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SUFFOLK COUNTY TEEN PREGNANCY  
TASK FORCE

300 Center Drive  
Riverhead, New York

March 25, 2010  
7:00 p.m.

BEFORE:

MARCIA SPECTOR, Chairperson

JUDY SPECHT, Co-Chairperson

REPORTED BY:

THERESA PAPE, Court Reporter/Notary Public

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2 A P P E A R A N C E S:

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4 LEGISLATOR VIVIAN VILORIA-FISHER

5 LORRAINE GARIBALDI

6 MOLLY LICALZI

7 LAURA GIARDINO

8 LINDA O'DONOHUE

9 JANET CASSIDY

10 JENNIFER FREEMAN

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(WHEREUPON, this proceeding convened at 7:00 p.m. Off-the-record discussions ensued, after which the following transpired:)

(Time noted: 7:10 p.m.)

MS. SPECTOR: Good evening, everybody. My name is Marcia Spector. I'm the chair of the Teen Pregnancy Task Force, and on behalf of the task force, I'd like to welcome you to the first of four public hearings. But before we -- we proceed with the public hearing, I wanted to just review with you why we're here.

We're here pursuant to legislation that was introduced by Legislator Vivian Fisher, and passed unanimously by the Suffolk County Legislature several months ago in response to recent increases in teen pregnancy rates in Suffolk County.

As some of you know, Suffolk enjoys one of the largest decreases in teen pregnancy in the country. We had over a

2 50 percent decrease from the early '90s  
3 until just about the new millennium.  
4 However, since 2006, Suffolk, along with  
5 most of the United States, has begun to  
6 see increases in teen pregnancies. In  
7 Suffolk County we're aware that many of  
8 our teen pregnancies involve very young  
9 girls, and Legislator Fisher was very  
10 proactive in volunteering, to begin a  
11 drive to really get Suffolk County to  
12 look at this issue and work very hard to  
13 get this legislation passed to establish  
14 the task force.

15 The task force has ten members.  
16 Many of them are here tonight, not  
17 everyone could make it, but I did want  
18 to ask the task force members to  
19 introduce themselves, and then we will  
20 get started.

21 We're going to be informal. We are  
22 a small group, which is probably a good  
23 thing; particularly, since this is our  
24 first hearing. We did not have a  
25 sign-in, so you may be asked to speak

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after you came in, and after somebody  
who came in after you, but we're going  
to make it as painless as possible. We  
do ask you to limit your remarks to five  
minutes. Legislator Fisher has  
volunteered to be the timekeeper, and we  
do want to respect the time limits  
that -- that we're asking you to -- to  
conform to.

So I'm going to ask Lorraine  
Garibaldi, on my left, to introduce  
herself, and we'll go this way around  
the horseshoe (indicating).

MS. GARIBALDI: I'm Lorraine  
Garibaldi, the Executive Director of the  
Life Center of Long Island.

MS. SPECHT: I'm Judy Specht. I am  
a nurse and a forensic examiner in  
Suffolk County.

MS. GIARDINO: I'm Laura Giardino.  
I'm a nurse practitioner with Suffolk  
County Department of Health Services.

MS. LICALZI: Hi, Molly Licalzi.  
I'm with Eastern Suffolk BOCES and also

2 Bayport-Blue Point Trustee.

3 LEGISLATOR VILORIA-FISHER: I'm  
4 Vivian Viloría-Fisher. My good friend  
5 Marcia always forgets half my name, and  
6 I'm the Deputy Presiding Officer of the  
7 Suffolk County Legislature.

8 MS. FREEMAN: I'm Jennifer Freeman,  
9 County Executive Assistant and  
10 representative for the County Executive.

11 MS. CASSIDY: I'm Janet Cassidy,  
12 Manager of the Suffolk County One-Stop  
13 Employment Center, I oversee the youth  
14 program, the displaced homemaker  
15 program, and job secret service.

16 MS. O'DONOHUE: I'm Linda  
17 O'Donohoe, Department of Social  
18 Services, Commissioner's office.

19 MS. SPECTOR: Okay. We'd like to  
20 start with the public portion.

21 I'm going to ask Suzanne Witzenberg  
22 (phonetic) to start since I -- I know  
23 your name, but I would like to ask that,  
24 when you come up, you give your name to  
25 our transcriber, and spell it.

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MS. WITZENBERG: Well, that was nice of you, Marcia, except I'm yielding the floor to the speaker who is here to do a presentation.

Thank you.

MR. WALLACE: Good evening. My name is Tom Wallace, W-A-L-L-A-C-E. I'm actually here on two behalves.

Number one, personally, my wife and I are lifelong residents of Long Island. We raised our children in the South Huntington School District. We have been an integral part of the fabric of Suffolk County our entire adult life. I've served on three nonprofit boards in Suffolk County; my wife was an educator in the Hauppauge School District; our daughter actually teaches in Port Jefferson; and her husband, our son-in-law, is an administrator in another local school district. Currently we reside in Wading River, and I currently serve as the board chair of Planned Parenthood Hudson Peconic, which

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is the second reason I'm here tonight.

Planned Parenthood Hudson Peconic, which I'll refer to as PPHP, serves Suffolk County residents at six health centers. We're located here in Riverhead on Main Street, as well as Amagansett, Patchogue, Smithtown, West Islip, and Huntington.

As the board chair, I do appreciate the opportunity to share our experience and expertise to help you, the task force, develop a plan to prevent teen pregnancy. I want to focus our healthcare services and how they help women and men prevent unintended pregnancies.

At PPHP we offer a comprehensive range of reproductive health services, including family planning, prenatal care, abortion care, cancer screening, sexually transmitted infection testing and treatment, the Gardasil vaccine for HPV, available for both boys and girls, and HIV counselling and testing.

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We know our patients, they're our neighbors. We know their lifestyles and the communities they live in. We're a vital part of the local network of safety net providers, seeing over 17,000 patients a year in Suffolk County. Ninety-five percent of our patients have incomes at or below 200 percent of fed- -- of the federal poverty level. The majority of our patients are in their 20s, and one-fifth of them are in their teens.

The vast majority of our health services are family planning services. Family planning is basic healthcare that prevents unintended pregnancy and reduces the need for abortions. Women who become pregnant unexpectedly, at any age, are more likely to have low birthweight babies and experience a higher rate of neonatal mortality. Among teen mothers, 7 percent receive late or no prenatal care, and babies born to teens are more likely to be low

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birthweight than those born to women in their 20s or 30s. Teen mothers are also less likely than women who delay childbearing to go onto college.

