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SUFFOLK COUNTY TEEN PREGNANCY

TASK FORCE MEETING

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Babylon Town Hall Annex
281 Phelps Lane
North Babylon, New York

June 1, 2010
7:00 p.m.

P R E S E N T:
MARCIA SPECTOR, Chairwoman
GINNY SUHR
JANET CASSIDY
LORRAINE GARIBOLDI
PENNY ILBERG

Teen Pregnancy Task Force - 6/1/10

THE CHAIRWOMAN: Good evening, ladies and gentlemen. My name is Marcia Spector. I'm the chairman of the Task Force on Teen Pregnancy. I would like the members of the task force to introduce themselves, starting from the right.

MS. GARIBOLDI: I'm Lorraine Gariboldi from the Life Center of Long Island.

MS. CASSIDY: Janet Cassidy, Suffolk County Department of Labor.

MS. ILBERG: Penny Ilberg from the Suffolk County Department of Social Services.

MS. GIARDINO: Laura Giardino from the Suffolk County Department of Health Services

MS. SUHR: Ginny Suhr, legislative aid to Vivian Viloria-Fisher.

THE CHAIRWOMAN: Thank you. The Task Force on Teen Pregnancy was created in 2009 at the behest of Legislator Vivian Viloria-Fisher and was passed unanimously by the legislature. The purpose is to examine the reasons behind the uptick of pregnancy to teens and to look at the economic and social consequences that this has had on Suffolk County. We have been meeting every two weeks since January. This is the fourth and last public hearing that we have

scheduled at this point.

Our deadline for issuing a report to the legislature has been extended until October, and so we will be meeting over the summer and beginning work on preparing a report to the county. And as part of our deliberations, we are particularly interested in community response, so we are really glad that you are here. We are glad that we had a nice showing tonight after a long weekend, and we look forward hearing from you.

We have a couple of ground rules. We ask that you limit your remarks to three minutes. We ask that you only speak once. We ask that once you speak, you don't speak again, and that your comments are germane to the topic that we are discussing, and we get to decide what is germane. So, that is the rules.

Okay, without further adieu, our first speaker is Joan Grimes. There is a microphone.

MS. GRIMES: I've been a volunteer counselor at the Life Center for thirteen years, and I see the need for this program. I know that our schools will teach the mechanics and how to's of sex. But it's time that our young people need emotional and moral preparation for their sexual development.

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I recently had a young woman that I counseled, nineteen year old young unwed mother. When I outlined this program to her, she said, "I wish I had something like that when I was in school." At nineteen that was her hope. Thank you.

THE CHAIRWOMAN: Our next speaker is Frank Pomata.

MR. POMATA: Thanks for this opportunity to share my comments. I did a little research before coming here, and I found out that the teenage birth rate in the United States is the highest in the developed world. The teenage abortion rate is also high, according to statistics from UNICEF. We know that being a young mother in an industrialized nation will often affect their education. Single mothers are much more likely to drop out of high school.

I prefaced that because I would like to discuss how college access programs like the Gear Up Program in Wyandanch can serve as a vehicle to help teens avoid teen pregnancy. It's a federally funded college access program. Our aim is to assist students who graduated from high school to get prepared to attend college.

We began working with a group of seventh grade

students in 2005, providing them and their families with information, academic support and leadership opportunities that will last until June 2011 when they're expected to graduate from Wyandanch Memorial High School.

While our program does not explicitly involve sex education, I believe our program has a positive influence on people. While teaching them how education is important for them to pursue their long-term career aspirations, students come to realize the value of staying in school, graduating in good standing, how a college education will help them follow a path to prosperity in our society.

Over the last several years, SNAP Long Island and Gear Up have informally partnered at Wyandanch High School on activities like college visits, parent involvement conferences, community service projects and after-school programing. We recently formalized our partnership and are now working with SNAP Long Island.

My presence at the agency has made an impact on the programs' activity on teenage pregnancy much clearer to me. Like gang involvement and other negative activities, we seek to help youth avoid teen pregnancy and for students to develop into self-aware, confident

and goal oriented young adults.

Besides having caring involved parents, I can think of no stronger deterrent of teen pregnancy than having a varied menu of programs and activities to tap into their interests and to keep them engaged in a positive manner. In recent years, I observed how fragile the safety net of after-school programs can be. After-school buses have been eliminated, and clubs and sports programs have been reduced, and morale of the students is affected. The current fiscal challenges of all levels of government and our schools threatens to unravel the cords of our safety net and expose our youth, our future, to greater levels of teen pregnancy and the associated costs to them and our society.

In light of this threat, I would like to urge the task force to be steadfast in its commitment to those programs and help our next generation prepare to take the reigns of leadership and make a brighter future for us all.

Once again, thank you for your time.

THE CHAIRWOMAN: Reina Schiffrin.

MS. SCHRIFFRIN: Hi, I'm Reina Schriffrin, President and CEO of Planned Parenthood Hudson-Peconic. As America's most trusted provider of

reproductive health and education, millions of women across the country come to us for affordable birth control, and our educators reach over a million teens and young adults with programing that promotes responsible decision making, including both abstinence and family planning. In 2009, Planned Parenthood Hudson-Peconic provided services to more than thirty-two thousand visits here in Suffolk County alone.

At Planned Parenthood, we are deeply committed to protecting the safety of our teens and encouraging parent-child communication. It is this dual commitment that drives our support for comprehensive sexuality education and providing teens with high quality affordable and confidential reproductive health care. At the heart of our educational efforts is the belief that people need accurate information to make responsible decisions. When I say "comprehensive sexuality education," I speak about educational programs that teach about abstinence, contraception, STI's, sexually transmitted infections, and healthy decision making. Good comprehensive sexual education includes exercises that encourages teens to talk with their parents, to talk about values and healthy and unhealthy relationships and talk about beliefs around sexuality

without promoting any particular religious or moral beliefs.

Good comprehensive sexuality education defines what abstinence is. To many teens, it means not having intercourse, and they define oral and anal sex or sex between same sex partners as something else. In addition, comprehensive sexuality education that teaches decision making skills and knowledge intended for teens to use throughout their lives, information about avoiding unintended pregnancy, STI's, is not solely for high school students Everyone needs the skills to be healthy, even if the only relationship you have takes place in one long-term committed relationship like marriage.

When I talk about the full range of reproductive health care, that is from preventative to prenatal and abortion. Most of our medical visits for family planning, which include conservative services, testing and treatment for sexually transmitted diseases, testing and treatment for HIV care, pregnancy testing and breast and cervical cancer screenings, ninety percent of what our Planned Parenthood does is prevention. Women come to us for preventative care; however, young woman under twenty make up only nineteen

percent of our patients. The majority of our patients, a full fifty-five percent, are adults twenty to twenty-nine years old.

