

# SUFFOLK COUNTY TASK FORCE ON TEEN PREGNANCY



## REPORT TO THE SUFFOLK COUNTY LEGISLATURE

MAY 10, 2011

HAUPPAUGE, NEW YORK





## SUFFOLK COUNTY LEGISLATURE TASK FORCE ON TEEN PREGNANCY MEMBERS

Marcia Spector, Chairperson

### MEMBER

Lorraine Gariboldi  
Jennifer Freeman  
Lorraine Squires  
Penny Ilberg (retired 6/10)  
Dawn Lazarus  
Laura Giardino  
Nancy Hemendinger (alternate)  
Janet Cassidy  
Molly Licalzi  
Charles Leunig  
Judith Specht  
Marcia Spector  
Deputy Presiding Officer Vivian Vilorio-Fisher

### APPOINTED BY

Presiding Officer  
County Executive  
Chair, Health/Human Services  
Commissioner, Social Services  
Commissioner, Social Services  
Commissioner, Health  
Commissioner, Health  
Commissioner, Labor  
Nassau Suffolk School Boards Assoc.  
Suffolk County Superintendents Assoc.  
Professional Nurses Association  
Legislature  
Ex-Officio

### RESOURCE

Suzanne Witzenburg  
Sandra Gil  
Lawrence Philips

Planned Parenthood Hudson Peconic  
Suffolk County Department of Health  
Central Islip School District

### STAFF SUPPORT

Ann Maurren

Suffolk County Department of Health

# TABLE OF CONTENTS

## INTRODUCTION

Review of Enabling Legislation	3
History and Scope of Adolescent Pregnancy in Suffolk County	3

## RECOMMENDATIONS

Successor Group	9
Educational Outreach	10

## TABLES

Table I Suffolk County Summary of Recent Statistics Related to Adolescent Pregnancy and Births	13
Table II Birth and Pregnancy Rates above County Wide Average	14

## APPENDICES

Appendix I Online Resources of Teens and Adults	15
Appendix II Sexual Health Clinics Open to Teens	19
Appendix III Evidence Based Programs and Research Based Programs with the Goal of Preventing Teen Pregnancy	21
Appendix IV Suffolk County Sponsored Programs	22
Appendix V Suffolk County Youth Bureau Sponsored Contract Agencies	23
Appendix VI Minutes of Public Hearings	26

## SUFFOLK COUNTY TASK FORCE ON TEEN PREGNANCY FINAL REPORT – APRIL, 2011

### REVIEW OF ENABLING LEGISLATION

In October 2009, responding to concerns about a sudden upsurge in teen pregnancy in several communities in Suffolk County, Deputy Presiding Officer Vivian Vilorio-Fisher, joined by County Legislators DuWayne Gregory, Rick Montano, and Cameron Alden, introduced Resolution 1851, establishing a Teen Pregnancy Task Force. The Suffolk County Legislature unanimously approved County Resolution 881-2009, creating the ten member task force and charging it with studying and analyzing the increased rate of adolescent pregnancy in Suffolk County, proposing methods to decrease the rate, and developing a long-term plan to address the issue.

The Task Force, representing governmental, educational, health and social interests, held a total of twenty-four meetings and four Public Hearings. The Public Hearings were held at the County Center in Riverhead, Mastics-Moriches-Shirley Community Library in Shirley, Brentwood Public Library in Brentwood, and the Babylon Town Hall Annex in North Babylon. Minutes of meetings and Public Hearings were posted on the Suffolk County Legislature’s website. The Task Force also held a full day retreat in July, facilitated by Grisel Arredondo from Cicatelli Associates, a nationally recognized leader in providing technical assistance and training to health and human services organizations.

In addition, Task Force members attended a Youth Speak-out forum on teen pregnancy at the SNAP-sponsored “Leaders of the Future” conference, which featured students from Brentwood, Bay Shore, Central Islip, and Wyandanch.

### HISTORY AND SCOPE OF ADOLESCENT PREGNANCY IN SUFFOLK COUNTY

As evidenced, Suffolk County falls below national and state rates of teen pregnancy and birth. However, several of our most disadvantaged communities have been greatly affected by this issue. It is also clear that every teen pregnancy has far-reaching consequences for young women, their partners, children, families, and the community at large.

**Teen Pregnancy & Birth Rates per thousand females 15-19 for three year period  
2006-2008**

	Birth Rates	Pregnancy Rates
United States	41.5	n/a
New York State	27.9	57.9
Suffolk County	20.9	36.7

Source: EOC of Suffolk, Inc.-SNAP Division Data Source: United States: Center for Disease Control  
New York State & Suffolk County – NYSDOH Vital Statistics Table 30 for 2006-2008

According to the Centers for Disease Control and Prevention, (CDC) the U. S. birth rate fell by more than a third between 1991 and 2005, then took an upward turn, increasing by over 5% over two consecutive years. However, the birth rate declined 8% from 2007 – 2009, reaching an historic low at 39.1 births per 1,000 youth ages 15 – 19, the lowest level ever recorded in the past 70 years. Birth rates fell significantly for all teens in all age groups, and for all racial and ethnic groups, from 2007 – 2009. Births and birth rates for youth under 15 are also declining. In 2009, the rate for 10 – 14 year olds was 0.5 births per 1,000, the lowest ever recorded, and two-thirds lower than in 1990.

The CDC reports that the United States still has the highest rate of adolescent pregnancies, births, abortions, and sexually transmitted infections (STI) in the developed world. Although teens are reporting less sexual activity, 30% become pregnant by age 20. Pregnancy rates nationwide show a great disparity between white teens and teens of color: 19% of non-Hispanic white teen girls under the age of 20 become pregnant, compared with 53% of Latina teens and 51% of African American teens.

According to the Vital Statistics of the New York State Department of Health, in 2008, New York State reported 39,312 pregnancies to adolescents ages 10 – 19, resulting in 17,487 live births. The number of pregnancies to adolescents ages 10 – 19 in Suffolk County declined from 2,043 in 2007 to 1,864 in 2008, and the number of live births declined from 979 in 2007 to 934 live births in 2008, 846 of them out-of-wedlock, and almost all of these young mothers chose to keep the child in their home. In 2008, Suffolk County reported 37 pregnancies to adolescents under the age of 15, and 546 to adolescents 15 – 17.

According to the Guttmacher Institute, many factors influence the differences in teen sexual health between the U. S. and other industrialized nations: affordable family planning services, sustained, realistic media campaigns, public health policy grounded in pragmatism and research, and sexuality information characterized by open, honest dialogue. Philosophically, many European countries accept that adolescents, especially older ones, will be sexually active. Therefore, policies and programs focus on protective behaviors and skills. In the United States, policies and national initiatives focus on delaying sexual initiation as long as possible, and few comprehensive sex education programs exist.

The National Campaign to Prevent Teen and Unplanned Pregnancy reports that teen pregnancy is closely linked to a host of other critical social issues — poverty and income, overall child well-being, out-of-wedlock births, responsible fatherhood, health issues, education, child welfare, and other risky behaviors. Children born from unplanned pregnancies also face a range of developmental risks. For example, these children report poorer physical and mental health compared to children born as the result of an intended pregnancy. And a new analysis from Child Trends indicates that, after controlling for numerous background factors, children 2 years old who were born as the result of an unplanned pregnancy have significantly lower cognitive test scores when compared to children born as the result of an intended pregnancy. Most teen pregnancies are unplanned.

Adolescent pregnancy and childbearing have been associated with adverse health and social consequences for young women and their children. Many studies have shown that adolescent births are a major contributing factor to poverty and welfare dependence as a growing proportion of adolescent mothers are unwed and more than half of welfare spending goes to families formed by a teenage birth.

Adolescent childbearing is a pressing social issue because of its broad social and economic consequences for the mothers, their families, the babies, and for society. The negative effects of early childbearing affect the health, education, and employment opportunities of the mothers; poverty is a frequent outcome. The long-term implications for the offspring include poor opportunities in society, risks of poor health, and adverse developmental outcomes. Children of teen mothers are more likely to have lower cognitive attainment and proficiency scores at kindergarten entry, exhibit behavior problems, have chronic medical conditions, rely more heavily on public-provided health care, be incarcerated at some time during adolescence until their early 30s, drop out of high school, give birth as a teenager, and be unemployed or underemployed as a young adult (Maynard, 2008).

A study by the National Campaign to Prevent Teen and Unplanned Pregnancy revealed that teen childbearing costs taxpayers at least \$9 billion dollars a year. Most of the costs were associated with negative consequences for the children of teen mothers: in New York in 2004, annual taxpayer costs associated with children born to teen mothers included \$186 million for public health care (Medicaid and SCHIP), \$204 million for child welfare, \$203 million for incarceration, and \$117 million in lost tax revenue due to decreased earnings and spending. The National Campaign to Prevent Teen and Unplanned Pregnancy estimates that 80% of unmarried teens who give birth will end up on welfare.