In New York State, 110 teenage girls become pregnant every day. More than six in ten high school students report being sexually active before they graduate. A sexually active teen who does not use contraception has a 90 percent chance of becoming pregnant within a year. Here in Suffolk, as in the rest of the nation, teen pregnancy rates have been rising since 2006. In addition, teen pregnancy rates in Suffolk increased slightly in 2003 and 2004. And in 2007, the most recent year for which numbers are available from the State Department of Health, there were 2043 pregnant teens in Suffolk County. Helping teens prevent unintended pregnancy is just one part of meeting teens needs -- the teens needs reproductive health needs.

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It is crucial to prevent and treat sexually transmitted infections, which spread most quickly among young people age 15 to 24. Nationally, one in four adolescent women have sexually transmitted infection. For African American teens, that number is one in two. Yeah, you heard that right, and I'm sure we've heard it before. Fully half of African American teen women have an STI.

The most commonly found infections in this study by the CDC were HPV and chlamydia. This is one of the reasons that PPHP was the first to affiliate in New York State to offer the Gardasil vaccine for HPV. Gardasil is the only vaccine currently offered in the U.S. that prevents the diseases caused by four strains of HPV which are responsible for 70 percent of all cervical cancers, and 90 percent of genital warts.

Tragically, black and Hispanic

2 women are more likely to die from  
3 cervical cancer than white women, due to  
4 low screen-in rates. Racial disparities  
5 in healthcare do not end with these  
6 preventable sexually transmitted  
7 infections. Black and Hispanic women  
8 have the highest rate of teen pregnancy,  
9 while non-Hispanic white women have the  
10 lowest rates. And these disparities are  
11 connected to other adult educational and  
12 economic disparities.

13 In 2006, the latest year for  
14 which data is available, an estimated  
15 24,300 women in under -- under age 20,  
16 were in need of publically funded  
17 contraceptive services and supplies in  
18 Suffolk County. This means that women  
19 under age 19 or younger were sexually  
20 active, not currently pregnant, and not  
21 trying to become pregnant, and lived  
22 at or below --

23 LEGISLATOR VILORIA-FISHER: That  
24 lovely chime --

25 MR. WALLACE: -- 200 percent of the

2 federal poverty level.

3 LEGISLATOR VILORIA-FISHER: I just  
4 wanted to ask you if you could wrap it  
5 up, because --

6 MR. WALLACE: Okay.

7 LEGISLATOR VILORIA-FISHER: -- the  
8 time --

9 MR. WALLACE: Sure.

10 The single most important factor  
11 that leads young women and men to seek  
12 reproductive healthcare, is their own  
13 knowledge of the services and programs  
14 available. For every teen who knows  
15 they have a right to received  
16 confidential reproductive healthcare and  
17 seek this care out, there are two or  
18 three more who do not.

19 Educating teens is critical to  
20 reducing unintended teen pregnancies and  
21 sexually transmitted infections,  
22 including HIV. Suffolk County would  
23 benefit greatly from a public education  
24 program that encourages parent/child  
25 communication about sexuality and

2 values, encourages sexually active teens  
3 to seek the healthcare they need, and  
4 informs teens about the many existing  
5 programs, to make health services  
6 affordable for them.

7 Thank you.

8 MS. SPECTOR: Thank you,  
9 Mr. Wallace.

10 Any questions from the task force?  
11 (WHEREUPON, there was no response.)

12 MS. SPECTOR: Hearing none -- okay.  
13 Thank you.

14 Is there anybody else in the first  
15 row who plans to speak?

16 (WHEREUPON, there was no response.)

17 MS. SPECTOR: The second row?

18 (WHEREUPON, there was no response.)

19 MS. SPECTOR: Okay. Third row?

20 (WHEREUPON, there was no response.)

21 MS. SPECTOR: Fourth row?

22 MS. BIAMONTE: Fara Biamonte,

23 F-A-R-A B-I-A-M-O-N-T-E.

24 I work with the teens that you're  
25 talking about this evening, and I went

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into one of my groups and asked them about their experiences. I also asked one of the social workers that I work with her experiences, and what she's seen in the past year or so, and how things have changed. She says there are more teens who come into her office and tell her, "I think I'm pregnant," "I may be pregnant," but it's a false alarm. There's a lot more teens who desire to be pregnant. She goes, "I don't understand the reasons why, but this is what I'm hearing from them."

She also says a lot of the groups of children that she work with -- she works with also think that what they're going to amount to in life is to be a wife or a mother, and that -- so if I get pregnant at 15 like my mother did, it's okay, because I'm just going to get pregnant when I meet that gentleman or when I'm older, so it's okay if I start my family now instead.

They don't have aspirations for

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higher education, they don't have aspirations for being anything more than what they've been culturally brought up to accept is what is -- they're supposed to be. Many of them are from other countries or from first-generation immigrants to this country who are living here. Especially, since that I work predominantly with the Latino population, so I've seen this as well.

Also, immigrant populations -- we heard this gentleman, Mr. Wallace, say about the African American population. I work in another community with a large African American population, and it's the same thing; the girls are not expected to have higher expectations for themselves.

You do get an occasional couple who I will say is in love, they have an oops, and it changes things for them; they had higher aspirations. Those teens I also see have a desire to continue that education, and will kind

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of pursue things as they get older.

What I think you need mostly to do is just to challenge our young women to become more -- to see themselves as more. And possibly, also, to address the cultural acceptance in their culture of having a younger woman with older men.

We were also talking about the economic times, and why that might also be a factor. If I have a young woman, who now I no longer provide for because she's with an older gentleman who has a job, who has some steady income -- "Well, I don't have to worry about her then." So sometimes it's an economic thing.

She also said, economically as well, when you don't have time or money to do other things, you can do free things. And once people, especially teens, discover free things, it's easier for them to just have fun; for lack of saying it any other way.

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So, that's just kind of my little  
input, and I don't know if anyone has  
any questions or --

LEGISLATOR VILORIA-FISHER:

(Indicating)

MS. SPECTOR: Legislator  
Viloria-Fisher.

LEGISLATOR VILORIA-FISHER: Hi.

Thanks for coming down, Ms. Biamonte.

You've mentioned a couple of times  
that -- the kids that you work with,  
what kind of work do you do?

MS. BIAMONTE: I work for SNAP Long  
Island, and I work with pregnant or  
parenting teens. So since we're talking  
about pregnancy --

LEGISLATOR VILORIA-FISHER: I was  
at a career fair today at a junior high,  
and I happened to be placed between  
somebody who was a representative from  
the Air National Guard --

MS. BIAMONTE: Okay.

