree  
23 with you that we are not where we would like to be  
24 ensuring that health education is being taught in  
25 the New York City public school system.

1  
2 COUNCIL MEMBER JOHNSON: So if the  
3 numbers are at 56 percent for high school students  
4 and 70 percent for middle school students and  
5 that's just for health education and there's no  
6 further breakdown in percentages related to  
7 comprehensive sex education you mentioned the  
8 national biannual youth risk behavior survey which  
9 you were gleaning some type of numbers from in  
10 saying what young people are reporting. But we  
11 don't have a further breakdown out of the 56  
12 percent and 70 percent of how many are actually  
13 receiving comprehensive sex ed.

14 DOCTOR PLATT: Yeah let me... let me just  
15 clarify something about the 56 and 70 percent  
16 numbers. The... the... those numbers reflect health  
17 education in the recommended grades. They don't  
18 reflect all health education. So the number of  
19 middle school students receiving health education  
20 is higher than 70 percent because it does not  
21 include those who are receiving the course in the  
22 eighth grade. And similarly the 56 percent number  
23 does not include students who are receiving the  
24 instruction in the 11<sup>th</sup> and the 12<sup>th</sup> grade. Never  
25 the less we are in agreement that we need to

1  
2 continue to strengthen the health education program  
3 at the New York City public school system is  
4 offering.

5 COUNCIL MEMBER JOHNSON: Well I just say  
6 that I... I appreciate that and I appreciate the  
7 statistics but I think we're going to hear from  
8 advocates relatively soon who in my understanding  
9 about what they're hearing from young people it's  
10 that even though there is the 6<sup>th</sup> and 7<sup>th</sup> grade  
11 requirement there are plenty of young people who  
12 are actually not getting any type of education in  
13 this area until eighth through 12<sup>th</sup> grade.

14 DOCTOR PLATT: Yeah let... let me just say  
15 that the sixth or seventh grade is a recommendation  
16 not a requirement. The... the requirement is the  
17 state requirement that the course be taught in  
18 middle... middle school.

19 COUNCIL MEMBER JOHNSON: It's a  
20 recommendation.

21 DOCTOR PLATT: It's a... So I just want to  
22 just to make that distinction. But I... I don't  
23 disagree with you. I think that DOE can and should  
24 be doing a better job of making sure that all of  
25 its students... [cross-talk]

1  
2 COUNCIL MEMBER JOHNSON: So what are you  
3 doing to make sure DOE is doing a better job?

4 DOCTOR PLATT: Our role... our office's  
5 role is to be available to provide recommendations  
6 about curriculum and to provide technical  
7 education. We do... So... so that's, that's the answer.  
8 I think that the... the line of accountability is  
9 clear. We have a new structure. I completely  
10 understand your concern. And I think after this new  
11 structure has had a little time to mature it would  
12 be quite appropriate to ask somebody who is in the  
13 direct chain of responsibility for ensuring that  
14 curriculum requirements are met how to answer those  
15 questions.

16 COUNCIL MEMBER JOHNSON: That's not a...  
17 for me and this is not personal towards you Doctor  
18 Platt because I think you do a very good job in  
19 your role and I enjoy working with you. That's not  
20 a sufficient or good enough answer for me.

21 DOCTOR PLATT: I understand.

22 COUNCIL MEMBER JOHNSON: We need some  
23 accountability. Recommendations exist for a reason.  
24 Requirements exist for a reason. The numbers are  
25 far too low. I applaud the mayor and the chancellor

1  
2 for the changes they've made related to empowering  
3 superintendents and bringing more power back down  
4 to the local level to give superintendents the  
5 ability to actually make a difference. But there  
6 needs to actually be some real accountability here.  
7 And I'm happy to... look forward to hopefully having  
8 a conversation with the senior deputy chancellor  
9 who can maybe give me more information on what  
10 we're actually doing to get these numbers up. But  
11 you know a day wasted is potentially... and I'm not  
12 saying this to be melodramatic or... or hyperbolic  
13 but a day wasted is potentially a day that a young  
14 person who's not getting comprehensive sex  
15 education is getting exposed to gonorrhea,  
16 chlamydia, syphilis, HIV and AIDS, teenage  
17 pregnancy... the list goes on. And that is why it is  
18 I think critical that we actually get these numbers  
19 up to what the recommendations are and what the  
20 requirements are. And I know you agree with me on  
21 that. So I'm not trying to hammer you here but I  
22 want us to actually have greater accountability and  
23 I look forward to having that conversation with  
24 you.

25 DOCTOR PLATT: Sure.

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COUNCIL MEMBER JOHNSON: So... and I'll finish with this because I know there are other people with questions. There is a mandate as you mentioned in your testimony on HIV and AIDS prevention programs high schools are required to have health resource rooms where free condoms health... health information and health referrals are made available to students in grades nine through 12 by trained staff at least one male and one female staff person in each school. Do all high schools in New York City currently have the required health resource room?

DOCTOR PLATT: I would say 99 percent at least. I don't... I can't swear that there isn't... aren't one or two or three schools that don't have an active program. But it... it is a very successful program and a very well implemented program. I'm going to see if Lindsey wants to add to that.

COUNCIL MEMBER JOHNSON: In... [cross-talk]

DOCTOR PLATT: Nothing to add.

COUNCIL MEMBER JOHNSON: In the case of co-located schools do schools on campus share a

1  
2 single health resource room or are they required to  
3 have their own.

4 DOCTOR PLATT: They may share. It's  
5 their choice but if they don't want to share then  
6 they have to have their own.

7 COUNCIL MEMBER JOHNSON: Do all high  
8 schools have both the male and female required  
9 staff person for their HR?

10 DOCTOR PLATT: Once again I... I think  
11 the... the percentage would be very high. I can't sit  
12 here and... [cross-talk]

13 COUNCIL MEMBER JOHNSON: So I'd like to  
14 get the numbers on... on...

15 DOCTOR PLATT: We... we will. We will look  
16 at... at the data that we have and provide you with  
17 information on the staffing of our... of our resource  
18 groups.

19 COUNCIL MEMBER JOHNSON: Chair Dromm had  
20 mentioned the condom demonstrations and you had  
21 mentioned in your testimony that Chancellor Farina  
22 and Commissioner Basset sent a letter out allowing  
23 these to happen in classrooms now. Do we know how  
24 many schools who participate in classroom condom  
25 demonstrations this year?

1  
2 DOCTOR PLATT: No I don't know the  
3 answer to that. I think probably premature to try  
4 to collect that information. But I have no doubt  
5 that at some point we should be collecting it and..  
6 and if we collect it we should report it.

7 COUNCIL MEMBER JOHNSON: And in the  
8 condom distribution program we're not just  
9 distributing male condoms, we're also distributing  
10 female condoms as well?

11 DOCTOR PLATT: Correct.

12 COUNCIL MEMBER JOHNSON: Good. Thank you  
13 very much Chair Dromm.

14 CHAIRPERSON DROMM: Thank you. And just  
15 before we go to Council Member Gibson I just wanted  
16 to follow up a little bit on what you had begun to  
17 address sort of Council Member Johnson. In meeting  
18 that we had recently prior to this hearing it was  
19 stated that the Office of Academic Policy in a  
20 newly appointed regulatory taskforce headed by  
21 Deputy Chancellor Weinberg would be working with  
22 the Borough of Field Support Staff and  
23 superintendents to provide support and hold schools  
24 accountable for teaching sex ed. Does that still  
25 stand or does it go to Deputy Chancellor Gibson? Or

1  
2 does Deputy Chancellor Gibson oversee Deputy  
3 Chancellor Weinberg?

4 DOCTOR PLATT: I'm going to ask Katy to  
5 respond to that.

6 KATIE HANSEN: So the... the role of the...  
7 of the task force is to make sure that schools are  
8 implementing the required courses and for  
9 graduation that students are taking their required  
10 exams. So to the extent that health is a required  
11 course it would be monitored by the task force  
12 especially at the high school level since it's a  
13 graduation requirement. As an example of that as  
14 part of that oversight work we do do annual random  
15 audits of representative samples of high school  
16 graduates. And 99.7 of them in our most recent  
17 audit of the high school students had completed the  
18 health education course. So that's one example of  
19 how that oversight looks. Sometimes it's through a  
20 central audit. And if there are any policy  
21 implementations, concerns that are discovered the  
22 borough center and the superintendent will work to  
23 support the school and make sure they're  
24 implementing those...  
25

1  
2 CHAIRPERSON DROMM: So what is Deputy  
3 Chancellor Weinberg's role in this?

4 KATIE HANSEN: As I said it's overseeing  
5 that students are receiving the required courses  
6 that the state regulation say they are entitled to  
7 receive.

8 CHAIRPERSON DROMM: So can you just tell  
9 me the latter of accountability there?

10 KATIE HANSEN: Sure. So I think... I think  
11 we have sort of covered that the principal is  
12 accountable to the superintendent, superintendent  
13 is accountable to... to Dorita Gibson, the role of  
14 Deputy Chancellor Weinberg is to provide structures  
15 for the oversight activities to occur, and my  
16 office is beneath him and so we support the borough  
17 field center staff in the on-the-ground technical  
18 assistance, making sure schools understand the  
19 policies and... and the content pieces.

20 CHAIRPERSON DROMM: Okay thank you.  
21 Council Member Gibson.

22 COUNCIL MEMBER GIBSON: Thank you very  
23 much Chair Dromm. And good afternoon. Thank you for  
24 being here, for your presence. I just had a couple  
25 of questions that I wanted to focus on the actual

1  
2 curriculum and the instruction for sex ed teachers.  
3 In your testimony you talked about you know number  
4 one having 160 certified health education teachers  
5 for middle and high schools I think we can all  
6 acknowledge is insufficient. So as we at the  
7 council begin to have budget conversation I think  
8 this is something that is very important to raise  
9 to us in the council. I don't remember budget  
10 conversations this year around DOE coming to us  
11 saying that we needed more money to hire more sex  
12 ed teachers. So I'm making sure that you understand  
13 that as we have conversations about the next FY  
14 budget it's important to understand what numbers  
15 we're talking about. 160 is not enough. You  
16 indicated that there are non-certified instructors  
17 that are permitted under certain circumstances to  
18 teach health education. So two questions. I'd like  
19 to know do you know how many non-certified  
20 instructors we have in the department? And also  
21 what are the certain circumstances that allow these  
22 teachers to administer sex ed?

23 DOCTOR PLATT: As I mentioned the number  
24 of teachers who are not licensed in health  
25 education who are teaching health education courses

1  
2 is substantially larger than that 160 number. I  
3 can't give you an exact number today but it is much  
4 larger. My understanding of the law is that  
5 teachers can teach outside of their area of  
6 expertise for up to 40 percent of their time for up  
7 to two years. So that's problematic obviously in a  
8 couple of respects. One is they're... they're really  
9 not health education specialist and teaching some  
10 of this material is challenging. And second they  
11 can't continue to do this for an extensive period  
12 of time so that we have a new flow of people  
13 teaching out of license every year and we have to  
14 train them up. So we certainly would agree that  
15 that is not the ideal way to teach health  
16 education.

17 COUNCIL MEMBER GIBSON: Okay so you  
18 acknowledge that there are much more than 160 non-  
19 certified teachers. So we could have right now in  
20 our schools art teachers, gym teachers, and others  
21 that are possibly non-certified but administering  
22 sex education. Is that correct?

23 DOCTOR PLATT: That is... that is correct.  
24 Now there was decades ago a combined health  
25

1  
2 education and physical education license. But...

3 [cross-talk]

4 COUNCIL MEMBER GIBSON: ...state right?

5 DOCTOR PLATT: ...that... that... that  
6 license... right that license has not been offered in  
7 decades. But there's still I think often a feeling  
8 well physical education teachers can teach health  
9 education. And so we believe although I don't have  
10 the data that a very large percentage of the non-  
11 licensed individuals who are teaching health  
12 education are actually physical education teachers.

13 COUNCIL MEMBER GIBSON: Okay. And both  
14 certified and non-certified teachers can receive a  
15 number of different training options and support  
16 staff from the Office of School Wellness. Is any of  
17 that mandated or is it highly suggested?

18 DOCTOR PLATT: Well it's certainly  
19 suggested but it's not mandated.

20 COUNCIL MEMBER GIBSON: Okay. So I think  
21 that gets to some of the challenges that we're  
22 facing and the reason why we're having this hearing  
23 on these three bills. Number one I'm very pleased  
24 to see that the Department is supporting the three  
25 bills and will be in compliance with the bills if

1  
2 passed and put into law. You know but obviously  
3 it's really concerning that we have so many non-  
4 certified teachers that are in our schools  
5 administering sex ed based on highly suggested  
6 curriculum that's not mandate, that many of us  
7 don't know in terms of what's going on. So who has  
8 oversight over the non-certified instructors? Is it  
9 the School of... of Wellness? How does that work?

10 DOCTOR PLATT: The teachers in a school  
11 are responsible to the principal. The principal is  
12 responsible to the superintendent. We are really...  
13 you should really I think consider our office as a...  
14 a technical support and training office. We don't  
15 have line management responsibility for the  
16 teaching of health education. That responsibility  
17 as I mentioned rests with the principals and the  
18 superintendents.

19 COUNCIL MEMBER GIBSON: Okay. And with  
20 the enhanced responsibility of all of our  
21 superintendents they already have oversight over  
22 principals and the level of instruction that their  
23 teachers are administering. So with this added  
24 responsibility are we going to see any changes  
25 moving forward in making sure that the curriculum,

1  
2 the training is actually being provided to our  
3 teachers in sex ed?

4 DOCTOR PLATT: It would certainly be my  
5 hope and certainly I would personally advocate for  
6 seeing improvements both in terms of greater  
7 training and in terms of the hiring of additional  
8 health education instructors. The DOE has many  
9 responsibilities and has to make many choices and  
10 they're responsibly for making those choices as I  
11 mentioned rests with at the regional level with the  
12 district superintendents and high school  
13 superintendents and it's a large and diverse group.  
14 So I think this is going to be a process and that  
15 we're going to see overtime what the rate of  
16 improvement is. I think we're headed in the right  
17 direction. I think we've been headed in the right  
18 direction for years. I think what's an issue here  
19 largely is their rate of progress.

20 COUNCIL MEMBER GIBSON: Okay. Well no as  
21 I wrap up and you know understand that we here at  
22 the council certainly understand the challenges  
23 facing the Department of Education. That's why  
24 we're partners in this process. When the DOE needs  
25 help they always reach out. Last year we put in 25

1  
2 million dollars to higher more certified art  
3 teachers because we're not in compliance with state  
4 law around that. And so we expect the DOE to reach  
5 out when it's necessary but we don't want to wait.  
6 It is very alarming the fact that we don't have  
7 enough certified teachers. We have too many non-  
8 certified teachers. And it's just not acceptable  
9 when we're talking about young peoples' lives. And  
10 so that's why we speak with such aggression because  
11 we want to make sure we can help the department. We  
12 don't want to hurt the department we want to help  
13 you in this process. If we need to change state law  
14 and make sure we're in compliance, we will help you  
15 with that. But we just need to understand what's  
16 happening. And that's why we propose these types of  
17 bills because we don't know. The 160 teachers we  
18 have we don't know where they're dispersed in  
19 middle and high schools. I represent school  
20 district nine in the Bronx and I have a lot of  
21 school based health centers Montefiore Bronx  
22 Community Health Network, Morris Heights Health  
23 Center. And they have come in to help my schools  
24 where they have struggled. And... and so we're trying  
25 to you know put all of the ingredients together but

1  
2 you know the number one thing we have to be  
3 cognoscente of is first and foremost we need more  
4 certified teachers. That's the bottom line. We  
5 cannot accept 160. We should not accept 160. And  
6 even in some of the curriculum you have health  
7 teacher for elementary grades, middle school health  
8 smart for six to eight, and high school health  
9 smart. I mean many of us don't know what that  
10 curriculum is. It would be great if you know the  
11 department could share that with the council so  
12 that we could better understand what's being taught  
13 of our children and what's being expected of them  
14 so that we can help them in this process.

15 DOCTOR PLATT: We would be happy to  
16 review those curricula with you in a separate  
17 meeting at whatever length you'd like to do.

18 COUNCIL MEMBER GIBSON: Thank you very  
19 much. Thank you Chairs.

20 DOCTOR PLATT: Thank you Council Member  
21 Gibson. Council Member Cumbo has a follow-up.

22 COUNCIL MEMBER CUMBO: Just quickly two  
23 questions. Wanted to know... do we have an annual  
24 report that comes out or an understanding of how  
25

1  
2 many teenagers each year in the city of New York  
3 are diagnosed as HIV positive?

4 DOCTOR PLATT: I don't know if the data  
5 is formulated in that way but I can certainly find  
6 out and get back to you. That would be done by the  
7 Department of Health and Mental Hygiene, probably  
8 the Bureau of HIV/AIDS. We'll check on that and get  
9 back to you.

10 COUNCIL MEMBER CUMBO: Do you feel  
11 comfortable making an assessment or a... a ballpark  
12 of what that figure could look like each year.

13 DOCTOR PLATT: I'd prefer to wait and  
14 see the data.

15 COUNCIL MEMBER CUMBO: Okay. Here's my  
16 other question with that. When a young person, a  
17 teenager, in our city is diagnosed and they're HIV  
18 positive or they have an STD who then covers the  
19 cost for the medicine. Let's say if it's a... if it's  
20 something like gonorrhea or chlamydia that can be  
21 treated with a onetime treatment versus something  
22 like herpes or genital warts or other things that  
23 are repetitive or HIV related who covers the cost  
24 for that?

1  
2 DOCTOR PLATT: Unfortunately, I don't  
3 have that information at my fingertips. I will  
4 consult with my colleagues in the Bureau of  
5 HIV/AIDS and get that information to you.

6 COUNCIL MEMBER CUMBO: That would be  
7 very important for us to know in determining how to  
8 move forward. Thank you.

9 CHAIRPERSON DROMM: Okay thank you and I  
10 want to thank the panel for coming in and for  
11 sharing the information that you've shared with us  
12 today. We look forward to continuing to work with  
13 you. And as Council Member Gibson said it really is  
14 a matter of trying to provide you with additional  
15 resources so that the job that you do can be done  
16 in a... in a broader and better sense. And we  
17 appreciate that we're moving in the same direction  
18 but necessary to get you those additional  
19 resources. Thank you very much.

20 DOCTOR PLATT: Thank you.

21 CHAIRPERSON DROMM: ...next one. Mm-hmm.  
22 Okay the next panel will be Lily Hershey Webb who  
23 is a student, glad to hear the student's  
24 perspective, Sola Sam the New York Lawyers for the  
25 Public Interest, Arden Dressner Levy NYCLU, and

1  
2 Catherine Bodde NYCLU as well. Okay thank you. I'm  
3 going to ask the people at the table to raise your  
4 right hand. I have to swear you in. Do you solemnly  
5 swear or affirm to tell the truth, the whole truth,  
6 and nothing but the truth and to answer council  
7 member questions honestly? Yes? Okay. Thank you.  
8 Who would like to begin? Okay great. Okay if you  
9 want to start just push the button so the red light  
10 comes on.

11 ARDEN LEVY: Alright thank you.

12 CHAIRPERSON DROMM: Okay good. Thanks.

13 ARDEN LEVY: My name is Arden Dressner  
14 Levy. I am a 16-year-old junior in high school and  
15 a member of the New York Civil Liberties Union Teen  
16 Activist Project, TAP. TAP is a youth program that  
17 engages New York City teens as organizers and peer  
18 educators on civil rights and civil liberties.  
19 Thank you for the opportunity to testify at this  
20 hearing. Many other policy members would review  
21 legislation like this without ever hearing from the  
22 perspective from a young person is actually going  
23 to effect. However, I would like to point out that  
24 due to the timing of this hearing I am having to  
25 miss school today. I'm lucky enough to have

1  
2 teachers and parents who understand how important  
3 it is for me to be here however, I should not have  
4 to sacrifice my education in order to have my voice  
5 heard on an issue that affects me. You see my body  
6 and my relationships can be very confusing. I've  
7 only been around for about a decade and a half so  
8 I'm still figuring it all out. And don't even get  
9 me started on my sexuality, I have no idea what's  
10 going on with that. So all this means is that I'm  
11 looking for guidance and accurate information.  
12 Comprehensive sexual education in school is what  
13 can give me that knowledge and that guidance. I  
14 believe that knowledge is power. Being educated  
15 about my body and my relationships and my sexuality  
16 only leads me to making more educated and informed  
17 choices and it is the same for all my peers. My  
18 friends have had pregnancy scares because they  
19 didn't know where they could get cheap confidential  
20 access to birth control. My friends have had  
21 pregnancy scares because no one ever taught them to  
22 check the expiration date on a condom. My friends  
23 have exposed themselves to sexually transmitted  
24 infections because they weren't taught they had the  
25 power and the right to ask their partner to use

1  
2 protection. And my friends have had sexual  
3 encounters where consent was not really present  
4 because they weren't taught that their active  
5 consent was important or even necessary. And I know  
6 of peers who have dropped out of high schools in  
7 New York City after getting pregnant. And guess  
8 what they came from schools that weren't offering  
9 any form of sexual education. We deserve to be  
10 equipped with a knowledge to protect ourselves from  
11 these situations. We should know how to protect  
12 ourselves from STIs, unwanted pregnancies, and  
13 unhealthy relationships. We deserve to understand  
14 what consent is. You see this I think is important  
15 because it's not something that has been thoroughly  
16 mentioned in this hearing so far. The conversation  
17 about consent is something that's happening a lot  
18 in our colleges and universities right now but  
19 that's way too late to learn about what consent  
20 actually is. I've heard people in my own high  
21 school talking about how oh if someone was coerced  
22 and manipulated into saying yes but they did  
23 eventually say yes that's still consent. That's  
24 terrifying to me as a teenage girl and makes me  
25 feel unsafe in my own communities. Additionally, we

1  
2 deserve to know about sex and sexualities that are  
3 not just between heterosexual and fish gendered  
4 people. It is important to note that I am growing  
5 up in the age of the internet. There's a lot of  
6 good content on the internet but there's also a lot  
7 of misinformation. And that's why it's so crucial  
8 that you don't leave it up to students to educate  
9 themselves about this. The information young people  
10 are getting about their bodies and relationships  
11 needs to be valid and easily accessible. We need to  
12 be getting it from a young age and it needs to be  
13 normalized. Unfortunately, today teens in New York  
14 City don't always get this type of information and  
15 comprehensive sex education. Every student deserves  
16 it and it can start with the city council and the  
17 Department of Education. However, that isn't  
18 enough. We need to push for a K through 12 sexual  
19 education. It needs to be mandatory and it needs to  
20 be comprehensive because only then will young  
21 people like me be able to make healthy informed  
22 choices about our sexuality, our bodies, and our  
23 relationships. Thank you.

24 CHAIRPERSON DROMM: Thank you very much.

25 [applause]

1  
2 CHAIRPERSON DROMM: You're a very  
3 forceful advocate and sorry that I missed your  
4 speech outside because we have that here as well.  
5 And I want to thank you for that. I think you may  
6 have to leave if I'm not mistaken. Are you going  
7 to... are you able to stay?

8 ARDEN LEVY: Oh yeah I can... [cross-talk]

9 CHAIRPERSON DROMM: Okay good so you're  
10 able to stay, okay. Just wanted to be sure that if  
11 you had to leave I was going to say then go. If not  
12 stay here and we'll talk more in a minute. [cross-  
13 talk]

14 UNKNOWN FEMALE: It was awesome.

15 CHAIRPERSON DROMM: I... I... I guess I  
16 missed it. Yeah.

17 ARDEN LEVY: Thank you very much.

18 CHAIRPERSON DROMM: Thank you. Next  
19 please.

20 LILLY HERSHEY-WEBB: Thank you Chairman  
21 Dromm, Chairman Johnson, Chairwoman Cumbo, and  
22 members of the committees for the opportunity to  
23 speak this afternoon about sex education in my  
24 schools. My name is Lilly Hershey-Webb and a  
25 sophomore at Millennium High School, a public

1  
2 school located in the financial district in lower  
3 Manhattan. As a teenager I know I need education  
4 that helps me make healthy decisions about sex,  
5 birth control, and pregnancy. I attended Saltz  
6 [sp?] School of Science for middle school which is  
7 a public school in partnership with NYU Medical  
8 Center. In middle school a small team of college  
9 kids spent a few weeks talking about reproductive  
10 health and sex education. In ninth grade at  
11 Millennium High School I again was taught one  
12 semester about sexually transmitted diseases, how  
13 they're transmitted, and how to protect myself from  
14 contracting one. Over those two sessions I learned  
15 about methods of contraceptives and how to protect  
16 myself from unintended pregnancy and STDs. But sex  
17 education should teach a lot more to help students  
18 develop healthy relationships, build self-esteem,  
19 and positive body image, and learn about keeping a  
20 healthy lifestyle. These things were not fully  
21 taught to me in middle school or the one semester  
22 of sex education in high school. Teachers need to  
23 be sensitive to the different sexual orientation of  
24 students including those who are still trying to  
25 figure out their identity. We should be taught that

1  
2 when we're in a relationship and if we choose to  
3 have sex we should talk with each other about what  
4 birth control method works for both of us. We need  
5 to understand what a bad relationship looks like,  
6 that it includes more than unwanted pressure to  
7 have sex. It also includes things like emotional  
8 and digital abuse like when a partner posts private  
9 information or pictures of that other person  
10 without their consent. Sex education should also  
11 teach teens that New York state ensures that teens  
12 have access to confidential family planning  
13 services and reproductive health care including  
14 abortions even without parents' consent. I feel  
15 that my teachers in middle and high school did  
16 their best to teach me about the basics of sex,  
17 contraceptives, and sexually transmitted diseases  
18 including HIV and AIDS. But spending just a few  
19 weeks on this material is not enough time. I  
20 believe sex education be more meaningful and help  
21 teenagers grow into healthy and responsible persons  
22 if it also encourages them to develop healthy  
23 attitudes about their bodies, sexual orientation,  
24 gender roles, and real life relationship  
25 challenges. Thank you for your time.