Regardless of age or income, people that come to us know that they can count on getting truly excellent reproductive health care that is compassionate, that is provided in an atmosphere free of judgment with an eye to educating the patient about the best way to take care of him or herself. I'm proud to head an information organization that provides the most respected and comprehensive sexuality education and excellent affordable comprehensive health care.

Services and education go hand in hand. People can't make good decisions about their sexual health without having medically accurate information. Teens who access reproductive health services often learn about reproductive health care. You will soon hear from our senior clinician about PPHP, prenatal program and the education she provides for pregnant teens. Unfortunately, for every teen who comes to us for preventative care, there is another who does not and only seeks help when he or she encounters a much more serious health problem.

I understand that the health task force is

concerned with the services for pregnant and parenting teens as it is with preventing teen pregnancy. For the majority of teens that come from healthy families, providing good comprehensive sexuality education in schools will both prevent pregnancy and provide much needed information about health services for pregnant and parenting teens. What I hope will result from the work of the task force is a public education campaign about teens' rights to access health care, and one that encourages parent-child communication. The more open and accepting we can make sociey speak about sexuality, the more parents will embrace and even demand comprehensive sexuality in our schools.

I know that this task force shares the goals of all parents to provide our teens with tools necessary to be healthy for their entire lives. Thank you for the work that you are doing and thank you for your time. (Applause)

THE CHAIRWOMAN: Scott Grantly.

MR. GRANTLY: I'm Scott Grantly. I'm currently pursuing a Master's Degree in Public Health and Policy. For me tonight the issue of abstinence is important to me as a young professional working with teens, which is why I am in attendance at the public

hearing tonight. The statistics concerning teens' sexual activity, attitudes and behaviors, research shows when teens are given information that proves effective, they are less likely to engage in risky behaviors.

Time and research show the effectiveness of abstinence programs that seek to educate teens about all facets of sexual health. Such programs are effective because they provide teens with information to allow them to consider the choices they make as well as consequences.

Recently, the media reported on the effectiveness and success in light of conflicting information, and the constant debate over teen sexuality studies continue to validate the efficacy of abstinence-based education. Two such programs that I know of that have proven to be successful, but most of all effective, are the Family Accountability and Long Island Teen program. The FACTS program basically a program based in the Northwest Family Services, and the key elements include strong parental involvement, strengthen the family dynamics, strengthen communication skills, decision making skills and understanding of consequences and understanding of the influence of peer pressure on the media.

The other program, Long Island Teen Program, has recently demonstrated successful impacts. I have a couple of couple of testimonials.

This has helped me learn why it's important to wait. You just give us suggestions to prevent bad decisions. I learn when you date you have sex with someone, there are chemicals that cause you to feel this extreme sense of emotion that cause to you bond with this person. To speak about how every day is a new day and it's a mistake. I learned condoms are not always effective defense against STD's. It always helps in helps having healthy relationships. That drugs and alcohol can do a lot more damage than I thought. You guys are awesome.

We had a conversation that was interesting, a lot more conversations that will probably keep you here for a couple of more hours; wonderful, practical example. Very informative. The message presented the gift of each other to another and the place of beauty sex can have in our lives, which is lost in today's society. It was an eye opener. I appreciated the good and honest communication about sex and sexuality. Parents like the idea of talking openly about sex and teens.

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We will hear a lot tonight about offering healthy programs that will help kids make the right choice and everything. That is really good, but I think the component that has been missing that I haven't heard yet is teaching kids how to have self-control as well.

THE CHAIRWOMAN: Gira Freiberg.

MS. FREIBERG: I'm here as a person who is concerned about the future well-being of her grandchildren. Over the past few years, I've become aware of the extent of sexual promiscuity among our children. I use the term "children" because that is exactly what they are. They are no longer just high schools teens ages fifteen to nineteen, but middle school children ages nine to fourteen as well. Sexual activity has been added to their lift of extra-curricular activities.

I have listened to the stories of parents whose kids are traumatized about what their friends are doing. I have watched Dr. Phil and other shows that discuss what kind of sex these children are engaging in. I read articles and statistics about the number of young people affected with sexually transmitted diseases. It appears that teen and preteen casual, recreational and sometimes reckless sex has become the

white elephant in the room.

I have gone on SNAP's Website to see what they are currently offering in the way of sex education. What I found, it was alarming. Out of the seven resources that young people can view, three of them read more like everything you wanted to know about sex. These are go ask Alice, Sex, Et Cetera, and Teen Talk, by Planned Parenthood. All catchy names that would attract a teen's interest. I thought the whole idea was for SNAP to discourage teen sex, not to encourage it. Nowhere in these three sites did I see anything about teaching teens self-respect or moral decency.

We should be encouraging them to have higher standards for themselves and their physical and mental well-being. We teach them that drugs and alcohol are harmful and can cause addictions and even death, but never told them that having numerous sex partners, they can catch SDT's that can affect them for the rest of their lives, and even cause sterility. We are not telling them that having sexual relations puts a terrible strain on their mental states and can cause depression and even, in extreme cases, suicide.

I'm hoping the task force will make some changes to this alarming trend. We, as parents, have a

moral responsibility to teach our children right from wrong. Sex is not wrong when you are mature and in a committed relationship and in a loving marriage. It is wrong when you are in the middle school bathroom doing something that you are going to be ashamed of that might cause you to contract a deadly disease.

If you tell your kids make sure you use a condom to have sex, it's the same as saying you think it's okay to be sexually active. Do you think it's okay to have a your ten year old to be having oral sex? I want my ten year old granddaughter to be happy, innocent and carefree. We are robbing our children of their childhoods. We are pushing them more quickly into adulthood. We need to be setting guidelines, and we are failing them miserably. What is wrong with telling them tomorrow to say no to sex, to save sex until marriage and respect themselves and their friends?

We as parents should be demanding that our schools and organizations like SNAP will be backing us up and teaching our kids abstinence, self-respect, self-control, and peer respect skills and true compassion and tolerance. We would have a lot less bullying if our children respected themselves and each other. As we can see by the statistics, it's time that

we tried something different. Let's try telling our kids no, no to meaningless, degrading, dangerous sex. Let's start teching them abstinence.

THE CHAIRWOMAN: Boscia, Marissa.

MS. BOSCIA: I'm the education coordinator over at the Long Island Association for AIDS Care. We work with individuals who are infected and affected by HIV and AIDS, and we are also working with individuals who are pregnant. We have implemented programs, Debby (phonetic) programs where we go into schools and we go into high risk youth groups, such as South Oaks Hospital. We work with children there in regards to decision making, in addition to educating them on HIV and AIDS and pregnancy prevention.

We are in full support of what the task force does, and we are willing to do what we can to continue this.