LEGISLATOR VILORIA-FISHER: -- and  
a woman -- a geologist and -- a map

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creator. I'm not sure of exactly what her title was, but she's a geological engineer. And I was talking to her about the women in science and --

MS. BIAMONTE: There are none.

LEGISLATOR VILORIA-FISHER: -- and she said some of the -- so much of the money has dried up in the programs where women, scientists were going and doing outreach in the various schools.

In fact, there was somebody from Brookhaven National Lab who was at the table nearby, and I think I have his card with me, who talked about a National Science Foundation grant that he had worked under, and he had gone to some of the schools that -- that we will be visiting for our public hearings, and those grants are not available right now.

So the economic times are hard and squeezing our kids from both sides. In other words, the outreach that had been there is not there as much as it had

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been, and the pressure's on them -- that  
you mentioned, have become exacerbated  
by the economy. So let's try not to get  
depressed.

MS. BIAMONTE: Yeah.

In hindsight, to also addressing  
another thing that Mr. Wallace said in  
his last segment, which was to have  
families and develop dialogue between  
parents and children. That's really  
important for mainstream, but a lot of  
the children that I work with do not  
have intact families, and I will say  
even -- they don't even have intact  
single parent families. They're not  
always living with a parent, they're  
living with a grandmother, an aunt, a  
brother, a sister, a boyfriend, a  
girlfriend; sometimes it's -- so even  
that parameter, it's even more important  
to talk dialogue-wise to just beyond the  
normal family, per se.

Thank you.

LEGISLATOR VILORIA-FISHER: Thank

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you.

MS. SPECTOR: Fara, before you go, can you just very briefly talk about doulas and -- and the impact it has on teen pregnancy.

MS. BIAMONTE: I was having a conversation with a coworker, Cynthia, on the way out here. And the biggest thing that a doula does is, a doula's a home who helps another woman go through labor and delivery. She tends to start off and have a relationship with the mom beforehand; and then she will travel with the mom to the hospital or meet her there, depending on the relationship; and then she'll go through the birthing process with her; and -- and then, postpartum-wise, she will also see her -- help her with early baby care.

How a doula impacts a woman, any woman who has doula support?

I think birth, especially childbirth, is one of the most empowering experiences or demeaning

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experiences that a woman can have in her entire life. How you birth a baby, some people, like I said, feel very empowered, some people can describe their -- their birthing experience as almost being raped or violated; people have different aspects.

A doula helps to empower a woman.

She's there with a moral support; she's there as a physical support.

She brings normalcy into a birth.

Tends -- most often, pain medications are lowered, CEsarian section rates are lowered. Women tend to have shorter labors, they feel much more empowered to have done this. Recovery time is usually easier for a woman, as well, who has support. It improves mother/baby bonding. It improves -- which also helps them to foster a breastfeeding relationship.

Also, if a mother intends to breastfeed, and she's gone through the birthing experience unmedicated, the

2 baby's also unmedicated -- even  
3 epidurals, they do have affects for  
4 birthing mothers and for breastfeeding  
5 and the ability for a baby to suck  
6 properly. So it if you have less  
7 interventions and less medications into  
8 mom, less medications into baby, then  
9 you tend to have better breastfeeding,  
10 better nursing. Again, it creates  
11 healthier children.

12 So there's a whole kind of passage  
13 that goes along with the -- with a doula  
14 being involved in the birth. And just  
15 for the woman feeling empowered.

16 If you have an empowering birth  
17 experience, if you have problems  
18 afterwards, you feel like you can get  
19 through anything; you can get through  
20 the nights where you can't get any sleep  
21 or other issues. So it kind of really  
22 empowers people.

23 MS. SPECTOR: I asked Fara to  
24 mention this because of -- there's  
25 recorded research on the impact of

2 doulas on teen pregnancy outcomes and  
3 others, a very strong correlation. In  
4 some parts of the country, hospitals  
5 employ --

6 MS. BIAMONTE: Yes.

7 MS. SPECTOR: -- doulas full-time,  
8 and patients can access doulas very  
9 easily. New York is a little bit behind  
10 the times in that.

11 MS. BIAMONTE: Yeah.

12 MS. SPECTOR: We have a very small  
13 grant to -- to hire doulas to work with  
14 our pregnant and parenting teens, and  
15 they've had wonderful success.

16 Thanks, Fara.

17 MS. MONTHIE: Hello, I'm Cynthia  
18 Monthie, M-O-N-T-H-I-E.

19 I just wanted to reiterate the  
20 importance of prevention and education.  
21 I work within the schools, and one of  
22 the school districts -- "It's not my  
23 kids," "We can't talk about  
24 contraception," and it's creating a  
25 barrier, and the kids may not feel

2 comfortable coming up to the teachers or  
3 the social workers or the psychologists  
4 in the schools and bringing their issues  
5 up, because it's -- it's not accepted in  
6 the schools. So that's definitely a  
7 barrier that I see going on in the  
8 schools. So, very short and brief, but  
9 definitely a concern.

10 MS. SPECTOR: Any questions?

11 (WHEREUPON, there was no response.)

12 MS. SPECTOR: Thank you.

13 LEGISLATOR VILORIA-FISHER: Thank  
14 you.

15 MS. SPECTOR: The young woman in  
16 the rear of that section (indicating),  
17 would you like to speak?

18 AUDIENCE MEMBER: (Indicating)

19 MS. SPECTOR: Yes, you.

20 AUDIENCE MEMBER: No, thank you.

21 MS. SPECTOR: No?

22 Looking to the other side -- I  
23 can't see over the podium.

24 Ms. Gill, would you like to speak?

25 MS. GILL: I don't know, I guess;

2 being that we don't have that many  
3 people, why not?

4 Okay. I'm Sandra Gill, and I'm --  
5 I guess I work for the health  
6 department. But one of the messages  
7 that I keep hearing -- and I have a  
8 14-year-old daughter, so I am constantly  
9 asking her, "What is happening in the  
10 school?" "What is going on?" "Why do  
11 the kids get pregnant?" And one of the  
12 things that it -- it seems to be,  
13 already discussed here, is that the  
14 self-esteem of the girls is very low.  
15 You know, they just don't love  
16 themselves. And that's why many times  
17 they fall into the game, you know, that  
18 the boys, you know, convince them, they  
19 get pregnant, and they feel that that's  
20 the only way they're going to be cared  
21 for, that somebody's going to like them.  
22 So the self-esteem is kind of like a  
23 big, big problem.

