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10/3/03
Date

2003 HOUSE EDUCATION

HB 1398

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2003 HOUSE STANDING COMMITTEE MINUTES
BILL/RESOLUTION NO. HB 1398

House Education Committee

Conference Committee

Hearing Date January 29 2003

Tape Number	Side A	Side B	Meter #
1	x		100-end
1		x	00-4000
Committee Clerk Signature <i>Linda Sieckner</i>			

Minutes: **Chairman Kelsch** opened hearing on HB 1398

(140) Rep. Sitte introduced Dr. Scott Bennett, Child Psychologist, Bismarck

I have worked with students in the preschool, elementary, middle and high school levels.

This is an interesting bill, that it is more problematic than reading and math. I had some experiences with my daughter, where she had some problems reading, and got several years behind. Because the schools do standardized testing, and have a means of measuring. We were able to assess the need and discovered she has a learning disability. W needed to teach her with a different method, now she is several grades ahead.

How do you address a child's needs and assess on how the program is working or not working?

What is one method for the state standard that will work for most of the kids most of the time?

With the understanding that there is no one approach that will work for every child all of the time. If safe practices are not taught, the down side is pregnancy, STD, and cost for health care, if abstinence is taught there is not much down side. The cost to society and the individuals is very little. So the issue is, is it more realistic to teach abstinence programs. Problems with any

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Page 2
House Education Committee
Bill/Resolution Number HB1398
Hearing Date January 29, 2003

curriculum, is that they don't work all that well. The broader cultural influences and the normal growing up of teens, hormones, outweigh the effect of sexual education program. Whether you teach an abstinence program, how to use contraceptive program, programs that have looked every thing from student lead programs to teacher/profession lead.

What does work to a certain level and when and where abstinence programs do in fact work?

And what I have found is that they work well in the elementary and high school level and not to well in the middle school level. But unfortunately, nothing seems to work in the middle school level. A lot of peer pressure, hormones, etc. They work well with immigrants groups, apparently when they come to the US, their is much more peer pressure from previous cultures, so teaching abstinence programs back up what families and previous cultures teach.

Abstinence programs also work well when they are multifaceted. So if you look at section 2c, the social dynamics are at play. But when combined with alcohol, drugs, parent involvement programs, community involvement, as stated in section 3. They do have measurable affects.

And when underlining values are backed up by the cultural norm and morals.

In the Midwestern states, such as ND demographics, this is the best area to introduce these types of programs. Studies have shown that the rural communities in conservative areas, with religious backgrounds, with ND fits. They don't work well on the coastlines.

I feel that HB 1398 will impact our children in a positive way, states like ND it could have its biggest and strongest impact.

Rep. Mueller This program is in affect in surrounding states, where are those at and your understanding of how they are working?

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Page 3
House Education Committee
Bill/Resolution Number HB1398
Hearing Date January 29, 2003

Bennett: I don't have statistics with me, I can get for you. They are working minimally. What ever program you try in schools, it is not going to adequately address the problem. The problem is simply broader than cultural problems.

Rep. Mueller What states or districts has this been adopted in?

Bennett: it is more school districts that have applied this program.

Rep. Herbel You mentioned that when they deal with contraceptives, that it should involve a doctor or social worker and the parent.

Bennett: That is one thing I liked about the house bill is that it address the involvement with parents. We fault the parent so many times for not doing this, and when it is talk they feel they have to go in and clean up what was taught. Any program you do, as much as possible, get these people involved.

Rep. Hunsakor Abstinence programs work best at elementary and high school, but not middle school, can you expand on that?

Bennett: The research shows that all education is problematic in the middle school level. That is when we developmentally we start to break away from our parents more and joke around with the process.

Rep. Meier At what age level in elementary do you start?

Bennett; I feel it is best to time it w/ the start of puberty, girls 5th, boys 6th grade.

Rep. Williams Are you aware of any states that mandate this type of program?

Bennett: I don't have that research, It would be hard to do that on a statewide effort because of the rural and urban splits.

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Page 4
House Education Committee
Bill/Resolution Number HB1398
Hearing Date January 29, 2003

Rep. Hunsakor Over the years we have heard both sides of the coin, that these issues should be handled by the parents, by the church and not by the school. And now we are talking about sex education in the school? What is your take on that, is this a church/ parent affair or can a school be a positive thing?