A study by the Robin Hood Foundation documents that 70% of adolescent mothers never finish high school; more than 70% of unmarried adolescent mothers will receive cash assistance within five years of giving birth and 40% will remain dependent on the welfare system for 5 years or longer (Maynard, 1996). For those few teens who marry as a result of pregnancy, most marriages end in divorce. Housing, prenatal care, child care, employment, job training, and completion of school are major hurdles that pregnant teens must overcome if they are to become self-sufficient.

Although adolescents today are maturing earlier, the interim time between development of their ability to reproduce and to full adulthood (when they are equipped with the means to support and maintain a family) is considerable. Our complex society requires years of training and preparation for individuals to obtain the necessary skills to take on the psychological, financial, and social responsibilities of childbearing and parenting. Despite recent declines in pregnancy rates, teen girls cite sex and pregnancy as the number one issue they face today, according to a report by the American Association of University Women (AAUW) Educational Foundation.

While a myriad of reasons exist for why teens become pregnant, the Suffolk County Legislature Teen Pregnancy Task Force has identified major contributing factors:

Lack of Knowledge. Young people may not know enough about their bodies, the reproductive processes, or pregnancy prevention. They can be misled by myths about contraceptives and their

efficacy. They may be unaware of pregnancy risk or the consequences of early childbearing, and might also be embarrassed to reach out for information. Access to accurate, culturally and age-appropriate information about sexual and reproductive health is a necessary component to teen pregnancy prevention. Just as young people may be embarrassed to reach out for information, parents and other caregivers can also be uncomfortable discussing sexuality issues with adolescents.

Fear, Resistance and Isolation. Fear and resistance from parents and schools, conflicting religious and cultural values, and the lack of a statewide mandate for comprehensive sex education programs factor into the ability of individual school districts to establish sustainable sexual health and pregnancy prevention programs. Although studies have shown that the overwhelming majority of parents support sexuality education, the vocal minority of opponents have the ability to create an atmosphere that discourages districts from establishing these programs and policies. School officials have been reluctant to admit that teen pregnancy exists in their districts. School-based service providers who work directly with this population often function in isolation and without articulated policies and procedures.

Lack of Skills in Decision-Making and Communication. Teenagers may not know how to resist the pressures that arise in peer situations; they fear the rejection that might result from not going along with the crowd. Young men and women need to develop the tools to learn how to postpone sexual activity when they do not feel ready to engage and also how to negotiate emotionally-charged relationships. Contraception is not frequently discussed, not consistently used, and often used incorrectly. Examples of factors influencing contraceptive choice may include partner-pressure, the phenomenon of “sexing-in” to gangs and the misconception by some young women that the use of contraception will label them as “promiscuous.”

Both young males and females may lack the knowledge regarding available modes of contraception; however, pregnancy prevention messages frequently target females and rarely address the needs of males. Consequently, young men may have fewer skills and resources and less access to contraceptive counseling than young women.

It has become increasingly clear to psychologists and neurologists that for social and biological reasons, teens have increased difficulty making mature decisions and understanding the consequences of their actions. This is due to the way the brain develops during the adolescent years, causing teens to seek out high-risk situations without a full understanding of possible consequences. A positive youth development program teaches youth how to develop healthy relationships by recognizing the inherent dignity and worth of each person. Parents, educators and mentors have the responsibility to guide and support teens in their decision-making. We as county leaders are charged with providing parents and other responsible adults with the tools to be better equipped to educate and guide teens.

Access to Contraception. In Suffolk County there is a lack of consistency for the access to and funding for family planning/sexual healthcare services. Inconsistencies in both of these components make it difficult to maintain their effectiveness. Transportation, hours of service, eligibility, bureaucratic requirements (forms, documents and inflexible rules), community attitude, language and cultural differences, and affordability are significant barriers to adolescents interested in accessing services.

Even where family planning clinics exist, teenagers may feel uncomfortable using them. One of the most important benefits of consistency in the access to contraception and the informed use of the same is the prevention of unintended pregnancies, and, possibly, abortions.

Access to Healthcare. Teens have limited knowledge of and access to sexual healthcare, either because their general practitioners are uncomfortable with the subject or because of other barriers. Some young women have their first gynecological/obstetrical exam at the emergency room when pregnancies present. This Task Force has heard from Emergency Department personnel that women in their late teen years or early twenties often come in reporting an obstetrical history of 3-5 previous pregnancies, none resulting in live births, and also that some of the young women who choose to terminate their pregnancies become pregnant again within a short period of time. The extent of education related to pregnancy and prevention is frequently limited to the brief emergency encounter with no opportunity for follow-up. This phenomenon is consistent with health disparities that are usually associated with income and education disproportions.

Lack of a Sense of Opportunity. With few perceived options in society, disadvantaged youth can become unmotivated to delay parenthood. While most teen pregnancies are unintentional, teens from low socioeconomic backgrounds may believe that childbearing is a desirable option versus their misconceived lack of a future. Teens who feel hopeless about their futures may be more likely to drift into parenthood than those teens who feel optimistic about their future.

The Media. Media outlets, including television, the Internet, advertising campaigns and print, market sexually explicit messages to our youth. Both sexually explicit media marketing and real-time informational sharing platforms produce sexually saturated channels that not only desensitize our youth about sexual behaviors, but also further limit positive exposure to responsible role models. Social networks create an immediacy and amplification of these messages. By depicting sexually explicit material and not providing young people with responsible role models, print and electronic media convey a confusing message about appropriate behavior for young people.

Limited Access to Culturally-Tailored Resources. Many adolescents, parents and other caregivers who live in under-resourced communities are more likely to have limited access to resources that might otherwise help guide them in decision-making and safer health practices than those living in communities with readily accessible resources. Teen pregnancy is increasing most in communities with large concentrations of Latino families who may not be fluent in English or who may not have access to computers and the Internet. Some of these families may be reluctant to access services due to fear of deportation and a general mistrust of governmental agencies. In some communities, adolescent childbearing may be viewed as more culturally acceptable. Additionally, day-to-day survival outweighs teen pregnancy prevention as a priority. Given Suffolk County's increasing diversity, efforts to address teen pregnancy and parenthood must take into account the variety of racial and ethnic barriers to provide culturally-tailored resources for vulnerable communities.

Community Involvement. One of the persistent themes heard during the Teen Pregnancy Task Force's hearings, was the importance of community support as an antidote to teen pregnancy. Young

people expressed great differences in their individual communities' acceptance of teen pregnancy and parenting.

These students identified a variety reasons that teens become pregnant. These included: seeking love, no positive vision of the future, lack of parenting and adult role models, domestic/dating violence/rape, the role of gang violence, community acceptance of early parenting, the perceived need to concretize a relationship through pregnancy, rebellious behaviors, peer pressure, media influence, ignorance or lack of knowledge, attention seeking, and filling a void in their lives.

## RECOMMENDATIONS FROM THE SUFFOLK COUNTY TASK FORCE ON TEEN PREGNANCY

### I. SUCCESSOR GROUP:

The Suffolk County Legislature's Task Force on Teen Pregnancy recommends that a successor body be established to provide ongoing support, coordination, technical assistance, and oversight to Suffolk County's efforts to reduce teen pregnancy. The successor body shall include representatives of a culturally diverse cross-section of professionals actively involved in youth issues, including adolescent health and adolescent sexuality, gangs, bullying and anti-violence, drug/alcohol prevention, victim services, education, workforce development, social services, juvenile/criminal justice, foster care, and other pertinent disciplines, as well as representatives from communities to be served, including teenagers.

#### A. This body shall be charged with:

1. Addressing the barriers to preventing teen pregnancy identified by this task force,
2. Creating focus groups to discover how these barriers intersect with other issues faced by community members,
3. Promoting educational outreach,
4. Coordinating existing services for youth at risk of pregnancy,
5. Advocating for increased access to family planning services for sexually active youth,
6. Developing collaborative initiatives and program models to help young people - particularly youth in marginalized groups - avoid risky behaviors, including those that place them at risk for pregnancy,
7. Partnering with existing state or federal organizations to leverage their resources,
8. Facilitating ongoing communication and collaborative grant funding efforts between direct service providers and the municipal stakeholders to establish better coordinated partnerships among all service providers and create a long-term awareness of the programs and services to the public,
9. Partnering with libraries, youth organizations, etc., to distribute information and links to resources for teens and adult care givers, and;
10. Partnering with community organizations to promote mentoring opportunities that include both adult to teen and peer-to-peer educational and informational exchange.