THE CHAIRWOMAN: Those of you who have written testimony, will you leave it here and we will make sure it goes into the record.

The next speaker is Susan Heller Fisher.

MS. FISHER: I come to speak with you about a matter of great concern to me; the truth. The fact is, you can teach teens about abstinence. However, this

education needs to be coupled with discussion about protection from the prevention of sexually transmitted diseases and unwanted pregnancy. It also needs to be about overall health, self-esteem and well-being.

I work with young teens in middle school. Through my work as peer mediator advisor, I get to hear their most personal stories, which include their stories about becoming sexual beings. These children are having sex, primarily oral, and they are uneducated, for the most part, about their bodies, about safe sex and the idea they have choices. The choices that they can be not sexually active at twelve or thirteen. The choice to say no to sex.

I see young women the victim of vicious gossip who will demolish their reputations to please the young men who are attracted to them. Once the act is over, most of the young men brag to their friends, who brag to everyone else who will listen about sexual acts both the young man and young woman have consented to. The experience becomes one of shame instead of joy and excitement.

In my experience with young teens coming in for peer mediation, the lead time between some of these teens meeting and having some kind of sex is about one

month. That is not necessarily the rule for all, but that is definitely my experience. That is not much time for them to get to know each other. It is time for a real truthful, healthful education that reinforces the choice to have and/or not to have sex, and choices about protection if they are sexually active. They need a program that addresses their truth without judgement. We need to educate them about their bodies, and we need to teach them to take appropriate care about themselves.

Teach them appropriate use of contraception so if they chose to have sex, which many of the young teens are doing, starting at ages twelve and thirteen, so they are completely protected against pregnancy and disease. Teens don't protect themselves because we have not taught them how to make healthy decisions because they are too young to be having sex, and they're afraid to talk to adults about this major decision, for fear of punishment, judgement or rejection. They are not supposed to be having sex, according to our values, so they lie about their sexual activities, which makes them feel shamed fearful.

The time to educate them about their bodies is long overdue. Teach these young teens the truth. Teach

them that they are powerful. Teach them the value of assessing their own values and finding others who share their own values. If you want to teach teens about sex, ask them what they need to be safer, then when you really understand what is true for them, you can design a really effective program for our children.

THE CHAIRWOMAN: Erica Flink. Rob slash Erica Flink; not here. Linda Eisen, not here. Kadajdra Duckett.

MS. DUCKETT: I am a clinician at Smithtown Center of Planned Parenthood. I just want to start out of with a story about one of my patients. I've been there for five years. I had an encounter with a young woman, fifteen years old, who stated on her paperwork that she had more than fifty partners in her one year of sexual activities. I found out her father was deceased, her mother was in prison. As we continued to talk, I asked her what was she looking for. She told me she was looking for love in all the wrong places. I asked her how that was working for her. She said it wasn't. I told her if no one in her life told her to stop, let me be the first. I told her she might not like what I was saying. At some point it might have an impact.

Fast forward three years later. A young woman

comes in with a suit on. She asked me do I remember her. I looked through the paperwork. I said, "yes, I do." She asked me do I remember what I said to her. I said "yes, I do." She said, "you made a difference." When she left my office the first time, I asked, "can I give you a hug." When she came back to my office the second time she asked, could she give me a hug.

This is what we do at Planned Parenthood. That is what we do. Let me tell you about our services. We service teen and tweens that have different needs than other women that come to Planned Parenthood. Most have never been to a G-Y-N. Most do not know basic anatomy. Most do not know basic information about birth control options. Most do not have parental involvement. Most are scared about being there.

This is what I do behind the door. I have a different approach for the adolescent patient. I talk first. I explain basic anatomy. I use pictures, I use everyday items to get them to understand what their bodies are. I show them the testing samples, instruments. Collection techniques. I explain step by step what I'm doing, because I take the responsibility of being there first very seriously. I give them written information and I suggest online resources for

information. I talk about and encourage parental involvement.

If a young woman or young male says came they in with a parent, once they say it's okay, I tell them bring in the parent and then we have a conversation that is three ways. I talk about their decision making. I talk about preventative care, health maintenance and being engaged in their health care decisions. I talk about safe sex practices. I talk about partner selection and relationship assessments. I also talk about abuse, which is extremely prevelant in our young people nowdays, and I talk about it in all terms of mental, physical and sexual that can come from their partner, parent or legal guardian or anyone else in their life. Encourage their partners to be involved and for them to bring them back for testing.

Lastly, we talk about making good choices for good health care maintenance, relationships, family planning, safe sex practices, preventative care and partner selection. This is what we do behind the door at Planned Parenthood.

(Applause)

THE CHAIRWOMAN: When you signed in, some of you did indicate that you were going to speak. Those

other people signed in and didn't have S's. I'll start jumping down to the S's. If you signed in and decide you want to speak, let us know. Carolyn Dudian.

MS. DUDIAN: Hi. My name is Carolyn Dudian. I'm a counselor at the Life Center at Long Island. I have two teenage daughters. One just turned twenty; no more teen there. I understand the importance of keeping open very good communications during these years, but it's my experience that educating the whole child, the health of the whole child is what is important. It's not just the physical. They're not ready at twelve and thirteen; not all kids are ready. The kids that aren't ready are hearing all this unnecessary information. This is where I have a problem.

We know that condoms and birth control don't always protect against pregnancy, and we know that they doesn't protect against STD's. At middle school level, children are extremely fragile and they need to think about the emotional side of being in a relationship, how to make good decisions. That is exactly what happens in an abstinence program.

It's been my experience -- I'm a mom. I'm in the trenches. My daughters' friends are not having sex. They're thinking about college. They're thinking

about their future. It's what kids should be doing. They should be imagining be what their life is going to be. I'm sorry if I'm getting a little emotional. This is very important to me. I don't need to be here. My kids are kind of getting through that stage, but I just feel it's so important that we have fair share in schools for these abstinence programs.

I understand where you are coming from, but I feel there are kids there that are not engaging in these things and we need to teach them how to be in good relationships, how to make good decisions. That to me right now is what is so important. Abstinence programs are going to benefit our children physically, emotionally and spiritually. We need to work together. That is the key thing, we have to work together to give our children back their dignity, because they need to be making healthy choices, making their future, setting goals and teaching them refusal skills. That is what an abstinence program is going to do in schools. That is why I'm here tonight. Thank you for hearing me.

THE CHAIRWOMAN: Rayanne Scott.

MS. SCOTT: I work with teachers in the community and in schools as well. I would like to read regular segments taken from a paper presented at the

Ninth Annual Abstinence Clearinghouse Conference. First, teens who abstain will be subject to less emotional turmoil and fewer psychological distractions, which will enable them to better focus on schoolwork.