1  
2 CHAIRPERSON DROMM: Thank you. Another  
3 powerful... testimony.

4 [applause]

5 UNKNOWN FEMALE: We clap in the city  
6 council like this but I hear you. I don't know how  
7 we laugh.

8 [laughter]

9 SOLA STAMM: Good afternoon Chairman  
10 Dromm, Chairman Johnson, and Chairwoman Cumbo. And  
11 thank you for the opportunity to provide testimony  
12 today. My name is Shola Sam and I am a Health  
13 Justice Community Organizer at the New York Lawyers  
14 for the Public Interest, NYLPI, a non-profit civil  
15 rights organization. NYLPI's health justice program  
16 uses a wide range of advocacy tools including  
17 community organizing, coalition building,  
18 individual representation, impact litigation, and  
19 legislation advocacy to challenge health  
20 disparities. These advocacy strategies aim to  
21 eliminate racial discrimination and systemic  
22 barriers that limit universal access to health care  
23 as well as address social determinates of health so  
24 that New Yorkers can live a healthy life. Advocacy  
25 around the pursuit for holistic health and wellness

1  
2 for New Yorkers can be seen through our support of  
3 city council legislation on Intro 644. This  
4 legislation promotes children's health, focus, and  
5 academic performance through... through physical  
6 education. Organizing around intro 644 led to  
7 NYLPI's partnership with SEANYC and its work to  
8 promote comprehensive medically accurate age  
9 appropriate sexual health education throughout New  
10 York City public schools. While New York City is a  
11 leader in many areas of reproductive health  
12 advocacy and the Department of Education recommends  
13 that middle and high school students receive sexual  
14 health education it has been reported that some  
15 students have not received any form of sexual  
16 health education. With this in consideration it's  
17 clear that measures need to be taken to ensure that  
18 New York City youth are receiving the sexual health  
19 education that they deserve and that the  
20 implementation of the recommended curriculum is  
21 meaningful and consistent. The goal of the bill  
22 before you of course is to ensure that New... New  
23 York City health education is properly tracked and  
24 evaluated. Passing these bills would be a proactive  
25 first step to ensuring that sexual health education

1  
2 is in fact taking place in our schools. It would  
3 also ensure that critical health information  
4 reaches all New York City youth regardless of what  
5 borough... what school they attend or what boroughs  
6 they live in. So that's... sorry. We are encouraged  
7 by the administrative and city council efforts to  
8 improve access to sexual health education  
9 throughout the city such as the de Blasio's  
10 administration's commitment to... to new resources  
11 that support educators, professional development,  
12 and school wellness councils. We are also  
13 encouraged by the... today and hope that future  
14 efforts will be made to address the need for  
15 comprehensive sexual health education that reflects  
16 the reality of New York City youth. NYLPI echoes  
17 NARAL Pro-Choice in recommending that Chancellor  
18 Farina pass a chancellor's regulation requiring  
19 comprehensive sexual health education that reflects  
20 the national sexuality education standards for  
21 kindergarteners through 12<sup>th</sup> graders. Further NYLPI  
22 supports the comprehensive sex education  
23 legislation that is inclusive to all sexualities  
24 and genders is taught by trained instructors,  
25 connects students to local health care and centers

1  
2 and resources... competent medically accurate and  
3 provides guidance to the topics of autonomy and  
4 healthy relationships. The New York City Council  
5 has demonstrated its commitment to reproductive  
6 health advocacy through the introduction of bills  
7 such as these ones. Passage of these bills was a  
8 necessary preliminary measure to ensuring that  
9 appropriate sexual health education is delivered to  
10 all students. The New York Lawyers for Public  
11 Interest thanks the council for holding this  
12 hearing and for its commitment to New York City  
13 youth.

14 CHAIRPERSON DROMM: Thank you very much.

15 KATHARINE BODDE: Good afternoon. My  
16 name is Katharine Bodde. I'm a Policy Counsel with  
17 New York Civil Liberties Union. The NYCLU is the  
18 state affiliate of the ACLU. We have 50,000 members  
19 in New York state and we work to advance civil  
20 liberties and constitutional rights. I want to  
21 thank the council members here today for putting  
22 this hearing on. As you can see it is very much a  
23 topic that people want to be talking about. The  
24 NYCLU is here today in support of policies that  
25 further comprehensive sex education. We believe

1  
2 that individuals' ability to make meaningful  
3 decisions about their lives and futures requires  
4 creating a society in which people have access to  
5 information, resources, and services they need to  
6 make informed supported decisions about their  
7 bodies and their relationships. So we echo SEANYC's  
8 recommendations, the Sex Education Alliance of New  
9 York City's recommendations and call on the mayor  
10 and the chancellor to pass a regulation that  
11 requires comprehensive sex education in grades K  
12 through 12. The need for comprehensive sex ed as  
13 you have heard is explicit and urgent. There has  
14 been surveys that have happened in the Bronx. We  
15 are clear that this is not happening in New York  
16 City schools. And I think we just heard from the  
17 Department of Education and we have further  
18 confirmation that New York City students are not  
19 getting the education that they need. And that  
20 means that students are receiving little education  
21 or instruction that fosters tolerance, awareness,  
22 or support of non-traditional sex roles and gender  
23 models. It means that LGBTQ student receive little  
24 or no relevant information on safe sex and healthy  
25 relationships. And it means that physical health

1  
2 and sexual and emotional wellbeing of New York...  
3 students is being compromised. While New York state  
4 requires all public school students to learn about  
5 HIV and AIDS it does not require general sexual  
6 health education. And that leaves vast gaps in  
7 skills, awareness, and knowledge. The NYCLU put  
8 together a report in 2010 called bees and bias... a  
9 birds bees and bias; how absent sex ed standards  
10 fail New York students. And that showed... that was a  
11 review of curriculum across New York state and  
12 showed that sex ed instruction was inaccurate,  
13 incomplete, and biased. The bills in front of us  
14 today are reporting bills and transparency is very  
15 important. It is important to know what's going on  
16 in schools. But approaching the problem from  
17 transparency without a foundational underlying  
18 policy that the New York City Department of  
19 Education needs to put in place to secure  
20 comprehensive sex ed K through 12 is not enough. I  
21 want to mention just a few comments in regard to  
22 Intro number 771 and Intro number 952. As we've  
23 heard today if I may have... As we've heard today  
24 confidentiality safeguards are very important for  
25 our young people. They ensure that our young people

1  
2 can get the health care that they need especially  
3 when it's sensitive health care like sexual and  
4 reproductive health care. We encourage council  
5 members to make more explicit in those bills the  
6 existence of confidentiality protections. To  
7 conclude we thank the council for being a leader on  
8 comprehensive sex ed and... and we look forward to  
9 working further with you. And we urge the  
10 chancellor and the mayor to make comprehensive sex  
11 ed a priority. Thank you.

12 CHAIRPERSON DROMM: Let me just start  
13 off by saying I think Lilly and Arden were two  
14 lucky students because at least they got something  
15 but not much luck. What I'm curious about can you  
16 describe to me what was mentioned about LGBT  
17 students?

18 LILLY HERSHEY-WEBB: In my school, for  
19 Millennium High School, there was some... there was...  
20 it was brought up, not thoroughly. Marriage...  
21 marriage was not brought up in our school. There  
22 was like healthy relationships was kind of brought  
23 up but there wasn't the specifics of the LGBTQ and...

24 CHAIRPERSON DROMM: There wasn't?  
25

1  
2 LILLY HERSHEY-WEBB: No, there wasn't.  
3 They went over it briefly but that was just one  
4 day.

5 CHAIRPERSON DROMM: So you mean like  
6 they say something like oh there... there are LGBT  
7 folks and...

8 LILLY HERSHEY-WEBB: Yeah... [cross-talk]

9 CHAIRPERSON DROMM: ...and this applies to  
10 them too or something like that.

11 LILLY HERSHEY-WEBB: Yes, but it wasn't...  
12 it wasn't necessarily like specified. It was very  
13 brief.

14 CHAIRPERSON DROMM: And what... what's the  
15 students' reactions when they do that?

16 LILLY HERSHEY-WEBB: Well my school is  
17 not a very like diverse school when it comes to the  
18 LGBTQ community but I can definitely say that the  
19 sex education in my school was kind of a laughing  
20 stock because it wasn't thorough. It wasn't  
21 demonstrated in a concise way especially for LGBTQ  
22 people. And a certain kid in my school was actually  
23 like taken aback by the fact that they didn't  
24 necessarily like represent it as it could have  
25 been.

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CHAIRPERSON DROMM: Arden.

ARDEN LEVY: At my school we actually got very lucky. So we have a gender and sexuality line. It's a student run club that's started every year. And on their initiative they actually organize with our health teachers for them to come into 10<sup>th</sup> grade health classrooms and spend one 40 minute period, occasionally two if students request it specifically, talking about specific LGBTQ plus issues.

CHAIRPERSON DROMM: Alright. Well Council Member Cumbo.

COUNCIL MEMBER CUMBO: I just want to thank you all for your testimony and I... I definitely want to thank you all for taking time out of your school day to be here because you are really speaking for thousands of young people all across the city. And that is so critical and so important. And as I look in the audience I mean I see the sprinkling of a few men here but this is an issue that impacts both genders. And so we need to really pull in more of the male voice here because they are critical to this conversation. So know that today you're speaking for both genders but we

1  
2 need to get both of them here to have this very  
3 important conversation. Thank you.

4 CHAIRPERSON DROMM: Okay. And thank you  
5 to the panel for coming today. And we're going to  
6 call our next panel. Thank you very much. Next  
7 panel will be Danielle Castaldi-Micca... Meeka  
8 [phonetic] from NARAL, Michael Chaskes from GMHC,  
9 Caroline Sacerdote from Lamda Legal, Fiola or  
10 Fiyora [phonetic] Richardson I'm sorry from... a high  
11 school student I guess. Okay and I'm going to ask  
12 you all to raise your right hand. Do you solemnly  
13 swear or affirm to tell the truth, the whole truth,  
14 and nothing but the truth, and to answer council  
15 member questions honestly? Okay who'd like to  
16 start? Alright.

17 FIOLA RICHARDSON: Okay good afternoon.  
18 My name is Fiola Richardson. I'm 16 years old. I'm  
19 a junior.

20 CHAIRPERSON DROMM: Can you pull that  
21 mic a little closer because...

22 FIOLA RICHARDSON: I'm sorry.

23 CHAIRPERSON DROMM: Hard to hear you.  
24 Yeah, okay.

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          FIOLA RICHARDSON: Yeah. Good afternoon.  
I'm Fiola Richardson. I'm 16. I'm a junior at Urban  
Assembly School for Law and Justice. I like to  
start basically saying that sex education is a very  
sensitive topic to many people and.. such as  
parents, teachers, and those who are also  
religious. Sometimes just the thought of having to  
teach students about sex education causes a lot of  
discomfort and embarrassment resulting in parents  
and teachers only teaching about abstinence or not  
teaching anything at all when it comes to that  
topic. We.. one thing I've learned since being a  
part of TORCH which is a organization which teaches  
other teens all over the five boroughs about sexual  
education it helps teens learn and understand  
information about our bodies. And as we get older  
our bodies mature causing us to have hundreds of  
questions. And without the answer to those  
questions we tend to be very confused and those  
confused make us go towards.. and with all the.. this  
confusion we deserve to be educated on what's going  
on. So because.. without the education we are easily  
influenced by any false information we see and this  
also causes even more confusion and more discomfort

1  
2 when it comes to speaking and learning about our  
3 bodies. Everyday sex is advertised all over; TV  
4 shows, movies, cartoons, music, magazine, etcetera.  
5 So we're taught abstinence is the way to go but  
6 when we step outside and look around that's all we  
7 see is sex advertised all over therefore leading to  
8 even more confusion. So without the proper  
9 educations teens look at the media for guidance.  
10 And this causes them to do and hear almost  
11 everything that the media teaches them. And as we  
12 know that the media does not always provide  
13 accurate information. And sometimes that accurate  
14 information... that inaccurate information can be  
15 passed onto teens all over. The media does... the  
16 media doesn't really teach us anything. They're not  
17 realistic at... at all as a... as I said. The media  
18 doesn't show us how to put on condoms, they don't  
19 tell us about STIs. They make sex seem as though  
20 it's very easy and that there isn't any  
21 consequences when you're not being careful when it  
22 comes to sex. So with that being said TORCH has  
23 helped me realize that there are so many different  
24 types of contraceptions... contraceptions I  
25 apologize. When I first walked in I only knew about

1  
2 condoms and birth control honestly because my  
3 school has not really provided much education when  
4 it comes to that. But now that I've been educated I  
5 now know that there is stuff such as IUVs, the  
6 patch, implants.. etcetera. And with the spreading  
7 of the knowledge we can have a positive effect on  
8 society and there can be fewer teen pregnancies and  
9 fewer STIs being spread. With the teaching of sex  
10 education, it doesn't only mean that we're  
11 educating on different type of contraceptions but  
12 we're also educating on healthy relationships. So  
13 having a healthy relationship is extremely  
14 important because we can only... because we can all  
15 be heavy... heavily affected physically and also  
16 mentally. There are many teens who are in abusive  
17 relationships because they don't know that... they  
18 don't know what a healthy relationship is because  
19 they weren't taught. So these relationships result  
20 in a lot of physical and mental damages like I said  
21 before to many teens. There are only a few... these  
22 are only a few reasons why sex education classes  
23 are important but there are many many more as you  
24 know. So these classes will be... will allow  
25 teenagers to be aware all over and also allows to

1  
2 spread the accurate information that is needed for  
3 us to learn and to be able to understand our bodies  
4 and our set... and our mindset.

5 CHAIRPERSON DROMM: Okay thank you very  
6 much.

7 CAROLINE SACERDOTE: Okay. Thank you  
8 Chairpersons and members of the committees for the  
9 opportunity to speak this morning. My name is  
10 Caroline Sacerdote and I'm a Ford Fellow at Lambda  
11 Legal the oldest and largest national legal  
12 organization whose mission is to achieve full  
13 recognition of the civil rights of LGBT people and  
14 people living with HIV through impact litigation,  
15 education, and public policy work. Lambda Legal  
16 supports efforts to implement and monitor a  
17 comprehensive K through 12 sex education curriculum  
18 for New York City schools. We believe that to mean  
19 that each student receive fact based age  
20 appropriate lessons that aid not only their  
21 personal growth but foster a school climate that is  
22 respectful and reflective of the diversity of our  
23 city inclusive of respect for sexual orientation,  
24 gender identity, gender expression, and HIV status.  
25 The students in New York City public schools come

1  
2 from all walks of life. And it is imperative that  
3 all students and families feel that their  
4 identities are recognized, celebrated, and valued.  
5 Additionally, we are particularly aware of the  
6 negative consequences on the ability to learn on  
7 wellbeing when students are unsupported or even  
8 targeted for their orientation or identity or for  
9 that of their parents. The dignity for all students  
10 act mandates that New York City public schools must  
11 include instruction that supports the development  
12 of a school environment free of discrimination and  
13 harassment. Comprehensive sex health education is a  
14 vitally important component of that directive  
15 whether it be access to Kindergarten level library  
16 books describing the life of a child with gay  
17 fathers, a fourth grade lesson about challenging  
18 stereotypes in gender presentation, or high school  
19 instruction on making healthy choices for your body  
20 with a sexual partner. Lambda Legal believes that  
21 demystifying these issues is the best way to  
22 destigmatize them. Further when children learn from  
23 an early age that being LGBT is completely normal  
24 and healthy we give them the tools to grow into  
25 tolerant and compassionate young adults to value

1  
2 fellow students who have been traditionally  
3 marginalized. The Department of Ed initiative to  
4 end bullying in schools will be greatly  
5 strengthened when our students as a matter of  
6 course have an understanding that diversity of  
7 identity is part impartial of our city and our  
8 school. At Lambda Legal we have been supporting  
9 efforts to implement and monitor comprehensive sex  
10 education curriculum for many years. Several years  
11 ago we represented a local PFLAG chapter and  
12 litigation centered on the sex health curriculum on  
13 Montgomery County Maryland public schools. The  
14 circuit court agreed with us supporting schools  
15 implementation of a medically accurate sexual  
16 health curriculum including lessons on respecting  
17 differences in human sexuality. Additionally, we've  
18 partnered with GLSEN to address issues with the  
19 students right to participate in the national day  
20 of silence. Students who reach out for help were as  
21 young as 11 years old. That too as... indicates a  
22 growing need for L... for education in our elementary  
23 and middle school. Lambda Legal urges the city  
24 council to move forward a comprehensive sex health  
25 education program in all of New York City public

1  
2 schools is truly important to our children, their  
3 families, and the future generations with children  
4 who follow them. Thank you.

5 CHAIRPERSON DROMM: Thank you. Next.  
6 Michael.

7 MICHAEL CHASKES: Good morning. My name  
8 is Michael Chaskes and I'm the Director of Public  
9 Policy and Affairs at the Gay Men's Health Crisis,  
10 GMHC. GMHC is the world's first AIDS... organization.  
11 Today we serve over 93 hundred clients throughout  
12 New York City. GMHC is here today to support intro  
13 number 952, 967, and 771. According to the CDC over  
14 50 percent of youth with HIV in the United States  
15 do not know they are infected. And a majority of 15  
16 to 24 year olds in the United States have responded  
17 to surveys saying they were not concerned about  
18 becoming with HI... infected with HIV. This is  
19 extremely concerning to us at GMHC. We believe that  
20 schools are vital partners in helping young people  
21 take responsibility for their own health. Without  
22 being a vital partner young adults can receive  
23 partial information or information driven by  
24 ideology of... rather than public health and in turn  
25 continue not to use condoms or not get tested.

1  
2 Properly implemented school health programs can  
3 help youth adopt lifelong attitudes and behaviors  
4 that support overall health and wellbeing including  
5 behaviors that can reduce the risk of HIV and other  
6 sexually transmitted diseases. A review of 48  
7 research studies by the CDC found that... found that  
8 about two-thirds of HIV and STD prevention programs  
9 studied had a significant impact on reducing sexual  
10 risk behaviors including a delay in first sexual  
11 intercourse, a decline in number of sex partners,  
12 and an increase in the use of condoms and  
13 contraceptive use. In the long term these programs  
14 are also equate to cost savings. The CDC is  
15 reported that in one school based sexual risk  
16 reduction program for every dollar invested in the  
17 program two dollars and 65 cents was saved in  
18 medical cost and lost productivity. We also in  
19 regards to Intro 967 Council Member Gibson's bill  
20 we learned here today that for optimal performance  
21 in our city schools we have to actually learn how  
22 many teachers were actually trained and with  
23 schools where these schools... where these teachers  
24 are being sent and with... what the... what  
25 superintendents are bringing schools into

1  
2 compliance. Finally, Intro 771 sponsored by Council  
3 Member Johnson will provide critical information we  
4 believe to help bridge the health care divide in  
5 our city. We know there are still uninsured and  
6 underinsured individuals across the city. And by  
7 determining how school health service organizations  
8 are being utilized, what services are being  
9 utilized, what medications are being distributed we  
10 will be able to identify gaps in service. As an HIV  
11 and AIDs service provider we know that detection  
12 and treatment of a medical condition early on is  
13 critical for care for both the individual and the  
14 community at large. For anyone infected with the  
15 HIV virus it is important to be connected to a  
16 health care provider immediately to begin treatment  
17 to help stay healthy as early as possible as well  
18 as prevent HIV from passing on to others. Treatment  
19 can help people living with HIV live longer  
20 healthier lives and it should have been shown to  
21 prevent sexual transmission of HIV by six... by 96  
22 percent. In closing we'd like to thank the  
23 committees on health, education, and woman's issues  
24 for today's hearing. And we look forward to working  
25

1  
2 with everyone on the topic of sex education in New  
3 York City public schools. Thank you.

4 CHAIRPERSON DROMM: Thanks. Danielle.

5 DANIELLE CASTALDI-MICCA: Hi. I want to  
6 thank all of the members of the committee,  
7 especially you two who are still here for chairing  
8 it and also for the opportunity to speak this  
9 afternoon. My name's Danielle Castaldi-Micca. I'm  
10 here representing NARAL Pro-Choice New York and the  
11 National Institute for Reproductive Health. We work  
12 in New York State and across the country to ensure  
13 that every woman has the right and ability to make  
14 the reproductive health decisions that are best for  
15 her life and her family. This includes preventing  
16 unintended pregnancy, bearing healthy children, and  
17 choosing safe and legal abortion. We're also the  
18 proud home of the TORCH program and so many of our  
19 young people have submitted testimony here today  
20 and we're really so excited about that.

21 Comprehensive sexuality education which gives young  
22 people the tools they need to navigate decision  
23 making when it comes to sex and relationships and  
24 health over the course of their lives is a core  
25 part of our mission. We're also part of the

1  
2 Sexuality Educational Alliance of New York City,  
3 SEANYC, which is a coalition of dozens of advocacy  
4 and direct service organizations that support  
5 comprehensive sex ed for all New York City  
6 students. And you're going to hear that hopefully a  
7 lot today because a lot of our members have turned  
8 out. In 2011 when then Chancellor Walcott announced  
9 that New York City would require middle and high  
10 schools to incorporate sex ed into each of their  
11 one semester of already health... required health  
12 education we were... we were thrilled. We cheered  
13 this development as an important first step.  
14 Although we now believe that starting in middle  
15 school is not nearly early enough. Research shows  
16 that comprehensive sexuality education delays  
17 sexual activity among young people and increases  
18 rates of contraceptive use. The most effective sex  
19 ed programs begin at kindergarten and go well  
20 beyond the discussion of puberty anatomy and  
21 pregnancy prevention to include lessons in  
22 communication and consent, healthy relationships,  
23 gender and sexual identity, and the importance of  
24 communicating with trusted adults. Sex education is  
25 overwhelmingly supported across New York City and

1  
2 state and yet students throughout the city continue  
3 to report that they're not receiving it and I think  
4 we heard some of the reasons why earlier today.  
5 Alarming, a recent survey from Connect to Protect  
6 Bronx Coalition reported that fewer than two-thirds  
7 of Bronx High School students said they learned  
8 about healthy relationships. And just 37 percent  
9 learned communication skills when it comes to sex.  
10 The bills before you that have been proposed  
11 require better tracking and evaluation of sexuality  
12 education and health care which is an incredibly  
13 important step in helping us understand who is  
14 receiving what education and when. We support them  
15 as a preliminary measure although we ask to ensure  
16 that they include protections for student  
17 confidentiality in some of those conversations.  
18 However, we can't track what's not being taught. We  
19 recommend that the chancellor pass a chancellor's  
20 regulation, something binding, requiring  
21 comprehensive and development... developmentally  
22 appropriate sexual health education that reflects  
23 the national sexuality education standards. And we  
24 recommend that there's a meaningful implementation  
25 plan and tracking system that goes along with that.

1  
2 We've been encouraged by developments. We're  
3 thrilled that condom demonstrations are finally  
4 allowed in New York City schools after so many  
5 years. But we hope that the mayor and his  
6 administration make this a priority and start by  
7 implementing that chancellor's regulation. Thank  
8 you again for the time.