24 I don't know much of what happens  
25 in Riverhead, but I do know that in

2 other communities, like in Brentwood,  
3 gangs seem to be a big problem. And our  
4 teenagers in the Brentwood, Central  
5 Islip, and North Bay Shore community,  
6 that belong to the Brentwood School  
7 District, they seem to have lately these  
8 patterns that if they join a gang, they  
9 have to be -- you know, become pregnant  
10 by one of the gang members.

11 I was discussing this issue with  
12 some of the parents in the district, I  
13 had a little conversation with some of  
14 the teachers or staff members in the  
15 different schools, especially middle  
16 schools, freshman centers, and high  
17 schools, and it seems to be, you know, a  
18 problem. A lot of these girls, and  
19 how -- you know, they join the gang,  
20 especially MS-13 seems to be very heavy  
21 these days in Brentwood, and one of  
22 their requirements is that they gotta  
23 get pregnant. And the children don't  
24 even carry their father's last name,  
25 they're just using the mother's last

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name because they cannot be connected to  
that gang member that impregnated them.  
So, you know, it's -- it's kind of like  
a very, very hard situation in some of  
the other communities.

Just looking around some of the  
statistical records here in the  
Riverhead area, I was very surprised  
that when one of the nurses in the high  
school was approached by one of the  
public health nurses in the Suffolk  
County Department Healths Service  
Division of Patient Care, there were  
only five pregnant girls in that  
particular high school here in Riverhead  
last year. Which was very surprising to  
me, because it was always -- and I know  
that, Marcia, you go back, because we  
tried to do some programs in the past  
here in Riverhead for abstinence  
programs up in the high school --

Remember, what, maybe like ten  
years ago or something like that; right?

MS. SPECTOR: (Nodding)

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MS. GILL: And the numbers weren't much higher back in those days, especially in the African American, you know, youth; but now the cases that are reported in the high school are from the Latino population.

Again, you know, we have some documentation, some schools are better than others keeping documentation, but there is one thing that I am noticing in other districts; that the girls are also -- either miscarraging (sic) or, you know, terminating the pregnancy, and we'll figure them out, but the children are still getting pregnant.

So I really think that it will be a wonderful thing for the task force to start having better documentation, better data collection, and so we can all kind of like understand exactly what's going on in the different communities.

MS. SPECTOR: Any questions from the task force?

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(WHEREUPON, there was no response.)

MS. SPECTOR: I have questions --

MS. GIARDINO: Yes.

MS. SPECTOR: Laura.

MS. GIARDINO: Would you say then it's a status for people in gangs to become pregnant by the gang member; is that what it's about, status?

MS. GILL: When they are first recruited, that's the first thing that they have to do.

MS. GIARDINO: It's a requirement.

MS. GILL: A requirement.

MS. GIARDINO: Right. So it's basically an initiation.

MS. GILL: But what is -- yeah, it's an initiation type of procedure.

However, what is scary is that this -- looking at Brentwood statistics themselves, we have about six other teenage pregnants (sic) that are already having their second or their third child. So, obviously, those, in particular, may not be a situation of

2 the gangs. But because of the -- just  
3 low self-esteem, they are going to  
4 become part of it; and that's a very  
5 high number -- yes, it's like about six.

6 And what is scary is what I heard  
7 that -- about two weeks ago we had an  
8 11- or 12-year-old girl pregnant, but  
9 she's not in the system, she was just  
10 coming through the border; I think she  
11 was raped on the way here.

12 MS. SPECTOR: You mentioned that  
13 the babies of these unions carry only  
14 their mother's names. How is that seen  
15 in the Latino community; is that a  
16 stigma?

17 MS. GILL: It is not a stigma;  
18 however, I think we have moved a week.  
19 You know, a lot of agents -- we have  
20 worked very hard in educating women, you  
21 know, having children, you know, in the  
22 United States to give the -- the name of  
23 the father, and they have kind of like  
24 learned that process; you know, what it  
25 is, acknowledgment of paternity, you

2 know, you don't need to be married in  
3 order to give the -- the father of the  
4 baby's name. For this particular  
5 population that I -- I was referring to,  
6 the -- the young women, I think it's  
7 because of what the gang's requirements  
8 are; you know, this is what they're  
9 required to do. So they're really --  
10 it's a very, very well organized type of  
11 criminal, you know, type of  
12 organization.

13 MS. SPECTOR: Thank you.

14 MS. GILL: Thank you.

15 MS. KARPILOVSKI: Good evening. I  
16 work for the Suffolk Perinatal  
17 Coalition -- my name is Maureen  
18 Karpilovski, M-A-U-R-E-E-N  
19 K-A-R-P-I-L-O-V-S-K-I, and I work for --

20 LEGISLATOR VILORIA-FISHER: You're  
21 time's up.

22 (Laughter)

23 MS. KARPILOVSKI: Like I said, I  
24 work for Suffolk Perinatal,  
25 P-E-R-I-N-A-T-A-L, Coalition, and we're

2 located in Patchogue, but I also live in  
3 Calverton and I have four children  
4 who -- two who have graduated from  
5 Riverhead School District, and two that  
6 are middle school students. So I'm  
7 really here as a member of the  
8 community.

9 An interesting thing about  
10 Riverhead School District is that we  
11 consist of three different townships.  
12 So to get statistics from three  
13 different townships in one school  
14 district is asking a lot; you've got  
15 Southampton, Brookhaven, and Riverhead  
16 townships; different hospitals,  
17 definitely.

18 I know with Riverhead School  
19 District, the new superintendent isn't  
20 very -- you know, won't allow an agency  
21 such as the one I work for to go into  
22 the school and help with health  
23 education. We've tried posting fliers  
24 in the nurse's office, anything just to  
25 get the word out that help is out there

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for the teenage mothers. And they kind of look at it that they don't want that idea in the teen's head, that it is okay to get pregnant, and they kind of just want to -- everyone wants to keep their heads in the sand about it.

So I think that's an issue in Riverhead School District, personally. And, like I said, I'm just here as a member of the community.

Also, in the school district, there are many ZIP codes; there's Aquebogue, there's Calverton, there's Manorville, there's Wading River, there's Jamesport, Riverhead, and there's even a few students from Hampton Bays. So you're talking about a lot of area that you're covering, and five girls got pregnant last year? I just find that highly amazing. But I'm sure a lot of the pregnancies were kept quiet and not reported, which is their right, too. So that's just another thing that we have to keep in mind.

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And that's pretty much all I have to say. You know, it's pretty much -- the schools don't allow us to go right in there. And so there's a problem, until there's someone pregnant, then they allow us in, then they use our agency as a resource. But we could have helped prevent, and that's a problem.