Second, abstinence and academic achievemnt are promoted by common underlying character traits. Teens who abstain are likely to have greater future orientation, greater impulse control, greater perseverance and greater resistance to peer pressure and more respect for parental and societal values. They are likely to foster positive character traits that will contribute to academic performance.

Data collected by the Longitudinal Adolescent Survey show that teens who abstain from sex while in high school are less likely to drop out of high school and more likely to graduate from college when compared to teens from identical social backgrounds who are sexually active. Because of their higher education attainment, teens who abstain from sex could be expected to have substantially higher incomes than their sexually active counterparts, comparing identical socio-economic backgrounds and identical educational expectations and desires. The abstinent teens were dramatically more likely to attend and graduate from college.

The paper goes on to say on possible explanation for the abstinent teens having better academic outcomes, these differences in outcomes from the differences in pregnancy and childbirth. Obviously, teen birth will significantly disrupt academic careers. Teenagers who become pregnant and give birth will most likely drop out of school and less likely to go to college.

Abstinence education is not just saying no to sex, it teaches birth gratification to take their future seriously and plan for it. To respect parental and social values, respect self and others and clearly learning these skills and values will have an impact not just on sex activity and academic achievement and other life skills as well.

In conclusion, the evidence shows that students who refrain from sexual activity are less likely to have children out of wedlock, less likely to live in poverty and on welfare, and more likely to have stable marriages as adults, and attain improved academic achievement. Teen virginity is a strong independent predictor of success in life. When compared to youth from similar socio-economic backgrounds, the teens who remained virgins in high school were dramatically less

likely to drop out of high school and dramatically more likely to graduate from college.

In the couple of years I have been working with youth, they have expressed a desire to be successful now and in the future. The teens that I work with say they will be taught to abstain from sex until they have at least finished high school, but I also encourage them to wait until they're in a committed relationship, such as marriage. Teens who deliberately abstain from sex have positive character traits that will lead to success later in life.

The practice of abstinence as teens will strenghten these character traits. Success for teens equals practicing self-control, being self-disciplined and delaying pleasure. This is achieved through abstinence education. Thank you.

THE CHAIRWOMAN: Allison Schwartz.

MS. SCHWARTZ: I talk really fast, so I'll try and slow it down. I graduated from high school in 2007. I'm going to tell you a little bit about our sex education in public schools. Our sex education was for half a year in seventh grade and half a year in eleventh grade. Our seventh year was brief and non-sufficient. Basically we were told sex was bad and it will lead to a

bunch of nasty diseases and we we left class and laughed it off.

By the time we received our second round of health education, it was eleventh grade, which is far too late. Thinking back to eleventh grade, all I can think about was watching outdated videos with a lack of understandable information, classes mandated sometime before graduation. However, by sixteen, many already began to have sex. During high school, I lost count of how many classmates became parents. My two closest friends when I started high school are now mothers. We have yet to see our twenty-first birthday. During our youth, these friends had dreams of becoming doctors, lawyers. We had dreams of going away to college, dreams of becoming more than they were, and those dreams vanished when my friends became mothers. I also wonder if we had received continuous, medically accurate comprehensive sex education, if a life other than poverty would be have been an available choice for my childhood friends.

While I support abstinence teaching in high school, that's not the only choice. We need to know all our options and be trusted to make our own decisions. Thank you.

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MR. GRINDELL: Good evening, everyone. I apppreciate the opportunity to speak. My name is Jonathan Grindell. While I am a community organizer for the Long Island Progressive Coalition, I am in no way speaking on behalf of LIPC. I'm here as an individual. I come before you as a male identified individual and I think it's extremely important to acknowledge that. Because quite so often these same male identified individuals try to silence women.

There is a system of patriarchy that runs extremely deep. You're told you will fit in this narrow box, and it's taught to you from a young age. It's often perpetuated by the religious right. It's perpetuated by a system that is looking to control women's bodies, so I fully support comprehensive sexual education because I see no other way.

Just to give a little background about it, I've been involved for years past in a thing called Take Back the Night, which is very important. It's to acknowledge the struggles and empower those who are survivors of sexual assault. I feel without comprehensive sexual education, there is no mention of consent whatsoever, it's like folks are just kind of thrown into it. There is no background, and then again

there is a patriarchal system that I feel entirely victimizes teenagers, women, so that event is extremely empowering because it encourages one to overcome that, but I feel comprehensive sexual education is essentially preventative health care.

Once educated, they can overcome. They can come not to have to live with such horrible things. There is a lot of stigma out there. It is often said one is to keep that inside to be silent about that. I find is overwhelming. We need to break down the barriers, people speaking out, thinking they know what is about best for others, and they don't. They are only trying to perpetuate an ideology, a morality that is only for themselves. I caution speaking for that.

As far as abstinence is concerned, it's totally unrealistic; it's narrow sided, moralistic, fundamentalist religious right propagandists. It's okay not to be in the situations. It's hold back, self-control. It doesn't exist in this society.

I'm almost thirty. I'm a decade away from being a teen-ager. These folks are young, they're learning. I think you need a comprehensive sexual education for empowerment and take a realistic approach. The more information out there, the better.

These are public schools, these aren't private schools, these aren't institutions that should be able to control young women. Identifying as a feminist who believes in compassion for all, we need education so everyone is informed to make the right decisions.

Thank you, and have a great day.

THE CHAIRWOMAN: Alan Breslow; not speaking, Sabrina Fearon.

MS. FEARON: Good evening, thank you for the opportunity to address the task force. I'm Sabrina Fearon. I'm a project coordinator with SNAP, and I work in the Wyandanch High School. I want to address some of the issues I've seen in the high school in the community within the last four years. Many of them aren't problematic, but I do have to make a comment in reference to the issue of comprehensive education, and I feel strongly that SNAP has been doing that.

When we talk about comprehensive sexual education, we are talking about decision making, we are talking about respect. We have a whole curriculum on relationships and we make a continuous effort to blend all of that into our programs. What I see in Wyandanch, again it's from my experience, is not enough of what these students need.

We have a tremendous problem there with students not only one child, but many children, at a very young age, before they're coming out of high school. Yes, it's a community that has many issues, but there is one that is taking tremendous resources from other things that also need to be done. We try to include class presentations in the health class, again to incorporate as part of comprehensive prevention program, and we have had assemblies. None of it is continuous, and not at this stage to disrupt the cycle. We need programs in the elementary and middle schools, yes. They need to be development at that time. They can start with respect, values and relationships.

Wait until the high school to inform students of these issues? We have a thirteen year old in the middle school, I wasn't able to work with her this year. These programs have to be there. We implemented a wonderful program, this after-school program, what they call an evidence based program. The name of the program is called Making Proud Choices.