B. The successor body shall convene an annual summit of organizations that work with teens, families and communities to move forward an agenda of community-building and community support for Suffolk's teens. The agenda of the summit shall address the recommendations of this report, with training workshops tailored to:

1. County employees,
2. Medical personnel,
3. Professionals who work with youth in non-health related fields (such as librarians, scout leaders, religious youth leaders, foster parents etc.), and;
4. Other groups as deemed necessary, including train-the-trainer workshops for professionals who can reach out to others in their field.

## II. EDUCATIONAL OUTREACH:

A. Support a mandate for adolescent sexual health programs in schools:

The Suffolk County Legislature shall take a stance in support of a statewide mandate for adolescent sexual health programs in public schools and alternative learning venues subject to State jurisdiction. Such a stance may include urging, in writing, either the New York State Legislature or the New York State Department of Education, or both, to enact a mandate for adolescent sexual health programs.

Such programs will include:

1. Age and culturally-appropriate information about puberty and adolescent sexuality,
2. The benefits of abstinence or postponement of sexual activity,.
3. Responsible sexual behavior, including the necessity of contraceptive use,
4. Prevention of sexually transmitted infections,
5. Promotion of self-actualization, responsible decision-making, and healthy relationship building
6. Presentations that are inclusive of a wide variety of students in, including:
  - a) Students who have already engaged in sexual activity as well as those who have not,
  - b) Those who identify as gay, lesbian, bisexual, transgender, or who are questioning their sexuality, and
  - c) Students with physical disabilities, learning disabilities, and with other special needs.

7. Curricula consistent with the Centers for Disease Control and Prevention's guidelines for school health programs, or available evidence-based curricula proven to reduce rates of teen pregnancy and sexually transmitted infections.
- B. The Teen Pregnancy Task Force suggests that the County offer county-sponsored, evidence-based training for individuals who work with youth. Ideally, this training would be offered by an agency specializing in such training and offered at the annual summit sponsored by the successor group. The purpose of such training is to ensure that all people working with youth understand the basic facts about adolescent sexual health, so that they can appropriately respond or make appropriate referrals to youth at risk of unintended pregnancy or sexually transmitted infections. Training would also include optimal methods and venues for communication around these issues.

This training would be open to:

1. All Suffolk County employees who work with youth between the ages of 10 and 21, and the employees of contracted agencies who work with youth between the ages of 10 and 21.
  2. Any adults who work with youth outside of the school day, for example medical personnel, librarians, scout leaders and youth counselors.
- C. The Task Force recommends that the Legislature promote and support educational/informational programs that are particularly effective in diverse communities, for example:
1. *Promotoras*: this program educates adult Latinas as peer educators in sexuality; current participants are all bilingual or speak only Spanish. *Promotoras* conduct community programs and serve as peer resources for friends and family; the program has also trained participants in child and adolescent sexuality so they can be the primary sexuality educators of their children.
  2. *Home Health Parties*: home-based gatherings in target communities to encourage age-appropriate, open, honest and factual dialogue between adults and youth about sexuality and reproductive health. Home Health parties offer community members the opportunity to attend workshops in the comfort of their own home or in a friend's home.
- D. Support and direct constituents to the community database: 211 Long Island:  
<https://211longisland.communityos.org/cms/>In order to make healthy decisions, teens must be empowered to find reliable information, both online and by talking with responsible adults, such as their parents or guardians, youth workers, and health professionals. The 211 Long Island database allows teens and the adults in their lives to find local resources such as healthcare, support groups and counseling from a safe, reliable source.

The Teen Pregnancy Task Force recommends that:

1. the Suffolk County Legislature continue to support the 211 Long Island database to ensure that it is kept up-to-date and is easily accessible;
2. the Successor Group can assist in this endeavor by:
  - a) encouraging organizations to regularly update their entries in the database,
  - b) checking, periodically, to ensure that all relevant organizations are represented in search results and
  - c) having representatives from 211 Long Island offer training in the database at the yearly summit, thus increasing visibility and usability of this resource.
3. The Task Force recommends that the 211 Long Island database
  - a) add a “frequent search” link from their homepage specifically focused to teen pregnancy prevention; and
  - b) encourage the 211 Long Island staff to explore how the database could be made more accessible to the multicultural population of Suffolk County.

#### E. Social Marketing and Media Outreach

1. The Suffolk County Legislature should promote and support the initiative of the New York State Department of Health, which funded ACT for Youth <http://www.actforyouth.net/> as part of its effort to promote positive youth development and prevent risky and unhealthy behaviors amongst adolescents. By promoting the website <http://www.nysyouth.net/> and Facebook page <http://www.facebook.com/NYSYOUTH> and using their already created promotional materials in youth centers, medical centers, bus stops, libraries and more, Suffolk County can reach out to teens in need without duplicating efforts and funding.
2. Additional online resources can be found in the appendices of this report.

**TABLE 1:  
Suffolk County Summary of Recent Statistics Related to Adolescent Pregnancy and Birth**

		<b>Total Pregnancies</b>	<b>Total Rate *</b>	<b>Live Births #</b>	<b>Induced Abortion #</b>	<b>Spontaneous Fetal Deaths #</b>
<b>2004</b>	New York State	39,236	61.9	17,031	21,111	1,094
	Suffolk County	1,898	39.7	881	970	47
<b>2005</b>	New York State	39,036	60.7	17,036	20,880	1,120
	Suffolk County	1,706	34.8	847	826	33
<b>2006</b>	New York State	40,121	59.2	17,405	21,657	1,059
	Suffolk County	1,935	37.3	940	961	34
<b>2007</b>	New York State	39,910	58.4	17,599	21,293	1,018
	Suffolk County	2,012	38.3	968	1,006	38
<b>2008</b>	New York State	38,450	56.0	17,245	20,123	1,082
	Suffolk County	1,827	33.5	920	873	34
<b>2009</b>	New York State	n/a	n/a	16,455	n/a	n/a
	Suffolk County	n/a	n/a	826	n/a	n/a

\* Teen Pregnancy/Birth Rates = per 1,000 female population aged 15-19.

Source: EOC of Suffolk, Inc.-SNAP Division Data Source: New York State and Suffolk County - NYSDOH Vital Statistics

**TABLE 2:**  
**Birth & Pregnancy Rates Above Countywide Average - Per Thousand Females**  
**Ages 15-19 in Suffolk County 2006-2008**

Zip Code/ Town	Birth Rates	Pregnancy Rates
11701 - Amityville	42.6	64.1
11703 - North Babylon	n/a	32.5
11706 - Bay Shore	36.1	52.6
11713 - Bellport	36.0	62.3
11715 - Blue Point	26.9	47.6
11717 - Brentwood	73.0	95.5
11722 - Central Islip	58.2	78.6
11726 - Copiague	41.5	62.3
11727 - Coram	19.1	34.6
11746 - Huntington Station	27.2	36.6
11749 - Islandia	24.5	36.8
11763 - Medford	21.2	38.1
11772 - Patchogue	23.9	39.6
11778 - Rocky Point	n/a	33.7
11784 - Selden	n/a	30.9
11789 - Sound Beach	n/a	41.3
11798 - Wyandanch	62.2	91.6
11901 - Riverhead	44.6	65.0
11937 - East Hampton	22.0	32.7
11944 - Greenport	23.0	34.5
11946 - Hampton Bays	29.7	42.4
11950 - Mastic	47.3	76.0
11951 - Mastic Beach	44.6	72.0
11952 - Mattituck	17.9	n/a
11953 - Middle Island	19.6	n/a
11955 - Moriches	27.8	69.4
11967 - Shirley	23.8	41.6

Source: EOC of Suffolk, Inc.-SNAP Division Data Source: United States: Center for Disease Control  
New York State and Suffolk County - NYSDOH Vital Statistics, Table 30 for 2006- 2008.

**APPENDIX #1:  
Online Resources for Teens and Adults**

**NEW YORK STATE: ACT YOUTH NETWORK**

[http://www.nysyouth.net/sexual\\_health/](http://www.nysyouth.net/sexual_health/)

The youth health site from New York State has information about sex, abstinence, safety, birth control and more. It includes a contact list of family planning clinics by county.

**ABSTINENCE AND DECISION MAKING**

<http://www.studentaffairs.duke.edu/duwell/wellness-tips/abstinence>

Do you have a healthy relationship? Are you ready for sex? What are the advantages of abstaining from sexual intercourse?

**BIRTH CONTROL PROBLEM SET**

[http://www.biology.arizona.edu/human\\_bio/problem\\_sets/birth\\_control/birth\\_control.html](http://www.biology.arizona.edu/human_bio/problem_sets/birth_control/birth_control.html)

Learn about different methods of birth control and how effective they are for preventing human pregnancy.