MS. SPECTOR: Any questions from the task force?

MS. SPECHT: Resistance in the schools to you coming in and educating, do you think it's from the school's administration or from the parents?

MS. KARPILOVSKI: Both. Definitely both, because the PTA meetings I've attended, and parents are like, "What? There's no pregnant teens in this school, no. My kids wouldn't hang out with them."

LEGISLATOR VILORIA-FISHER:  
(Indicating)

MS. SPECTOR: Legislator  
Viloria-Fisher.

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LEGISLATOR VILORIA-FISHER: Thank you for coming down, we appreciate your input.

Does the school district allow the health department to go in with these programs?

MS. GILL: May I ans- --

MS. KARPILOVSKI: I'm not sure, I'd have to --

MS. GILL: May I answer that questions?

LEGISLATOR VILORIA-FISHER: Yes. Thank you.

MS. GILL: The health department -- and I can -- I only know this because I work in the Division of Patient Care Services, and the Prenatal Department is right there; Susan, Richie, Aaron, and Carol Lung who is a nurse practitioner in our Southampton Health Center, they run that program. And we tried it in the past. The model that we use, which I gave the task force members the flier for it -- we use the same model, the

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2 Project HOPE mothers groups curriculum.  
3 And they did it for a little while in  
4 the Riverhead High School, but then, I  
5 think -- you know, you mentioned  
6 something very important here, Maureen.  
7 The school didn't want to do it. So it  
8 was really the decision of the school to  
9 have these kind of programs come in.  
10 The health department did do it, you  
11 know, for a while, and they discontinued  
12 it.

13 LEGISLATOR VILORIA-FISHER: Sandra,  
14 I'm talking about the more general  
15 health education programs that runs  
16 along New York State standards. And we  
17 have professionals from our health  
18 department that goes to the schools --  
19 it's not just --

20 MS. GILL: Right. In that other  
21 category --

22 LEGISLATOR VILORIA-FISHER: -- you  
23 know, pregnancy education or sex  
24 education, it's -- it goes all the way  
25 from -- you know, I've gone to the --

2 the sun-wise, teaching kids about  
3 tanning and healthy outdoor -- and --  
4 and nutrition, and drug and tobacco use,  
5 and other healthy lifestyles. And every  
6 school district has to have a health  
7 curriculum, and I was --

8 MS. GILL: You're right.

9 LEGISLATOR VILORIA-FISHER: --  
10 curious about how that was being  
11 introduced, but --

12 MS. SPECTOR: Well, there is no  
13 mandate for sex education --

14 MS. GILL: Right. Exactly.

15 MS. SPECTOR: -- which is one of  
16 the problems. There are two health  
17 components; one in the 7th grade, one in  
18 the -- 10th or 11th.

19 SPEAKER: It varies.

20 MS. SPECTOR: It varies. But, in  
21 theory, a teacher could go through a  
22 school year not really talking about  
23 sex, even within that rubric.

24 LEGISLATOR VILORIA-FISHER: I'm  
25 probably not asking my question right.

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In general, would they allow the health department have --

MS. GILL: They do.

LEGISLATOR VILORIA-FISHER: -- allow the health department to go in to do the general health curriculum?

MS. GILL: Um --

LEGISLATOR VILORIA-FISHER: I know it's part of our Suffolk County Health Department curriculum to have them have sex education, but are they allowing professionals who are not from the school district in?

MS. GILL: They -- they do, and I -- maybe Laura will know about this. But the K to 12 Health Smart Program, it's -- obviously, the money came through a -- the -- the tobacco settlement, and I know that they are providing training to all the teachers of the school district that agreed to sign this contract. I actually had opportunity to attend the last training class in Medford, and I know that

2 Riverhead did participate at one point.  
3 And, Laura, maybe knows more because  
4 it's a part of the preventive medicine  
5 office.

6 But, yes, there are other county  
7 offices that will do some, you know,  
8 participation for health education.

9 MS. SPECTOR: SNAP ran programs in  
10 the Riverhead School District for quite  
11 a few years, and we were in a  
12 classroom --

13 LEGISLATOR VILORIA-FISHER: Okay.

14 MS. SPECTOR: -- but we are not in  
15 the classroom currently. There's a new  
16 administration, there's a new school  
17 board, and -- and they have not been as  
18 welcoming as they had been in the past.  
19 And I do want to mention that Riverhead  
20 does have one of the highest rates of  
21 teen pregnancies in Suffolk County; it's  
22 one of the big four.

23 LEGISLATOR VILORIA-FISHER: They  
24 only have five.

25 MS. SPECTOR: Five that they'll

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admit to; right. So they're out there -- we know they're out there, we know the numbers are there.

LEGISLATOR VILORIA-FISHER: Thank you, Maureen.

MS. BOHMAN: Hi. I'm Linda Bohman, B-O-H-M-A-N, and I'm an educator with Suffolk County Department of Health. I actually have extensive training teachers in Health Smart, and I've worked with Vivian Fisher, with Colette Corn (phonetic) with the Sun Safety Awareness Program.

We do train teachers. Health Smart is offered free of charge to anyone in Suffolk County. I believe we've trained about 40 districts and the teachers in those districts. It's a comprehensive health education program. It's not just about statical education, but we do try to create healthy lifestyles, giving the kids knowledge, the proper information.

We hope to change peer norms, so that they have a working understanding

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so that they can prevent illness and early death. And I am one of the educators that goes in to districts should they feel that they're not equipped to handle the sex education component. I've gone into one district so far, and we've been asked back every year. And we teach two 5th grade classes, we do two lessons using the Health Smart curriculum. It's very well received.

We're hopeful that this year we may expand it to three different districts, but there is definitely a barrier. I think there is a reluctance that some districts feel, and I think as Cynthia had mentioned, that "It's not in my district, we don't have a problem," but the kids are very curious. Even at 5th grade, there's a lot of misconceptions, misunderstandings, and I -- we ask them, when we're done with our presentation, "Does this make it more clear to you?" And they're very --

2 the kids are very appreciative of having  
3 the chance to talk.

4 The teachers don't feel pressured.  
5 We're very equipped to handle very  
6 pointed questions. They just want  
7 information, which they're not getting  
8 from home, because it's a tabu subject,  
9 yet they're very interested in it.

10 So it is very -- it's great that  
11 they're in an acknowledgement on a  
12 community-wide basis that there is, and  
13 need to start the dialogue. And,  
14 hopefully, that would help the kids make  
15 better choices.