9           CHAIRPERSON DROMM: So thank you very  
10 much. And just to... one... maybe just kind of an  
11 announcement as well and then a question. You know  
12 we've been successful in providing funding through  
13 the city council for an LGBT liaison within the  
14 Department of Education. And it's my hope that the  
15 LGBT liaison once hired, and that should happen  
16 within the next few weeks, will also be able to  
17 have some input into this comprehensive sex  
18 education program that we'd like to see within the  
19 DOE specifically as it relates to LGBT folks. And  
20 so we have two LGBT organizations, Lambda and GMHC.  
21 I'm wondering what your relationships are like with  
22 the schools. And have you had any resistance to  
23 going into schools? Or how do you get students to  
24 know about your programs in the schools?  
25

1  
2           MICHAEL CHASKES: I mean in... in general  
3 I'd like to say we'd like to have a stronger  
4 relationship with DOE and generally we have a very  
5 strong relationship with both the Office as well as  
6 specific staff members who work with the LGBT  
7 community for instance at the Department of Health  
8 and HRA. At GMHC a lot of our clients might be  
9 coming to us for instance because they... they're not  
10 able to find the services elsewhere. So maybe  
11 they're not getting the proper LGBT instruction or  
12 off... being offered HIV testing and easy... easily  
13 accessible and accommodating environment so they're  
14 coming to GMHC. But we... we're more than happy and  
15 we'd really like to strengthen our relationship I  
16 think with DOE. And so we're very happy about the  
17 addition of a specific staff member which  
18 replicates something that a number of other  
19 agencies have started under this administration.

20           CHAIRPERSON DROMM: Lambda.

21           CAROLINE SACERDOTE: And as for Lambda  
22 so we're a national organization and a lot of work  
23 focuses on LGBTQ youth. I don't have the  
24 information in front of me what our relationship is  
25

1  
2 with New York City public schools but I would be  
3 happy to look that up and provide that.

4           CHAIRPERSON DROMM: So I hate to be like  
5 regional or territorial but what I found for my own  
6 experience as having been a New York City public  
7 school teacher for 25 years is that often times sex  
8 education in particular about LGBT issues in  
9 general never really get out to the boroughs. And  
10 so schools like you know Francis Lewis [sp?]  
11 perhaps or you know maybe Flushing or places like  
12 that, that's where I'm finding a real gap exists.  
13 And I... I just really want to encourage people to  
14 push and to move forward with the programs. And if  
15 they're having a problem to let me know about it  
16 from their particular schools because I had a  
17 school in my district that wouldn't let PFLAG come  
18 in. Somebody mentioned the PFLAG program and you  
19 did a lawsuit on it as well. And the principal was  
20 nervous about having a PFLAG group speak to the 9<sup>th</sup>  
21 graders. That's outrageous you know. I mean parents  
22 how could you you know say that it's not  
23 appropriate for a mother of a gay kid to come in  
24 and talk about her experiences. So there's that  
25 level of homophobia and this is by the way within

1  
2 the last three years. If there's that level of  
3 homophobia in our school system you know a lot of  
4 this other stuff isn't getting taught you know. So...  
5 but thank you. Council Member Cumbo any comments  
6 or...

7 COUNCIL MEMBER CUMBO: Thank you Council  
8 Member Dromm. Wanted to just follow up with a  
9 question that I had asked earlier but wanted to see  
10 if I could get some further clarity on it. The  
11 question was in relation to if a young person is  
12 HIV positive perhaps they find out about it at our...  
13 at their school or find out about another STD.  
14 Michael can you talk about it in the sense of can  
15 they come to organizations such as yours for free  
16 medical assistance, the ability to pay for a  
17 treatment plans, drugs, and that other thing to  
18 address the issue.

19 MICHAEL CHASKES: So the short answer is  
20 yes they can come to us. We'd also love to you know  
21 be able to be an organization that can serve every  
22 individual who needs that service which is  
23 obviously where there's a gap. But anyone who comes  
24 to GMHC you can get tested. If you're... if you test  
25 negative, we discuss the possibilities of linking

1  
2 individuals to prevent... preventative medicines  
3 depending on how old they are such as prep and  
4 discuss the use of PEP [sp?]. But then if you test...  
5 if you test positive we have a great relationship  
6 with Mount Sinai and so we have a GMHC staff member  
7 that's basically a... social workers who work with  
8 the individual, bring them to Mount Sinai to meet  
9 with a doctor to get them set up on medication. And  
10 actually last year in 2014 we opened a partnership...  
11 Duane Reade Walgreens Pharmacy on site it... at GMHC  
12 so individuals can also go there to get help with  
13 prescription needs. And it's also in terms helped  
14 our linkage navigation specialist as well as the  
15 actual pharmacy help in terms of finding out if  
16 someone has insurance, finding out if we can help  
17 them get them on certain programs or even directly  
18 working on... in some medications, with the actual  
19 pharmaceutical companies to actually just directly  
20 get them the medications. And so we're able to do  
21 that. There are a number of other organizations  
22 that do that. But also there's still... there's still  
23 gaps in services about linking the individual with  
24 the actual organization.

25

1  
2 COUNCIL MEMBER CUMBO: Just follow-up to  
3 that. Do young people that are under 18 years of  
4 age, do they usually come to you because they are  
5 referred from their school or is it that they come  
6 to you directly on their own?

7 MICHAEL CHASKES: It's my... mine... it's my  
8 personal impression that they come to us because  
9 they found out about us... found out about us and  
10 were not referred to us. So whether it's they've  
11 read about us somewhere, they've heard about us  
12 somewhere, or heard it from a friend but aren't  
13 really receiving referrals from the school system.  
14 Some cases it might be from their doctor or walk in  
15 medical center or something like that but not from  
16 the actual schools.

17 COUNCIL MEMBER CUMBO: And then two  
18 other questions quickly. Is it... is it just  
19 understood, and please educate me on this, if  
20 you're under the age of 18 is it just understood  
21 that in some way you would be eligible for free  
22 medical services if you are HIV positive? That's  
23 the first question. Well you can start there.

24 MICHAEL CHASKES: I can't fully speak to  
25 that. I... I don't think if... The... the problem is that

1  
2 I don't... you're not... from my understanding you're  
3 not fully eligible for full coverage of treatments  
4 and everything. What the redeeming factor in terms  
5 of regardless of age is given the system of medical  
6 care and the cost of prescription drugs in this  
7 country there are some insurance companies as well  
8 as directly some pharmaceuticals that are working  
9 to get medications at reduced cost to those who  
10 need it. But it's still a hodge-podge of... a hodge-  
11 podge of trying to jump through hoops even for a  
12 young person. And so... and we have staff members at  
13 GMHC who work with clients to get them through  
14 those hoops but it can still be that you might be  
15 able to get access to the drugs at a low or reduced  
16 rate or even for free but then you're still  
17 getting... you may have gone somewhere for a blood  
18 test not at GMHC and receive a bill for that that  
19 you still have to pay. And so it's... it's still very  
20 difficult in terms of there are some coverages. But  
21 it's... it's still not the easiest. And even though  
22 for those with health insurance who are youth there  
23 are still some restrictions in terms of you... maybe  
24 you have to go to a certain blood lab and you  
25 might... they may not be as culturally competent to

1  
2 be honest with you. And so... but that's the one  
3 that... covered by your insurance.

4 COUNCIL MEMBER CUMBO: And can you do  
5 all of this if you're under 18 without parental  
6 consent or do you need parental consent?

7 MICHAEL CHASKES: I can't fully speak to  
8 it but there are portions of it that you can do  
9 without parental... there are portions that you can  
10 do without parental consent. For instance, I  
11 believe you can for instance get a blood test but  
12 in terms of the treatment or for instance... for  
13 instance in terms of the treatment if you test  
14 positive or for instance let's say you are... test  
15 negative and want to know about prep [sp?] which is  
16 the daily preventative treatment you can't do that  
17 right now without parental consent. So obviously  
18 there's... but... some of my colleagues might be able  
19 to...

20 CAROLINE SACERDOTE: [cross-talk] Sorry  
21 I just also want to add that's absolutely right.  
22 And the fact that you can get tested but not  
23 treatment is a real problem. Because getting a  
24 positive diagnosis that you've gotten independently  
25 is not particularly helpful if you can't then get

1  
2 consent from your parents to get treatment for that  
3 disease. You also can't currently get the HPV  
4 vaccine without parental consent... [cross-talk]

5 COUNCIL MEMBER CUMBO: Right.

6 CAROLINE SACERDOTE: ...under 18. There's  
7 a host of... and... and that's a state regulation but  
8 there's a host of medical... especially around sexual  
9 and reproductive health things that you can or  
10 cannot or can sort of get part of without... [cross-  
11 talk]

12 COUNCIL MEMBER CUMBO: Right.

13 CAROLINE SACERDOTE: ...parental consent  
14 under 18. It's a real challenge.

15 COUNCIL MEMBER CUMBO: We'd love to...  
16 [cross-talk] talk with you all further about what  
17 many of those challenges are so that we can...  
18 [cross-talk]

19 CAROLINE SACERDOTE: Yep.

20 COUNCIL MEMBER CUMBO: ...start to address  
21 them. Thank you all for your testimony.

22 CAROLINE SACERDOTE: Thank you.

23 CHAIRPERSON DROMM: Our next panel will  
24 be Yolanda McBride from the Children's AID society,  
25 Yuan Louis Rodriguez from the Center for HIV Law

1  
2 and Policy, Marge Ives from the Women's City Club  
3 of New York, and Carlton Mitchell from Inwood  
4 House.

5 COUNCIL MEMBER CUMBO: Good afternoon.  
6 If I could swear you all in before you begin your  
7 testimony. If you could please raise your right  
8 hand. Do you swear or affirm to tell the truth and  
9 answer council member questions honestly? Thank you  
10 and we.. we can start on the left. Right, my left  
11 your right.

12 YOLANDA MCBRIDE: Good afternoon. My  
13 name is Yolanda McBride and I want to.. from the  
14 Children's AID Society. I'm the Director of Public  
15 Policy there. And I just want to thank you Council  
16 Member Cumbo... Council Members Johnson and Dromm for  
17 just having this hearing on this important topic.  
18 As one of the nation's largest and oldest community  
19 based organizations the Children's AID Society  
20 helps children in poverty to succeed and thrive. We  
21 act on this mission by building, implementing, and  
22 always improving comprehensive support and play  
23 space initiatives from Cradle Through College to  
24 children and their families and targeted resource  
25 limited New York City neighborhoods and schools.

1  
2 Our network of community centers, community  
3 schools, and health clinics is organized into  
4 service hubs concentrated in the South Bronx,  
5 Harlem, Washington Heights, and northern Staten  
6 Island. Citywide we offer more than 100 programs in  
7 45 sites where we provide various services from  
8 Cradle Through College. As an agency with a strong  
9 advocacy agenda we are also a member of in support  
10 the platform of the Sex Education Alliance of New  
11 York City, SEANYC. At children's age a sexuality  
12 education is a key component of our comprehensive  
13 health and wellness services. We strongly believe  
14 that children and adolescents should receive  
15 holistic sexuality education at the early stage  
16 possible we operate sexual and reproductive health  
17 programs in public schools, school based health  
18 centers, and community clinics. From our  
19 perspective the breadth and depth of the service is  
20 currently provided by the Department of Education  
21 are not adequate in evaluation of our signature  
22 even space program [sp?] the Carrera Adolescent  
23 Pregnancy Prevention Program found that older  
24 teenagers in the program who had already had sexual  
25 experiences were more difficult to engage to reduce

1  
2 risky behaviors. And we actually changed our... our  
3 model to start younger in order to... for the impact  
4 young people. So overall we do support all three  
5 bills; into number 952, 957, and 771. And we have a  
6 couple of recommendations. Some of them have  
7 already been discussed so I just only wanted to  
8 focus on two of them. In terms of training parents  
9 and guardians on how to support health  
10 conversations in sexual education in... in the home.  
11 We believe that any implementation planned that  
12 comes out of the... the schools, the Department of  
13 Education, should have a deliberate focus on  
14 training parents and families on how to support  
15 healthy conversations around gender identity,  
16 reproductive health, bullying, and health  
17 relationships with their children. We actually  
18 operate a program called the parent and family life  
19 education program which facilitates parents'  
20 conversations and their abilities to do this. We  
21 also wanted to expand school based health centers  
22 as well. We've found that in the high... in the  
23 school based health centers that we've... that we  
24 operate which... that high school students are able  
25 to receive a wide range of services which have

1  
2 already been discussed around reproductive health  
3 services including on site dispensing of  
4 contraceptives and referrals for long acting  
5 reversible contraceptive in addition to pre and  
6 posttest counselling for STI and HIV and pregnancy  
7 test and other services as well. So just thank you  
8 for the opportunity to testify and I welcome your  
9 questions.

10 COUNCIL MEMBER CUMBO: Thank you so much  
11 for being here. Next.

12 Chairperson Dromm, Chairperson Cumbo,  
13 and Chairperson Johnson and your committees we  
14 thank you for this opportunity to advocate for much  
15 needed reform for sex education in the New York  
16 City public schools. I am Marge Ives, member of the  
17 Women's City Club of New York and Co-chair of the  
18 Women seated club Sex Education in New York City  
19 Public Schools Taskforce. The WCC is a century old  
20 organization that shakes public policy through  
21 education, issue analysis, advocacy, and civic  
22 participation. I'm going to eliminate some of the  
23 factual stuff here. The Women's City Club has  
24 created the sex education in the New York City  
25 Public Schools Task Force amid concern that the

1  
2 2011 sex education recommendation or requirement  
3 had not been accomplished... had not accomplished its  
4 intended goal to provide comprehensive sex  
5 education to middle and high school students. Today  
6 I am testifying... testifying on behalf of our 600  
7 plus membership to ensure that New York City public  
8 schools are in fact providing that comprehensive  
9 sex education to our children. We all know that  
10 students are getting pregnant, STIs, and HIV. The  
11 teen pregnancy rates that we are currently seeing  
12 as well as the rates of STIs and HIV demonstrate  
13 the urgent need to educate our young women on safe  
14 sex practices. The women city club commends the  
15 mayor and the New York City Department of Education  
16 or commended the mayor and the New York City  
17 Department of Education when it issued its 2011  
18 recommendation for universal standards of sex  
19 education as we felt it indicated the department's  
20 commitment to meeting the needs of our youth.  
21 Unfortunately, since that recommendation was issued  
22 the Women City Club has failed to... to find  
23 qualitative and quantitative data to act... to assess  
24 the recommendations' effectiveness. In our efforts  
25 to collect such data we have probed multiple access

1  
2 points including a freedom of information act  
3 request to the Department of Education. In addition  
4 to the individual efforts of the task force the WCC  
5 also worked as a member... works as a member of the  
6 sex alliance... Sex Education Alliance of New York  
7 City, SEANYC, to advocate for the release of data  
8 related to the sex education recommendation. To  
9 date neither the task force nor SEANYC has been  
10 able to obtain from the Department of Education any  
11 quantitative data on ed... on educator training,  
12 curricula or utilization, or amount of classroom  
13 time devoted to sex education. This lack of  
14 information regarding compliance of the 2011 sex  
15 education recommendation is concerning. Because  
16 without the accountability mechanisms to ensure  
17 compliance schools may be side stepping their  
18 responsibility of providing every middle and high  
19 school students' vital health information. The  
20 three bills being discussed today seek to remedy  
21 this deficiency. And we thoroughly support them. We  
22 also ask for a chancellor's regulation that will  
23 put in... to codify the... the requirement for sex  
24 education. And we also recommend that the DOE  
25 expand age appropriate medical... medically accurate

1  
2 sex education grades Kindergarten through 12<sup>th</sup>  
3 grade to ensure continuity and a full comprehensive  
4 education. And we ask for a timeline to... to comply  
5 with this. Thank you.

6 COUNCIL MEMBER CUMBO: Thank you. Next.

7 TUTEEZ RODRIGUEZ: Good afternoon. Thank  
8 you Chairperson and committee members. My name is  
9 Tuteez Rodriguez. And I am pleased to offer this  
10 testimony on behalf of the Center for HIV Law and  
11 Policy, a national legal and policy resource and  
12 advocacy center working to end HIV discrimination.  
13 I coordinate CHLP's Teen Sense Initiative which  
14 works to secure the rights of system involved youth  
15 to comprehensive LGBTQ inclusive sexual health care  
16 and sexual health literacy programs. This includes  
17 ensuring that staff of foster care, detention, and  
18 other government operated and regulated youth  
19 facilities are trained to understand and respond to  
20 the needs of all youth in their care regardless of  
21 sexual orientation, gender identity, gender  
22 expression or HIV status. CHLP supports the  
23 committee's efforts to ensure transparency in the  
24 areas of student health services, comprehensive  
25 health education, and sexual health education

1  
2 training. I urge the committees to expand such  
3 efforts to benefit all young people, particularly  
4 LGBTQ and system involved youth. CHLP supports  
5 LGBTQ inclusive sexual health care and sexual  
6 literacy programs. And we urge the committees to  
7 consider similar policies for the benefit of our  
8 youth under state care. Increasing young peoples'  
9 sexual health knowledge and ensuring access to  
10 sexual health services and programming are critical  
11 prevention strategies to help stop sexual violence  
12 and promote healthy sexual attitudes and behaviors.  
13 The length between sexual health and safety is the  
14 foundation for our work in New York. The need for  
15 dissemination of sexual health knowledge and access  
16 to sexual health services is all the more urgent  
17 for our youth living with HIV and our LGBTQ youth.  
18 As many as 82 percent of LGBTQ youth experience  
19 some form of mistreatment in the classroom. When we  
20 provide sexual healthcare and literacy programs  
21 that do not account for their specific needs we are  
22 complicit in such mistreatment. This is no less  
23 true for our youth under state care. Youth of  
24 color, youth from low income backgrounds, LGBTQ  
25 youth, and youth survivors of sexual violence are

1  
2 significantly overrepresented in state custody  
3 settings. Youth entering the system often present  
4 with histories of abuse, neglect, and family  
5 instability. Sexually abused girls and young women  
6 are significantly more likely than their non-abused  
7 peers to enter care and once there often experience  
8 greater risk of sexual violence. For some the  
9 pathway into state custody includes periods of  
10 homeless and high risk sexual behavior often in  
11 exchange for shelter or food. Youth and out of home  
12 care face significant threats to their sexual  
13 health and wellbeing including higher rates of  
14 sexually transmitted infections, HIV, unintended  
15 pregnancy, and substance abuse. Some youth who  
16 identify or are perceived as LGBTQ may have... may  
17 have experienced family rejection, abuse, or  
18 neglect prompting the state to remove them from  
19 their home. A recent DOJ report surveying over 87  
20 hundred adjudicated youth and juvenile facilities  
21 across the United States found that nearly 10  
22 percent of youth reported experiencing one or more  
23 incidence of sexual victimization by another youth  
24 or staff within the last 12 months. LGBTQ youth  
25 were nearly seven times as likely to report youth

1  
2 on youth victimization as heterosexual youth. In  
3 light of this data I urge the committees to review  
4 our teen sense model policies and standards on  
5 sexual health care for youth in state custody. A  
6 New York City council resolution expressing the  
7 need for written policies guaranteeing  
8 comprehensive LGBTQ inclusive sexual health... sexual  
9 and reproductive health services and programing to  
10 the youth under its care would provide this public  
11 policy issue the urgency and platform it deserves.  
12 Thank you for your time.

13 COUNCIL MEMBER CUMBO: Thank you.

14 CARLTON MITCHELL: Good afternoon. Thank  
15 you Chairman Dromm, Chairman Johnson, and  
16 Chairwoman Cumbo and members of the committee for  
17 the opportunity to testify today. I am Carlton  
18 Mitchell. I'm the Interim Executive Director at  
19 Inwood House. We're established in 1830 and are an  
20 internationally recognized leader and innovator in  
21 teen pregnancy... pregnancy prevention, youth  
22 development and teen family services. We were  
23 amongst the first to address the connection between  
24 poverty and teen pregnancy as well as the first to  
25 provide mother child foster homes, deliver ongoing

1  
2 family support services after childbirth, engage  
3 teen fathers, and bring asset building  
4 comprehensive sexuality education and prevention  
5 programming to schools and engage young boys in  
6 pregnancy prevention programming. Inwood House is  
7 one of the many organizations that comprise of  
8 Sexuality Education Alliance of New York City and  
9 applauds the introductions of these bills as an  
10 important step to helping young people take charge  
11 of their health and their lives. But we recommend  
12 that language be added to strengthen the privacy  
13 protections so that no student's confidentiality is  
14 violated and none of the data that is collected is  
15 misused. It's time to make sexuality education a  
16 priority for all of our students on a continuum of  
17 Kindergarten through 12<sup>th</sup> grade. Too often students  
18 are no provided any of the required HIV/AIDs  
19 lessons that are mandated and health classes  
20 include little or no sex education. Even more  
21 egregious as we've heard there are the countless  
22 examples of factually inaccurate information being  
23 given to students by ill prepared teachers.  
24 Recently we conducted an informal survey of  
25 students that we serve. And they overwhelmingly

1  
2 believe that good comprehensive sex education  
3 should be available to all youth preferably before  
4 they have sex. They want to receive this  
5 information in a non-judgmental caring way and not  
6 based on fear tactics. They want to learn  
7 communication skills, the differences between  
8 healthy and unhealthy relationships. The difference  
9 is sex... between sexuality and sexual orientation  
10 between assault and consent. And how to approach  
11 situations they face such as bullying and peer  
12 pressure, violence and trauma, substance abuse and  
13 daily stress. They want good tools that will assist  
14 them to negotiate these realities, constant  
15 insecurities, and gain the self-epitaxy needed to  
16 remain safe and centered in their own identity. We  
17 thank you for recognizing the holistic development  
18 of all students and urge you to pass these  
19 critically needed pieces of legislation. Thank you.

20 CHAIRPERSON DROMM: Well... I... I didn't... I  
21 had to step out for a little while to take care of  
22 a couple of things like going to the men's room.  
23 But Marge your numbers are astounding. And just  
24 bear repeating. The current rate of sexually  
25 transmitted infections among New York City Youth is

1  
2 25 percent. Nearly 20,000 15 to 19 year olds in New  
3 York City have Chlamydia. And nearly 3,000 have  
4 gonorrhoea. Moreover, although Herpes and Human  
5 Papillomavirus are not reportable they are... common.  
6 Overall among sexually active adolescents one in  
7 four will have an STD by 21. With one in two  
8 sexually active people having an STD by age 25.  
9 That is scary. That... [cross-talk]

10 MARGE IVES: Mm-hmm.

11 CHAIRPERSON DROMM: ...shocking. And I  
12 think that in and of itself, just that little  
13 piece... proves why sex education is so vitally  
14 important because all of those are preventable. And  
15 if we had comprehensive education. And I tried to  
16 make that connection but Doctor wouldn't have it...  
17 wouldn't have it. But I believe that there's a  
18 connection between education and a reduction in  
19 sexually transmitted diseases. So thank you for  
20 that. Okay. So we're going to go to the next panel.  
21 We have so many more people. I'm sorry Cumbo... sure.  
22 Mm-hmm.

23 COUNCIL MEMBER CUMBO: Just wanted to... I  
24 just have one question before you all go as well.  
25 Because I was trying to get this information in the

1  
2 other panel, the original panel where equally as  
3 council Member Dromm brought up you stated between  
4 2002 and 2011 the number of males between the ages  
5 of 15 and 24 living with HIV increased by 258  
6 percent, is that accurate? Mm. What do you  
7 understand is being done about this rapid growth  
8 throughout our communities? Are you seeing anything  
9 that has shown or demonstrated that some efforts  
10 are being made towards addressing this? Have you  
11 seen anything in your work that would point us in  
12 the right direction?

13 MARGE IVES: I couldn't answer that but  
14 I can ask the... you know the people back at the  
15 Women's City Club if they have any more data about  
16 that.

17 COUNCIL MEMBER CUMBO: And I thank you  
18 all for your testimony. It's also great to hear  
19 from some male perspectives and voices on this as  
20 well. But I think you bring up an additional layer  
21 to the panel discussion. Because when we're talking  
22 about sex education and we're talking about our  
23 young people we're talking about it from the  
24 standpoint of it being consensual and this is  
25 something that they have decisions that they are

1  
2 going to make or not going to make. But so many  
3 young people from a very young age are coming to us  
4 already being violated in such a way. And that  
5 needs to be brought into the conversation because  
6 what about molestation in our communities. What  
7 about rates in our communities? How do we utilize a  
8 sex education tool to identify those young people  
9 and provide the health and assistance that they  
10 need in support? So I really thank you all for the  
11 work that you're doing and I thank you all for  
12 testifying today.

13 [background comments]

14 CHAIRPERSON DROMM: Okay thank you. Our  
15 next panel is Kyla Serall or Sierel [sp?] Sadie  
16 Nash Leadership Project, Bianca Lopez from  
17 BOOM!Health, Tara Abrol from Big Talks Workshops,  
18 and May Vutrapongvatana Vutrapongvatan [sp?]...  
19 Vatana. No problem. Okay I'm going to ask you all  
20 to raise your right hand. And do you solemnly swear  
21 or affirm to tell the truth, the whole truth, and  
22 to answer council member questions honestly?