**CAMPAIGN FOR OUR CHILDREN**

<http://cfoc.org/>

This site aims to educate teens and their parents about the benefits of abstinence.

**COALITION FOR POSITIVE SEXUALITY**

<http://www.positive.org/>

This site has information "for teens who are sexually active now or just thinking about having sex," in an online tour which they call "Just Say Yes" [also available in Spanish as "Di Que Si"]. The site also has features which enable teens to talk to each other or "resident sexperts" about sex.

**DATE RAPE / ACQUAINTANCE RAPE**

[http://www.gmu.edu/depts/unilife/sexual/NSR\\_Intro.htm](http://www.gmu.edu/depts/unilife/sexual/NSR_Intro.htm)

Answers the question: "What is Acquaintance Rape?" Also provides a list of useful precautions, discusses the myths about acquaintance rape, as well as ways to resist acquaintance rape.

**FAMILY HEALTH INTERNATIONAL (FHI)**

<http://www.fhi.org/en/RH/Pubs/index.htm>

"FHI is a not-for profit organization committed to helping women and men have access to safe, effective, acceptable and affordable family planning methods; preventing the spread of AIDS and other sexually transmitted diseases (STDs); and improving the health of women and children." The information on this site is available in English, French, Spanish and other languages."

### **GO ASK ALICE!**

<http://www.goaskalice.columbia.edu/>

This site, from Columbia University, offers loads of advice for teens and college students on topics great and small. Teens may ask Alice about relationships, nutrition and diet, drugs, sex, alcohol, stress, etc.

### **I WANNA KNOW**

<http://www.iwannaknow.org/>

"The purpose of this site is to provide a safe, educational and fun place for teenagers to learn about sexually transmitted diseases (STDs) and their sexual health. Answers to your questions about teen sexual health and STD prevention." Includes sections on Puberty, 'Sex on the Brain', and 'Basic Info Fast' and real-time chat.

### **IT'S GREAT TO WAIT**

<http://www.greattowait.com/>

"The site that shows why the best choice is abstinence until marriage. Stay a while and get more information about why you should wait, who else is waiting, and where you can learn more. There is also a section for parents who want some help talking to kids about abstinence. The answers are just a click away!"

### **IT'S YOUR (SEX) LIFE**

<http://www.itsyoursexlife.com/>

Tells you what you need to help you in an emergency, how to prevent pregnancy, and how to talk to your partner about protection. From MTV.

### **KIDS' HEALTH: TEENS**

<http://kidshealth.org/teen/>

This site contains vital information from medical experts for Teens. Topics covered include: asthma, contraception, dieting, depression, STDs, training, eating disorders, steroids, alcohol, date rape, smoking, lyme disease, self-defense, drugs, abuse, suicide, shoplifting, and so much more. Available *en español*.

### **KID'S HELP PHONE**

<http://www.kidshelpphone.ca/Teens/Home.aspx>

Hotline and forums to help teens looking for guidance. Sections include: Friendship & Love, Diversity, Family, Birth Control, STIs & AIDS, Eating Disorders, Drug Abuse, Abuse, Sexual Violence, Suicide, and Violence. The site is also available in French.

### **LESBIAN GAY BI TRANS YOUTHLINE**

<http://www.youthline.ca/>

This site is an offshoot of an Ontario-based toll-free helpline for lesbian, gay, bisexual, transgendered, and questioning teenagers. You can call their number with any questions or concerns you may have,

instant-message with Youthline counselors, or surf the site to find a wealth of resources for queer teens.

#### **NOT-2-LATE.COM: THE EMERGENCY CONTRACEPTION WEBSITE**

<http://ec.princeton.edu/index.html>

Operated by the Office of Population Research at Princeton University, this site contains information about emergency contraception. An extensive bibliography is included. Services include an Emergency Contraception Hotline.

#### **PLANNED PARENTHOOD INFO FOR TEENS**

<http://www.plannedparenthood.org/info-for-teens>

Includes information on anatomy, relationships, pregnancy, and LGBTQ issues. The website also links to Planned Parenthood information specifically for parents, which is also available in Spanish. (Info for teens is only available in English.)

#### **RAINN: RAPE, ABUSE & INCEST NATIONAL NETWORK**

<http://www.rainn.org/>

RAINN "operates America's only national hotline for survivors of sexual assault. The hotline 1-800.656.HOPE offers free, confidential counseling and support 24 hours a day, from anywhere in the country." Visit their site to learn more.

#### **SEX, ETC.**

<http://www.sexetc.org/>

From the homepage: "Welcome to SEX, etc., a happening new teen-produced web site that answers the questions you'd only ask other teens. Written and produced by teens for teens, SEX, etc. talks about love, sex, abstinence, contraception, AIDS, STDs, drugs and drinking, violence and health topics, just to name a few."

#### **TEENGROWTH.COM**

<http://www.teengrowth.com/>

Created by a team of teens, doctors, and teachers who are "committed to improving the lives of adolescents." Topics include body, emotions, health, friends, sports, danger, school, family, and sex.

#### **TEEN HELP**

<http://www.teenhelp.com/index.html>

Information for teens about their most pressing issues including sex, health, drugs, alcohol, depression, suicide, pregnancy, stress, eating disorders and more. Links to articles about topics and also has a glossary of terms that are of use to teens. Parents can learn a lot too.

#### **YOUTHCO AIDS SOCIETY**

<http://youthco.org/>

A peer driven organization in Vancouver, B.C. which addresses youth issues concerning AIDS and HIV. Includes a zine, "Spicy," with an advice column, information about safer sex, and space for

contributions of prose and poetry by youth. Be aware that some of the safer sex information is illustrated in an explicit fashion.

*Thank you to the Internet Public Library [www.ipl.org](http://www.ipl.org) for the majority of the links above.*

**APPENDIX #2:  
Sexual Health Clinics Open to Teens**

- Planned Parenthood Hudson Peconic: (800) 230-PLAN Hotline Phone:  
(800) 248-7797 (24-Hour Information Line)
  - Amagansett, 618 Montauk Highway, Amagansett, NY 11930 (631)267-6818
  - Huntington, 755 New York Ave Suite 333 Huntington, NY 11743 (631) 427-7154
  - Patchogue, 450 Waverly Ave Patchogue, NY 11772 (631)475-5705
  - Riverhead, 550 E Main St Suite 100 Riverhead, NY 11901 (631)369-0230
  - Smithtown, 70 Maple Ave Smithtown, NY 11787 Main Phone: (631)361-7526
  - West Islip, 180 Sunrise Highway, West Islip NY 11795 (631)893-0150
  
- Suffolk County Department of Health Services:
  - Brentwood Family Health Center, 1869 Brentwood Rd Brentwood 11717 (631)853-3400 (Main #); (631) 439-1551 (Appointments)
  - Dolan Family Health Center, 284 Pulaski Rd Greenlawn 11740 (631) 425-5250
  - Elsie Owens North Brookhaven Health Center, 82 Middle Country Rd. Coram 11727 (631)854-2301; (631)853-3013; (631)439-1551 (Appointments); (631)852-4815 (Emergency #/After hours)
  - Family Planning Clinic – Amityville, 1080 Sunrise Highway Amityville 11701 (631)854-1036
  - Family Planning Clinic – Brentwood, 1869 Brentwood Road Brentwood 11717 (631)853-3434
  - Kraus Family Health Center, Southampton , 240 Meetinghouse Lane Schenck Bldg. Southampton 11968 (631)852-8822
  - Marilyn Shellabarger South Brookhaven Family Health Center-East, 550 Montauk Hwy Shirley 11967 (631)852-1141
  - Martin Luther King, Jr Health Center, 1556 Straight Path Wyandanch 11798 (631)854-1768
  - Riverhead Health Center, 300 Center Drive 2nd Floor County Center Riverhead 11901 (631)852-1810
  - South Brookhaven Health Ctr West, 265 E Main St Patchogue 11772 (631)854-1209

- Stony Brook University Medical Center – Adolescent Medicine Clinics/Family Planning Benefit Program. For first appointment, call Sharon at (631)444-2730; all others: (631)444-5437.
  - 37 Research Way, East Setauket 11733
  - 2701 Sunrise Highway, Islip Terrace 11752
  - 15 West Second Street, Riverhead 11901

### APPENDIX #3:

#### Evidence Based Programs and Research Based Programs with the goal of preventing Teen Pregnancy

##### EVIDENCE BASED PROGRAMS CURRENTLY OFFERED ON LONG ISLAND:

*Be Proud! Be Responsible!*

<http://www.selectmedia.org/customer-service/evidence-based-curricula/be-proud-be-responsible/>