16 MS. SPECTOR: Any questions from  
17 the task force?

18 MS. CASSIDY: (Indicating)

19 MS. SPECTOR: Janet.

20 MS. CASSIDY: How do you think we  
21 could reach the kids where the district  
22 doesn't allow this visit; could you do  
23 it in another forum, perhaps, a library  
24 or something?

25 MS. BOHMAN: Well, I know Nancy

2 Hemmindinger (phonetic) is more than  
3 happy to reach out to the  
4 superintendents. If we find that  
5 there's a need, maybe it's -- as a  
6 teacher senses a need, like a health  
7 teacher, Nancy would be more than happy  
8 to meet with any administrator, she  
9 would be happy to meet with all of the  
10 teachers, she's very happy to meet with  
11 the parents on an evening basis.

12 I know in the district that we're  
13 talking about, the first time that she  
14 went out, she had maybe 20 parents,  
15 which is maybe 20 families. Some years  
16 she's had two attend. So it really  
17 depends on each specific year. We're  
18 more than happy to reach out to all the  
19 different people who are a part of this.

20 We try to -- we -- we tell them  
21 exactly what we're going to talk with  
22 their kids about. We're not teaching  
23 them how to have sex, we are teaching  
24 them information about their bodies, and  
25 how to understand their feelings,

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understand the changes of puberty, so that they can make healthier choices. And I -- I -- I hope that that makes more sense to the kids. It's not what they're seeing on TV. If we can maybe address what's happening -- all of the reality stuff that they see is very distorted, so they have a distorted sense of what they should be doing.

MS. SPECTOR: Any other questions or comments?

MS. FREEMAN: (Indicating)

MS. SPECTOR: Jennifer.

MS. FREEMAN: I'm just curious, would you like to share which district it is?

MS. BOHMAN: West Islip.

And I have to say, attending one of the early faculty presentations that SNAP was actually presenting, the teachers -- two teachers said, "Oh, it's not in our district, it's not a problem." So that was among the teacher group. And I would be interested to see

2 how data has changed since my partner,  
3 Dan Pertino (phonetic), and I had been  
4 going in there, and since they've been  
5 using Health Smart.

6 MS. SPECTOR: Thank you, Linda.

7 MS. BOHMAN: Thank you.

8 MS. SPECTOR: Stephanie.

9 MS. HENRIQUES: Good evening,  
10 everyone. My name is Stephanie  
11 Henriques, H-E-N-R-I-Q-U-E-S. I work  
12 for SNAP Long Island. We -- I currently  
13 work in Wyandanch, Brentwood, and  
14 (inaudible) School District for  
15 parenting programs as well as gender  
16 based specific after school programs. I  
17 also do a parenting workshop out here in  
18 Riverhead with Sister Smith at Mercury  
19 High School on Monday evenings.

20 I have found that a lot of the  
21 parents that I do work with out here in  
22 Riverhead, they want to talk to their  
23 children about sex education and they  
24 want to talk to them about sexuality,  
25 but they don't know how. They don't

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feel as though they have the tools or  
the skills, in order to say something to  
them in a -- a way that will uphold  
their strong religious beliefs.

I've also found that they --  
because of the language barrier, there  
is a problem, their -- their parents --  
their children knowing more than they  
do. And they're heavily influenced by  
their peers and by the things that they  
see on television, things that they see  
in school, and they just don't know how  
to reach them.

I'd like to reiterate something  
that Sandra Gill said, is that there  
should be better data and documentation  
of teen pregnancy. I don't know if it  
was said already tonight, but New York  
State happens to be number one in teen  
abortion, and number 11 for teen  
pregnancies; and that's from a report  
that was just out in January of 2010.  
Our birth rate, however, is down to  
number 43.

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So for those that are saying "It's not my problem, it's not in my district," I think that there is a direct correlation between the teen pregnancy rate and us being number one in abortions and the birthrates being so low. So maybe there -- there are actual abortions going on, and they would put -- the birthrate is still happening, and I think it's happening within the people that we serve.

MS. SPECTOR: Any questions from the task force?

(WHEREUPON, there was no response.)

MS. SPECTOR: Thank you, Stephanie.

I would just like to tag onto what Stephanie was saying. It's no longer possible, at least for us, to get numbers of pregnancy by ZIP code or school law since the HIPAA Laws became effective. And so the only thing we can get are rates, which I find pretty useless, frankly, in trying to convince communities or school districts of the

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extent of their problem.

Having said that, I did pull the statistical sheet that -- that I gave out to the task force at our first meeting, I think, and Riverhead is either number three or number four in rate of -- of all communities, of all ZIP codes in Suffolk County; and the rate for 2007 was 80.3. Which doesn't tell us how many girls in Riverhead got pregnant, but, obviously, the rate is well above the county average.

Is there anyone else here who would like to speak?

(WHEREUPON, there was no response.)

MS. SPECTOR: Are there any comments from the task force?

MS. GIARDINO: (Indicating)

MS. SPECTOR: Laura.

MS. GIARDINO: I'm not sure if it was Sandra or who was referring to the numbers of ZIP codes in the Riverhead school district.

Are there any other forums where

2 the -- there's separation of those  
3 ZIP codes; for example, a sports league,  
4 or a music league, or girl scouts or --  
5 where you would be able to separate out  
6 some of those audiences so, perhaps, we  
7 could focus more in one area?

8 MS. KARPILOVSKI: It's probably  
9 true to the townships, because of the  
10 recreational activities through the  
11 towns. Like Southampton has their own  
12 town -- you know, their own beaches and  
13 their own recreational activities like  
14 soccer and baseball, little league. And  
15 then Brookhaven has their own, Riverhead  
16 has their own. You know, sometimes  
17 they're intertwined, but it's very rare.  
18 You know, it's -- it's difficult to --  
19 you know, it's difficult for a lot of  
20 things. If you look at the map on  
21 Riverhead and how many miles there  
22 are --

23 MS. SPECTOR: Maureen, stand up and  
24 talk --

25 MS. KARPILOVSKI: Okay. When you

2 look at the map --

3 LEGISLATOR VILORIA-FISHER: Can you  
4 come to the mike, because it really  
5 makes it hard for the stenographer to  
6 transcribe it.

7 MS. KARPILOVSKI: When you look at  
8 the map of Riverhead and you compare it  
9 to the other towns and the school  
10 districts -- actually, just the school  
11 districts themselves, because of all the  
12 ZIP codes, it's huge compared to the  
13 others. And -- you know, and then  
14 transportation, of course, and getting  
15 parents to attend workshops to learn how  
16 to talk to your child about sex  
17 education is difficult, because a lot of  
18 parents don't have easily -- you know,  
19 aren't -- don't have a car, they -- they  
20 can't get a bus because after 7:00  
21 everything shuts down. So it's really  
22 difficult. And then there's the  
23 language barrier, too. So  
24 transportation, language and the  
25 statistics that way, it's -- it's

2 difficult. So I hope that answers your  
3 question.