23 [combined affirmations]

24 CHAIRPERSON DROMM: Very good. Thank  
25 you. Who would like to start?

1  
2           TARA ABROL: Hi, good afternoon. Thank  
3 you for the opportunity to speak this afternoon. My  
4 name is Tara Abrol and I am here today representing  
5 the young people and families with whom I work. I  
6 am a clinical social worker providing therapy and  
7 also the founder of Big Talks Workshops. Big Talks  
8 provides workshops and training for young people  
9 and adults around adolescent relationship issues  
10 including holistic sexuality education. I am also a  
11 member of SEANYC and the Women's City Club. The  
12 Department of Education recommends that student  
13 receive the sexual health education for part of the  
14 semester in middle school and for a semester in  
15 high school. As part of the women's city's club sex  
16 education task force I can attest to the difficulty  
17 in identifying whether or not students are actually  
18 receiving this important information, who is  
19 teaching this information, the level of training  
20 these educations have received and... and exactly how  
21 and what is being taught. As a therapist and youth  
22 advocate I would like to share my professional  
23 experience which illustrates the imperativeness  
24 that students immediately begin receiving  
25 comprehensive sexuality education throughout their

1  
2 entire school career. As a clinician I currently  
3 serve multiple teenage clients exploring topics  
4 related to sexuality education. These include  
5 healthy dating relationship dynamics, witnessing  
6 parental domestic violence, communication  
7 strategies around sexual consent and safe sex  
8 practices, gender rolls within familial dynamics,  
9 shaming behavior around female sexuality, and  
10 online sexual harassment. In essence I as a  
11 clinician am providing these teenage clients with  
12 sexuality education. The number of teens that  
13 require this information as part of clinical work  
14 illustrates the necessity of comprehensive  
15 sexuality education for young people. I quickly  
16 just wanted to share a story of a young woman who I  
17 began seeing last year. She was 15 years old when  
18 she came to me and she was experiencing suicidal  
19 ideation. Just because the year before she had been  
20 with a partner who had pressured her to send him  
21 nude pictures of herself and as a 14-year-old she  
22 had complied. After she broke up with him she found  
23 these pictures on online pages called exposed  
24 pages. And two years later even though the police  
25 had become involved because her mother had set up

1  
2 an investigation she's continually being exposed on  
3 different pages because once you take down one of  
4 the pages another page pops up and these pictures  
5 are... are found again. Fortunately, she's no longer  
6 experiencing suicidal ideation but this continuous  
7 harassment has has... has had long term effects on  
8 her self-esteem, her sexual development, and has  
9 created questions for her around self-worth and  
10 female sexuality. Above is just one example of a  
11 teens life that has been severely affected by a  
12 lack of information around sexuality. She has  
13 suffered and she says.. she says this herself in  
14 session because she didn't know any better. Young  
15 people need to be engaged in dialogue around  
16 sexuality multiple times so that they can begin to  
17 form healthy concepts of their own sexuality and  
18 that of their peers. We need to talk to young  
19 people about what is going on in their sexual lives  
20 even if it makes us as adults feel uncomfortable.  
21 And we need to make sure that the people take..  
22 talking to youth are qualified because as the above  
23 case illustrates much is at stake.

24 COUNCIL MEMBER CUMBO: Thank you.

COMMITTEE ON EDUCATION JOINTLY WITH COMMITTEE ON  
HEALTH AND COMMITTEE ON WOMEN'S ISSUES

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1  
2 TARA ABROL: I urge you to pass these  
3 pieces of legislation. Thank you.

4 COUNCIL MEMBER CUMBO: Thank you. Next  
5 presenter.

6 MAY VUTRAPONGVATANA: Thank you  
7 Chairwoman Cumbo, Chairman Dromm, Chairman Johnson,  
8 and members of the committees for the opportunity  
9 to speak to you today. My name is May  
10 Vutrapongvatana. I am currently a student at New  
11 York University and a former youth advocate for the  
12 Young Women of Color HIV/AIDS Coalition. I am  
13 representing YWCHAC today to... to provide the  
14 council with my testimony on the importance of sex  
15 education in New York City public schools and the  
16 significant impact that can result from the three  
17 bills on the floor today. As a former student in  
18 the New York City public schools I can attest the  
19 conditions of sex ed in our schools. I was  
20 fortunate enough to have gone to a high school new  
21 explorations into science technology and math which  
22 provided their students with comprehensive sex ed  
23 and had an instructor who was trained. After the  
24 implementation of the NESTM continues to improve  
25 its sex ed by using the recommended health smart

1  
2 curriculum. Unfortunately, the situation is not the  
3 same at other schools in the city. Although the  
4 mandate has an instrumental part in the improvement  
5 of sex ed in our schools this does not necessarily  
6 mean all instruction is created equal. STD rates  
7 are still increasing in the city particularly  
8 around young women ages 15 to 24 and in low  
9 socioeconomic neighborhoods. It is necessary we  
10 support these bills today. We need regulation and  
11 training for instructors to ensure that every  
12 student regardless of what school they attend  
13 receive the same comprehensive knowledge regarding  
14 their sexual health. We need reporting from schools  
15 to ensure that the mandate is being implemented and  
16 that students are getting the education they need.  
17 Finally, we need funding to support effective  
18 implementation and evaluation. Allow me to leave  
19 the council with one final thought. Sex is an issue  
20 highly stigmatized in our society. However, to deny  
21 an individual information that can be life saving  
22 for their health is considered a human rights  
23 violation. We need to debunk the idea that sex ed  
24 is a tool used to encourage individuals to engage  
25 in sexual behavior but rather looking it as... look

1  
2 at it as a tool of prevention, a tool to protect  
3 oneself, and even a tool to empower oneself. Once  
4 again, I would like to thank the council for  
5 hearing my testimony and I hope it is taken into  
6 consideration as decisions are made in regards to  
7 the bills on the floor today. Thank you.

8           BIANCA LOPEZ: Thank you Chairman Dromm,  
9 Chairman Johnson, and Chairwoman Cumbo, and the  
10 members of the committees for the opportunity to  
11 speak this afternoon. My name is Bianca Lopez and  
12 I'm the Vice President of Prevention Programs at  
13 BOOM!Health. We are a non-profit organization that..  
14 the Bronx where every youth and adult served will  
15 be put on a path to realizing his or her full  
16 potential beginning with comprehensive care and  
17 supportive services. We recognize the importance of  
18 ensuring age appropriate sexual health education is  
19 delivered to all students. BOOM!Health delivers a  
20 range of prevention and behavioral health and  
21 wellness services to the hardest reached  
22 communities in the Bronx. Our sexual health  
23 education programs maintain a strong and vibrant  
24 youth component because from the very beginning of  
25 our relationship we encourage open communication in

1  
2 a non-judgmental environment. We offer specific  
3 programming to both young women and LGBT youth. We  
4 have observed a 65 percent increase in... on the  
5 number of youth we have served in the past year  
6 which demonstrates the success of our youth  
7 engagement efforts. BOOM!Health acknowledges that  
8 the population of the Bronx is negatively impacted  
9 by numerous stressors such as poverty which impacts  
10 youth reside... who reside in the borough making this  
11 group extremely vulnerable and that increased risk  
12 of acquiring HIV and sexually transmitted diseases.  
13 In a recent ranking of New York state counties, the  
14 Bronx ranked dead last for both socioeconomic and  
15 health indicators. Finding poverty and  
16 unemployment, limited access to healthcare plague  
17 the boroughs' residents. Many of the zip codes in  
18 the borough have high HIV diagnosis rates as well  
19 as they're among the highest poverty rates in the  
20 city. One zip code alone, 10457, has the highest  
21 number of people afflicted by two of the following  
22 the conditions; HIV, Hepatitis B, Hepatitis C,  
23 Gonorrhea, Syphilis, Chlamydia, and TB according to  
24 the New York City Department of Health and Mental  
25 Hygiene. All seven diseases are epidemic in 10457

1  
2 with infection rates for all conditions in the top  
3 20 percent of cases citywide. BOOM!Health is a  
4 member of the Sexuality Education Alliance of New  
5 York City that supports comprehensive sexuality  
6 education for all New York City students. We're  
7 here to support these bills to require the  
8 Department of Education to better track and  
9 evaluate sexuality education that is happening in  
10 schools which would be an important step in  
11 ensuring that appropriate sexual health education  
12 is delivered to all students. We recommend to the  
13 chancellor... regulation requiring comprehensive and  
14 developmentally appropriate sexual health education  
15 that reflects the national sexuality education  
16 standards for all public school students from  
17 Kindergarten through 12<sup>th</sup> grade. The Department of  
18 Education also needs to create a meaningful  
19 implementation plan that ensures that all New York  
20 City public school students receive sexual health  
21 education and include provisions to protect student  
22 confidentiality. By passing these bills all public  
23 school students including the vulnerable Bronx  
24 youth served by BOOM!Health will be better equipped  
25 to make healthier decisions thereby improving not

1  
2 only their own sexual health outcomes but to help  
3 disparities that persist in the borough. Thank you  
4 so much for allowing me to testify this afternoon.

5 COUNCIL MEMBER CUMBO: Thank you for  
6 your testimony. Thank you.

7 BIANCA LOPEZ: Mm-hmm.

8 KYLA SERALL: Good afternoon. First I'd  
9 like to thank the committees on health education  
10 and women's issues for the opportunity to.. to  
11 engage a public conversation about sex education.  
12 My name is Kyla Serall and I'm here as an educator  
13 and a faculty member with the Sadie Nash Leadership  
14 Project. Sadie Nash provides education and  
15 leadership programming to young women in New York  
16 and Newark. Through Sadie Nash I have taught sex  
17 education in every New York City borough in public  
18 schools, community centers, and through our summer  
19 leadership institute where my class focuses  
20 exclusively on reproductive justice. The schools I  
21 have taught in are vastly different. One has a  
22 clinic with comprehensive sex education  
23 programming. Another school is under the guidance  
24 of a principal steadfast in his belief that no  
25 young person should be exposed to sex education

1  
2 beyond the biology of fetal development. Although  
3 comprehensive sex education that continues  
4 throughout adolescence is a critical support...  
5 source of support students in New York are not  
6 receiving the same level of access to information  
7 about sex and reproduction. At the beginning of  
8 each of my classes I ask students to report and  
9 discuss where they get most of their information  
10 about sex from. The most common responses are  
11 friends and television. Then we talk about what  
12 information they have. They have some thorough and  
13 accurate information. Among other things though  
14 students have shared the following. If you stand up  
15 while having sex, you can't get pregnant.  
16 Ejaculation into the mouth causes pregnancy.  
17 Drinking bleach induces miscarriage. Douching with  
18 bleach prevents the development of sexually  
19 transmitted infections. Hitting your stomach  
20 induces miscarriage. And if you are on your period  
21 you cannot contract a sexually transmitted  
22 infection. So there is the basic issue of  
23 misinformation. And then the second issue which is  
24 perhaps even more crucial to who is... who young  
25 people can speak to and where they receive support.

1  
2 I respond to dozens of phone calls and text  
3 messages each year about where to find health  
4 services, how to get free emergency contraception,  
5 and where to go for confidential pregnancy testing  
6 and abortion services. Every single student who  
7 asks me for this information tells me they have no  
8 one else to ask. Students have shared with me time  
9 and again that comprehensive sex education not only  
10 informs them about their bodies and relationships  
11 but improves their ability to seek care and to  
12 reach out for more information. This type of  
13 education in schools facilitates a culture of  
14 health literacy, personal advocacy, resource  
15 sharing, and perhaps most importantly peer support.  
16 Increased sex education training, pedagogy, and  
17 evaluation will strengthen New York City schools,  
18 support the choices and boundaries of young people,  
19 and reinforce the availability of free and  
20 confidential care throughout the city. Thank you.

21 CHAIRPERSON DROMM: Thank you very much  
22 to this panel. I just want to also read something  
23 from May Vutrapongvatana... vatana?

24 MAY VUTRAPONGVATANA: Vatana.

25 CHAIRPERSON DROMM: Vatana.

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MAY VUTRAPONGVATANA: Yes.

CHAIRPERSON DROMM: ...statement. We need to debunk the idea that sex education is a tool that is used to encourage individuals to engage in sexual behavior. Unfortunately, I heard some of that today on this panel from Council Members. And so that job is so big ahead of us because that's constantly used as the reason for not putting sex education into schools and I'm really glad that you addressed it May. [cross-talk]

MAY VUTRAPONGVATANA: Thank you.

CHAIRPERSON DROMM: Thank you very much. And... and thank you to all the panel as well. Council Member Cumbo.

COUNCIL MEMBER CUMBO: I just want to say there's something so powerful about dynamic women raising their voices and speaking on behalf of thousands. And I believe this is really going to have an impact in New York, across the nation, and all over the world. I appreciate your courage. And I appreciate your tenacity and your strength. You all are really powerful.

[cross-talk]

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CHAIRPERSON DROMM: Alright our next panel Andrew Leonard from the Children Defense Fund, Rachel Pulfitzer from PTNYC Activist Council, Renee Christian from Housing Works, and Joanna Mcclintic from the LGBT Center. Okay if you would all raise your right hand. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth and to answer council member questions honestly? Okay. And where should we start? Over here or there, or in the middle?

ANDREW LEONARD: I can begin.

CHAIRPERSON DROMM: Toss a coin.

ANDREW LEONARD: Alright.

CHAIRPERSON DROMM: Thank you.

ANDREW LEONARD: Hi, good afternoon. My name is Andrew Leonard and I am the Senior Policy Associate for Health, Housing, and Income Security at the Children's Defense Fund in New York. Thank you to Chairs Johnson, Dromm, and Cumbo and to the members of the Health, Education, and Women's Issues Committees for the opportunity to testify today. CDFNY has a strong history of supporting access to healthcare services in schools. And we've worked closely with schools and providers to

1  
2 protect and expand important efforts to address  
3 health inequities while promoting enhanced  
4 opportunities for learning. In May of this year we  
5 released a report entitled Health Plus Education  
6 Equals Opportunity; An Equation That Works that  
7 details the school health system in New York City  
8 and suggests ways that the already robust system  
9 can be sustained and expanded to ensure even  
10 greater access to care. The school health system in  
11 New York City plays a crucial safety net role in  
12 securing the academic and health care needs of New  
13 York's children. School have recently become  
14 increasingly important healthcare access points for  
15 children and as a fully integrated part of the  
16 healthcare delivery system schools can play a  
17 strong public and primary healthcare role for  
18 children improving both individual student and  
19 schoolwide population health. Children with unmet  
20 healthcare needs are far less likely to succeed in  
21 schools. The presence of unmanaged health  
22 conditions in children were shown to be highly  
23 correlated with negative performance on math and  
24 reading standardized tests. Without proper school  
25 based health support children lose significant

1  
2 academic seat time. Without the appropriate school  
3 health support an asthma attack that could be  
4 properly managed in a clinic or prevented with  
5 health education and self-management instruction  
6 becomes an emergency room visit that takes the  
7 student away from the school for at least the rest  
8 of the day. A school that can better manage the day  
9 to day healthcare needs of its students will enable  
10 the best educational outcome. With this  
11 understanding of the need for school based health  
12 services TDFNY would like to express its support  
13 for Introduction number 771 of 2015, a bill that  
14 would require the Department of Education to report  
15 to the council on student health and student health  
16 services. Accurate and population wide data are the  
17 foundation of an efficient and comprehensive school  
18 health system making available a universal method  
19 for tracking district level data points will help  
20 identify those schools and communities most  
21 vulnerable to negative educational outcomes and  
22 poor adult health that stem from untreated  
23 pediatric needs. The reporting called for in this  
24 bill will additionally demonstrate the need for  
25 expanding school health services to all children in

1  
2 need throughout the five boroughs. The analysis of  
3 this data will facilitate, will further demonstrate  
4 the existing health disparities facing children in  
5 our city. Schools typically receive more intensive  
6 healthcare services based on the number of students  
7 in each school, the presence of school... of students  
8 with special healthcare needs, a principal's desire  
9 to have enhanced health services, and the  
10 availability of a willing provider and adequate  
11 space within a school. While all schools have high  
12 needs certain schools will stand out as having  
13 greater need for more intensive services. More  
14 readily accessible data reporting will assist the  
15 Department of Education in making the most  
16 strategic choices when allocating health resources.  
17 This bill will help capture the strength of the  
18 existing school health system while better  
19 positioning schools to meet the long term health  
20 and wellness needs of the student. We thank Council  
21 Member Johnson for introducing this bill and the  
22 committees present here for prioritizing children's  
23 access to needed school health services. Thank you.

24 RACHEL PULFITZER: Thank you all for the  
25 opportunity to speak this afternoon. My name is

1  
2 Rachel Pulfitzer. I'm here today because I've been  
3 a resident of New York City for seven and a half  
4 years and I volunteer with Planned Parenthood of  
5 New York City Action... Activist Council for nearly  
6 three. I care deeply about supporting complete  
7 comprehensive medically and scientifically accurate  
8 sex ed in schools. The Department of Education  
9 recommends that students receive sexual health  
10 education for part of a semester in middle school  
11 and for a semester in high school. I had a similar  
12 education when I was in school. Every other day for  
13 one semester of my eighth grade year the gym  
14 teacher would teach us the basics of male and  
15 female anatomy and a few different forms of birth  
16 control. I was told never to have sex without a  
17 condom but I was never actually shown a condom let  
18 alone taught how to use one. The culmination of the  
19 semester was a showing of the miracle of life  
20 designed to show us how painful childbirth looked  
21 in an effort to terrify us out of having sex. No  
22 discussion followed. While my sex education was  
23 better than nothing it included absolutely no  
24 discussion once so ever about sexuality, consent,  
25 communication, or relationships. I was left to fill

1  
2 in the blanks for myself from what I could glean  
3 from 17 and later Cosmopolitan magazine. As you can  
4 imagine and as I learned from experience what sells  
5 magazines and what serves as quality guidance on  
6 interpersonal communication do not always align.  
7 The bills before you today are an important  
8 preliminary step to ensuring that students today  
9 receive better sexuality education than I received  
10 many years ago. I support these bills though would  
11 like to add that it's important to protect student  
12 confidentiality as many others here have said  
13 today. Additionally, I believe it's incredibly  
14 important to require comprehensive and  
15 developmentally appropriate sexual health education  
16 that reflects the national sexuality education  
17 standards for all public school students from  
18 Kindergarten through 12<sup>th</sup> grade. Expanding  
19 sexuality education to elementary school will allow  
20 students to develop a deeper understanding of  
21 autonomy, healthy relationships, and consent over  
22 time. The Department of Education also needs to  
23 create a meaningful implementation plan that  
24 ensures all New York City public school students  
25 receive sexual health education. Sex ed is about so

1  
2 much more than sex. Teaching kids about the full  
3 spectrum of human sexuality experience including  
4 sexuality, gender inclusivity, sexual orientation,  
5 consent, and communication will create a stronger  
6 and healthier community for all of us. Thank you  
7 for your time today.

8 JOANNA MCCLINTIC: Good afternoon  
9 members of the Committee on Education, Health, and  
10 Women's Issues. My name is Joanna McClintic and I'm  
11 the Sexual Health Specialist at the LGBT Community  
12 Center where I provide comprehensive and LGBT  
13 affirming sexual health curriculum to LGBT youth  
14 and their allies between the ages of 13 and 22  
15 years old. As part of this work I teach a CDC  
16 approved curriculum called Personal Opinion Leader,  
17 POL, to over 40 LGBT youth annually about HIV  
18 specific safety and we practice how to negotiate a  
19 sexual situation to incorporate barriers and  
20 methods of protection and then we practice using  
21 those methods of protection. I also lead a weekly  
22 group for all youth members to drop in and attend  
23 to speak about sexual health topics and in these  
24 weekly groups many youth come and youth education  
25 and sexual education in schools is a frequent topic

1  
2 of our discussion. I work with many LGBT young  
3 people of color who either have an HIV diagnosis or  
4 have a close friend who has an HIV diagnosis. Data  
5 question is vital to determining how to meet the  
6 needs of today's youth so I applaud the council for  
7 introducing these three bills to be discussed  
8 today. I support the bills however my  
9 recommendation is rather than simply tracking how  
10 many lessons were taken, how many health educators...  
11 health educators a school has and how many  
12 encounters a school nurse has these bills should  
13 also track what curriculum was used in the  
14 instruction, if the curriculum has LGBT specific  
15 information, and where and how being tested for HIV  
16 will be available for young people. And how many  
17 instructors have received LGBT affirming trainings  
18 and feel comfortable with presenting and discussing  
19 these identities. And then how many lessons are  
20 demonstrative. So how many lessons speak about  
21 practicing both how to speak honestly and openly to  
22 a partner about incorporating barrier methods and  
23 how skill wise to use those methods. It was said in  
24 the GMHC testimony that over half of young people  
25 under 25 do not know their HIV status. And that's

1  
2 the group of people whom are contracting HIV as an  
3 unknown status, not a positive status. So young  
4 people who get HIV tested regularly and feel  
5 comfortable doing that is vitally important to  
6 decreasing overall HIV transmissions. And the final  
7 thing I'll say is many young people report to me  
8 that while they may have received instruction the  
9 instruction is highly emphasizing, eliminating teen  
10 pregnancy which doesn't feel LGBT inclusive because  
11 that speaks to only one kind of sexual behavior.  
12 And this could be simply normalized by having  
13 instructors include the range of sexual acts that  
14 could be taking place because young people come to  
15 me and say they don't feel like they're able to  
16 find someone at their school whom they can really  
17 ask about their specific sexual health practices.  
18 Yes. Thank you very much.

19                   RENEE CHRISTIAN: Thank you Chairman  
20 Dromm, Chairman Johnson, Chairman... Chairwoman Cumbo  
21 and members of the committee for the opportunity to  
22 speak this afternoon. My name is Renee Christian  
23 and I'm here today representing Housing Works.  
24 Housing Works is a healing community of people  
25 living with and affected by HIV and AIDs. Our

1 mission is to end the dual crisis of homelessness  
2 and AIDS to relentless advocacy, the provision of  
3 lifesaving services, and entrepreneurial businesses  
4 that sustain our efforts. Currently we are working  
5 to implement the governor's blueprint for ending  
6 the AIDS epidemic and comprehensive sexuality  
7 education is an integral part of that plan. Each of  
8 the bills being considered today would require the  
9 Department of Education to better monitor and  
10 measure sexuality education practices in New York  
11 City public schools and provide detailed reports on  
12 those practices to city council. This data will  
13 enable the council to better understand how the  
14 city's educating its students and better plan for  
15 how to improve those practices and expand sexuality  
16 education. We applaud these bills and support their  
17 passage. And we urge the council to take further  
18 action to expand comprehensive sexuality education  
19 in K to 12 schools. The 23<sup>rd</sup> recommendation in the  
20 governor's blueprint is the promotion of  
21 comprehensive sexual health education. It supports  
22 educating New York state youth in making healthy  
23 positive choices about sexual health in order to  
24 avoid negative health outcomes such as HIV, STIs,  
25

1  
2 and unintended pregnancy. Expanded comprehensive  
3 age appropriate medically accurate health and  
4 sexuality education in KL to 12 schools would  
5 increase the number of young people receiving  
6 information about HIV and STI prevention tools such  
7 as condoms, post exposure prophylaxis and pre  
8 exposure prophylaxis. Comprehensive sexuality  
9 education would also create a foundation of support  
10 for HIV testing by providing young people with  
11 information and messages that encourage and  
12 normalize testing. According to the CDC Americans  
13 ages 15 to 24 make up just 27 percent of the  
14 sexually active population but account for 50  
15 percent of the new STIs in the US each year. Among  
16 US high school students surveyed by the CDC in 2013  
17 47 percent had had sexual intercourse, 41 percent  
18 did not use a condom the last time they had sex,  
19 and only 22 percent had ever been tested for HIV.  
20 And as was just said the CDC estimates that 50  
21 percent of youth with HIV do not know that they are  
22 infected. HIV prevention is particularly important  
23 for youth populations. As the blueprint explained  
24 young men who have sex with men age 13 to 29 make  
25 up a considerable percentage of new HIV diagnosis

1  
2 in New York state. More than a quarter, 27.9  
3 percent, of new HIV diagnosis in 2013 were among  
4 young men who have sex with men. And between 2012  
5 and 2013 young men who have sex with men was the  
6 only large risk group where new HIV diagnosis  
7 actually increased five percent statewide. Numerous  
8 studies have found that a comprehensive approach to  
9 sexuality education can help young people delay  
10 intercourse, reduce the frequency of intercourse,  
11 reduce their number of sexual partners, and  
12 increase the use of condoms and other contraceptive  
13 methods when they do become sexually active.