Never do we say to the students you need to be having sex; in fact, just opposite, to help them take a look at themselves as individuals and values. We spent several sessions talking about values and goals. That

is the mission, to provide information and give them that sense of self and confidence of who they are.

The rest of the eight weeks long curriculum goes into comprehensive birth control and HIV. We show them wonderful clips and videos, giving them all of the information medically. And in addition to -- in our after school programs, we talk about, as Mr. Pomata, we talk about college and leadership. We want these students to go on and be successful and have these opportunities. So I think we are doing a good job with the curriculum.

What I see in the high school and in the community I'm working with, there are so many other issues getting in the way of us getting the message out. This year we had no after school buses. We were not able to reach the masses of students that we need to reach. The other issue, and it's a significant one in the community, is lack of male involvement. We will not be able to attack this problem unless we get the male involvement piece. We compete with sports and we compete with jobs. Until we are able to find a way to provide incentives, to provide some way to make this program, these resources attractive to males, we will continue to miss out on this opportunity to visit some

of the SNAP programs on Long Island in Wyandanch. We are not doing a good job getting males. This is a serious problem. We don't have males that can speak confidently and speak about yes, this is a major problem with our community.

Some other things that we tried to do, we did have a satellite clinic at one point at Martin Luther King, who came in to give them information and if they needed a pregnancy test. As part of the comprehensive, they got counseling information about birth control. Unfortunately, it didn't work well because it was not in a confidential area of the building, so we no longer have that resource. I have tons of students coming, when is the clinic coming, when can I get this information, where are these resources available.

We have tried to do van transportation to Planned Parenthood in West Islip, and we have also taken them to the Amityville health clinic. The students come in asking for resources, asking for services. We are just trying to be a provider; again, very comprehensive in terms of their needs. I talked about the male involvement. It's significant. I can't say enough about that. The young males and reaching out to the male counterparts in the community. We are losing the

battle on that.

What I find when I listen to some young people, they are very complacent. Well, it's not a big deal to get pregnant and have a child. I have two children. That is scary at this stage. I just wrote a couple of notes to myself. What could we do more of, what could we try and implement. On the male side of it, I really feel we need some form of program incentive that will capture the young men. The only thing that tends to work, we have seen with other things, is sports. But we have to tightly provide a program where we are sponsoring and providing and saying as part of this you will attend programs. Or we have to provide some form of incentives.

We have to have the busing available. We have to have the resources. Lastly, I just wanted to talk about we are looking to launch our peer educator program. I think that would be an opportunity for students to give a voice to provide resources, throughout the whole community. Thank you.

(Applause)

THE CHAIRWOMAN: Diana Jansen.

MS. JANSEN: Good evening, everyone. I'm Diana Jansenn. I'm a licensed master social worker and

I also work with a youth development program. I think we are all here because we have one thing in common. We want to see the pregnancy rates go down on teenagers. We know there are three choices that ais girl faced with when she finds out she is pregnant, she can have an abortion, she can parent the child or give it up for adoption. That is one thing that I don't think we hear about much of any more, is giving up the child for adoption. Parenting the child, ninety percent of the teenagers that parent the child won't go onto college. Does everybody need a college degree? You know what, there are a lot of jobs out there that won't be available to a person they don't have the degree.

There is obviously a lot of consequences to anybody that gets pregnant. We can all agree on the fact that is a very emotionally charged topic. So, what I'm going to focus on a little bit today is what do the parents want? These are their children. These are their children who are dealing with STD's; hopefully not. Emotional heartbreak as pregnancy. I think some documentation, taking from a poll done by Zogby International. What do parents want? To talk about sex in programs. They did a poll. The result of the poll, that seventy-nine percent of the parents want the

children to learn themes from abstinence education.

Some of you get this look in your eyes; I heard enough about abstinence already. You know what? There is a good reason why we are talking abstinence. There are a whole lot of people out there that are suffering because they engaged in sexual activity at a time when they weren't able to handle the consequences. I'm sorry some of you think it's a foreign subject, but you know what? This is what is going to really work. (Laughter in audience) Yes.

Less than ten percent thought it was okay for their children to have protected sex in high school. Less than ten percent thought this. Twelve percent of parents thought their children should at least wait until -- to have sex until after high school. Those are the numbers. What do the parents want? Parents want teens taught that the younger the age an individual begins sexual activity, the greater probability of harm. I think a lot of you guys know that the younger a guy begins becoming sexually active, the less likely they're going to use condoms.

Parents want schools to teach that sexually active teens are more likely to be depressed. Parents want teens to be thought that having many sexual

partners at an early age may undermine one's ability to develop and sustain lovings relationships as an adult. Parents reject the idea that teaching about contraception is more important than teaching about abstinence. Parents oppose teaching that sex is okay if condoms are used. Parents want children to abstain until they're married or in an adult relationship that leads to marriage.

Why do we put such an emphasis on sex for teenagers? Most people know when people get married, the most important ingredient in a relationship isn't sex, it's communication. Why don't we teach teenagers to develop their communication skills, which is important to friendships, to all relationships that they're going to build? So the result of this study is that parents want their kids to be safe.

I heard a bunch of you say safe sex. Well, the government has changed that to safer sex because using a condom is not safe sex, it's only going to make things safer. The definition of "safe" is someone is free from harm. If someone uses a condom for most of the STD's out there, this will only reduce their chance by fifty percent for getting an STD. Some of the main ones, like human papilloma virus, which is the most

common ones in the United States, it's like flipping a coin. One time you get lucky, the next time maybe you don't.

These are teenagers. They need to be having fun, spending time with their family and friends, focusing on their future goals, sports, whatever teenagers should be doing. That is all I want to say. Thank you.

THE CHAIRWOMAN: Margaret LaGiudice.

MS. LaGIUDICE: Good evening, and thank you for giving me the opportunity to address you. I am a mother of five beautiful children -- well, I think they're beautiful -- and one grandchild. I'm here to advocate for sex education in the schools. While many of you in this room may disagree on sex education as I understand it, we all want to prevent unwanted teen pregnancies. So, I think that they can all agree on that. We want to prevent unwanted teen pregnancies.

I want to ask if those of you who want to prevent unwanted teen pregnanacies but don't want to provide sex education in the schools, if you think that married couples should know how babies are made and how to prevent conception, and if your answer to that question is yes, then what makes teenagers different? I

will answer that myself. Saying yes, I agree with many of you that teenagers are not ready for the responsibility and that sex can cause emotional damage.

However, the other thing that we do know about sex -- excuse me, about teenagers is that they engage in risky behaviors. The question is, should they be armed with knowledge to minimize their risk both of pregnancy and disease? Two-sided. If you think that birth control is all right for married couples and they're married and therefore their union is blessed by God, I would like to remind you of a few things. Number one, sex education should also help our teenagers make smart decisions and give them confidence and courage to say no and abstain, and I'm all for that, but that is not enough. Bristol Palin had abstinence education.