4 MS. GIARDINO: Thank you.

5 MS. GARIBALDI: (Indicating)

6 MS. SPECTOR: Lorraine.

7 MS. GARIBALDI: I have a question  
8 for Sandra, or someone here.

9 For the gangs that are impregnating  
10 our teens, do we know how old those men  
11 are?

12 MS. GILL: Yeah. They're  
13 usually -- they're usually 18 and older.

14 MS. GARIBALDI: Then one must ask  
15 you, is there anything legally being  
16 done about that. I understand it may be  
17 consensual, but in some cases it -- it  
18 may be illegal because of the age of the  
19 girl.

20 MS. GILL: It's very difficult.  
21 And I think Marcia will be able to  
22 explain because we just went through  
23 these the other day that we attended our  
24 wonderful workshop that SNAP put  
25 together. And I think the general

2 conclusion was that, you know, our hands  
3 are tied when these kids are in the  
4 school and the social workers have to  
5 struggle with a decision, Do I report  
6 these to CPS, and then, you know, tear  
7 the family apart, because all these men  
8 are supporting not only the youngster,  
9 but also the rest of the family, because  
10 this is a man who is making an income,  
11 whether it's legal or illegal, and it's  
12 helping the family survive. And so, you  
13 know, it's -- there is a Title 9, also,  
14 situation in the school district, you  
15 know, it's very, very complex; and I'm  
16 sure that Marcia would like to expand on  
17 that --

18 MS. SPECTOR: Well, I -- I mean, I  
19 think the task force needs to focus on  
20 this issue in much greater depth. It is  
21 one of the biggest challenges we have,  
22 and it is -- you know, you can't consent  
23 if you're underage. Whether you consent  
24 or you don't, you can't; but it's not  
25 being enforced. It would be interesting

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2 to hear from law enforcement and -- and  
3 I'm hoping that we will schedule  
4 something as part of our future  
5 meetings.

6 MS. SPECHT: I also attended  
7 that -- that wonderful program the other  
8 day. In order for -- even though this  
9 is a criminal act when you have someone  
10 who is older and someone who is younger,  
11 it may be a criminal act, but you need a  
12 complaint. In other words, the girl who  
13 this has happened to has to point a  
14 finger at the man who did this, and  
15 there has to be a complaint for it to go  
16 forward in law enforcement. If there is  
17 no complaint, it goes nowhere. So  
18 that's a very difficult thing when she's  
19 either afraid of him, or she thinks she  
20 loves him.

21 MS. GARIBALDI: (Indicating)

22 MS. SPECTOR: Lorraine.

23 MS. GARIBALDI: One more thing. We  
24 have a program called "Long Island Teen  
25 Freedom," and we've been successful in

1 Teen Pregnancy Task Force 3/25/10 55  
2 getting into schools because we -- when  
3 we approach the administration, we  
4 think, If you let us please speak to the  
5 parents, because when the parents hear  
6 the program, they're going to absolutely  
7 bring us in. And, really, that's the  
8 way we've gotten into schools in the  
9 last three years. So if you can sell it  
10 to the parents, you can get into the  
11 schools most of the time.

12 MS. KARPILOVSKI: I just have one  
13 more thing to add, because when the  
14 police force is mentioned, again, the  
15 three different townships came to my  
16 head; and we have Suffolk County Police  
17 for Brookhaven, Southampton Police for  
18 Southampton, and Riverhead Police. So  
19 different -- you know, again, it gets  
20 it -- makes things different.

21 MS. SPECTOR: SNAP had an after  
22 school program in the Riverhead Middle  
23 School for a number of years, and we had  
24 to supply buses, and we had 100 square  
25 miles that we had to cover when we

1 Teen Pregnancy Task Force 3/25/10 56  
2 dropped the students -- the students to  
3 home. It was next to impossible.  
4 MS. BIAMONTE: I just wanted to  
5 speak a little bit on the gang awareness  
6 as well; I want to reiterate what Ms.  
7 Specht said.  
8 Many times the girls -- if they  
9 want to be brought into a gang, a lot of  
10 the times they're sexed in. It's not  
11 just one partner. It's multiple  
12 partners, and a lot of times, they do  
13 not know who the father of their  
14 children really are.  
15 Are they going to prosecute these  
16 men? Absolutely not, they just gave up  
17 everything to these men. If they  
18 prosecute them, they're -- or if they  
19 challenge them in any way, shape, or  
20 form, a lot of times their lives are  
21 threatened, their family's lives are  
22 threatened. Once you're in a gang,  
23 you're in a gang, you're not getting  
24 out. So a lot of times their lifestyles  
25 will change. If they have a child of

2 this gang member, then they're blood  
3 related to this gang member, their child  
4 is a member of this gang. And the  
5 father of their child is a gang, it's  
6 not necessarily an individual.

7 Do you have individuals, yes, who  
8 fall in love and that, yes, that's my  
9 boyfriend and he happens to be a gang  
10 member? Absolutely as well. But in  
11 other ways, there are all different  
12 issues that go along with the gang  
13 member, and they're not going to  
14 prosecute one another. It doesn't  
15 matter if they're 25 years old and --  
16 and the child is 13; she absolutely  
17 won't. This is just how it's called,  
18 and this is just how it is.

19 So I just wanted to make that  
20 comment so that you're aware that it's  
21 not a simple situation. And I think  
22 Ms. Specht will probably -- a little bit  
23 more aware of that if she's working with  
24 populations and forensics.