14 National state and local polls consistently find  
15 the most... that most parents, teachers, medical  
16 professionals, and young people want schools to  
17 provide comprehensive sexuality education programs  
18 and New York City should take necessary steps to  
19 best service students and ensure that schools are  
20 promoting healthy attitudes and healthy decisions  
21 about sex. Housing Works thanks the council for the  
22 opportunity to speak here today and for the  
23 council's efforts to improve sexuality education in  
24 New York City. We urge you to pass these three  
25

1  
2 bills and to take further steps to expand  
3 comprehensive sexual education in K to 12 schools.

4 COUNCIL MEMBER CUMBO: I just want to  
5 say with each panel we're given additional  
6 information. And when we first conceived of doing  
7 this panel we recognized the severity of the issue  
8 but with each panel we gain a greater understanding  
9 of the complexities of the seriousness of this  
10 issue. So I thank you all for bringing further  
11 light to this issue on so many different levels.  
12 And I thank you so much for your testimony today.  
13 Thank you.

14 CHAIRPERSON DROMM: Thank you. And I  
15 would just like to also add that the testimony from  
16 Joanna McClintic was very informative and... and said  
17 in a way that I couldn't say to the Department of  
18 Education what it is that I wanted to say. So I  
19 appreciate that very very much. But you know you  
20 know having demonstrations and specific sexual  
21 instruction is the only way I think you're going to  
22 be able to change behaviors, not just by telling  
23 people about condoms and... and you know that they  
24 should be used. So thank you for your testimony.  
25 Thank you to the whole panel as well. Thank you

1  
2 everybody. Our next panel... and we will get to  
3 everybody but we do have a lot of panels still  
4 coming up so bear with us. Lisa Oshiro representing  
5 herself, Corey Westover Community Healthcare  
6 Network, Margo Lasariene Positions for Reproductive  
7 Health, and Hasqual Santonez [phonetic] Children's  
8 Aid Society. Is Corey here? Lisa? Alright. Margo?  
9 Alright. Hasqual? Okay. Alright. So we're going to  
10 add Sara Flowers from Love Heals. Is she here? Okay  
11 good. If I could ask you to raise your right hand  
12 and I'll swear you in. Do you solemnly swear or  
13 affirm to tell the truth, the whole truth, and  
14 nothing but the truth and to answer council member  
15 questions honestly? Very good. Who'd like to start?

16           LISA OSHERO: Okay sure. Thank you  
17 Chairperson... thank you Chair people and members of  
18 the committee for the opportunity to speak this  
19 afternoon. I'm Lisa Oshiro and I'm a Health and  
20 Sexuality Educator. I have my Masters in Sex  
21 Education from New York University. I'm passionate  
22 about educating young people and helping them to  
23 make healthier choices thereby reducing their  
24 overall risk. I spend most of my time talking to  
25 parents on such topics as consent, reproductive

1 health, preventing infections, and gender. I think  
2 parents are severely lacking education and the  
3 necessary skills to feel comfortable in talking to  
4 their children. Comprehensive sexuality education  
5 which gives young people the tools they need to  
6 better navigate the complex decisions they face  
7 when it comes to sex and relationships is extremely  
8 important and desperately needed in New York City  
9 public schools. I strongly support the bills before  
10 you to help ensure all students receive sexual  
11 health education. Additionally, I recommend that  
12 Chancellor Carman Farina pass a Chancellors  
13 Regulation requiring comprehensive and  
14 developmentally appropriate sex education that  
15 reflects the national sexuality education standards  
16 for all public school students from Kindergarten  
17 through 12<sup>th</sup> grade. Expanding sexuality education  
18 to elementary school students allows them to reap  
19 significant benefits from this lifelong learning  
20 experience and enable them to practice creating and  
21 maintaining healthy relationships. When should we  
22 start teaching young people about consent, taking  
23 care of their bodies, and healthy communications.  
24 Should we start freshman year of college or in high  
25

1  
2 school? Imagine the progress our students could  
3 make if these principals were taught from their  
4 beginning of their public school education. The  
5 earlier that schools can reinforce the message that  
6 all decisions should be consensual the more time  
7 students would have to master this... these  
8 communication skills to properly ask for consent,  
9 answer these questions, as well as listen the  
10 answers. By starting early, we are giving our young  
11 people the best opportunity to make healthy  
12 decision making part of their daily lives and their  
13 habits. I too am encouraged by the recent changes  
14 allowing condom demonstrations in the classroom.  
15 It's promising to see that some things have changed  
16 since I first student taught over 15 years ago in a  
17 middle school in Greenwich Village. But without  
18 these bills we won't know when or if all students  
19 are actually receiving comprehensive sexuality  
20 education that is medically accurate,  
21 developmentally appropriate, unbiased, and  
22 respectful of all people. The New York City Council  
23 has demonstrated respect for young peoples' health  
24 rights and safety time and again through proactive  
25 measures like the bill before you today. I thank

1  
2 the council for holding this hearing and for the  
3 commitment to improve comprehensive sexuality  
4 education in New York City public schools. I urge  
5 you to pass these important pieces of legislation.  
6 Thank you for your time.

7 COREY WESTOVER: Thank you for the..

8 CHAIRPERSON DROMM: Just before you  
9 begin. Lisa?

10 LISA OSHERO: Yes?

11 CHAIRPERSON DROMM: I think your  
12 testimony got cut off or something. Top half of a  
13 sheet or something that's missing.

14 LISA OSHERO: Hmm, I'll get you another  
15 copy.

16 CHAIRPERSON DROMM: Yeah can you get me  
17 another copy?

18 LISA OSHERO: Sure.

19 CHAIRPERSON DROMM: Just give it to the..  
20 oh okay.

21 LISA OSHERO: Better?

22 CHAIRPERSON DROMM: Yeah, okay very  
23 good. [cross-talk] Alright thank you. Alright next  
24 please.  
25

1  
2 COREY WESTOVER: Sure. Thank you for the  
3 opportunity to speak today. My name is Corey  
4 Westover. I'm the Family Planning Program Manager  
5 at Community Healthcare Network. We've been in  
6 existence for over 30 years. We operate a network  
7 of 13 federally qualified health centers throughout  
8 the Bronx, Manhattan, Queens, and Brooklyn. We have  
9 a mobile van and a school based health center as  
10 well. We provide comprehensive services including  
11 primary care behavioral health and social services  
12 to over 85,000 individuals every year. At CHN we  
13 have a robust sexual and reproductive health  
14 program in which we provide clinical and  
15 educational services and counselling. As part of  
16 this program we offer no cost sexuality education  
17 to schools in community based organizations  
18 throughout New York City. So far this year our  
19 skilled health educators have facilitated almost  
20 600 workshops in 49 schools and organizations  
21 reaching thousands of young people. We're very  
22 proud and excited to be reaching so many young  
23 people but we're doing the job of our public  
24 school. Most of the public schools we work with  
25 reach out to us because they do not feel equipped

1  
2 to provide this education. And this is because of a  
3 lack of training, discomfort with the content, or a  
4 conflict in... values. For the last few years I have  
5 provided education and counselling to patients in  
6 our health centers as well as facilitated workshops  
7 in our... for groups in our schools. And I can tell  
8 you that young people want and need this education.  
9 One of the tools we use in the classroom is an  
10 anonymous question box in which participants can  
11 safely ask questions about sexuality. For example,  
12 participants have asked some of these actual  
13 questions. My partner won't use a condom, is it  
14 safe to use birth control the first time you have  
15 sex? Can you skip using a condom because you know  
16 your partner and you are clean? How do you know if  
17 you're ready to have sex? How do you know if the  
18 partner you have right now is the right person for  
19 you? These questions can be shocking, amusing, and  
20 poignant, but they're honest and they open up a  
21 safer meaningful complicated conversations around  
22 sexual decision making, and communication. The DOE  
23 recommends that students receive sexual health  
24 education as one part... part of a semester in middle  
25 school and for a full semester in high school but

1 many students are not getting this bare minimum.  
2 There's no system of tracking education services or  
3 of training and inadequate sexual education as  
4 we've heard today is not only disappointing, it's  
5 dangerous. We cannot expect sexually active young  
6 people to make informed choices about their health  
7 without giving them the information and skills to  
8 do that. These bills will reinforce the idea that  
9 comprehensive sexuality education is critically  
10 important to healthy adolescent development. On  
11 behalf of CHN we fully support the New York City  
12 Council in passing the bills before you which would  
13 require the DOE to monitor and evaluate the  
14 provision of sexuality education in our schools.  
15 CHN is encouraged by the positive strides that the  
16 city is making to improve sexuality education in  
17 our classrooms such as the recent memo around  
18 condom demonstration. We also urge the Chancellor  
19 Carmen Farina to pass the Chancellors Regulation  
20 adhering to the national sexuality education  
21 standards for public school students from  
22 Kindergarten through 12<sup>th</sup> grade. I strongly  
23 encourage the council to pass these bills which  
24 will enforce transparency and sexuality education  
25

1  
2 enabling young people to lead sexually healthy and  
3 responsible lives. Thank you.

4 MARGO LASARIENE: Thank you Chairman  
5 Dromm, Chairman Johnson, and Chairwoman Cumbo and  
6 members of the committees for the opportunity to  
7 speak this afternoon. My name is Margo Lasariene.  
8 I'm a Board Certified Family Physician and I've  
9 been living and practicing in New York City for  
10 five years. I trained at Mount Sinai Beth Israel  
11 Residency in Urban Family Medicine and am currently  
12 a provider at a community clinic in the Bronx.  
13 Prior to medical school I completed a Master's in  
14 Public Health at the University of Texas with a  
15 focus on international and family health. Two years  
16 ago I was a fellow with the Physicians for  
17 Reproductive Health, a doctor-led national advocacy  
18 organization that uses evidence based medicine to  
19 promote sound reproductive health policies. I am  
20 here today to urge you to support these bills. I am  
21 pleased to see the city council taking steps to  
22 implement report... reporting and tracking systems to  
23 make sure that each student receives appropriate  
24 sexual health education. I am also here to  
25 encourage the council to go further, to ensure

1  
2 quality sexuality education in New York. The  
3 national sexuality education standards as we've  
4 heard recommend comprehensive sex education for all  
5 students from Kindergarten through 12<sup>th</sup> grade. The  
6 New York State Department of Education currently  
7 requires only one semester of comprehensive sexual  
8 health education in both middle and high school.  
9 Starting sexuality education that is  
10 developmentally appropriate in Kindergarten helps  
11 avoid unintended pregnancy, maternal death, unsafe  
12 abortions, and sexually transmitted infection.  
13 Numerous studies have found that early  
14 comprehensive sex education has... positive benefits.  
15 For example, the Journal of Adolescent Health found  
16 such programs to be effective at delaying or  
17 reducing sexual activity and increasing condom use.  
18 As a family's... as a family medicine physician I  
19 often see young women who think that they are  
20 infertile simply because they have not yet been  
21 pregnant. They are not using any form of protection  
22 during intercourse. When I ask them if they want to  
23 be pregnant right now the answer is almost always  
24 no. But because they haven't had adequate  
25 information about their menstrual cycle, about the

1  
2 basic biology behind fertilization, or about how  
3 half of pregnancies in this country are unintended  
4 they have concluded that they cannot have children.  
5 The 15-minute appointment slot that I have with  
6 each of these young women is simply not enough to  
7 adequately teach them everything they need to know.  
8 A few months ago I diagnosed a 15-year-old with her  
9 first outbreak of genital herpes. She was not using  
10 condoms because her male partners told her they  
11 were uncomfortable to wear. My heart broke as she  
12 cried in my office. How did our community fail to  
13 give this young woman the resources she needed to  
14 protect herself from a diagnosis that she will now  
15 carry her entire life? I have also had a few  
16 success stories. I have seen patients whose peers  
17 sent them to me for an IUD or contraceptive  
18 implant, the most effective forms of birth control.  
19 Empowering young women to take control of their  
20 health enables them to put their education first  
21 which is something my community in the Bronx  
22 desperately needs. As a provider of comprehensive  
23 sexual healthcare services I am extremely invested  
24 in the sexual health education of students in New  
25 York City. While I am glad to see the city council

1  
2 taking up this important issue I believe we still  
3 have a long way to go and that the council should  
4 be leaders on this issue. Supporting comprehensive  
5 sexuality education that starts in... in Kindergarten  
6 is inclusive of all genders and sexual orientation  
7 and emphasizes strength and resiliency will help  
8 New York students thrive in school and beyond.

9           SARA FLOWERS: Thank you Chairpersons  
10 Dromm, Johnson, Cumbo, and members of the  
11 committees for the opportunity to speak this  
12 afternoon. My name is Sara Flowers and I'm the  
13 Director of Youth Initiative for Love Heals, the  
14 Allison Gertz Foundation for AIDS education. I'm  
15 also the parent of a young daughter who I... will...  
16 will one be a consumer in the New York City  
17 Department of Education. Love Heals is a leading  
18 provider of HIV/AIDS education in New York City.  
19 And since 1992 Love Heals has worked to empower  
20 young people to become leaders by equipping them...  
21 equipping them with the knowledge, skills, and  
22 confidence they need to protect themselves and  
23 their communities from HIV. Love Heals Speakers  
24 Bureau pairs an HIV positive individual with a  
25 health educator to decrease stigma and provide

1  
2 clear concise HIV prevention and testing  
3 information to students throughout New York City  
4 and in the surrounding tristate area. Love Heals  
5 Leadership Empowerment and Awareness Program for  
6 Girls which we call LEAP helps young women of color  
7 help to develop knowledge and skills to protect  
8 themselves from HIV transmission while learning to  
9 recognize and stand up against social drivers that  
10 contribute to the very disparities they experience  
11 around HIV and sexual health. Two components of  
12 LEAP that I want to speak about really quickly  
13 include a clinic visit which literally introduces  
14 young people to a clinic in their communities that  
15 they can get to without having to pay metro fare.  
16 There they access youth friendly sexual and  
17 directive health services. We also offer an adult  
18 child communication workshop which helps parents,  
19 guardians, or other adult stakeholders learn how to  
20 start conversations around sex and sexuality with  
21 their young people. And we have seen a lot of  
22 parents come to us at the end of each program and  
23 say thank you, I wanted to have this conversation  
24 and I didn't know how to get it started.  
25 Furthermore, I just want to speak quickly about

1  
2 LEAP. We do do program evaluation and to... to date  
3 our program evaluation data suggests that  
4 comprehensive sexuality education not only equips  
5 young people with the tools that they need but also  
6 helps build an... an inclusive community and start  
7 conversations among its members. This year alone  
8 Love Heals has reached over 35,000 students through  
9 HIV awareness and prevention presentations which  
10 was offered at 212 schools and other community  
11 based organizations across the five boroughs. Love  
12 Heals is another membership organization of SEANYC  
13 and we stand before you today to lend our support  
14 to legislation that... solidify the infrastructure of  
15 the existing comprehensive sexuality education  
16 curriculum mandate in two ways. One, through  
17 overall monitoring evaluation. And two, through  
18 resource allocation for training and professional  
19 development for those educators who are responsible  
20 for teaching comprehensive sex education in school.  
21 These bills also reflect an opportunity to align  
22 New York City sex education curriculum with  
23 recommendations outlined in the national AID  
24 strategy and Governor Cuomo's blueprint to end the  
25 AIDS epidemic in New York state. Currently the New

1  
2 York City Department of Education recommends that  
3 young people receive sexual health education for  
4 one semester of middle school and one semester in  
5 high school. And while this requirement is a step  
6 in the right direction it exists without oversight  
7 or specifically designated resources and there may...  
8 therefore may often be overlooked. The legislation  
9 before you will require the DOE to formally  
10 monitor, evaluate, and report on sexuality  
11 education being taught in New York City schools.  
12 And this is a critical stepping stone on the path  
13 towards ensuring that all students receive clear,  
14 concise, developmentally appropriate, and evidence  
15 informed comprehensive sex ed. To further bolster  
16 the proposed legislation we recommend that the  
17 Chancellor Carmen Farina pass the Chancellors  
18 Regulation to require comprehensive developmentally  
19 appropriate sexuality education for all public  
20 school students from Kindergarten through 12<sup>th</sup>  
21 grade as outlined in the national sexuality  
22 education standard. Healthy sexual development is a  
23 lifelong process. And expanding sexuality education  
24 to elementary school will well position students in  
25 New York City to avoid unintended health outcomes,

1  
2 to learn to communicate effectively about sexuality  
3 and sexual health, to develop a sense of autonomy  
4 over their own bodies and respect the autonomy of  
5 others, to understand and practice consent, and to  
6 develop and demonstrate a sense of dignity and  
7 respect for all people regardless of sexual  
8 orientation or gender identity and speak and behave  
9 inclusively as such. In order to implement the  
10 suggested recommendations most... most efficaciously  
11 the Department of Education will also need to  
12 develop a clearly articulated implementation plan.  
13 Make it compulsory for all New York City public  
14 schools and monitor and evaluate the plan as  
15 implemented. Chancellor Farina and Commissioner  
16 Vasquez' joint memo from earlier this year allowing  
17 condom demonstrations in classrooms is a solid  
18 testament to this city's commitment to providing  
19 evidence informed skills based learning  
20 opportunities to further improve sexual health  
21 outcomes. Equally exciting is Speaker Melissa Mark-  
22 Vivirito's recent launch of the Young Women's  
23 Initiatives which positions key stakeholders to  
24 work together to make solid policy recommendations  
25 to bridge gaps in services and reduce inequities

1  
2 experienced by young women across New York City  
3 including those related to sexual health. We  
4 commend Mayor Bill de Blasio for prioritizing  
5 teacher's professional development and hope that  
6 his administration will specify support for teacher  
7 training around sexuality education in order to  
8 ensure the adequate implementation of comprehensive  
9 sexuality education curricula across grade level.  
10 Again a chancellor's regulation would solidify the  
11 mandate and better position the DOE to provide New  
12 York City students with a successive comprehensive  
13 sexuality education they need. It is clear that the  
14 council prioritizes health... [cross-talk]

15 COUNCIL MEMBER CUMBO: Thank you.

16 SARA FLOWERS: ...education for young  
17 people. We thank you.

18 COUNCIL MEMBER CUMBO: Thank you so very  
19 much. Thank you.

20 CHAIRPERSON DROMM: I... I... I feel a  
21 little compelled to tell one of my stories. You  
22 know when I was about 13 or so I went to the  
23 library because I didn't know what I was or what it  
24 was that I was experiencing. And I guess somewhere  
25 I must have heard the word homosexual. So I went to

1  
2 the library and I looked it up and it said  
3 something to the effect of a deviant sexual  
4 behavior defined as a mental illness you know. And..  
5 and I said oh well I don't know, you know. But then  
6 it had something like those who are attracted to  
7 the same sex or something like that. So maybe that  
8 is what I am. So I went to the card catalogue in  
9 those days... this is 1969. And the card catalogue  
10 had books about being gay but they were under lock  
11 and key so you had to ask the librarian for it and  
12 I was too embarrassed to ask the librarian. So I  
13 grew up with basically nothing you know until I  
14 came out in 1973, about four years later. And I'm  
15 just glad that we've gone... we've gotten away from  
16 those days you know. But I wonder often times how  
17 far we've gotten with the stories that I hear and  
18 some of the testimony that I'm hearing today as  
19 well and some of the questions that our youth still  
20 ask so thank you very much to all the panel.

21 COUNCIL MEMBER CUMBO: I just have one  
22 question about Love Heals. When you provide HIV  
23 programming or I guess lectures within schools is  
24 that what a school will utilize to solidify their  
25 requirement to provide HIV classes or education or

1  
2 to fulfill the requirements or the credits that are  
3 needed?

4 SARA FLOWERS: At... at times for the  
5 speakers... presentations which off... [cross-talk]

6 COUNCIL MEMBER CUMBO: Could you speak  
7 into the mic, I'm sorry.

8 SARA FLOWERS: I'm sorry.

9 COUNCIL MEMBER CUMBO: Mm-hmm.

10 SARA FLOWERS: Speakers... presentations  
11 which pairs the HIV positive individual with a  
12 health educator may be utilized. We are a DOE  
13 approved provider.

14 COUNCIL MEMBER CUMBO: You are.

15 SARA FLOWERS: And so we may through  
16 Speakers Bureau workshops that may be one way that  
17 they work towards meeting the mandate. LEAP for  
18 girls happens during after school hours. [cross-  
19 talk] And so that's a different piece and that's  
20 not under the mandate.

21 COUNCIL MEMBER CUMBO: But your  
22 organization is qualified to fulfill the mandate  
23 should they be required... should you come into a  
24 school and provide that level of education it would  
25 be considered following the mandate.

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SARA FLOWERS: Yes.

COUNCIL MEMBER CUMBO: Oh that's very helpful. Do you think that it's a good model for schools to utilize to work with not for profit organizations and providers to fulfill their HIV teaching requirement?

SARA FLOWERS: My sense of... on being a sexuality health educator is that as we've seen tonight sexuality health education is very nuanced. It is very complex. It involves tons of context. So not only do you need information about sex and sexual health but you also need to understand how best to educate your young people in a nonjudgmental inclusive way. And I think that nonprofit organizations who specialize in this are well equipped to both provide capacity building or technical assistance training or provide the service themselves depending on what the need of the agency would be.

COUNCIL MEMBER CUMBO: Okay thank you.

SARA FLOWERS: Thank you.

CHAIRPERSON DROMM: I...

COUNCIL MEMBER CUMBO: And thank you to all the panelists.

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2 COUNCIL MEMBER JOHNSON: I... I just  
3 wanted to make one remark as well. Thank you. All  
4 the testimony has been fantastic. So thank you all  
5 for being here. I graduated high school a little  
6 later than Danny Dromm did but I would say that  
7 similarly when I knew that I was gay and was really  
8 struggling with it I went to the encyclopedia in  
9 the local library and I looked up the word gay to  
10 try to have some sense of understanding about what  
11 I was. And at that point it did not say that it was  
12 a mental condition but it gave me some at least  
13 word to be able to talk about the feelings that I  
14 was having. And I came out when I was 16 years old.  
15 But up until that point and I think my parents did  
16 a great job raising me, my parents never once  
17 talked to me about sex, ever. They were great  
18 parents but they... you know Irish Catholic blue  
19 collar suburban parents it's not what they want to  
20 talk about. And so we actually had in my school in  
21 middle school and in high school very comprehensive  
22 health and sex ed classes, I mean very  
23 comprehensive stuff. And it was helpful because I  
24 felt like it was the only place that I could  
25 actually talk about it and I would rather have it

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talked about in a classroom I felt that way. I didn't really want my parents to talk to me about it. It made me uncomfortable. So it was better to have a non-judgmental adult who had expertise who talked about it in a factual normal way than me having these uncomfortable conversations with my... with my family. That wasn't in New York City. That was in suburban Massachusetts, about 25 miles north of Boston so it's different. But I just think it's important to raise that. Thank you for your testimony.

CHAIRPERSON DROMM: Okay a lot of approval words being said here today. And... and talk about better talking about sex let's have Megan Rockland Better Sex Talk come up, Ajuah Tetay [phonetic] Planned Parenthood of New York City, Marianne Lacoquie, Laconyik [phonetic] representing herself, Caitlin Johnson. Okay and we're going to add Ennis Anguiano [phonetic] okay. She was on the panel... Okay if you would just raise your right hand. I have to swear you in. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth, and to answer council member

1  
2 questions honestly? Okay thank you very much.

3 Wherever you'd like to begin.

4                   MEGHANN RACKLIN: Thank you Chairman  
5 Dromm, Chairman Johnson, and Chairwoman Cumbo and  
6 members of the committees for the opportunity to  
7 speak to you this afternoon. My name is Meghann  
8 Racklin and I am here today as the Co-Founder and  
9 Director of Advocacy and Policy of Better Sex Talk,  
10 an organization that started in New York City and  
11 now works across the country to advocate for better  
12 sex education that includes information about  
13 consent, communication, and healthy sexuality as an  
14 avenue to prevent gender based violence. We work  
15 primarily with college students who have been  
16 continuously confronted by the reality of sexual  
17 assault on college campuses. Comprehensive  
18 sexuality education is a key part of stopping  
19 campus sexual assault because it gives students a  
20 tool to build healthy sexual relationships. In a  
21 recent survey by the Connect 2 Protect or C2P Bronx  
22 Coalition fewer than two-thirds of Bronx high  
23 school students said they learned about healthy  
24 relationships and just 37 percent learned  
25 communication skills when it comes to sex. If we

1  
2 are serious about stopping campus sexual assault  
3 all students need to be learning these skills. My  
4 little sister is currently in the process of  
5 applying to colleges. She deserves to have the  
6 space necessary to develop a healthy sense of self,  
7 an understanding of what she is and is not  
8 comfortable with and she deserves to be taught the  
9 tools necessary to communicate that to a partner.  
10 Furthermore, she deserves partners who respect her.  
11 She deserves partners who know how to communicate  
12 and to listen and who care about making her  
13 comfortable. She deserves a college experience that  
14 I have not had, one that is free from the threat of  
15 sexual assault. If that is to become a reality  
16 policy making bodies like this council must  
17 prioritize comprehensive sexuality education. The  
18 bills presented today require the Department of  
19 Education to better track and evaluate the  
20 sexuality education that is happening in schools  
21 which would be an important step in ensuring that  
22 appropriate sexual health education is delivered to  
23 all students. Better sex talk supports these bills  
24 as a preliminary measure. However, we call on  
25 Chancellor Carmen Farina to pass a chancellor's

1  
2 regulation requiring comprehensive evidence based  
3 and developmentally appropriate sexual health  
4 education that reflects the natural... national  
5 sexuality education standards for all public school  
6 students from Kindergarten through 12<sup>th</sup> grade.