Also, many years ago, it was thought if married adults had access to birth control, it would lead to adultery, which was a sin. Just because sex education is taught in schools, does not mean you can't sit down with your sons and daughters and explain your expectations and values to your children; chances are they are already aware of them.

The other thing I would like to say is we enjoy separation of church and state in this country,

and one person's idea of what is sin is another person's virtue. I am blessed with three sons and two daughters. My husband and I chose to vaccinate our younger daughter with the human papilloma virus vaccine. This vaccine protects girls and women from a certain type of cervical cancer which is associated with multiple sexual partners. Do I want my daughter to have many sexual partners? Absolutely not. But I love her so much that even if she engages in that behavior, I want her to be as safe as possible. I hope that she carries a condom with her. I also hope that she doesn't need to use it. I also hope she will use it if the situation warrants it.

We have to impress our daughters and our sons as well that life changing decisions should not be made under the influence of alcohol or other drugs. It does not make it okay to give in to passion, and therefore be unprepared for a sexual encounter. This is what I hope that sex education will do, make them prepared. And again, I'm not against abstinence education, it's just not enough.

As you know, teenagers are often prone to risky behavior. That is one reason why their car insurance rates are so high. We know that they speed

when they drive. We as parents don't want them to engage in that behavior. Does that mean that we should not allow them to use seat belts and air bags? Sex education is part of health education. We cannot legislate that all parents must teach their children about sex, but we should make sure that teenagers know the facts of life and how to prevent unwanted pregnancy and sexually transmitted disease. It may save their lives. (Applause)

THE CHAIRWOMAN: Mary Porter.

MS. PORTER: Hello, my name is Mary Porter, and I thank you for giving me the opportunity to come and speak with you today. I'm going to be brief, mainly because most of my points that I have written down on this piece of paper have already been made, but as a concerned mother, it is really important for me to be here today to talk to you about the importantance of comprehensive sex education.

There is nothing, you know, that I have heard to me that says comprehensive sex education cannot include conversations about self-esteem, cannot include conversations about abstinence and self-respect, and I would hope that it is included, and it joins with my conversations that I had want to have with my daughter.

For me, information beats ignorance.

There is nothing that is appropriate about a school or educational institution not providing all of the information that is available for my daughter. Not providing information to her about, you know -- I can tell her don't have sex. Her father has already told her she can't have a boyfriend until she is thirty years old. With that going on in the house, this is entirely inappropriate for a school only to give part of the information and not help us do our job by providing additional social exchanges and information about how it's important to be respected in a relationship, and how it's important that you have dignity within yourself and know who you are before you make a decision, but if you make the wrong, decision these are some of the things that you should do and you should know.

That is all I want to say today. Thank you very much.

THE CHAIRWOMAN: Michael DeMeo.

MR. DeMEO: It's a pleasure to be with you. It's a great opportunity for us to stand up and talk about the best things for our teenagers, for their health and for their relationships, and I'm excited to be here and be part of this forum today. When I heard

about this Teen Pregnancy Task Force for Suffolk County, I started doing a little research. I went to the Internet and said let's see about condoms. I need to educate myself. I'm an educator as well. I'm with teens most of the day. I know what they're up to, what they're doing, and they're full of energy and full of life.

So I said okay, let me take a look and see what the CDC has to say about comdoms. The Center for Disease Control says consistent and correct use of male latex condoms can reduce, although not eliminate, the risks of STD transmission. Inconsitent use can result in the transmission, as transmission can occur with a single act of intercourse with an infected partner. Similarly, if condoms are not used correctly, protective effect may be diminished, even when they are used consistently. The most reliable way to avoid transmission of sexually transmitted diseases are to abstain from sexual activity or be in a long-term mutually monogomous with an uninfected partner

However, many people may be unaware of their infection because many STD's may be asymptomatic. So basically, condoms are not a hundred percent effective. I think if I want the best for my students, for my niece

and my nephew, I want them to be safe all the time. Unfortunately, condoms are not a hundred percent effective. So I started to look up consistent condom use and what was said about that, and what the Medical Institute stated, how do teenes fair when it comes to using condoms. A study conducted over a period of six months found that always condom use was reported by adolescent females only thirteen percent of the time. In another study, just fifty percent of the females reported consistent condom use. Males report slightly more condom use than females According to the National Institute of Health panel, even if a hundred percent consistent condom use could be attained, it would not totally eliminate the risk of acquiring any STD, including HIV.

Now I knew a little bit more about condoms, that they're not a hundred percent effective. What are some of the programs out there now? I went to the Internet I found through the Abstinence Works two thousand ten different programs in the United States. There is one on Long Island, Long Island Teen Freedom. It's an abstinence-based program, and they reached over eight thousand students and over five hundred parents this year.

It's evaluated by a professional evaluation team. Success in improving both knowledge and behavioral changes. The 2009-2010 report showed that the students that were served between September 2009 and March 2010 responded to a survey that was administered at the end of the classroom curriculum. These were the results: Eighty-nine point nine, almost ninety percent of students surveyed either agreed or strongly agreed that abstinence is the only certain way to avoid pregnancy. I think we all can agree with that for sure. If they're abstinent, they're not going to get pregnant. They will be able to focus on their lives and goals and hopes and dreams.

Seventy-eight point five of students strongly or somewhat agreed that pregnancy outside of marriage is likely to have harmful effects on the child. Eighty-one point seven percent of the students surveyed strongly agreed with the statement I will be healthier if I wait until marriage to have sex.

Youth participating in a long-term study showed, that participated in the Long Island Teen Freedom program, reported lower levels of sexual initiation than average among people of the same age. Eighty-seven percent of the Long Island Teen Freedom

maintained sexual abstinence up to twelve months after receiving the program. This is twenty percent higher than the sixty-four percent reported the year prior. Students who participated in the Long Island Teen Freedom program are nearly three times more likely to maintain sexual abstinence twelve months after participating in the program than the average.

Participants in the program reported significantly fewer partners twelve months after completing the program. This clearly shows the efficacy of the program here on Long Island, showing good results in order to reduce teen pregnancy and sexually transmitted diseases.

Being a male and being a teacher, I know teens are spontaneous. When you raise the bar and you expect a lot more from them, they respond a lot. Having read the research that condoms are not a hundred percent effective, I can't say hey, that isn't the solution. If that was the answer, I would be totally psyched. However, that is not the answer to teen pregnancy, to STD's.

Thank you very much for the opportunity to speak.

THE CHAIRWOMAN: Michael Carolan.

MR. CAROLAN: Mike Carolan. Thank you for letting me speak today. I just wanted to go over a few points of things heard tonight. Comprehensive sex education does not discourage abstinence. I would say it's encompassing. To talk about things like condoms are not completely effective, that is part of comprehensive sex education. That is why it is all encompassing.