Bennett: The school can be a positive thing to back up parents. Some parents are not comfortable with teach it, some parents just don't address it. The schools are just trying to pick up where families fell. Sexuality is such a broad spectrum, that it is easy for schools to teach physiology part of it, but the problems is when you don't address the values and morals/ emotional aspects of it. You are only giving the children half of it. A parents feel out of the loop or that their values are being opposed.

Rep. Sitte stated the legislation was passed in Mississippi, Arizona, Alabama passed legislation.

(1500) Rep. Sitte, District 35 See Attached Testimony

(2500) Rep Kerzman, District 31

I was pleased to sign on to this piece of legislation for many reasons. I think Rep. Sitte gave you enough information to think about. I have always felt that abstinence should be the focal point of sex education. Firmly believe that the parent should be the first teacher. And for the most part fairly straight forward and factual. It is disturbing that when you hear of schools for whatever reason sometimes send the wrong message. Just teaching safe sex without abstinence as the focal point is an underlying message the kids pick up in a hurry that sexual promiscuity is okay as long as you are protected. As Rep. Sitte pointed out the only 100% protection is abstinence.

Joan Lee, wife, mother and a nurse that has worked with abstinence resources. See Attached Testimony .

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10/3/03
Date

Page 5
House Education Committee
Bill/Resolution Number HB1398
Hearing Date January 29, 2003

Suzie Sund Klundt, volunteer at the New Life Pregnancy Center

Basically what we do is offer host of supportive services for those young girls, teens that come to us thinking they are pregnant. We have a 24-hour hotline, provide clothing, baby clothing, homes, haircuts, love, anything to enable her to carry her baby to term. If she chooses to have an abortion, that is her choice because it is legal, we tell the girls that if after their abortion they are experiencing any emotional, health problems whatever, that we are there for them. And we do referrals to professional agencies. And I also get referrals from these professional agencies.

We promote abstinence. We have brought in speakers so that the message can be heard in the area as much as 60-80 mile radius. And because their message send such a positively received we also hold rallies on Wednesday night at the Bel Meheus. It was jam backed, there were over 800 kids there and the official at the door had to turn away about 200 kids. So since then we have moved to the Civic Center. this is because kids are hearing the abstinence message and they know that they only thing that will protect them physically, emotionally, spiritually. And I have seen the heartbreak as a result of kids being sexually active from as early as 13 years all the way up. It breaks my heart that some of the junior high level, are like rabbits, they were changing partners and thinking that this was okay. Most of them would not use protection because it was in the heat of the moment, the ones that did, condoms are 1 in 4 chance of not working. I have demonstrated the effect with a tennis racket and a sack of beans, the beans go through the racket. This is the chance you are taking. The largest HIV virus can go through the smallest hole in a condom. Condoms are not effective against STD's and 1 out of 4 in pregnancy.

We are privately funded. We do not receive any state or federal money, we don't the money because we do not want the interference. So we send letters and knock on doors for support.

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Page 6
House Education Committee
Bill/Resolution Number HB1398
Hearing Date January 29, 2003

Rep. Williams : You said that you have worked with students of a young age and in the middle school, who thought that it is was okay to swap partners.

Kludt: Their parents may not have had healthy conversations with them, they get their information in the schools. In those conversation I have asked were you offended by what you were taught by the teachers. And they say oh yes, I was only in the 5th grade and they were telling us how to use a condom, how to put it on, and that we know you are going to do it anyway so you should use a condom. Without the information about all that comes with it.

Jessica Shaw, student, See Attached Testimony


Rep. Mueller A troubling concept - You were told by the teacher that it was okay to have sex but this is safe when you do.

Shaw: Absolutely, Teachers are not able to say that this is right and this is wrong, they are able to say is that this is safe or this is safe. And if you choose to have sex, that is okay for you. Not having sex is the only way to be safe, but if you choose to this is what you use to reinvent those things.

Dr. Gaylord Kavely, as a parent.

Encourage a Do Pass on this. When I read through this I thought what a great idea, Excellence. Let me tell you what I mean about that. When I teach my kids whether it is sexuality, manners. And when I teach medical students in the family practice residence, I teach excellence. I think it is very important that we let people know the highest standard by which everything should be measured. When we talk about medications or surgery, ethically or safety or in surgery, risks and benefits. When we look medications/surgery if we found something that was 100% safe, 100% ethic, in that it always works and is always safe, then that is unquestionably the gold standard.

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