*Cuidate*

<http://www.selectmedia.org/customer-service/evidence-based-curricula/cuidate/>

<http://www.selectmedia.org/customer-service/evidence-based-curricula/%C2%A1cuidate-en-espanol/>

*Draw the Line/Respect the Line*

<http://pub.etr.org/ProductDetails.aspx?id=10000&itemno=S028>

*Making a Difference*

<http://www.selectmedia.org/customer-service/evidence-based-curricula/making-a-difference/>

*Making Proud Choices*

<http://www.selectmedia.org/customer-service/evidence-based-curricula/making-proud-choices/>

*Promoting Health Among Teens (PHAT)*

<http://www.selectmedia.org/customer-service/evidence-based-curricula/promoting-health-among-teens-comprehensive-abstinence-safer-sex/>

*Safe Dates*

<http://www.hazelden.org/web/public/safedates.page>

*Safer Choices*

<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=131>

*Wyman Center Teen Outreach Program (TOP)*

<http://www.wymantop.org/>

##### RESEARCH BASED PROGRAMS CURRENTLY OFFERED ON LONG ISLAND:

*HealthSmart*

<http://pub.etr.org/category.aspx?id=230000>

*LOVE U2 Relationship Smarts Curriculum*

[http://www.dibbleinstitute.org/?page\\_id=1908](http://www.dibbleinstitute.org/?page_id=1908)

*LifeSkills*

<http://www.philliprooy.com/category-lifeskills.asp?CatCode=LIF>

*Quinceñera Program*

<https://www.friendsfirst.org>

---

Visit the Center for Disease Control's site on Teen Pregnancy Prevention to see example of other evidence- and research-based programs: <http://www.cdc.gov/TeenPregnancy/PreventTeenPreg.htm>

**APPENDIX #4:  
Suffolk County Sponsored Programs**

**SUFFOLK COUNTY EXECUTIVE OFFICE DIVISION OF HUMAN SERVICES:**

- **WOMEN'S SERVICES:**

Website: [www.suffolkcountyny.gov/departments/CountyExec/womensservices.aspx](http://www.suffolkcountyny.gov/departments/CountyExec/womensservices.aspx)

Email: [womens.services@suffolkcountyny.gov](mailto:womens.services@suffolkcountyny.gov)

Phone: 631-853-8284, Hotline: 631-853-8222

- **YOUTH BUREAU:**

Website: [www.suffolkcountyny.gov/departments/CountyExec/youth.aspx](http://www.suffolkcountyny.gov/departments/CountyExec/youth.aspx)

Phone: 631-853-8270

- **MINORITY AFFAIRS:**

Website: [www.suffolkcountyny.gov/departments/CountyExec/minorityaffairs.aspx](http://www.suffolkcountyny.gov/departments/CountyExec/minorityaffairs.aspx)

Phone: 631-853-4738

- **CHILD CARE IN SUFFOLK COUNTY:**

[www.suffolkcountyny.gov/home/departments/misc/child%20care.aspx](http://www.suffolkcountyny.gov/home/departments/misc/child%20care.aspx)

**APPENDIX #5**  
**Suffolk County Youth Bureau Contract Agencies**

- BABYLON VILLAGE YOUTH
- BIG BROS OF LI I CATH CHARITIES
- BRENTWOOD YOUTH DEVEL CORP.
- BRIDGEHAMPTON CHLD CARE & REC CT
- COMMUNITY PROGRAM CENTER OF LI
- COMSEWOGUE YOUTH CLUB INC
- COPIAGUE YOUTH COUNCIL
- COPIAGUE YOUTH LEAGUE
- DEER PARK COMMUNITY ORG INC
- EAST HAMPTON JUVENILE AID
- FAMILY COURT WAITING ROOM
- GORDON HEIGHTS YOUTH PROGRAM
- GREAT SOUTH BAY YMCA,BAY SHORE
- HALF HOLLOW HILLS YOUTH DEV CTR
- HAMPTON COUNCIL OF CHURCHES INC.
- HUNTINGTON VILLAGE YOUTH
- LINDENHURST YTH SVCS BOARD IN
- LONGWOOD YOUTH SPORTS ASSN
- NORTH AMITYVILLE COMM ECON CNL
- NORTH BABYLON TEEN CENTER INC
- NORTH SHORE YOUTH COUNCIL
- POLICE ATHLETIC LEAGUE-CTYWIDE
- RESPONSE OF SUFFOLK COUNTY IN
- RIVERHEAD COMM AWARENESS PROG
- RIVERHEAD TEEN CENTER
- S. SHORE BOYS CLUB INC SAYVILLE
- SACHEM TEEN CENTER INC
- SAG HARBOR YOUTH CENTER INC
- SELDEN-CENTEREACH YOUTH ASSN IN
- SHELTER ISLAND COMM YOUTH ASSN
- SMITHTOWN YOUTH/KINGS PARK
- SNAP
- SOUTHDOLD YOUTH BUREAU
- SPRINGS YOUTH ASSOCIATION
- SUFFOLK CNTY SPECIAL OLYMPICS
- SUFFOLK COUNTY BOY SCOUTS
- SUFFOLK COUNTY GIRL SCOUTS IN
- THREE VILLAGE COMMUNITY SVCS
- TOWN OF BROOKHAVEN
- TOWN OF HUNTINGTON YOUTH BOARD
- TOWN OF ISLIP
- TOWN OF SMITHTOWN
- UNITED NO AMITY YOUTH
- WEST ISLIP YES
- YOUTH DEVLPMNT ASSN OF COMMACK INC.
- SC POLICE ATHELETIC LEAGUE
- SMITHTOWN VETERANS YOUTH
- COLONIAL YOUTH & FAMILY SVC
- PATCHOGUE MEDFORD YOUTH
- HECKSHER STATE PARK YOUTH
- THE SUNSHINE CENTER INC
- LI GAY & LESBIAN YOUTH
- SAG HARBOR SD YOUTH AT RISK
- COUNTYWIDE COUNSEL PGM HUNGTGN
- PARENTS FOR MEGANS LAW
- FAMILY SVC LEAGUE/FAST PROGRAM
- MIDDLE COUNTRY YOUTH ASSN
- SELDEN/CENTEREACH LITTLE LEAGUE
- CENTRAL SUFFOLK FOOTBALL LEAGUE
- ST. JOHN BAPTIST PEER MINISTRY
- FAMILY SVC HUNTGN STA FAM CTR
- ADELANTE OF SUFFOLK CTY INC.
- MIDDLE COUNTRY PUBLIC LIBRARY
- LIFELINE MEDIATION CENTER
- TOWN OF BABYLON YOUTH BUREAU
- FAMILY SV LEAGUE BAY SHORE CTR
- TRINITY EVANGELICAL LUTHERAN
- HAUPPAUGE YOUTH ORGANIZATION
- HAUPPAUGE EDUCATIONAL FOUNDATN
- SUFFOLK JEWISH COMM CENTER
- CONNETQUOT YOUTH ATHLETIC LG
- YOUTH EXPERIENCE ART (YEA) PRO
- ST. JOSEPH'S CYO
- LAKE GROVE TRIANGLE SOCCER
- MASTIC SPORTS
- BOYS & GIRLS CLUB OF BELLPORT
- MIDDLE COUNTRY SOCCER
- SOUTH SHORE YOUTH