I don't think comprehensive sex education equals Condoms 101 and nothing else. It teaches you about birth control, teaches you about condoms, healthy relationships, sexual abuse, teaches you about abstinence; it's encompassing. That is important. I don't think you should withhold information from teenagers and -- I'm twenty years old. I think it's important to have as much information as you can at all times. If you are trying to withhold information from children because of the fear that it may taint their perspective on the world or may dirty their ideas about life, I would say comprehensive sex education, teaching a child about the dangers of sexuality, if you can prevent one ruined life through sexual education and prevent one act of sexual abuse on a child, I think that is more important than having one child learn about

condoms and sex and things like that. That's all I want to say.

THE CHAIRWOMAN: Robert Flink.

MR. FLINK: Good evening. Thank you for giving me the opportunity to speak tonight. You all obviously have a very daunting task to find one hundred percent foolproof effective plans to keep everybody not pregnant.

THE CHAIRWOMAN: That was our mission.

MR. FLINK: According to certain people here -- I an attorney with the Legal Aid Society out here, so I see first-hand a lot of my clients that come in are teens, just people out of their teen years who are pregnant or who have fathered young children, women who are in their teen years, so I see the consequences, and poverty, and they're looking for social services or have social services. So I see the issue first-hand, so I know it's a problem.

While I appreciate the idea of abstinence education, I just don't think it's realistic to think we live in a bubble in 1955 any more. I think that you know, in 1955, maybe people were necking underneath the bleachers, but that is not what is happening in the schools any more. I wasn't planning on speaking

tonight. I just came to support someone who was, but the attorney in me could not stop myself from speaking.

I'm all in favor of people's first amendment right to speak, but when people start quoting facts and numbers and using analogies, it just drives me crazy. First of all, John Scovey is a conservative Republican pollster and everybody knows it. Second of all, when someone says CEC says condoms aren't perfect and then starts quoting results from Long Island Teen Freedom and their results, how can we look at Long Island Teen Freedom results? It's probably an advertisement from their Website that he is quoting the results from.

So we're not going to believe the results from CEC, but we're going to believe the results from Teen Freedom? I'm sure they will tell you so. To say that it's a coin toss when you use condoms as to whether or not you are going to get a sexually transmitted disease, that is false premise that implies that every single partner one would have has a sexually transmitted disease. Then if it's a fifty-fifty use of a condom every time, then you would get that sexually transmitted disease. That is only assuming that condoms have a fifty-fifty ratio of giving you that sexually transmitted disease, if that person's numbers were

correct.

We don't know what the basis of that person's numbers are, if the person used multiple persons and all of the multiple partners do not have a sexually transmitted disease, then even if the condom had a fifty-fifty rate, it won't be a coin toss as to whether or not they would get a sexually transmitted disease.

I want to have that on the record. It was bothering me that people were putting in numbers and all this. I think it's smoke and mirrors to support an agenda to put forward before this task force.

I think the real truth is certain communities need funding, need social services from the legislature. That is why this task force is here. To lose sight of that would be almost criminal. I ask this task force to go forward and give whatever funding needed to make sure that takes place. (Applause)

MR. GROTELL: My name is Ken Grotell. I work for SNAP Long Island. I'm also a certified guidance counselor, vice-president of Western Suffolk Counselors Association. I come to you from different angles today. Before I actually say anything, first off, I wasn't planning on saying anything today either. At the last task force meeting I had gotten up to speak and one of

the things that was different about last time to this time, I would like you guys just to look around the room for a moment and look who is here today.

If we look at all the different people that are here today, we have the adults. We have no teenagers, as far as I know. We have two people that are twenty -- three people that are twenty. We don't have the teenagers here. All night I've been checking my phone for messages from my students because they were trying to find rides to get here. The last task force meeting was in the Brentwood library, and I run a program in Brentwood, and five of my guys came in to speak on behalf of our program because I think it's important to hear from the kids. Unfortunately, none of them were able to come today. I run programs, Bay Shore, Central Islip, programs in Wyandanch, William Floyd. None of those were close enough to here.

I think its really important to take on the perspective of our children. When I first started this back five years ago, I was on an abstinence only grant at that time. I was doing abstinence only education and we were talking about all the different things that were talked about today that really go along with comprehensive sex curriculums as well. The only

difference was that we were not talking about contraception, condoms and things like that. In all of the programs that we ran, it really talked about goal setting, healthy relationships. Really having a vision of your own future. That is the really the important thing that I think needs to be understood. In both of these types of programs, it really is talking about the holistic view of our children.

In a perfect world, yes, abstinence only programs would definitely work because we could say don't have sex and they would listen and we all be in a great position. Unfortunately, we live in the real world. Although we can go in and talk about abstinence and I would say not one day goes by that I do not mention abstinence, at least two to three times in my programs we do, now that I have moved from the abstinence only to an abstinence first program, which is a comprehensive program, we still talk about abstinence every single day. I really make sure my students know exactly what that is. They have actually taken it and they teach others about the importance of staying abstinent and really trying to lead a healthy life for themselves.

As I said, it's unfortunate that the kids

aren't here today to really share their stories about being in the program. The last time we were here, my students had gotten up. Of the five guys that came up, they actually started talking about they are virgins. They were willing to come up in front of a group of about seventy-five strangers and proclaim their virginity. They were not ashamed of it.

Our biggest antagonist is the media. Whether it's through music or the movies, the media tells our kids it's okay to have sex. We can preach all we want about abstinence, but we need to give them the tools to fight that so they know what is out there when it's time.

A few weeks ago we went for CPR training. My hope is I never have to put the CPR training to use. Just the same way that we are talking about with our kids, it's better for me to have the tools if one day if that time comes, I am prepared. When it comes time for our kids, we want to make sure that our kids have that knowledge, so one day, and I hope it is further down the line when that time comes, at least they will have those tools and they will be able to say you know what, okay, I know what I need to do.

They know condoms aren't a hundred percent

effective. One of the things I teach my kids, it's a quote that was given to me when I was about fifteen years old. I tell it to every one of my students, whether I'm doing it in my groups or presentations. I ask the kids, is this person, as they are right now, someone that you want to be the parent of your child. Whether it's for a male or female, they stop and they think. Is this person as they are right now, someone I want to be as a parent of my child. That is something for you guys to think about too.

THE CHAIRWOMAN: We have come to the end of the list of people who indicated with an S that they wanted to speak. Is anybody in the audience that has not spoken? Linda Eisen.

MS. EISEN: My name is Linda Eisen, special education teacher by trade. I am also an education administrator at a preschool in Bay Shore. I think that I totally appreciate the work that you have been doing, and I am very concerned that I have not heard anyone speaking about educating children with special needs in the community, understanding that they have the same feelings as the students that you see every day in your public school.