25 LEGISLATOR VILORIA-FISHER: Marcia,

1 Teen Pregnancy Task Force 3/25/10 58  
2 I have a question about the HIPAA Laws  
3 and the data.  
4 Now, I -- I know about HIPAA and --  
5 and privacy, but hospitals can't say how  
6 many teens gave birth at the  
7 hospitals --  
8 MS. SPECTOR: They can.  
9 LEGISLATOR VILORIA-FISHER: -- even  
10 if they're not naming them?  
11 MS. SPECTOR: The hospitals will  
12 generally share that information.  
13 LEGISLATOR VILORIA-FISHER: Okay.  
14 So where is it being blocked  
15 because of HIPAA?  
16 Ms. Spector: At the State Health  
17 Department level. So we can't find out  
18 how many pregnancies we need, only  
19 births.  
20 LEGISLATOR VILORIA-FISHER: Oh, I  
21 see. Okay.  
22 MS. SPECTOR: And our birthrate, as  
23 Stephanie pointed out, is still fairly  
24 low. But, you know, we -- we want to  
25 address the holistic issue of pregnancy,

2 we're not only concerned with the young  
3 women who carry to term. And it's --  
4 it's -- you know, it's -- it's -- to me,  
5 it's a ridiculous interpretation of the  
6 HIPAA Law. I under- --

7 The rationale is you have upstate  
8 counties where the population may be  
9 100 people, and if two girls get  
10 pregnant, everybody will know who those  
11 two girls are. But when you look at  
12 Brentwood with 40,000 people, there is  
13 no issue of confidentially. But it was  
14 a -- a zealous public health person in  
15 Albany who decided that this information  
16 would no longer be shared; and it has  
17 made our jobs much harder.

18 MS. FREEMAN: (Indicating)

19 MS. SPECTOR: Jennifer.

20 MS. FREEMAN: Can I just add,  
21 writing a grant (inaudible), the one I  
22 spoke about over the summer, and I  
23 needed to get statistics for  
24 pregnancies. And it was so difficult, I  
25 actually ended up, with the help Nancy

1 Teen Pregnancy Task Force 3/25/10 60  
2 Key (phonetic), just calling the school  
3 districts to see if they would call me,  
4 and most of them did. Some of them  
5 didn't, but most of them did.  
6 MS. SPECTOR: The ones they know  
7 about.  
8 MS. FREEMAN: The ones they know  
9 about.  
10 MS. SPECHT: My other hat, I work  
11 in an emergency department also in  
12 University Hospital, and we see patients  
13 that come in all the time; teens or  
14 young adults, 18, 19, 20, pregnancy  
15 number three, pregnancy number four;  
16 children, zero. So they will come in  
17 with either a missed abortion or a  
18 spontaneous abortion or a threatened  
19 abortion or an ectopic pregnancy; I  
20 don't think those are documented  
21 anywhere. They come in because they're  
22 having problems, they're seen, they're  
23 given some medication to help either  
24 terminate the pregnancy or -- or they're  
25 given a referral, and I don't think

1 Teen Pregnancy Task Force 3/25/10 61

2 that's documented anywhere.

3 MS. NOONAN: Hi, I'm Christina  
4 Noonan, N-O-O-N-A-N, from Planned  
5 Parenthood Hudson Peconic, and I just  
6 want to make a recommendation on the  
7 speaker from the Suffolk County Police  
8 Department.

9 This past December I conducted a  
10 professional training on teenagers,  
11 healthcare, and the law; it was called  
12 "Adolescent Sexuality, It's More Than  
13 Just Law, Minors and Their Rights." And  
14 we had five officers from the special  
15 victims sector, and their head person  
16 was Detective Kirk, K-I-R-K. I don't --

17 MS. SPECHT: Margaret.

18 MS. NOONAN: Margaret. There we  
19 go, so -- Judy Specht knows her. And so  
20 I think she'll be a wonderful speaker.

21 They were absolutely wonderful at  
22 the training, shed a lot of light on the  
23 statutory rape stuff with minors having  
24 sex with older individuals.

25 MS. SPECTOR: Thanks, Christina --

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2 MS. NOONAN: Sure.

3 MS. SPECTOR: -- we'll follow up.

4 LEGISLATOR VILORIA-FISHER:

5 Christina, can you come back?

6 MS. NOONAN: (Complying)

7 LEGISLATOR VILORIA-FISHER: But did

8 they address this issue of -- of -- of

9 the gang initiation, and these older men

10 and the young girls?

11 MS. NOONAN: They didn't

12 specifically address the gang situation,

13 but they did address younger

14 individuals, under the age of consent,

15 having sex with older individuals, and

16 people's issues on mandated reporting.

17 And there's always some confusion

18 between what mandated reporting is and a

19 minor having sex with someone older.

20 And I think it was said earlier,

21 there needs to be complainants. So if

22 you have a 15 year old having sex with a

23 25 year old, if someone would call CPS,

24 the report goes against the parent, not

25 the 25 year old. And our recommendation

1 Teen Pregnancy Task Force 3/25/10 63  
2 is, we urge people, if they feel  
3 uncomfortable, to call CPS. And what we  
4 happened to find out at that training  
5 from the police department, was that --  
6 and there was a CPS person there, too --  
7 that CPS will automatically transfer  
8 that call to the police department, and  
9 then they will decide how to proceed  
10 further. They basically said most of  
11 those cases fall to the wayside because  
12 that minor will not -- they'll be like,  
13 "Yeah, I had sex with that person,"  
14 unless there is a pregnancy, and then,  
15 after, they can do DNA testing and it  
16 goes from there. So there has to be  
17 some sort of evidence.

18 So there's a huge difference  
19 between mandated reporting and statutory  
20 rape. They're two totally separate  
21 issues that people tend to glom  
22 together.

23 LEGISLATOR VILORIA-FISHER: Thank  
24 you.

25 MS. NOONAN: You're welcome.

1 Teen Pregnancy Task Force 3/25/10 64  
2 MS. SPECTOR: Are there any other  
3 comments in the public portion?  
4 (WHEREUPON, there was no response.)  
5 MS. SPECTOR: Legislator  
6 Viloría-Fisher, what is your --  
7 LEGISLATOR VILORIA-FISHER: I'd  
8 like to make a motion to adjourn.  
9 MS. SPECTOR: Okay. We have a  
10 motion to adjourn.  
11 Do we have a second?  
12 MS. GIARDINO: (Indicating)  
13 MS. SPECTOR: Laura, second. Okay.  
14 Any opposed?  
15 (WHEREUPON, there was no response.)  
16 MS. SPECTOR: Any abstentions?  
17 (WHEREUPON, there was no response.)  
18 MS. SPECTOR: Motion carries.  
19 Thank you all for coming.  
20 (Time noted: 8:07 p.m.)  
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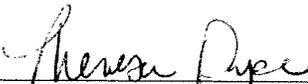
C E R T I F I C A T E

I, THERESA PAPE, a Shorthand Reporter and Notary Public of the State of New York, do hereby certify:

That the foregoing is a true and accurate transcription of the stenographic notes taken herein.

I further certify that I am not related to any of the parties to this action by blood or marriage; and that I am in no way interested in the outcome of this matter.

IN WITNESS WHEREOF, I have hereunto set my hand this 25th day of March 2010.

  
\_\_\_\_\_  
THERESA PAPE

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