- CENTRAL ISLIP CIVIC COUNCIL
- VENETTES CULTURAL WORKSHOP
- ALTERNATIVES FOR CHILDREN
- BRENTWOOD PUBLIC LIBRARY
- CAST(COMM. & SCHOOLS TOGETHER)
- CENTRAL ISLIP PUBLIC LIBRARY
- GERALD RYAN OUTREACH
- MADD
- MARV AVERY PALMORE CTR.OF HOPE
- NORTH SHORE LITTLE LEAGUE
- NORTHEAST YOUTH SPORTS ASSOC.
- SOUTHAMPTON YOUTH BUREAU
- ST. CYRIL & METHODIUS OUTREACH
- ST. HUGH'S OUTREACH
- YES INC
- TRI-COM YOUTH AGY HUNTINGTON SD
- CHILDREN'S MUSEUM OF THE EAST END
- EAST ISLIP SOCCER CLUB
- MIDDLE ISLAND CARING FOR KIDS
- MORICHES COMMUNITY CENTER, INC.
- PUERTO RICAN COALITION FOR BETTER COMMUNITY
- SHOREHAM WADING RIVER LITTLE LEAGUE
- SPLASHES OF HOPE
- DEER PARK LITTLE LEAGUE
- HALF HOLLOW HILLS LITTLE LEAGUE
- TOWN OF BABYLON YOUTH COURT
- SAJES TEEN ACTION PROJECT
- SNAP LONG ISLAND-AFTER SCHOOL PROGRAM FOR RIVERHEAD
- KEVIN WILLIAMS MEMORIAL FOUNDATION
- PAT-MED CLUB (YOUTH FOOTBALL & CHEERLEADING CLUB INC)
- LONG ISLAND SCHOOL OF THE ARTS
- YAPHANK PRESBYTERIAN CHURCH YOUTH PROGRAM
- SECCA
- ELIZABETH T. MCNAMEE MEMORIAL FUND
- EASTPORT SOUTH MANOR SPORTS ASSOCIATION(ESMSA)
- TIME FOR TEENS, INC.
- AMERICAN DANCE THEATRE OF LONG ISLAND
- SAYVILLE LACROSSE CLUB
- COMMACK EDUCATIONAL FOUNDATN
- NORTH SHORE COLTS FOOTBALL LEAGUE
- SOUND BEACH SOCCER LEAGUE
- LI SOUND SHARKS FOOTBALL
- 2ND PRECINCT SCHOOL RESOURCE OFFICER
- SACHEM COMMUNITY YOUTH SERVICES
- BROOKHAVEN YOUTH COURT
- FAMILY SERVICE LEAGUE-OPERATION SUCCESS
- HELPING HANDS RESCUE MISSION
- MONTAUK YOUTH ASSOCIATION
- RAINBOW CHIMES, INC.
- S.C.C.C. FOUNDATION-SURVEY COMMUNITY YOUTH
- BISHOP HALE COMMUNITY ACTION CENTER
- TOWN OF BABYLON UJIMA PROGRAM
- NORTHERN BROOKHAVEN LITTLE LEAGUE, INC
- CROSSROADS COUNSELING CENTER INC.
- ST. MARGARET'S BASEBALL/SOFTBALL LEAGUE
- NEWFIELD TRAVEL SOCCER CLUB INC.
- KNIGHTS OF COLUMBUS OUR LADY OF ROSARY COUNCIL NO. 4428
- SUFFOLK Y JCC-DISCOVERY MUSEUM AND THE NATIONAL JEWISH SPORTS HALL OF FAME AND MUSEUM
- BAYSHORE HIGH CREW
- BROOKHAVEN HOMELESS
- HUNTINGTON HOMELESS
- ISLIP HOMELESS-YMCA
- MADONNA HEIGHTS
- MERCY CENTER
- THE MINISTRIES INC (RESIDENCE)
- TOWN OF BABYLON
- TOWN OF HUNTINGTON
- TOWN OF ISLIP
- BELLPORT COMM ACTION COMMITTEE
- FAMILY SERVICE LEAGUE
- ISLIP YMCA-OUTREACH
- RESPONSE OF SUFFOLK COUNTY IN
- SMITH HAVEN MINISTRIES MALL

- TOWN OF ISLIP
- WYANDANCH YOUTH SERVICES, INC
- COLONIAL YOUTH & FAMILY SERVICE
- KAELI KRAMER FOUNDATION
- BRENTWOOD YOUTH ACTIVITIES, INC.

- HUNTINGTON STATION ENRICHMENT CENTER
- LITTLE LEAGUE OF THE 3 VILLAGES
- WEST BABYLON COMMUNITY YOUTH CENTER
- WEST ISLIP LIBRARY
- WEST ISLIP SUMMIT COALITION

ORIGINAL

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1

2

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

3

4 LEGISLATOR VIVIAN VILORIA-FISHER

5 LORRAINE GARIBALDI

6 MOLLY LICALZI

7 LAURA GIARDINO

8 LINDA O'DONOHUE

9 JANET CASSIDY

10 JENNIFER FREEMAN

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

(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

1 Teen Pregnancy Task Force 3/25/10 5  
2 after you came in, and after somebody  
3 who came in after you, but we're going  
4 to make it as painless as possible. We  
5 do ask you to limit your remarks to five  
6 minutes. Legislator Fisher has  
7 volunteered to be the timekeeper, and we  
8 do want to respect the time limits  
9 that -- that we're asking you to -- to  
10 conform to.

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

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

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

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

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

2 Bayport-Blue Point Trustee.

3 LEGISLATOR VILORIA-FISHER: I'm  
4 Vivian Viloria-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.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

Teen Pregnancy Task Force 3/25/10

8

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.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

Teen Pregnancy Task Force 3/25/10 16

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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 Viloría-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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

Teen Pregnancy Task Force 3/25/10 20  
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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1 Teen Pregnancy Task Force 3/25/10 23  
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;

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

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

I don't know much of what happens  
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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

Teen Pregnancy Task Force 3/25/10 28  
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)

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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?

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

(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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1 Teen Pregnancy Task Force 3/25/10 37

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.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1 Teen Pregnancy Task Force 3/25/10 40

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

Teen Pregnancy Task Force 3/25/10 42

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,

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

Teen Pregnancy Task Force 3/25/10 47  
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.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

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

1 Teen Pregnancy Task Force 3/25/10 54  
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,

1 Teen Pregnancy Task Force 3/25/10 59  
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 --

1 Teen Pregnancy Task Force 3/25/10 62

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.)  
21  
22  
23  
24  
25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

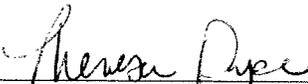
C E R T I F I C A T E

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



## ***May 4, 2010 Teen Pregnancy Task Force Public Hearing Minutes***

Minutes from the Teen Pregnancy Task Force Public Hearing held on Tuesday, May 4, 2010 at 7:00 PM in the Mastic-Moriches-Shirley Community Library, 407 William Floyd Parkway Shirley, New York.

### **Speaker #1: Arona Kessler (Senior @ Stony Brook)**

Spoke of her own experiences in abusive relationships. Hopes that her story can help the Task Force w/ their recommendations. To summarize:

Young People need to learn about

- Need healthy and unhealthy relationships
- Risky behaviors and how they are assoc. w/ pregnancy and abusive relationships
- Non-judgmental adults needed

11<sup>th</sup> and 12<sup>th</sup> grades—education not enough never mentions healthy and unhealthy relations

Young people not taught that their actions, hurts others, Love should never hurt

Coercive Sex—Partner uses physical manipulation to force to have sex

“Real men don’t hit or abuse.”

“Real men take no for an answer.”

### **Speaker #2: Rich (LI Teen Freedom)**

Teaches HS students about Healthy Relationships, Self Respect, Dignity, **Character, Consequences** of Unplanned pregnancy and STD’s. Facilitates a 10-15 Day Program.

Many students looking for ways to say no; **it’s okay to say no.**

Believes Sex Educators lower Bar, they brought up that Planned Parenthood stated sex is a social activity (Baseball is an activity; not sex) **Takes more than latex to fix it!**

### **Speaker #3: Maria Mc Cue (Rep. Peer Educ. Theater Students)**

- Communication w/ parents
- Older men/ younger women; **like being cared for**
- Sex ---Love; **most people who have sex are not in love.**
- **All the students see is sex.**
- **No transportation to programs**
- **Hard to be responsible**
- **Adults wait too long to discuss sex with kids**

### **Speaker #4: Janice Hayes (CYFS Case manger)**

Works w/ pregnancy and parenting teens 13-20

- Transportation issues
- Child care services – issues no education/ no work
- No GED services
- Medical regulations
- Illegal immigration losing medical after 6 wks
- **Ages 13-21: try to make them independent by age 21.**
- TASA regulations

**Speaker #5: Kelly Danis (CYFS Teen Parent Program)**

Limited funding

Provide Education/ Recreational Workshops

Work w/ younger girls at risk

\*Group of teens spoke\*

Protect yourself/ some are planned pregnancies/ hard work/life on welfare/ parent support

**Not really accidents; poor decision making.**

**Let children see a peaceful life.**

**Speaker #6: Social Worker – Bellport HS**

- Don't make deliberate choices about sex
- Kids aren't corrected
- Reduce risk factors; **get kids involved in sports, mentors**
- Evident Based curriculum
- Based on Healthy decisions
- Envelop **good** self concepts
- Make programs **males in prevention programs**
- Study of poverty and teen pregnancy

**Speaker #7: Martha Kahan (Eastern Suffolk BOCES)**

- Reduce risk factors “Health Smart Curriculum”
- **Starts in** Kindergarten
- 5<sup>th</sup> grade- Puberty
- 6<sup>th</sup> grade- Abstinence
- Insufficient Information to parents
- More aggressively advocate **to school districts to utilize BOCES/SCDHS Health Smart program** for sexuality education
- **Addresses “peer norms.”**
- “Social Noun
- Lessons of medicine

**Speaker #8: Alice Giodans- (Grandmother)**

Concerned about condom distribution in schools  
TV violence- contradictions on how one should live  
Respect life  
Self control

**Speakers #9: Jessica and Cynthia (LIAFS) Group Home 12-21**

Start abstinence in preschool; **influence of media**  
**Everyone in high school has had sex and a pregnancy scare.**  
Choices in life  
Uncomfortable speaking with adults

**Speaker #10: Ann Robinson (Grandmother)**

Worry about big businesses / Planned Parenthood  
Notification  
Ultrasound before abortion  
Waiting period  
Conscience  
Protect children under age  
Unhealthy contraception

**Speaker #11: Rachael Morgan**

2/3 pregnancies under 18  
Forced sexual experiences  
Planned Parenthood cover-up **concerning the reporting or abuse, i.e., statutory rape.**  
Mandated reports  
Increased risk of breast cancer  
Experiments on younger girls

**Speaker#12: Lynda Zach (CY&FS)**

Deal w/ both issues of each side  
Involve fathers  
Need to recognize the problem  
Transportation issues  
**Work with** Siblings at risk  
Turns can be successful

**Speaker #13: Kirsty (Life Center)**

Pregnant at 14  
Second child on the way

Should be taught Self respect, rather than condom use.