7 Expanding sexuality education to elementary schools  
8 will allow us to build a culture that prioritizes  
9 consent. Building a consent culture requires giving  
10 students a time to develop a deeper understanding  
11 of autonomy and healthy relationships over time.

12 The Department of Education also needs to create a  
13 meaningful implementation plan that ensures that  
14 all New York City public school students receive  
15 sexual health education. This will ensure that all  
16 students receive this education and will reduce  
17 disparities that arise due to differences in  
18 location, resources, or the will of administrators.

19 The New York City Council has demonstrated an  
20 understanding that young people have a right to  
21 information necessary to maintain their physical,  
22 emotional, and mental health through a proactive  
23 legislation like the bills before you today. Better  
24 Sex Talk thanks the council for holding this  
25 hearing today and taking steps to improve

1  
2 comprehensive sexuality education in New York City  
3 public schools. We urge you to pass these important  
4 pieces of legislation. Thank you.

5           ADRUNA SINCOSIETATAY: Many thanks to the  
6 Chairs Dromm, Johnson, and Cumbo for... and the  
7 members of the committee convening this hearing  
8 today. My name is Adruna Sincosietatay and I'm here  
9 today as the co-chair of the Sex Ed Advocacy  
10 Committee of the Planned Parenthood of New York  
11 City Action Fund Activist Council. In a nutshell  
12 the activist council is a ten-year strong team of  
13 volunteers that through our individual committees  
14 work to protect, uplift, and further planned  
15 parenthood of New York City's commitment to sexual  
16 and reproductive health, rights, and justice. As  
17 the sex ed committee we believe strongly in  
18 supporting and embodying comprehensive and  
19 inclusive approaches to sexuality education  
20 throughout the life course. Because we know that we  
21 do not all of a sudden understand things about  
22 ourselves and others just because we reach  
23 adulthood. We accomplish this by working to  
24 increase knowledge and change the culture and  
25 political landscape around how people access

1  
2 information and services regarding sexuality and  
3 reproductive health. This happens through a  
4 volunteer driven community education event advocacy  
5 campaign supporting the work of the sex education  
6 alliance of New York City which planned parenthood  
7 of New York City is a part of. And also safer sex...  
8 outreach throughout the city which we actually  
9 luckily have been honored to have some city council  
10 members actually support us through and.. with us  
11 when we do outreach around the city. For many of  
12 our members what brings them to this work are our  
13 own personal experiences with sex ed as young  
14 people and how these sex ed experiences or the lack  
15 thereof have colored how we navigate the world as  
16 adults, how our relationships are with our own  
17 body, how we experience violence, and our health  
18 and wellbeing. And so as such every September the  
19 committee celebrates sex ed action month and where  
20 this year we worked both online and offline to  
21 raise awareness about the impact of sexuality  
22 education on peoples' lives and the need for sex ed  
23 action to improve the situation in New York City.  
24 We closed the month this year with a panel event on  
25 the current state of sex ed in New York City and

1  
2 the role policy plans in what happens. We were  
3 joined by an intergenerational panel of experts,  
4 some of which have actually spoken today, and of  
5 the attendees 140 plus that were there included  
6 sexuality educators, teachers, caregivers, and  
7 concerned community members as well as current  
8 students. Through the surveys at the event  
9 attendees shared with us their own experiences with  
10 sexuality education and how they felt it could be  
11 better. The stories shared were powerful. A number  
12 speaking to a focus mostly on pregnancy prevention  
13 and the overwhelming lack of conversation about  
14 consent, partner communication, and the emotional  
15 aspects of sexuality. Some spoke to experiences  
16 with dangerous... dangerous medically inaccurate  
17 information like that all condoms have holes in  
18 them big enough to pass HIV. They also echo... echo  
19 that a number of them their sexuality was too  
20 little too late with people including native New  
21 Yorkers not receiving sex ed until 12<sup>th</sup> grade. One  
22 attendee said what bothered me most was no  
23 discussion on why sex what made us feel desire. How  
24 do we explore these things respectfully,  
25 consensually, and considerately with the partners

1  
2 we choose to have sex with? It's one thing to show  
3 teens how to use protection but to actually talk  
4 about the actions that even lead to using  
5 protection in the first place is crucial to ensure  
6 protection will even be used at all. Overall some  
7 of the key calls to actions from attendees were one  
8 sexuality education that includes conversations  
9 about consent, pleasure, partner communication, and  
10 health relationships, two, curricula that are  
11 inclusive of all students including LGBTQ youth,  
12 teachers who are better trained and have access to  
13 ongoing training, programs that are more closely  
14 monitored, evaluated, and schools that are held  
15 accountable and of course the importance of  
16 comprehensive age appropriate sexuality education  
17 from Kindergarten through 12<sup>th</sup> grade as is  
18 recommended by the national sexuality education  
19 standards. So over the 10 years of the activist  
20 council the sex ed advocacy committee has had over  
21 600 members that recognize that sexuality education  
22 is important. And so we see that New York City has  
23 been making strides to move ahead on this issue  
24 with the sexuality education mandate, the new  
25 allowance of condom demonstrations, and this

1  
2 hearing itself. But we know that there's more work  
3 ahead. As a sexuality educator myself I see the  
4 direct health impacts of too little too late. So we  
5 thank the council for taking steps for these... with  
6 these proposed bills to strive for a more  
7 transparent and accountable space with sexuality  
8 education but these bills are one step in what we  
9 hope will be many to ensure that youth receive the  
10 sexuality education they ask... they are asking for  
11 and deserve. So we ask the council to pass these  
12 bills. And thank you.

13 CHAIRPERSON DROMM: Thank you. Next.

14 CAITLIN JHONSTON: Thank you for the  
15 opportunity to speak today. My name is Caitlin  
16 Johnston. I am a new member of the Sex Ed Advocacy  
17 Group with the Planned Parenthood Activist Council  
18 part of the Sexuality Education Alliance of New  
19 York City. I'm... grew up in Wisconsin. And while the  
20 sexual education offered in my middle school and  
21 high school was not very extensive I was lucky  
22 enough to receive comprehensive sexual health  
23 education from my mother. She was a medical writer  
24 for a non-profit organization and when I was seven  
25 years old she sat me down in her home office to

1  
2 begin to talk with me about sex. In addition to the  
3 logistics of intercourse she explained to me the  
4 necessity of consent, the importance of safety and  
5 using protection. And when I finally felt ready to  
6 become sexually active with my boyfriend in high  
7 school my mom even took me to the doctor to get  
8 birth control. It's now been two decades since that  
9 first talk in my mother's office and I've still  
10 never gotten pregnant, I've never contracted an  
11 STI, and I've never had sex without giving and  
12 receiving full consent. I realize that I'm very  
13 lucky in those respects and unfortunately in the  
14 minority among other women my age. I'm in my 20s  
15 now and I'm appalled at the number of my peers who  
16 find consent to be a murky issue because they never  
17 really learned what it was. A friend of mine  
18 recently told me about falling asleep with her  
19 partner and waking up to find him inside her. She  
20 had consented while she was awake so he thought  
21 that consent still applied. According to the recent  
22 survey conducted by the Connect 2 Protect Bronx  
23 Coalition only 37 percent of students report  
24 learning communication skills when it comes to sex.  
25 And one in three high school students said they

1  
2 have never received sex education at all. Meanwhile  
3 according to the 2012 national data from the  
4 Centers for Disease Control yearly one in five  
5 women are raped at some point in their lives and  
6 51.1 percent of the time the perpetrator is an  
7 intimate partner. According to that same data from  
8 the CDC rape also results in about 32,000  
9 pregnancies each year. Consent is crucial and it  
10 needs to be taught to our children if we ever want  
11 those statistics to improve. The bill that is  
12 before you today requires the Department of  
13 Education to annually track and evaluate sexual  
14 health education for grades six through 12 which is  
15 an important step in ensuring that all students  
16 receive comprehensive health education including  
17 learning about consent. In addition to this I also  
18 urge a regulation to require comprehensive and  
19 developmentally appropriate sexual health education  
20 for all public school students from Kindergarten  
21 through 12<sup>th</sup> grade. I was fortunate enough to have  
22 a mother who taught me about sexual health from a  
23 very young age which helped me to develop safe and  
24 healthy attitudes about sex as an adult. All New  
25 York school children could be so fortunate if

1  
2 sexuality education were expanded to elementary  
3 school. This hearing today is an indicator to me  
4 that we're already headed in the right direction to  
5 make New York safer by ensuring that comprehensive  
6 sexual health education is delivered to all  
7 students. Thank you Chairwoman Cumbo, Chairwoman  
8 Gibson, and Chairman Johnson for drafting these  
9 bills and thank you for listening to my testimony.  
10 I urge you to pass these essential pieces of  
11 legislation as soon as possible so that our  
12 children can learn healthy and responsible choices  
13 and help create a brighter and safer future.

14 CHAIRPERSON DROMM: Thank you very much.

15 Next.

16 INA SANGIANO: Can you hear me? Oh, good  
17 afternoon. My name is Ina Sangiano and I was a  
18 student at Brooklyn Preparatory High School from  
19 2012 to 2015. And during my time there we only had  
20 two advisory sessions regarding sexual health. It  
21 was on STIs, one of them, and then the next was  
22 pregnancy trimesters. And advisory for anybody that  
23 doesn't know it's class of 15 of your peers and  
24 you're supposed to get a personal... more personal  
25 interaction with one of your teachers. So that was

1  
2 mine. And we were informed that the guidance  
3 counsellor gave out condoms and if you wanted to go  
4 get condoms you would go to the guidance counsellor  
5 and you guys would talk about it before you get  
6 your condoms. So I never felt the school was a safe  
7 place nor did I learn about my sexual reproductive  
8 health or rights until I started working with the  
9 TORCH program. The TORCH program educates New York  
10 City youth on their sexual reproductive health and  
11 rights through peer education. So the peer  
12 educators go through a series of training on  
13 different topics regarding your sexual reproductive  
14 health and rights. And then you go out to the  
15 community and you go around the five boroughs  
16 facilitating workshops pertaining to sexual  
17 reproductive health and rights. And yeah just that  
18 experience really opened my eyes about the  
19 different myths amongst... because I'm black and  
20 Latina so like just my... and then other peers around  
21 New York City, the things that we just didn't know  
22 and that we're all going to school every day that's  
23 a requirement of us. And we're going out into the  
24 world being sexually active, meeting all these  
25 people, and we just have all this mis or unaccurate

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2 [phonetic] information... or inaccurate. So as a peer  
3 facilitator I notice the impacts of comprehensive  
4 sex ed in our lives. Comprehensive sex ed made us  
5 more comfortable with voicing issues regarding our  
6 health and demanding the... that despite our age we'd  
7 be treated with quality confidential care. You know  
8 it's un... it's unfortunate that many students in New  
9 York City don't have access or the opportunity to a  
10 curriculum that teaches them about their bodies  
11 rights and sexual health. That's it. Thank you.

12 CHAIRPERSON DROMM: Thank you. And it's  
13 so amazing to hear Council Member Johnson's and  
14 Caitlin Johnston's testimony about the positive  
15 experiences that they've had outside of the New  
16 York City public school system. And it's always  
17 been something that's amazed me because I've heard  
18 of positive experiences in places like Syosset and  
19 Roslyn in Long Island a few places upstate as well  
20 that seem to be so much more advanced in New York  
21 City. And you would think in New York City...  
22 supposed to be such a liberal and open city and  
23 progressive city that we still just can't get it  
24 quite right in our New York City public school  
25 system around sex education. And hearing Caitlin's

1  
2 testimony I'm very... very happy to hear such a  
3 positive approach, proactive, pro-sex in a sense  
4 approach from a woman who is leading the way on  
5 that. And I was very very happy to hear your  
6 testimony today. As I was all of the others as  
7 well. So... Council Member? Anything? Yep. Alright  
8 thank you to this panel. Alright. Our next panel is  
9 Reverend Valarie Ross [sp?] Hudson Memorial Church,  
10 Curtis Smith PP... Planned Parenthood New York City  
11 Teen Advocates, Dulane Powerful NARAL Pro-Choice  
12 and herself, and Sarah Cocuzzo Peer... Peer Health  
13 Exchange. Mm-hmm. Okay I think we're missing one so  
14 I'm going to ask Louise Marchena Planned  
15 Parenthood. Okay I'm going to ask you all to raise  
16 your right hand so I can swear you in. Do you  
17 solemnly swear or affirm to tell the truth, the  
18 whole truth, and nothing but the truth, and to  
19 answer council member questions honestly? Very  
20 good. Thank you. Who'd like to start.

21 SARAH COCUZZO: Alright. Alright thank  
22 you Chairs Dromm, Johnson, Cumbo, and members of  
23 the committees for the opportunity to speak today.  
24 My name is Sarah Cocuzzo and I'm here today  
25 representing Peer Health Exchange, a non-profit

1  
2 organization that works in public high schools in  
3 New York City and across the country to ensure that  
4 young people have the knowledge and skills they  
5 need to make healthy decisions. We've been working  
6 New York City high schools for the last 11 years.  
7 And this year we'll be reaching 5,000 9<sup>th</sup> graders  
8 across 40 schools. We work together with the Office  
9 of School Wellness and we're also part of the  
10 Sexuality Education Alliance of New York City,  
11 SEANYC. The Department of Education recommends that  
12 students receive sexual health education as part  
13 of... part of a semester of health in middle and high  
14 school. However, many New York City students are  
15 not receiving the right information at the right  
16 time. We don't know what's happening everywhere but  
17 in the schools that I work with students don't  
18 receive health education until their junior or  
19 senior year. A time when they or their peers may  
20 have already dropped out or experienced a health  
21 crisis. 20,000 New York City public school students  
22 have dropped out of high school by 12<sup>th</sup> grade. And  
23 the largest reason cited by young women is  
24 pregnancy. We have heard from students that they  
25 learned valuable information in our program. And we

1  
2 think that this is information that every student  
3 in New York should have access to regardless of  
4 what school they go to. To highlight the value in  
5 sexuality education I want to share a few  
6 highlights from our students about what they took  
7 away from their... from the sex ed curriculum that  
8 peer health exchange provided. The most important  
9 thing I learned was that it's okay to say no.  
10 You're entitled to refuse anything. The most  
11 important thing I learned is how to avoid getting  
12 STIs, how to protect yourself from pregnancy, and  
13 how to avoid peer pressure. When I have to make a  
14 decision I create a scenario to see what I care  
15 about, what are the consequences, identify my  
16 choices, and then choose my decision. Something  
17 that I learned that I would share with a friend is  
18 to end an... an unhealthy relationship. It is  
19 affecting you in a bad way. Imagine what might  
20 happen if all young people consistently learned  
21 about these topics of relationships, consent, and  
22 STIs. The bills before you provide the Department  
23 of Education with a mechanism for tracking and  
24 evaluating the health education that is happening  
25 in schools. We would want to be sure that this is

1  
2 tracked by grade level. Because we know that when  
3 students receive health education matters. And they  
4 should receive age appropriate content when they  
5 most need it. We support these bills as a way to  
6 increase accountability for providing young people  
7 with comprehensive health education. Additionally,  
8 as other members of SEANYC have said we recommend  
9 that the chancellor pass a chancellor's regulation  
10 requiring comprehensive and developmentally  
11 appropriate sexual health education reflecting the  
12 national sexuality health education standards for  
13 all public school students from K through 12. A  
14 chancellor's regulation would create a true mandate  
15 and provide students with the sexuality education  
16 that they desperately need. Both the New York City  
17 Council and the Department of Education have  
18 already repeatedly demonstrated respect for young  
19 people's wellbeing. Peer Health Exchange thanks the  
20 council for holding this hearing today and  
21 committing to improve comprehensive health  
22 education in New York City High Schools we... and K  
23 through 12 schools. We urge you to pass these  
24 important pieces of legislation.  
25

1  
2 CHAIRPERSON DROMM: Thank you. Next  
3 please.

4 KURTIS SMITH: Thank you Chairman Dromm,  
5 Chairman Johnson, Chairwoman Cumbo, and members of  
6 the committees... committees for the opportunity to  
7 speak today. My name is Curtis Smith and I am here  
8 today as a student and also a teen advocate at  
9 Planned Parenthood of New York City. The teen  
10 advocate program consists of 10 teens from all over  
11 NYC including Brooklyn, the Bronx, and Manhattan.  
12 As teen advocates we travel throughout... boroughs  
13 and conduct engaging workshops that seek to educate  
14 teens about their rights and access to sexual and  
15 reproductive health care. In order to help teens  
16 overcome barriers and stigma around sexual and  
17 reproductive health care we host teen nights where  
18 teens can come into our facility, get a tour of the  
19 clinic, and receive tips on talking to both their  
20 provider and partner. There is also a digital  
21 aspect of the program where we create social media  
22 content that we feel will resonate with NYC teens  
23 and get them to make proud and responsible choices  
24 regarding their sexual health. Having attended  
25 public schools for prac... for practically my entire

1  
2 academic career I believe that I am a good  
3 spokesperson for the current state of sex ed in  
4 schools. With that said I can say that there  
5 virtually is none. The DOE requires there to be at  
6 least one semester of health in middle school and  
7 one in high school. Although schools do a pretty  
8 good job at sticking to that minimum they do a very  
9 poor job at incorporating sexual education. When  
10 sex ed is integrated into the curriculum it is  
11 often very brief and uninformative. Luckily for me  
12 my school annually has a whole week where our Phys  
13 Ed teachers have to dedicate the entire 40-minute  
14 period to talking about HIV and AIDS. The only  
15 problem is that depending on your schedule you have  
16 gym either two or three times that week. It's sad  
17 to say that receiving 80 to 120 minutes of sex ed  
18 limited to only HIV and AIDs is luck. Another  
19 problem with sex ed in schools deals with... not with  
20 a regulation already set in place but a lack  
21 thereof. I believe that all public schools should  
22 have sex ed integrated into every child's  
23 curriculum including elementary school students and  
24 subjects like trig or geometry students are just  
25 expected to walk into class mystically having all

1  
2 required prior knowledge embedded into their  
3 brains. They are taught from a very young age basic  
4 principles needed to succeed in these classes. This  
5 is the way that sex ed in schools should be taught  
6 because it isn't easy to learn and retain all  
7 information regarding sexual health all in one  
8 shot. Implementing all aspects of sexual health  
9 over many years of schooling will give the  
10 information a deeper meaning to students and help  
11 them to think of sexual health as a normal part of  
12 their life that they should be concerned about. I  
13 must admit that there has been some changes that  
14 encourage me in my push for a better sex ed  
15 including Chancellor Farina and Commissioner  
16 Vasquez... memo last spring that allowed condom demos  
17 in classrooms. This is a huge step seen that the  
18 proper use of a condom is one of the simplest but  
19 also one of the most effective ways in making  
20 healthy choices regarding sexual health. Sending  
21 some new regulations into... putting some new  
22 regulations into play will help students who  
23 receive the sex ed that they truly need. I would  
24 like to thank the council for holding this hearing  
25 today and committing to improve comprehensive

1  
2 sexuality education in New York City public  
3 schools. And I strongly urge you to pass these  
4 important pieces of legislation. Thank you.

5 CHAIRPERSON DROMM: Thank you. Next  
6 please.

7 DULANE POWERFUL: Hello, my name is  
8 Dulane Powerful. And I am here to speak on behalf  
9 of my younger self; a sun kissed black girl who  
10 didn't learn her body was hers until she hit her  
11 20s. Who didn't realize that being touched and  
12 grabbed by men was wrong. Who was silent even when  
13 she was screaming inside begging someone to  
14 intervene for someone to stop. Who didn't know what  
15 consent, who victim blamed herself, who couldn't  
16 understand that her parents' relationship wasn't  
17 supposed to be full of silent encounters turning to  
18 yelling and tears. That the emotional violence that  
19 induced her mother's depression was not the fault  
20 of her mother. I am here to speak on behalf of my  
21 younger self; a sun kissed black girl, and other  
22 girls and other boys, and other gender non-  
23 conforming folk who are forced to adhere to  
24 societal expectations of their assigned gender,  
25 girls who are tom boys, boys who are called

1  
2 sissies, folks who are called confused because they  
3 didn't feel like they fit the... they didn't feel  
4 like the gender binary for their identity. For  
5 those who are afraid to be themselves to step out  
6 of their gender roles and remove themselves from  
7 gender expectations and be free to move on the  
8 world. For those girls who are told to put on more  
9 clothes so the men outside wouldn't stare or worse  
10 because it was up to us to prevent sexual  
11 harassment not the men doing it. For those boys who  
12 like to dance and sing or play with dolls or other  
13 humanly things who are trained to be... masculine,  
14 and the dangers and violence that are attributed to  
15 that. For those who didn't know that gender lies on  
16 a spectrum and there is no right end of the  
17 spectrum. I am here to speak on behalf of my  
18 younger self; a sun kissed black girl, who was  
19 afraid to explore her sexuality. Who thought she  
20 was a lesbian after she... after she kissed a girl on  
21 the cheek in the first grade and cried for days.  
22 Who thought a fellow student was pretty or caught  
23 herself looking at a girl's breasts or was confused  
24 and disgusted with herself and was scared to tell  
25 anyone. Who didn't know it was okay to question her

1  
2 sexuality. I'm speaking for all my LGBTQ friends,  
3 those who have faced extreme levels of violence;  
4 physical, sexual, emotional, and more. Council  
5 member's comprehensive sexuality education is more  
6 than about sex. It's about consent versus coercion,  
7 about health relationships, about how to  
8 communicate effectively and honestly. It's about  
9 learning about your right and ownership over your  
10 body. It's about giving students the words to  
11 describe the discomfort they're feeling when their  
12 bodies are discomfort, when their bodies are  
13 violated. It's about learning about your body,  
14 exploring your body, loving your body. It's about  
15 building positive body image and health self-  
16 esteem. It's about exploring your sexuality. It's  
17 about creating an LGBTQ plus inclusive... climate  
18 where students are taught to understand, be  
19 tolerant, and adaptive to differences. All this  
20 being beneficial and dispelling stigmas and  
21 counteracting discrimination. ...the misguided belief  
22 that teaching young people sexual health will  
23 encourage them to be... encourage them to engage in  
24 sexuality activities. Sexuality will not turn a  
25 person gay. Instead.. introduce the sexuality of the

1  
2 spectrum, a human experience... to sexual positivity.  
3 I'm a sexuality educator professional. I work with  
4 a dynamic team of high school students giving  
5 comprehensive sexuality education to their peers.  
6 We call ourselves TORCH. I also work with an  
7 incredible unit of 200 activists and organizers  
8 around the world fighting for sexual and  
9 reproductive health rights under the organization  
10 Woman Deliver. I shouldn't have had to graduate  
11 college and enter the supposed real world in order  
12 to learn about the aforementioned things. I  
13 shouldn't have spent so many years hating myself,  
14 my body, confused and unaware. The learnings of my  
15 younger self still have detrimental effects on my  
16 womanhood. The facts are there; comprehensive  
17 sexuality education leads to a delay in having sex  
18 for the first time, lower unwanted pregnancy, HIV,  
19 and other STIs but it does so much more. Sexuality  
20 isn't only about sex. Remember that. Thank you.