I am blessed with having an opportunity to

work with two young men. One is thirteen, he's in the middle school in Deer Park, and another that is seventeen in the high school in Hauppauge. Two very different children, both diagnosed autistic. They have become more social as they have gone through school and have had significant experience in working with peers, and attending social functions.

The one that is thirteen is surrounded by opportunities. He talks about hearing people whispering in the hallways about kissing, so recently, he was asked to do a paper, use vocabulary words that he was given in his class. He began to write these sentences that were of a sexual nature. And his mother, fortunately, had the opportunity to read the work before he handed it in. She said no, you can't give that, you can't hand that in, that is not okay. Well, why not? He needs to understand why not. The same as any other student that is going through our public school system.

That is a significant charge for you. I don't know how to do that. But I would be more than happy to lend a hand if there is ever a need.

THE CHAIRWOMAN: Thank you very much. Is there anyone else who was not spoken? Ms. Gordon.

MS. GORDON: My name is Miriam Gordon. I have

been a nurse for over thirty years, and I'm a pediatric nurse practitioner, in addition, that works for the Suffolk County Department of Health. I know about this situation too well, inside and outside. I haven't heard the word "understanding culture," since that is a strong word. I'm very comfortable with different cultures. I know what that word means globally because I have traveled extensively, and there are many problems in the clinic.

There is not one week past that I have not been doing STD training, STD procedure. It's not just a minor. It's very sad, the stories that I can tell you because I know how to get it out. It's very sad. I work in Amityville. Where you coming from. Ten miles or fifteen miles away. Why do you come this far? There is a reason, and I don't understand. I cannot have a child or an adolescent leave there until I know where the route is coming from, not just STD, but why do you start sex early at twelve or ten.

There are a lot of ways or means for that problem to arise, and it's coming a lot from the parents. But people don't think that way either. A lot of things are shoved under the rug. I'm the type of person, we bring it out. Some of them want me to talk

to the parent, which I'm very happy to do that also. I will tell some parents of their kid's problem and there are a lot of tears in my room, which I'm happy for that too, because that is a door needed to be opened.

I could talk for the rest of the night for my experiences that I have seen in the clinic. But there is no time for it. But I wish there was a minority person in your panel there that would blend so well, and it's something to think about.

THE CHAIRWOMAN: We know. We agree. Mr. O'Connor.

MR. O'CONNOR: Dennis O'Connor. I would like to introduce my wife to you, Louise O'Connor. This is our fifty-fourth year of wedded bliss. If I say "bliss" for a moment, there are a lot of tough times. There were also nine pregnancies, of which five of them Louise lost. If you do the arithmatic, fifty-four years brings us to 1956. I'm not a lawyer, but an engineer. If you do that arithmatic, we weren't sitting on the bleachers, we were talking about family, we were talking about family of origin, what was important to us and how important life was with the gift of faith and the gift of conjugality, which is a gift from allmighty God. The greatest definition of our love is conjugality

between two people.

Couple of things I heard here tonight. Certainly the religious right, as cynically as it was put, is not trying to control women's bodies, number one. Number two, the dialogue that should take place in every family begins at nine, ten, eleven, twelve, thirteen years old and the dialogue should not what makes that child happy. It should be what is going to make that child a healthy teenager, a healthy adolescent and a healthy adult. That dialogue should include sexual appetite.

In 1955, my genes were pretty active, but in 1956 I was a virgin when I got married, and obviously Louise was also. I was a professional baseball player. I am also today a deacon in the Catholic church and I'm not representing the religious right. All I'm saying is the most important thing we have as a gift is dialogue with our children.

When other people are talking, people should not be laughing and being rude. That is another thing. That is not what this meeting is all about.

All I'm saying to you is comprehensive; absolutely. Talk to the children about what is available. But guess what folks, I know what makes an

fAT Hornet fly, and I know what prohibits, prohibits, pregnancy. Abstinence.

God bless each and every one of you who came out here tonight. You are certainly trying.

THE CHAIRWOMAN: Is there anyone who has not yet spoken? Yes, sir. Mr. Breslow.

MR. BRESLOW: Allen Breslow. I happen to be the president of SNAP. I sat here very quietly and listened to all the speakers, and it seems we don't have that much of a gap between us. Both sides want what is best for the kids. Both sides want to prevent pregnancy among our children. The question is how do they get there.

From my point of view, it seems those who are urging an abstinence only education are saying just that, abstinence only, which covers healthy choices, which covers a lot of other things which are covered by a comprehensive sex education course as well. Comprehensive sex education, it will cover healthy choices and responsibility. Then it will cover don't get involved in sex if you're not ready.

As someone told me once a long time ago, you need a plan B. If plan A doesn't work, what is plan B. The abstinence only people don't have a plan B. The

abstinence only people say stay away from sex. I agree that is better than nothing.

If you want your children to not have children, condoms help. What do you do when there is no parents? What do you do when you have a single parent family, a mother who works hard to keep a family around, who doesn't have time to talk to her son or daughter about what is important? It's essential that parents get involved. If you talk to some of your friends, they don't have sex education, talk with their kids. It's embarrassing to them. Just like they don't want to talk about drugs when they were that age. They hope the schools will help. The schools will help, but they can't help if you only limit them to don't do it, because kids can and will do it, and if they do it, you have to give them the tools to keep them safe.

THE CHAIRWOMAN: Anyone else who has not yet spoken who wishes to speak?

MS. KUBICK: Audrey Kubick. It's just a short point I want to make. I was lucky enough to have comprehensive sex education in middle and elementary school. We had a permission slip that our parents had to sign before we could take the class. If they didn't sign, those kids would leave the classroom and sit with

another teacher, so they wouldn't learn about contraception if their parents didn't want them do. I feel that would bridge the gap.

THE CHAIRWOMAN: That is still in effect. Anybody wishing to speak who has not spoken? If not, it was a very interesting evening. Thank you for your insights and comments. Thank you for coming out on a tough night and for finding this place, and we look forward to considering your comments when we put together our report.

(Time noted: 9:00 p.m.)

CERTIFICATION

STATE OF NEW YORK)
) ss:
COUNTY OF SUFFOLK)

I, JUDI GALLOP, a Stenotype Reporter and Notary Public for the State of New York, do hereby certify:

THAT this is a true and accurate transcription of the Suffolk County Teen Pregnancy Task Force hearing held on June 1, 2010.

I further certify that I am not related, either by blood or marriage, to any of the parties in this action; and

I am in no way interested in the outcome of this matter.

IN WITNESS WHEREOF, I have hereunto set my hand.

Judi Gallop
JUDI GALLOP