Value yourself and body

Birth control fails; is not the answer.

Teach abstinence

**Speaker #14: Peter O'Hara (Taxpayer/ Educator/Citizen/Parent)**

We teach "Say no to drugs, but qualify the "Say no to sex."

"Say No to Sex"

Attitude of sexuality

Parental support

Planned Parenthood big business

Side effects of using protection

Teach NO SEX

**Speaker # 15: Clare Henshaw (Studying to be a HS teacher)**

Respect innocence of children

Parents are shrugging their responsibilities

Teach teens to respect themselves

NOT animals

NO condoms

Educators must not overstep their bounds.

**Speaker #16 Mary O'Neil: Abstinence Please**

Just Say NO

**Speaker #17: Andrew Pollard**

Taught to wait to have sex from an early age, because the parents care, not to be controlling

Friends w/ STD's

Teens will delay; it can be done

Give info on birth control

Education is the key from an early age

They have choices

**Speaker #18: Adessa (Resident of South Carolina) SCDON OMH**

Kids having children too young

Sex education is needed

Age plus culturally appropriate

Conversation continue

"A healthy baby begins with you."

**Speaker #19: Diana Romero (Peer & Student)**

To reduce Teen Parent rates thru Education

Psychological, physical emotional consequences of sex.

Benefits of living abstinent

Set Long term goals

Parent involvement and self control

Immune to media; media vs. reality.

Second chances; fresh start

**Speaker #20: Kenny McKenzie (SNAP)**

Encourage parents to raise children; if children are neglected, abused, refused—they will make poor choices.

Comprehension approach to life's journey

**Speaker #21 Pat (Mother)**

Don't repeat mistakes

Start Over

Set Goals

Abstinence only!

Self respect



ORIGINAL

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

----- X  
SUFFOLK COUNTY TEEN PREGNANCY  
TASK FORCE MEETING  
----- X

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

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

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

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

15 MS. SUHR: Ginny Suhr, legislative aid to  
16 Vivian Vilorio-Fisher.

17 THE CHAIRWOMAN: Thank you. The Task Force  
18 on Teen Pregnancy was created in 2009 at the behest of  
19 Legislator Vivian Vilorio-Fisher and was passed  
20 unanimously by the legislature. The purpose is to  
21 examine the reasons behind the uptick of pregnancy to  
22 teens and to look at the economic and social  
23 consequences that this has had on Suffolk County.

24 We have been meeting every two weeks since January.  
25 This is the fourth and last public hearing that we have

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

2 scheduled at this point.

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

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

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

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

1 Teen Pregnancy Task Force - 6/1/10

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

7 THE CHAIRWOMAN: Our next speaker is Frank  
8 Pomata.

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

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

25 We began working with a group of seventh grade

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1                   Teen Pregnancy Task Force - 6/1/10  
2           students in 2005, providing them and their families with  
3           information, academic support and leadership  
4           opportunities that will last until June 2011 when  
5           they're expected to graduate from Wyandanch Memorial  
6           High School.

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

2 and goal oriented young adults.

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

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

21 Once again, thank you for your time.

22 THE CHAIRWOMAN: Reina Schiffrin.

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1                    Teen Pregnancy Task Force - 6/1/10  
2        reproductive health and education, millions of women  
3        across the country come to us for affordable birth  
4        control, and our educators reach over a million teens  
5        and young adults with programing that promotes  
6        responsible decision making, including both abstinence  
7        and family planning. In 2009, Planned Parenthood  
8        Hudson-Peconic provided services to more than thirty-two  
9        thousand visits here in Suffolk County alone.

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

2 without promoting any particular religious or moral  
3 beliefs.

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1           Teen Pregnancy Task Force - 6/1/10  
2           percent of our patients. The majority of our patients,  
3           a full fifty-five percent, are adults twenty to  
4           twenty-nine years old.

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

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

25          I understand that the health task force is

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1                   Teen Pregnancy Task Force - 6/1/10  
2           concerned with the services for pregnant and parenting  
3           teens as it is with preventing teen pregnancy. For the  
4           majority of teens that come from healthy families,  
5           providing good comprehensive sexuality education in  
6           schools will both prevent pregnancy and provide much  
7           needed information about health services for pregnant  
8           and parenting teens. What I hope will result from the  
9           work of the task force is a public education campaign  
10          about teens' rights to access health care, and one that  
11          encourages parent-child communication. The more open  
12          and accepting we can make society speak about sexuality,  
13          the more parents will embrace and even demand  
14          comprehensive sexuality in our schools.

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

20                   THE CHAIRWOMAN:   Scott Grantly.

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

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

7 THE CHAIRWOMAN: Gira Freiberg.

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

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

1 Teen Pregnancy Task Force - 6/1/10

2 white elephant in the room.

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1                   Teen Pregnancy Task Force - 6/1/10  
2           moral responsibility to teach our children right from  
3           wrong. Sex is not wrong when you are mature and in a  
4           committed relationship and in a loving marriage. It is  
5           wrong when you are in the middle school bathroom doing  
6           something that you are going to be ashamed of that might  
7           cause you to contract a deadly disease.

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1                   Teen Pregnancy Task Force - 6/1/10  
2           we tried something different.    Let's try telling our  
3           kids no, no to meaningless, degrading, dangerous sex.  
4           Let's start teching them abstinence.

5                   THE CHAIRWOMAN:    Boscia, Marissa.

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

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

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

22                   The next speaker is Susan Heller Fisher.

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

1                   Teen Pregnancy Task Force - 6/1/10  
2           education needs to be coupled with discussion about  
3           protection from the prevention of sexually transmitted  
4           diseases and unwanted pregnancy. It also needs to be  
5           about overall health, self-esteem and well-being.

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054  
114

1           Teen Pregnancy Task Force - 6/1/10  
2       month. That is not necessarily the rule for all, but  
3       that is definitely my experience. That is not much time  
4       for them to get to know each other. It is time for a  
5       real truthful, healthful education that reinforces the  
6       choice to have and/or not to have sex, and choices about  
7       protection if they are sexually active. They need a  
8       program that addresses their truth without judgement.  
9       We need to educate them about their bodies, and we need  
10      to teach them to take appropriate care about  
11      themselves.

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

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

1                   Teen Pregnancy Task Force - 6/1/10  
2           them that they are powerful. Teach them the value of  
3           assessing their own values and finding others who share  
4           their own values. If you want to teach teens about sex,  
5           ask them what they need to be safer, then when you  
6           really understand what is true for them, you can design  
7           a really effective program for our children.

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

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

25                   Fast forward three years later. A young woman

1                   Teen Pregnancy Task Force - 6/1/10  
2           comes in with a suit on. She asked me do I remember  
3           her. I looked through the paperwork. I said, "yes, I  
4           do." She asked me do I remember what I said to her. I  
5           said "yes, I do." She said, "you made a difference."  
6           When she left my office the first time, I asked, "can I  
7           give you a hug." When she came back to my office the  
8           second time she asked, could she give me a hug.

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

2 information. I talk about and encourage parental  
3 involvement.

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

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

23 (Applause)

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

1           Teen Pregnancy Task Force - 6/1/10  
2       other people signed in and didn't have S's. I'll start  
3       jumping down to the S's. If you signed in and decide  
4       you want to speak, let us know. Carolyn Dudian.

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1                   Teen Pregnancy Task Force - 6/1/10  
2           about their future. It's what kids should be doing.  
3           They should be imagining be what their life is going to  
4           be. I'm sorry if I'm getting a little emotional. This  
5           is very important to me. I don't need to be here. My  
6           kids are kind of getting through that stage, but I just  
7           feel it's so important that we have fair share in  
8           schools for these abstinence programs.