21           LOUISE MARCHENA: Good afternoon. I'm  
22 Louise Marchen. I'm the Director of Youth Programs  
23 at Planned Parenthood of New York City. I'm... I'm  
24 pleased to be here today to provide testimony in  
25 support of these bills. PPNYC thanks the council

1  
2 chairs, Council Member Daniel Dromm, Council Member  
3 Laurie Cumbo, and Council Member Corey Johnson for  
4 their leadership in convening this hearing. As a  
5 leading sexual and reproductive healthcare provider  
6 we see more than 50,000 patients annually in our  
7 five health centers. Our education department  
8 reaches more than 26,000 New Yorkers. PPNYC is also  
9 a member of phoenix, a coalition of 50  
10 organizations that support comprehensive sexuality  
11 education for all New York City students. Currently  
12 New York City schools are not required to report on  
13 whether sexuality education is provided. As a  
14 result, students' experiences vary widely. As a  
15 trusted health educator people share those stories  
16 with us directly. At a recent event on sex  
17 education in New York City a PPNYC activist shared  
18 my sex ed experience was forgettable. I wish I had  
19 learned anything about body positivity, actual  
20 intimacy with partners, relationships, what can  
21 happen within, around, and beyond sex acts. I  
22 learned most stuff from the internet. The passage  
23 of the proposed bill would be an important first  
24 step in getting a better understanding of the  
25 current status of sexual education in New York City

1  
2 schools. Council Member Cumbo's bill would require  
3 DOE to report how well each school complies with  
4 state requirements. We... we recommend the health  
5 education data be disaggregated by grade to better  
6 determine how early or late students actually  
7 receive the curriculum. We also urge strong student  
8 confidentiality protection in all data collection.  
9 Council Member Gibson's bill would provide an  
10 important tool that requires the DOE to track the  
11 sexual health education training of teachers and  
12 middle schools and high schools. Although we don't  
13 believe every teacher providing sex... providing sex  
14 education needs to be certified health educators  
15 they do need clear guidance, guidelines, and  
16 training to teach sex education. Values,  
17 clarification, and access to a certified health  
18 educator to... for technical support in providing  
19 curricula that follows a national sex education  
20 standard. PPNYC also supports bills 771. School  
21 based health... school based health centers provide a  
22 critical point of access to healthcare for young  
23 people in New York City and reinforce health  
24 lessons taught in classrooms. The bills before you  
25 are preliminary measures but the city can do much

1  
2 more. SEANYC recommends that Chancellor Carman  
3 Farina pass the Chancellor's regulation requiring  
4 comprehensive sex ed that reflects the national sex  
5 ed standards from Kindergarten to 12<sup>th</sup> grade. These  
6 standards call for sexual education from and build  
7 upon early grades. As a sexual educator working in  
8 New York City for over 15 years I see firsthand the  
9 importance of making sure young people learn the  
10 basics when it comes to sex ed. Our educational  
11 programs provide non-stigmatized skill based tools  
12 in settings that fit the lives of the young people  
13 we serve. Are all of us curriculum is designed as a  
14 holistic sexual health model for LGBTQ youth and  
15 interact... and are interactive taking care of  
16 workshops, cover a spectrum of issues that teens  
17 face every day. Starting these topics with such...  
18 such as anatomy and personal safety guide students  
19 at a base upon which to effectively grow more  
20 complex discussions are consent and gender identity  
21 and expression, vital tools in helping young people  
22 in navigating their world in a safer in manner and  
23 positive manner. The DOE must allow and create a  
24 meaningful implementation plan for comprehensive  
25 sex ed. With the already heavy demand on teachers

1  
2 sexuality education often becomes an afterthought  
3 in schools when there is no... when there's no firm  
4 commitment to enforce it. We applaud the city  
5 council, commitment to addressing and improving  
6 sexual education in the New York City schools and  
7 urge the council to pass these bills... today. Thank  
8 you.

9           CHAIRPERSON DROMM: Well thank you all  
10 again. And just one comment. I noticed that in  
11 Dulane's testimony she mentioned that you know the  
12 misguided belief that teaching young people sexual  
13 health would encourage them to engage in sexual  
14 activities. And... and reminds me of something that  
15 Harvey Milcorn [sp?] said when he was talking  
16 about... you know not talking about LGBT issues in  
17 the classroom. And I think to paraphrase what he  
18 said was that if you know that was true then there  
19 would probably be a lot more nuns in the world.  
20 Because in my Catholic school there was an awful  
21 lot of talk about nuns and what it meant to become  
22 a sister in the world. And... and that didn't happen.  
23 Although one such life I did think about becoming a  
24 nun but I was rejected. So it's that type of  
25 mentality I think that is so crazy and needs to be

1  
2 pointed out. And as we made a couple of times here  
3 in the testimony today. And I'm really glad to hear  
4 that. Council Member...

5 COUNCIL MEMBER JOHNSON: Yeah I... I just  
6 wanted to say that this testimony from all of these  
7 wonderful young people and health educators has  
8 been incredibly powerful. And I think it sets an  
9 example for civic participation in New York City.  
10 And to hear from young people is incredibly  
11 important. Sometimes it's easy to get jaded and  
12 down on the lack of political engagement. And to  
13 have so many young people here today talking about  
14 their own experiences is really powerful. I also  
15 want to say the young women have sort of stepped  
16 up. They are out there. They are active. They are  
17 engaged. They are organizing. And there are so many  
18 of them here. And so it's nice to see a young man  
19 here as well who is... who is taking on leadership  
20 and whose testimony was incredibly thoughtful. And  
21 we need to engage both genders in this important  
22 type of work. And sometimes... this is not me making  
23 excuses... but I think that sometimes as was  
24 referenced in our hyper masculine society it's  
25 sometimes harder for young men to even talk about

1  
2 these things and to have these conversations. So to  
3 have a young man here today taking time out of his  
4 day to be here and going for these programs  
5 hopefully sets an example to other young men across  
6 New York City about the importance of this. So  
7 thank you all for your testimony.

8 COUNCIL MEMBER CUMBO: Council Member  
9 Corey Johnson just said everything I was about to  
10 say so I'll just go back to Council Member Dromm to  
11 call the next panel. But thank you again for your  
12 testimony today.

13 CHAIRPERSON DROMM: Thank you. Our next  
14 panel is Melissa Tuwalla from her... representing  
15 herself and NARAL Pro-Choice, Sharrise Palomino if  
16 I'm not mistaken from Bronx Works Sexual Health  
17 Program, Zoey Dolothy Star [phonetic] No Year Nine,  
18 and Megan Hasiercolm [phonetic] a college student.  
19 Okay. Now we're going to add one more person to the  
20 panel, Catherine Albergate Davis the TORCH Program.

21 [background comments]

22 CHAIRPERSON DROMM: Okay. Alright. Miaja  
23 Juwara... Juwarda Bronx Works Sexual Health. Okay.  
24 I'm going to ask you all to raise your right hand.  
25 And I need to swear you in. Do you solemnly swear

1  
2 or affirm to tell the truth, the whole truth, and  
3 nothing but the truth, and to answer council member  
4 questions honestly? Very good. Sure.

5           MELISSA TUWALLA: Hello. Good afternoon.  
6 My name is Melissa Tuwalla and I stand before you  
7 today as someone who was born and raised in the  
8 south Bronx, who grew up in a single parent  
9 household where domestic violence was present, who  
10 was robbed of my body autonomy at the age of six,  
11 who was robbed again of my self-worth and body at  
12 18, and who never felt safe to say this out loud. I  
13 stand before you all as someone who never received  
14 comprehensive sex ed in school, who became pregnant  
15 at 18 during my freshman year of college, who  
16 walked into a crisis pregnancy center in the Bronx  
17 by accident when I was looking for the entrance to  
18 Planned Parenthood, who was never told that I had  
19 options, who hid my pregnancy for eight months, and  
20 who by age 20 became a mother. I stand before you  
21 as a single parent of a 10-year-old fifth grade boy  
22 at PS71 in the Bronx and the mother of a two-year-  
23 old girl. I stand before you as a parent who  
24 believes that my children should grow up in a  
25 society and be taught in schools where they are

1  
2 challenged to critically analyze the messages they  
3 will be socialized to believe around who they  
4 should be, who they should be attracted to, how  
5 they should act, and what rights they have over  
6 their own bodies. I'm here today as the mother of a  
7 boy and a girl who will receive messages of what it  
8 means to be a man and a woman and who may one day  
9 hate the parts of themselves that don't fit that  
10 definition. I stand before you as a mother who  
11 teaches her son the importance of being an ally,  
12 who sees the importance of raising him as a  
13 feminist, who understands the necessity of raising  
14 my daughter to believe she is just as valuable in  
15 the world as her brother. I am here today as the  
16 mother of two children that as they continue to  
17 grow will have questions about their bodies, about  
18 their sexuality, about sex, about relationships,  
19 about choice, and who may find out the answers to  
20 some of their questions when they find themselves  
21 in situations that could have been avoided, have  
22 the people who had the opportunity to equip them  
23 with information so their urgency to do so in  
24 meaningful ways. Lastly I stand before you as the  
25 youth initiative coordinator and sexuality educator

1  
2 for the TORCH Program and NARAL Pro-Choice New York  
3 and the National Institute of Reproductive Health  
4 where I have the opportunity to work alongside some  
5 of the most amazing group of peer leaders who go  
6 out into their communities to educate other young  
7 people on topics like healthy relationships, body  
8 image, self-esteem, contraception, abortion, STIs,  
9 and more. I see firsthand the impacts that sex  
10 positive education has on them and the decisions  
11 they make. Comprehensive sex ed is more than just  
12 teaching about prevention. It's about empowerment.  
13 It's about helping to activate healthy self-  
14 concepts, decision making skills, leadership  
15 skills, and autonomy. It is about understanding  
16 that working from an anti-oppressive intersexual  
17 lens requires us to listen to the experts in this  
18 matter. And when it comes for the need for  
19 comprehensive sex ed in New York City public  
20 schools the experts are those students, it's my  
21 son, TORCH peer leaders, and all the young people  
22 across New York City who have asked you to please  
23 enforce the mandate and give them what they need.

24 CATHERINE DAVIS: Hi, good afternoon.

25 I'm going to be... My name's Catherine Albergate

1  
2 Davis. I'm going to be reading on behalf of Megan  
3 Pendragon who is a former TORCH peer leader and now  
4 a college student who couldn't be here today.  
5 Throughout my years in grades K through 12 I  
6 remember being taught some kind of sexual health  
7 education once in the sixth group. Our homeroom  
8 teacher separated the class, boys in one room,  
9 girls in the other. We weren't told what was going  
10 on just that a speaker was coming in for two  
11 periods to give a presentation. Looking back at it  
12 now I don't know exactly what the reason was behind  
13 concealing what we were about to see. Maybe it was  
14 because the faculty felt we were too immature or  
15 because they wanted this session to be over and  
16 done with so we could get back to scheduled  
17 programming. Once settled in the speaker turned on  
18 an overhead projector and began explaining what  
19 happens to our bodies once we hit puberty. I  
20 remember the extreme emphasis on our menstrual  
21 cycles and the diagrams that were poorly explained  
22 but absolutely nothing else. Regardless sexual  
23 health education isn't something that should be  
24 rushed. It isn't something that we should receive  
25 once in our 12 years of schooling like I did or a

1  
2 few times per semester upon reaching the 9<sup>th</sup> grade.  
3 Comprehensive sexual health education should be  
4 taught in grades K through 12 by someone who sees  
5 the reaping benefits of the material that they are  
6 teaching. Comprehensive sexual health education  
7 reaps more benefits than science, math, or history.  
8 I am no way saying that learning the aforementioned  
9 subjects are not beneficial at all but not teaching  
10 comprehensive sexual health education is just like  
11 promoting abstinence only programs. Knowing  
12 prevention methods for unintended pregnancies, HIV,  
13 and sexually transmitted infections outweighs any  
14 mathematic formula in my opinion. I went all  
15 throughout middle and high school listening to  
16 stories from friends and older relatives about  
17 their experiences related to sex and dating as did  
18 the majority of my friends. A great deal of the  
19 advice I solicited ended up being a compilation of  
20 facts and myths that were passed down like tall  
21 tales. A lot of myths that could have been debunked  
22 if the proper sexual health education was taught  
23 when it needed to be. During my time in grades six  
24 through 12 one of my friends became pregnant. The  
25 other was struggling heavily with her sexual

1  
2 orientation. And my best friend was fighting a  
3 battle with herself and the mirror. These were all  
4 things that we should have been educated on while  
5 in school. It only seemed logical to do so since we  
6 spend the majority of our time there. A lot of us  
7 had parents who we barely saw because they were  
8 either too busy at work or not willing to answer  
9 the questions that we had. Thankfully for the TORCH  
10 program ran by the National Institute for  
11 Reproductive Health and NARAL Pro-Choice New York I  
12 now know way more than my peers. If it weren't for  
13 TORCH I would still be searching for answers I  
14 wouldn't have been able to find unless I utilized a  
15 search engine on the internet. And what if the  
16 internet didn't exist. Unfortunately, not everyone  
17 would be granted the opportunity to participate in  
18 an amazing program like TORCH and learn as much as  
19 I did which is why I think it is beyond necessary  
20 to teach comprehensive sexual health education in  
21 grades K through 12. The topics of the curriculum  
22 aims to cover desperately need to be taught in  
23 grades K through 12. If comprehensive sexual  
24 education has been proven to be effective by  
25 lowering the incidences of unprotected sex,

1  
2 unintended pregnancies, and STI rates why not want  
3 what's best for our youth. Thank you.

4 SHERRISE PALOMINO: Hi, my name is  
5 Shareece Palomino and I'm the Program Coordinator  
6 for the adolescent sexual health program called the  
7 Sexual Health Promotions Through Youth Leadership  
8 at Bronx Works. And I'm testifying today because I  
9 wanted to talk about my experience providing  
10 comprehensive sex education in the Bronx. Along  
11 with one of our community partners Montefiore... AIDs  
12 Program we led the... Bronx Works led the Connect 2  
13 Protect survey that you heard so many times...  
14 mentioned so many times before. And one of the  
15 things that I think is really telling is that  
16 although we've heard the results of what's not  
17 being taught in comprehensive sex education in New  
18 York City what the survey doesn't reveal is the  
19 lack of skills and the lack of knowledge that our  
20 young people have. And I can testify that this  
21 summer we had a... a youth program, a service  
22 learning project, through our summer youth learn...  
23 summer youth employment program. And many of the  
24 young people that we encountered had no knowledge  
25 about sexual health. They thought that you can get

1  
2 a stroke from a hickey. They thought that tampons  
3 caused HIV. They thought that using birth control  
4 could prevent mother to child HIV transmission. One  
5 of the young... young women in the program who was 15  
6 years old was under the belief that having sex  
7 makes your but bigger. And this is what they're not  
8 learning in school. You know even after the  
9 conversation about you know how this works they  
10 still don't have the basic knowledge to comprehend  
11 some of the things that they should be able to  
12 know. The young people that we encounter are making  
13 consequential decisions based off of a lack of  
14 knowledge and a lack of skill. And one of the  
15 things that sex education in New York City is  
16 lacking is skill building. They need to learn how  
17 to navigate sexual pressure and they need to learn  
18 how to use a condom properly. They need to learn  
19 how to access services. They need to learn how to  
20 say no. They need to learn how to hear no. One of  
21 the workshops that we do on sexual consent time and  
22 time again a lot of the young people are saying  
23 what's the point of consent. She can always just  
24 lie afterwards anyway so why do I need to ask her.  
25 And it's really hard at this stage to get them to

1  
2 understand this because there's no curriculum that  
3 is teaching them to hear the word no. What does no  
4 look like? What does no mean? Because just...  
5 reluctance isn't... reluctance isn't an agreement.  
6 Reluctance isn't a yes. Silence isn't a yes. And  
7 sometimes some of our young people are taking that  
8 to mean consent. And so we need to have  
9 comprehensive sex education that not only just  
10 teaches what STDs are, how to prevent HIV, how to  
11 prevent pregnancy but how to navigate sexual  
12 pressure... what consent means, what yes is, what no  
13 is, and how to hear it and how to say it. And they  
14 need to be better equipped in order to make better  
15 decisions about these consequential choices that  
16 they're making. One of the things that I also want  
17 to mention is that we heard from the Department of  
18 Education. And they were saying that the data isn't  
19 available on whether or not there's a correlation  
20 between knowledge and behavior and in 2013 the  
21 California Department of Public Health released a  
22 report attributing to the 60 percent decline in  
23 teen pregnancy in California to the passage of  
24 comprehensive sex education in the state. We know  
25 that sex education is relevant. We know that it

1  
2 saves lives. We know that it will help our young  
3 people make better choices. And we need the city  
4 council to urge the Department of Education to  
5 provide comprehensive sex education in all schools,  
6 not just in some schools.

7 MIAJA JUWARA: Hello, my name is Miaja  
8 Juwara. I'm a senior at A. Phillip Randolph Campus  
9 High School and a sexual health youth leader at  
10 Bronx Works. Before I continue I would like to  
11 thank... take a moment to thank Council Member Corey  
12 Johnson for meeting with us twice this past year  
13 during our out of... campaign, hashtag enforce the  
14 mandate and promising that this hearing would  
15 happen. So as a youth leader I have been exposed to  
16 what proper sex ed looks like. It is LGBT... LGBTQ  
17 inclusive, culturally sensitive, does not pre-type  
18 hyper masculinity, and does not look at everything  
19 through a high... through the... through a  
20 heteronormative lens. These are the things that  
21 I've learned as a youth leader. At school the sex  
22 education I received was so poor that I did not  
23 realize I received it until several months later  
24 when I asked why I hadn't had it yet. It is not  
25 enough to bring in a guest speaker or to show us

1  
2 these videos and say that qualifies as  
3 comprehensive sex ed because it is not.  
4 Comprehensive sex ed is interactive, it is hands  
5 on, and it starts in Kindergarten through 12<sup>th</sup>  
6 grade. Sex ed looks different... sex ed looks  
7 different at every school in this city. What you  
8 may learn in one school you will not learn in  
9 another. And in worst cases the schools that you go  
10 to don't even offer sex ed. This is due to the fact  
11 that the current mandate in place has many  
12 recommendations but few requirements if any. It is  
13 recommended that schools teach their students how  
14 to use a condom but it is not required. It is  
15 recommended that school teaches students how to  
16 hear and say no but it is not required. There are  
17 too many recommendations and not enough  
18 requirements and it is time that we change this. It  
19 is also time that we take sex ed out of the hands  
20 of our principals just as state tests and regents  
21 are not at the principals' discretion sex ed should  
22 not be at their discretion either. I am a firsthand  
23 witness to what... what is considered sex ed in this  
24 city and I can honestly say that it is time to  
25 prioritize comprehensive sex ed. We cannot afford

1  
2 to let this... we cannot afford to let this problem  
3 grow another year. We owe it to our students to  
4 equip them with the proper knowledge and skill sets  
5 to make them... to... we owe it to our students to  
6 equip them with the proper knowledge and skill sets  
7 to make the best educated decisions for themselves.  
8 As a high school senior it pains me to have to miss  
9 a day of school because I know that when I go to  
10 class tomorrow morning I'm going to have a ton of  
11 work to make up. But today is not about me. I am  
12 here today on behalf of all the students who have  
13 not received comprehensive sex ed, on behalf of the  
14 girl in Jackson Heights who cannot differentiate  
15 between tough love and abuse, on behalf of the boy  
16 in Harlem who posts all over social media that he  
17 does not need condoms because his pull out game is  
18 strong, on behalf of the girl at MS118 who does not  
19 understand the body... the changes that are happening  
20 to her body. I am here today on behalf of all of  
21 these students and so many more. And on behalf of  
22 these students I am here today to say do not let us  
23 down. Pass these bills. Enforce this mandate. Give  
24 us the... Pass these... Sorry. I'm here to say do not  
25 let us down. Allow us to have the comprehensive sex

1  
2 education that we need to better ourselves. Thank  
3 you.

4                   COUNCIL MEMBER CUMBO: Danny we better  
5 watch out. We might have some competition in the...  
6 political season. I just want to say that you know  
7 I don't have any questions but you know as we say  
8 in the hood I really appreciate y'all for tellin'  
9 it like it is. Like, you all are just in there. And  
10 for women it's always so much more challenging  
11 because we are stigmatized for having any sexual  
12 experience. And so I really appreciate you all  
13 coming forward, telling your story, telling your  
14 experience, and really humanizing this issue  
15 because we hear about it so much from facts and  
16 figures and statistics. But it's really important  
17 to understand what your day to day experiences are.  
18 And as you spoke your story has been transitioned  
19 into a story where now you're able to help others  
20 through the work that you do. And that takes a lot  
21 of courage. But at the same time when you're able  
22 to meet people you're able to really relate to them  
23 in a very real way that so many others cannot do.  
24 So I really appreciate you and... and the ability to  
25 have you in high school to be able to talk about

1  
2 this is really very powerful. And... and to  
3 understand what young people on social media are  
4 discussing. So I'm really... you know I had no idea  
5 that this hearing was going to uncover this amount  
6 of information and this level of depth. So I really  
7 appreciate you all for your courage, for your  
8 testimony, for coming forward, for telling it like  
9 it is, not holding any punches, and really  
10 challenging us to consider not only the legislation  
11 that's been put forward today but I know that the  
12 wheels are turning all across here in terms of what  
13 more can we do because this issue is very serious  
14 and very prevalent in our community. So thank you  
15 all. Thank you.

16 CHAIRPERSON DROMM: Thank you very much.  
17 And our next panel is our last panel I believe if  
18 I'm not mistaken. Amber Perolta from TORCH, Chris  
19 Creatora from Planned Parenthood, Nelson Santana  
20 Planned Parenthood, Marsh Blackman Planned  
21 Parenthood, and Brenise Sutton Planned Parenthood.  
22 Now is there anybody in the audience who I did not  
23 call but wanted to give testimony? Yeah? Did you  
24 fill out one of the slips? Okay and what's your  
25

1  
2 name? I'm sorry? Sergeant... yeah just give it to the  
3 Sergeant.

4 COUNCIL MEMBER CUMBO: And I just want  
5 to thank all of you for staying so long. This is  
6 really incredible. You all have been here for five  
7 hours. Thank you so very much for your patience.  
8 Right. I mean this has been an incredible hearing.  
9 Very informative. But thank you for your patience.  
10 Thank you for taking time out of your day, of your  
11 schedule, of your work, of your school. It's really  
12 important that you all are here today. Thank you.

13 CHAIRPERSON DROMM: Okay so I'm sorry  
14 did the woman who had raised her hand do you want  
15 to sit on this panel as well? Is there one person?  
16 Just one more? So come on up to this panel then.  
17 Did you give... and this lady here? Did you give in a  
18 slip? Yeah okay. And what's your name? Oh okay very  
19 good we... Okay. I have to swear you in so just give  
20 me one more minute. Anybody else testimony... giving  
21 testimony today? Alright very good. So can I ask  
22 you all to raise your right hand. Do you solemnly  
23 swear or affirm to tell the truth, the whole truth,  
24 and nothing but the truth and to answer council  
25

1  
2 member questions honestly? Okay very good. Would  
3 you like to start? Because I think you are ready?

4 AMBER PEROLTA: Yeah.

5 CHAIRPERSON DROMM: Okay.

6 AMBER PEROLTA: Well this was meant for  
7 the morning so...

8 CHAIRPERSON DROMM: Yes.

9 AMBER PEROLTA: ...you're going to have to  
10 excuse my speech. Hello, and good afternoon my  
11 fellow people. I am excited... I am so excited to be  
12 speaking here and given the opportunity to  
13 establish my input on health education in school  
14 systems. And my name is Amber Perolta. I'm 16. I'm  
15 a Junior in Mevad [phonetic] on James Monroe campus  
16 and I'm a part of TORCH. So I feel everybody has  
17 basic rights as to knowing about health education  
18 in general. And everybody... everyone deserves the  
19 right to get it as well. You know a lot of people  
20 don't have the same advantages. Like in my  
21 neighborhood resources are limited and we have to  
22 raise money to do things. Growing up in a low  
23 income area isn't easy so many of us don't have a  
24 basic health class in general. Our health education  
25 is what we learn from our friends and their

1  
2 experience and also our experiences. In my three  
3 years of high school I haven't gotten and received  
4 a health class. I'm grateful to... to have knowledge  
5 on this topic however there are many people who are  
6 older and even younger than me that aren't as  
7 fortunate to have the same knowledge and resources  
8 on health. And to be frank it's despicable. By  
9 having this information and being trained how to  
10 use it it can lower so many statistics and  
11 stereotypes. At TORCH we learn not only about  
12 biological health but we also learn about sexual  
13 orientation, healthy relationships, contraception,  
14 and more. We also don't judge people based on their  
15 gender and who they're attracted to. And I'm glad  
16 to say that I'm a part of their team and work with  
17 these lovely and dedicated people as often as I do.  
18 I also feel that every child should know... sorry...  
19 know this information at a young age so they know  
20 who they truly are and attracted to and the  
21 differences between a unhealthy and healthy  
22 relationship and the different contraceptions and  
23 how to use it because as we know children are like  
24 sponges. Everyone deserves this knowledge even if  
25 they... they're in a area that can't access it

1  
2 doesn't mean they don't deserve it because having  
3 this knowledge is something no one can take away  
4 from you. Hashtag pass the bill. Thank... thank you  
5 everyone and have a good and blessed day.