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

22                   THE CHAIRWOMAN: Rayanne Scott.

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

1 Teen Pregnancy Task Force - 6/1/10

2 Ninth Annual Abstinence Clearinghouse Conference.

3 First, teens who abstain will be subject to less  
4 emotional turmoil and fewer psychological distractions,  
5 which will enable them to better focus on schoolwork.

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054  
122

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

18 THE CHAIRWOMAN: Allison Schwartz.

19 MS. SCHWARTZ: I talk really fast, so I'll  
20 try and slow it down. I graduated from high school in  
21 2007. I'm going to tell you a little bit about our sex  
22 education in public schools. Our sex education was for  
23 half a year in seventh grade and half a year in eleventh  
24 grade. Our seventh year was brief and non-sufficient.  
25 Basically we were told sex was bad and it will lead to a

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

25 Thank you.

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054  
124

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054  
125

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054  
126

1 Teen Pregnancy Task Force - 6/1/10

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

7 Thank you, and have a great day.

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

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

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

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054  
128

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1                   Teen Pregnancy Task Force - 6/1/10  
2           of the SNAP programs on Long Island in Wyandanch. We  
3           are not doing a good job getting males. This is a  
4           serious problem. We don't have males that can speak  
5           confidently and speak about yes, this is a major problem  
6           with our community.

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

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

1 Teen Pregnancy Task Force - 6/1/10

2 battle on that.

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

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

22 (Applause)

23 THE CHAIRWOMAN: Diana Jansen.

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

1 Teen Pregnancy Task Force - 6/1/10

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054  
132

1 Teen Pregnancy Task Force - 6/1/10

2 children to learn themes from abstinence education.

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

11 (Laughter in audience) Yes.

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1                   Teen Pregnancy Task Force - 6/1/10  
2           partners at an early age may undermine one's ability to  
3           develop and sustain lovings relationships as an adult.  
4           Parents reject the idea that teaching about  
5           contraception is more important than teaching about  
6           abstinence. Parents oppose teaching that sex is okay if  
7           condoms are used. Parents want children to abstain  
8           until they're married or in an adult relationship that  
9           leads to marriage.

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054  
134

1 Teen Pregnancy Task Force - 6/1/10

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

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

10 THE CHAIRWOMAN: Margaret LaGiudice.

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

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

1           Teen Pregnancy Task Force - 6/1/10  
2           will answer that myself.   Saying yes, I agree with many  
3           of you that teenagers are not ready for the  
4           responsibility and that sex can cause emotional damage.

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054  
137

1                   Teen Pregnancy Task Force - 6/1/10  
2           when they drive. We as parents don't want them to  
3           engage in that behavior. Does that mean that we should  
4           not allow them to use seat belts and air bags? Sex  
5           education is part of health education. We cannot  
6           legislate that all parents must teach their children  
7           about sex, but we should make sure that teenagers know  
8           the facts of life and how to prevent unwanted pregnancy  
9           and sexually transmitted disease. It may save their  
10          lives. (Applause)

11                   THE CHAIRWOMAN: Mary Porter.

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

2 For me, information beats ignorance.

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

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

20 THE CHAIRWOMAN: Michael DeMeo.

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1                   Teen Pregnancy Task Force - 6/1/10  
2           about this Teen Pregnancy Task Force for Suffolk County,  
3           I started doing a little research. I went to the  
4           Internet and said let's see about condoms. I need to  
5           educate myself. I'm an educator as well. I'm with  
6           teens most of the day. I know what they're up to, what  
7           they're doing, and they're full of energy and full of  
8           life.

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

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

1 Teen Pregnancy Task Force - 6/1/10

2 and my nephew, I want them to be safe all the time.

3 Unfortunately, condoms are not a hundred percent

4 effective. So I started to look up consistent condom

5 use and what was said about that, and what the Medical

6 Institute stated, how do teeners fair when it comes to

7 using condoms. A study conducted over a period of six

8 months found that always condom use was reported by

9 adolescent females only thirteen percent of the time.

10 In another study, just fifty percent of the females

11 reported consistent condom use. Males report slightly

12 more condom use than females According to the National

13 Institute of Health panel, even if a hundred percent

14 consistent condom use could be attained, it would not

15 totally eliminate the risk of acquiring any STD,

16 including HIV.

17 Now I knew a little bit more about condoms,

18 that they're not a hundred percent effective. What are

19 some of the programs out there now? I went to the

20 Internet I found through the Abstinence Works two

21 thousand ten different programs in the United States.

22 There is one on Long Island, Long Island Teen Freedom.

23 It's an abstinence-based program, and they reached over

24 eight thousand students and over five hundred parents

25 this year.

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1                   Teen Pregnancy Task Force - 6/1/10  
2           maintained sexual abstinence up to twelve months after  
3           receiving the program. This is twenty percent higher  
4           than the sixty-four percent reported the year prior.  
5           Students who participated in the Long Island Teen  
6           Freedom program are nearly three times more likely to  
7           maintain sexual abstinence twelve months after  
8           participating in the program than the average.

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

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

23                   Thank you very much for the opportunity to  
24          speak.

25                   THE CHAIRWOMAN: Michael Carolan.

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1                   Teen Pregnancy Task Force - 6/1/10  
2           condoms and sex and things like that. That's all I want  
3           to say.

4                   THE CHAIRWOMAN:   Robert Flink.

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

10                  THE CHAIRWOMAN:   That was our mission.

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

2 correct.

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

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054  
147

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1                   Teen Pregnancy Task Force - 6/1/10  
2           difference was that we were not talking about  
3           contraception, condoms and things like that. In all of  
4           the programs that we ran, it really talked about goal  
5           setting, healthy relationships. Really having a vision  
6           of your own future. That is the really the important  
7           thing that I think needs to be understood. In both of  
8           these types of programs, it really is talking about the  
9           holistic view of our children.

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

25                   As I said, it's unfortunate that the kids

1                   Teen Pregnancy Task Force - 6/1/10  
2           aren't here today to really share their stories about  
3           being in the program. The last time we were here, my  
4           students had gotten up. Of the five guys that came up,  
5           they actually started talking about they are virgins.  
6           They were willing to come up in front of a group of  
7           about seventy-five strangers and proclaim their  
8           virginity. They were not ashamed of it.

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

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

25                  They know condoms aren't a hundred percent

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

25 I am blessed with having an opportunity to

1                   Teen Pregnancy Task Force - 6/1/10  
2           work with two young men. One is thirteen, he's in the  
3           middle school in Deer Park, and another that is  
4           seventeen in the high school in Hauppauge. Two very  
5           different children, both diagnosed autistic. They have  
6           become more social as they have gone through school and  
7           have had significant experience in working with peers,  
8           and attending social functions.

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

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

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

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

1                   Teen Pregnancy Task Force - 6/1/10  
2       been a nurse for over thirty years, and I'm a pediatric  
3       nurse practitioner, in addition, that works for the  
4       Suffolk County Department of Health. I know about this  
5       situation too well, inside and outside. I haven't heard  
6       the word "understanding culture," since that is a strong  
7       word. I'm very comfortable with different cultures. I  
8       know what that word means globally because I have  
9       traveled extensively, and there are many problems in the  
10      clinic.

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

2 between two people.

3 Couple of things I heard here tonight.

4 Certainly the religious right, as cynically as it was  
5 put, is not trying to control women's bodies, number  
6 one. Number two, the dialogue that should take place in  
7 every family begins at nine, ten, eleven, twelve,  
8 thirteen years old and the dialogue should not what  
9 makes that child happy. It should be what is going to  
10 make that child a healthy teenager, a healthy adolescent  
11 and a healthy adult. That dialogue should include  
12 sexual appetite.

13 In 1955, my genes were pretty active, but in  
14 1956 I was a virgin when I got married, and obviously  
15 Louise was also. I was a professional baseball  
16 player. I am also today a deacon in the Catholic  
17 church and I'm not representing the religious right.  
18 All I'm saying is the most important thing we have as a  
19 gift is dialogue with our children.

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

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

**Five Star Reporting, Inc. d/b/a ADL Transcription Services**

\*\*\*\*\* Suites located in all boroughs \*\*\*\*\*

(631) 224-5054

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

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

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

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

1 Teen Pregnancy Task Force - 6/1/10

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

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

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

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

1                   Teen Pregnancy Task Force - 6/1/10  
2           another teacher, so they wouldn't learn about  
3           contraception if their parents didn't want them do. I  
4           feel that would bridge the gap.

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

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

13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CERTIFICATION

STATE OF NEW YORK)  
 )  
COUNTY OF SUFFOLK)

ss:

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