6 CHAIRPERSON DROMM: Alright thank you  
7 very very much. That was great. Who'd like to go  
8 next?

9 NELSON SANTANA: Yeah, hi. So good  
10 afternoon. Thank you Chairman Dromm, Chairman  
11 Johnson, and Chairwoman Cumbo and the members of  
12 the committees for the opportunity to speak today.  
13 My name is Nelson Santana and I am here as a Sex  
14 Educator at Planned Parenthood of New York City  
15 where I help educate students on how to make  
16 decisions when it comes to sex, relationships, and  
17 health over the course of their lives. Planned  
18 Parenthood of New York City is part of the  
19 Sexuality Education Alliance of New York City which  
20 is a coalition of dozens of organizations that  
21 support comprehensive sexuality education for all  
22 students. Comprehensive sexuality education  
23 includes lessons on puberty and anatomy, health  
24 relationships and decision making, body image and  
25 self-esteem, gender, sexual orientation, gender

1  
2 identity and gender expression, methods for  
3 preventing unintended pregnancy, HIV and STI  
4 infection prevention and treatment, strategies for  
5 preventing recognizing and addressing both bullying  
6 and sexual violence, healthy relationships consent  
7 and respect, and the use of social media in  
8 intimate relationships. Now of course this is a lot  
9 and as you can imagine it is impossible to go over  
10 in enough detail in a time slot of one semester or  
11 even a school year. This is why it is important to  
12 have a Kindergarten through 12<sup>th</sup> grade program that  
13 spreads out this vital information over time rather  
14 than overwhelming the students in higher grades and  
15 expecting them to retain all the information. When  
16 sex education starts early the lessons build upon  
17 and reinforce earlier lessons and provide a  
18 cohesive foundation for navigating relationships  
19 and decision making. Right now the DOE recommends  
20 that students receive sexual health education for  
21 part of a semester in middle school and for a  
22 semester in high school. This is not happening in  
23 many schools. And whether a student receives sex ed  
24 at all can depend on where they go to school or  
25 their school's resources. Even if this was

1  
2 happening in every school it wouldn't be enough.  
3 New York City students deserve more. I have been a  
4 educator for five years and from my experience as a  
5 sex educator at NYC schools I know just how much  
6 misinformation is out there, especially about sex  
7 when you're a young person. And if you don't have a  
8 comprehensive sex ed in school or a trusted adult  
9 to talk to unfortunately not every young person has  
10 someone who they trust and they can talk to about  
11 these issues, then you're left to try to sort out  
12 fact from myth on your own or from... from what you  
13 hear from your peers. In addition to being  
14 comprehensive sex education must not exclude  
15 anyone. This means that it must provide medically  
16 accurate and age appropriate sexual health  
17 information for all students including LGBTQ  
18 students. And we also need to create a safe  
19 environment, the LGBTQ youth, by including topics  
20 like gender identity and sexual expression and sex  
21 education. The bills before you require the DOE to  
22 better track and evaluate the sexuality education  
23 that is happening in schools which will be an  
24 important step in ensuring that NYC students  
25 receive sex education. I support these bills as

1  
2 initial step and I recommend that Chancellor Carmen  
3 Farina pass a regulation requiring comprehensive  
4 age appropriate sex... sexual health education that  
5 reflects the national sexuality education standards  
6 for all public schools' students from kindergarten  
7 through 12<sup>th</sup> grade. As a sex educator I cannot  
8 stress enough the need for though... for thorough sex  
9 education in our schools. Without setting a  
10 standard that schools are required to meet we lose  
11 the idea of accountability. We have kids in the  
12 same grade with completely different levels of  
13 knowledge about sex education because they are not  
14 given the same information. With my experience as  
15 an educator I have come... I have come across  
16 students who are ecstatic that they had a chance to  
17 be a part of the workshops that we facilitate. And  
18 they would thank me and tell me that without this  
19 information they will have never known as much  
20 about sexual health. I've been at middle schools as  
21 well as high schools. And I can say that students  
22 really need this information. And when they receive  
23 this information they are very grateful. They will  
24 have so many questions about sexual health and  
25 reproductive issues and even more questions about

1  
2 the myths that they hear. It feels good to provide  
3 them with the factual information offering  
4 inclusive comprehensive education in schools that  
5 addresses misinformation, stigma, and anxiety  
6 around sexual and reproductive health would help  
7 reassure students that they have a safe comfortable  
8 support system in their schools. I hope that the  
9 mayor and his administration will make  
10 comprehensive sexuality education a priority. A  
11 chancellor's regulation would create a true mandate  
12 and provide students with the kind of sexuality  
13 education that they desperately need. I thank the  
14 New York City Council for holding this hearing  
15 today and committing to improve comprehensive  
16 sexuality education in New York City's public  
17 schools. I urge you to pass these important pieces  
18 of legislation. Thank you.

19 CHAIRPERSON DROMM: Thank you. Next  
20 please.

21 MARSHA BLACKMAN: Thank you Chairman  
22 Dromm, Chairman Johnson, and Chairwoman Cumbo and  
23 members of the committees for the opportunity to  
24 speak today. My name is Marsha Blackman and I'm  
25 here today as a parent and also as an adult role

1  
2 model at Planned Parenthood New York City where I  
3 help other parents understand how to talk to their  
4 children about sexual health. Planned Parenthood of  
5 New York City is a part of the Sexuality Education  
6 Alliance of New York City which is a coalition of  
7 dozens of organizations that support comprehensive  
8 sexuality education for all students. Sexuality  
9 education is important to me not only as a parent  
10 and peer educator but because of my own experience  
11 or lack of experience with sex ed when I was a  
12 young child. I wasn't getting my questions answered  
13 at home or at my public school in New York City.  
14 Sex ed did not go into detail about body image or  
15 the emotional connection that came along with  
16 sexuality. This was two decades ago. But  
17 unfortunately in New York City many young people  
18 still aren't getting adequate information about  
19 sexual health or relationships at school. And like  
20 me many aren't getting this information from their  
21 parents care... caregivers either. Today young people  
22 are often left unequipped in a world filled with  
23 distorted sexual messages everywhere from social  
24 media to advertisements. That's why it's so  
25 important that as a city we prioritize

1  
2 comprehensive age appropriate sex ed for all  
3 students, kindergarten through 12<sup>th</sup> grade. We can't  
4 assume that young people talk to their parents or  
5 trusted adults in their lives about sexual health  
6 and relationships. Unfortunately, there are many  
7 young people who for a variety of reasons are not  
8 comfortable speaking to their parents about sex and  
9 vice versa. My parents migrated to this country  
10 from the Caribbean. And in our culture sex was not  
11 discussed in detail especially with their  
12 daughters. It was a brief topic of doom discussed  
13 when a girl began menstruating because now there  
14 was fear that she could end up pregnant. She was  
15 typically warned that if she had sex before  
16 marriage the young man was likely to leave which  
17 meant she would have to rear the child by herself  
18 and also with shame. As a teen I was left on my own  
19 with myths and unknowledgeable answers from my  
20 friends to figure sexuality out. Had my parents  
21 felt comfortable and had accurate information about  
22 sexuality or had I learned much needed information  
23 in the New York City school system I believe my  
24 sexual experiences would have been filled with  
25 fewer heartbreaks and less gloom. Today I go to

1  
2 various schools and communities in New York City.  
3 And I'm still surprised that many parents are still  
4 not having these important conversations with their  
5 children. It's heartbreaking that so many students  
6 still aren't learning essential lessons at home or  
7 at school. We must prioritize sex ed in New York  
8 City schools and encourage parents... adults in the  
9 lives of youths to talk to young people about  
10 sexuality... earlier and often. The Department of  
11 Education recommends that students receive sexual  
12 education for part of a semester in middle school  
13 and for a semester in high school. However, many  
14 New York City students are still not even receiving  
15 that minimum. The bills before you require the  
16 Department of Education to better track and  
17 evaluate the sexuality education now that's  
18 happening in our schools which would be an  
19 important step. I support these bills as a positive  
20 step. Though I ask the council to make sure that  
21 they include provisions that protect student  
22 confidentiality. Sex ed must be comprehensive and  
23 culturally competent and must also start early. I  
24 commend... I recommend that Chancellor Carmen Farina  
25 pass the chancellor's regulation requiring

1  
2 comprehensive and age appropriate sex ed starting  
3 in Kindergarten and through 12<sup>th</sup> grade reflecting  
4 the national sexuality education standards. I thank  
5 the council for holding this hearing today and  
6 committing to improve comprehensive sexuality  
7 education in New York City public schools. I urge  
8 you to pass these important pieces of legislation.  
9 Thank you.

10 CHAIRPERSON DROMM: Very good. Next  
11 please.

12 DOCTOR CHRIS CREATURA: Good afternoon.  
13 My name's Doctor Chris Creatura and I'd like to  
14 thank the council for this opportunity to talk  
15 about sex education. I've provided sexuality  
16 education and reproductive healthcare in New York  
17 City for almost 30 years as an obstetrician and  
18 gynecologist and I'm certified in female sexual  
19 medicine by the International Society for Women's  
20 Sexual Health. And as a sexual rights advocate I'm  
21 delighted that our city government is concerned  
22 about the quality of the education programs we  
23 have. I serve on the Board of Planned Parenthood of  
24 New York City and I volunteer in New York City  
25 public and private schools as a sexuality educator.

1  
2 I'm also a parent of teenagers who've had a  
3 variable experience in their schools with sexuality  
4 education. As a public school adolescent in the  
5 early 70s I had my own ah-ha moment when Doctor  
6 Mary Calderone the founder of SEIC, the Sex  
7 Education Information Council, came to speak at my  
8 class about sexual health. It seemed clear to me  
9 that day that so many of the accidents,  
10 misunderstandings, and even the violence that we  
11 experienced were a result of insufficient sexual  
12 health education. And that visit really directed me  
13 on my career path. As a physician I experience the  
14 effects of inadequate education every day. Well...  
15 well-informed patients do make better health  
16 decisions and... and have better health behaviors.  
17 And I think that the impact of a well-timed  
18 presentation on one adolescent's right to privacy  
19 or her ability in New York state to obtain  
20 confidential reproductive care can be lifesaving.  
21 From... for a student who doesn't learn about this at  
22 home or from her health care provider it's  
23 essential. One class on accessing emergency  
24 contraception in a timely and affordable way can  
25 prevent one naïve person from just crossing her

1  
2 fingers and waiting for her period to come or not.  
3 Exercises in assertive behavior can prevent sexual  
4 assault, bullying, and high risk sexual and drug  
5 use behaviors and they should all be part of an  
6 ongoing sex ed program. In their declaration of  
7 sexual rights, the world association of sexual  
8 health includes the right to comprehensive  
9 sexuality education. ...life long process from birth  
10 throughout the life cycle and should involve all  
11 social institutions. As part of the curriculum that  
12 I designed and I offer to 6<sup>th</sup> grade students I  
13 introduce the concept of sexual rights as universal  
14 and fundamental human rights and I ask my students  
15 to write a short paper. I want to give you an  
16 excerpt of the work of a 12-year-old because I  
17 think that this is probably the age group we're  
18 concerned about and we're not hearing from them.  
19 This... this student wrote that the right to  
20 comprehensive sexuality education is one of the  
21 most important sexual rights. Many children don't  
22 have sex ed and the reason this is bad is because  
23 they don't know what to prepare for when they grow  
24 up. They might not know how to put on a condom  
25 properly and might risk an unplanned pregnancy. Sex

1  
2 ed prepares you for puberty and becoming an adult.  
3 If a girl doesn't have this close relationship with  
4 her mother or doesn't have a mother she might not  
5 know what to do when she gets her period. Growing  
6 up can be scary to some people. But if you're not  
7 prepared it can be downright awful. Before I had  
8 this course I didn't understand how much sex  
9 education can affect someone's life. Before we  
10 started this class I wasn't so comfortable with  
11 this sex idea but now whenever someone's talking  
12 about it I know what they're saying and I can  
13 understand the concept. I think sex education is a  
14 big privilege that I'm very thankful to receive.  
15 And without this class I wouldn't be as comfortable  
16 speaking to my mom about puberty or my friends at  
17 school. Our school gives kids a chance to say what  
18 they want and to express our feelings about sex. I  
19 won't be repetitive so I'll skip a paragraph. I  
20 just want to thank the city council for having the  
21 hearing and underscoring New York City's commitment  
22 to investing in our young people so they can live  
23 to their fullest potential. I'm happy that we all  
24 here recognize that sexual rights are human rights  
25 and sex education is fundamental to these goals. By

1  
2 implementing comprehensive sexuality education and  
3 offering it in grades K to 12 New York City's  
4 poised to be a leader in this field and take  
5 crucial steps towards improving the quality of life  
6 and safety of all New Yorkers. Thank you very much.

7 CHAIRPERSON DROMM: Thank you very much.

8 Next please.

9 BRENISE SUTTON: Good afternoon. Thank  
10 you Chairman Dromm, Chairman Johnson, and  
11 Chairwoman Cumbo and members of the committee for  
12 the opportunity to speak today. My name is Brenise  
13 Sutton and I am here today to talk as a... speak as a  
14 parent and also as an adult role model in Planned  
15 Parenthood of New York City where I help other  
16 parents understand how to talk to their children  
17 about sexual health. Comprehensive sexuality  
18 education which gives young people the... excuse me  
19 the tools they need to navigate decisions making  
20 when they come to... to... when it comes to sex.  
21 Relationships and health over the course of their  
22 lives is a core part of Planned Parenthood of New  
23 York City's mission. And it is very important to me  
24 as a parent... planned Parenthood of New York City as  
25 a... as part of the Sexuality Education Alliance of

1  
2 New York City coalition of dozens of organizations  
3 that support comprehensive sexuality education for  
4 all students. The Department of Education  
5 recommends as we've heard the students receive  
6 sexual health education for part of the semester of  
7 middle school and for a semester in high school.  
8 However, many New York City students report that  
9 they have not received any sexual health education  
10 while in school. Our adult role model program  
11 offers a real and safe environment for parents to  
12 express their concerns. I wish I had had these  
13 workshops and trainings raising my own children.  
14 Had my children had an opportunity to sex ed in... in  
15 New York City public schools it would have been so  
16 much easier having the tools to discuss any topic  
17 would have eliminated lot... eliminated a lot of  
18 embarrassment and misunder... misinformation.  
19 However, now I can assist my adult children in  
20 talking to my grandchildren I've become the cool  
21 grandma.

22 [laughter]

23 BRENISE SUTTON: Thank you. These three  
24 bills require... these three bills require the  
25 Department of Education to be better tracked... to

1  
2 give... to do better track and evaluate the sexuality  
3 education that is happening in schools which would  
4 be an important step in insuring that appropriate  
5 sexual health education is delivered to all  
6 students. I also recommend that the Chancellor  
7 Carmen Farina pass a chancellor's recommendation  
8 requiring comprehensive and developmental  
9 appropriate sexual health education that reflects  
10 the national sexuality education standards for all  
11 public school students from Kindergarten, as young  
12 as that, even until grade 12. Expanding sexuality  
13 education to elementary school will all... will allow  
14 students to develop a deeper understand of the  
15 autonomy, healthy relationships, and consent over  
16 time. The Department of... Department of Education  
17 also needs to create a meaningful implementation  
18 plan that ensures that all New York City public  
19 school students receive sexual health education. We  
20 need a joint education that involves both parents  
21 and students every semester that offers age  
22 appropriate messages. I hope that the mayor and the  
23 administration will make comprehensive sexuality  
24 education a priority. A chancellor's recommendation  
25 and create a true mandate, provide students with

1  
2 the kind of sexuality education they desperately  
3 need. And lastly the New York City Council has  
4 demonstrated respect for young peoples' health,  
5 rights, and safety... and safety time and time again  
6 through... to pro... proactive legislation, thank you,  
7 like the bills before you today. I thank the  
8 council for holding this meeting and for listening  
9 to me. And also I urge you to pass these important  
10 pieces of legislature. To make a difference we must  
11 take a different approach to sex ed in our schools.  
12 And I thank you very much.

13 CHAIRPERSON DROMM: Thank you very very  
14 much. And our last but not least. Yeah... Sergeant.

15 CHANDEERAH DAVIS: Good afternoon  
16 distinguished members of the City Council. My name  
17 is Chandeerah Davis. I am an advocate from Steps to  
18 End Family Violence where I serve as a Youth  
19 Development Specialist. I provide services to young  
20 people between the ages of 12 and 24 who've been  
21 impacted by relationship abuse. But personally I am  
22 a lifelong New York City resident educated solely  
23 in New York from my elementary and middle school  
24 education in Far Rockaway Queens to eventually my  
25 college education at New York's own Cornell

1  
2 University and throughout that time received no  
3 comprehensive sexual health education. I thank you  
4 for the opportunity to present my testimony on the  
5 impactful legislative bill proposal which speak to  
6 the critical need for relevant sexual health  
7 education in New York City's public school. I'm  
8 reading testimony today on behalf of the  
9 legislative committee of the Down State Coalition  
10 for Crime Victims which acts as a bridge between  
11 victims of violence and those who make the laws  
12 that affect them. Day one which partners with young  
13 people age 24 and under to end dating abuse and  
14 sexual assault by engaging in community education,  
15 training, direct legal and social services,  
16 technical assistance, and youth leadership  
17 development and my own agency Steps to End Family  
18 Violence including the school based relationship  
19 abuse prevention program which has been providing  
20 free programs throughout New York City to address  
21 the multiple effects of gender based violence as  
22 well as to prevent abuse all together. As the  
23 largest school district in the United States  
24 reaching 1.1 million students New York City's  
25 Department of Education is in a unique position to

1  
2 equip young people with the necessary information  
3 they should have to lead healthy and fulfilling  
4 lives. As you are well aware youth receive messages  
5 about sexuality from numerous competing forums in  
6 our community. Many are misinformed, abhorrent, and  
7 sensationist [phonetic] yet are often presented in  
8 highly communicative styles through social media  
9 and popular culture. It's vital however that young  
10 people receive age appropriate sexual health  
11 information to develop practical skills for making  
12 safe and informed decisions. Young people need  
13 opportunities to learn specifically about consent,  
14 healthy communications, and the realities of  
15 sexuality. They have a right to know about their  
16 bodies, how they function. They have a right to  
17 dispel the myths around largely unaddressed issues  
18 including virginity, promiscuity, and commitment.  
19 They have a right to know about any sexual changes  
20 that are occurring now and any that may occur in  
21 their lifetime. Educators should provide culturally  
22 meaningful learning opportunities in a safe and  
23 non-judgmental environment so that students can  
24 learn about sexuality in a positive context. It is  
25 vital that New York City public schools are

1  
2 equipped with... tools and proper training when  
3 discussing sexual education, sexual health, and the  
4 fluid spectrum of sexuality in general. These are a  
5 few of the uncomfortable topics often deemed taboo  
6 and about which there is no safe place for  
7 discussion in most other parts of young peoples'  
8 lives. The classroom has traditionally served as an  
9 unsafe zone to converse about sexual education,  
10 sexual health, and ultimately sexuality. It is  
11 undoubtedly the Department of Education's  
12 responsibility among many others to provide and  
13 prioritize the holistic development of a student,  
14 its future citizens of the city, by providing  
15 student health services that address all aspects of  
16 student's needs. In fact, comprehensive whole  
17 school sexuality education that provides consistent  
18 and accurate information that is respectful of  
19 diversity can contribute to positive behavior  
20 change. Young people can make well informed  
21 decisions about their sexual health if teachers are  
22 equipped and trained about what education policies,  
23 programs, and services are available to them. As  
24 far back as 2006 a journal of adolescent health  
25 said that youth ages 15 to 19 who receive sex ed

1  
2 are 50 percent less likely to experience unplanned  
3 pregnancy than those who did only abstinence  
4 training. Most experts concur that education about  
5 issues like alcohol abuse is most effective if it  
6 starts two years before the behavior is likely to  
7 start. So if children seven and eight years old are  
8 not too young to learn about the dangers of  
9 substance abuse then surely students beginning in  
10 6<sup>th</sup> grade are not too young to be educated about  
11 their own sexuality. Ultimately it is the  
12 Department of Education's responsibility to assist  
13 in supporting its students towards obtaining self-  
14 determination and striving to be the best versions  
15 of themselves. We hope that these legislative bills  
16 are accompanied by proper training of school staff  
17 and absolute accountability from the Department of  
18 Education to ensure that services are being  
19 provided and that there are changes occurring  
20 within and outside the communities being served. I  
21 thank you for the opportunity of hearing testimony  
22 on the critical legislative bill proposals which  
23 speak to the importance and need for germane sexual  
24 health education in New York City and its  
25 appropriate training. Thank you.

1  
2 CHAIRPERSON DROMM: Okay very good. And  
3 great way to close us out here today. Thank you for  
4 the testimony. Council Member Cumbo any comments or  
5 questions.

6 COUNCIL MEMBER CUMBO: I just want to  
7 say in the almost two years that I've been here  
8 this has by far been the most informative,  
9 impactful, interesting, and powerful hearing that  
10 I've presided over. This has really been the type  
11 of conversation that I think should absolutely  
12 happen in City Hall, doesn't often happen in City  
13 Hall. And I think this was really the kind of  
14 conversation that needs to be had. In my district  
15 we've actually have had a number of shootings in...  
16 in and around our community. And I believe there's  
17 like a direct correlation... I can't quite understand  
18 it yet but our young people are making such grown  
19 up decisions at such an early age and they're faced  
20 with so much. And we're not really providing them  
21 with the proper tools and the proper resources in  
22 order for them to be empowered to make the best  
23 decisions on their behalf. And so you know when we...  
24 when I was growing up they were talking so much  
25 about the sexual revolution which was really the

1  
2 ability to have the freedom to have sex. But I  
3 think what we're talking about is the real sexual  
4 revolution and that's the ability to talk about  
5 sex, the ability to empower our young people with  
6 all of the information that they will need in order  
7 to make decisions about when they want to create a  
8 family, who they want to love, why they love  
9 someone, when they want to create a family, how to  
10 protect themselves, and how to protect their  
11 family. And while this legislation is important I  
12 think what also has been uncovered here is that we  
13 need to invest on the city, state, and federal  
14 level incredible resources into implementing so  
15 much of what was discussed. We have to have  
16 comprehensive certified teachers in every  
17 classroom. Schools shouldn't go without sex  
18 education because it's too small of a school and  
19 doesn't have the infrastructure. We have to make  
20 sure that all of these issues are addressed. So I  
21 thank you. You really open the doors wide open in  
22 exposing to so many the challenges that we're  
23 facing in New York City that we haven't even really  
24 quite understood why so many of these systemic  
25 issues are happening. And I think we've just begun

1  
2 to peel back the layers of discovering it but also  
3 finding the solutions. So I thank Council Member  
4 Dromm. I thank Council Member Corey Johnson. I  
5 thank all of the staff here today, for you all for  
6 being here for five hours to testify and to share  
7 your story, and this is really just the beginning.  
8 Thank you.

9 CHAIRPERSON DROMM: So thank you very  
10 much Council Member Cumbo. I also want to thank you  
11 for the work that you've done on this. I think  
12 you've been after me for the full two years that  
13 you've been here to hold this hearing and we  
14 finally got around to it. And I'm very proud that  
15 we were able to do it. I also want to thank our  
16 staff for having been here and for really backing  
17 us up and providing us with information that we  
18 needed to have a educated hearing on this topic. We  
19 have a lot of work to do moving forward. I want to  
20 thank Council Member Johnson as well before I  
21 forget for his leadership on this issue and also  
22 Council Member Gibson for her legislation. So we're  
23 going to go back. We'll look at it again. We will  
24 work with it, amend it, and see what we can come up  
25 with. And then hopefully bring it to the floor at

1  
2 some time for a vote all of those three pieces of  
3 legislation and an issue that's been really very  
4 very important to me as well. Now I have been  
5 talking about sex since 9:00 this morning. I  
6 started at a forum. And I love to talk about sex  
7 but this is a little bit too much. Nah, only  
8 kidding. I want to thank all of the advocates as  
9 well for pushing us to do this and.. and for getting  
10 this topic out there. It's been a while coming you  
11 know. It's been.. we've needed to talk about this I  
12 think for a while and I think that today's hearing  
13 went very very well and was very productive so  
14 thank you all for coming out and for being with us  
15 for the last five hours or so or.. or more because  
16 the.. the press conference started I think at 10:00  
17 this morning.. so it's been six hours, yeah. So  
18 thank you everybody. And with that this meeting is  
19 adjourned at 4:10 in the afternoon.

20 [gavel]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date November 7, 2015