MINUTES

MONTANA HOUSE OF REPRESENTATIVES 51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON EDUCATION AND CULTURAL RESOURCES

Call to Order: By Chairman Ted Schye, on February 8, 1989, at 3:00 p.m.

ROLL CALL

Members Present: All

Members Excused: None

Members Absent: None

Staff Present: Andrea Merrill, Legislative Council Researcher

Announcements/Discussion: None

HEARING ON HOUSE BILL 481

Presentation and Opening Statement by Sponsor:

Rep. Wilbur Spring, Jr., District 77, Belgrade said HB 481 would change the accumulated sick leave reserve fund for school districts to include accumulated sick leave and vacation leave for all district employees.

Testifying Proponents and Who They Represent:

Steve Johnson, Business Manager, Bozeman School District Bruce Moerer, Montana School Boards Association (MSBA) John Campbell, Business Manager, Helena School District 1 Rep. Ralph Eudaily, District 60, Missoula Rep. Richard Nelson, District 6, Kalispell

Rep. John Johnson, District 23, Glendive

Proponent Testimony:

Steve Johnson, (EXHIBIT 1.)

Bruce Moerer said this would be a good business and management tool. Districts that get hit with a large number of people retiring often have a problem paying off accumulated vacation just as retirement. This bill would allow the two to be treated alike.

John Campbell said he supported Steve Johnson's testimony and HB 481.

Reps. Eudaily, Johnson and Nelson went on record in support of HB 481.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: Rep. Simpkins asked Steve
Johnson if there would have to be a transfer of money into
the reserve fund which is built up now and he replied yes
there would need to be a transfer. Rep. Simpkins then asked
Mr. Johnson if this would cause an increase in the district
budget at the present time and Mr. Johnson said it would
not.

Closing by Sponsor: Rep. Spring thanked the committee and recommended a DO PASS for HB 481.

DISPOSITION OF HB 481

Motion: Rep. Darko made the motion that HB 481 DO PASS.

Discussion: None

Amendments, Discussion, and Votes: None

Recommendation and Vote: Motion by Rep. Darko CARRIED upon unanimous voice vote.

HEARING ON HOUSE BILL 271

Presentation and Opening Statement by Sponsor:

Rep. Norm Wallin, District 78, Bozeman, (EXHIBITS 2 and 3.)

Testifying Proponents and Who They Represent:

Alana Myers, Private Citizen, Missoula
Walt Dupea, Private Citizen, Big Fork
Traci Dodson, High School Student, Missoula
Joanne Shearer, Private Citizen, Helena
David Kernall, Curly Thornton Ministries, Billings
Curly Thornton, Curly Thornton Ministries, Billings
James J. Veltkamp, Private Citizen, Bozeman
Patrick Thompson, California Traditional Values Coalition,
Bozeman

Dr. John Heetderks, Physician, Bozeman
Lois Heetderks, Private Citizen, Bozeman
Helen Johnson, Private Citizen, Bozeman
Andy VanTeylingen, Private Citizen, Bozeman
Marc Cramer, Businessman, Helena
Doug Kelley, Pastor, Mount Helena Community Church, Helena
R. Stephen White, Private Citizen, Helena
Bryan Asay, Montana Family Coalition, Helena

Janee Williams, Private Citizen, Bozeman
Donna Vandenacre, Private Citizen, Helena
Shirley Wise, Private Citizen, Bozeman
Raylynn Lauderdale, Curly Thornton Ministries, Helena
George Bradley, Private Citizen, Billings
Florence Wilson, Private Citizen, Bozeman
Sue Erickson, Private Citizen, Bozeman
Mark Vesterby, Private Citizen, Billings
Dorothy Traxler, Private Citizen, Missoula

Proponent Testimony:

Alana Myers, (EXHIBITS 4, 5, 6, 7.)

Walt Dupea, (EXHIBIT 8.)

Traci Dodson, (EXHIBIT 9.)

Joanne Shearer, (EXHIBIT 10.)

David Kernall stated support for HB 271 and said he started taking drugs at the age of nine due to peer pressure in school and no education telling him not to do so. He said this is not just an issue of educating and saying "no" but a total educational package that must be presented to the youth of Montana who will be the leaders of tomorrow.

Curly Thornton said he is very knowledgeable about these issues and lived the life of drugs, alcohol and sexual promiscuity. He said the school system needs to get back into the business of teaching those issues relative to becoming productive in this society. He said Planned Parenthood does not work but family planning does work through parents who are willing to put themselves in line with their children. The school system needs to get back into the business of teaching reading, writing and mathematics.

James J. Veltkamp, (EXHIBIT 11.)

Patrick Thompson stated as the sponsor of the California Abstinence Bill wherever sex education is taught so must sexual abstinence until married be taught. He said after researching studies on sex education classes, the Traditional Values Coalition found that frequently abstinence was dismissed with one or two sentences with teachers generally assuming students are sexually active. Statistics on schools using abstinence education showed students' attitudes and actions were definitely affected positively. Mr. Thompson stressed that promoting a philosophy of free sex, condoms, and abortion has done nothing more than to dramatically increase the number of teen pregnancies. He closed by saying in California

opposition to the bill was minimal and the ACLU did not oppose the legislation.

Dr. John Heetderks, (EXHIBIT 12.)

Helen Johnson, (EXHIBIT 13.)

Marc Cramer said HB 271 would not place teachers in conflict as far as the Montana Code is concerned.

Doug Kelley, (EXHIBIT 14.)

Bryan Asay, (EXHIBIT 15.)

Janee Williams, (EXHIBIT 16.)

Shirley Wise, (EXHIBIT 17.)

Florence Wilson, (EXHIBIT 18.)

Sue Erickson, (EXHIBIT 19.)

Testifying Opponents and Who They Represent:

Joye Kohl, Bozeman

Jack Copps, Office of Public Instruction (OPI)

Nancy Lien Griffin, Montana Women's Lobby

Margery Eliason, Teacher, Master of Guidance Counseling, Billings

Janet Colberg, R.N., District #1 School Nurse, Montana

Association of School Nurses, Helena

Suzanne Nybo, Program Manager, Montana Family Planning Program, Department of Health and Environmental Sciences

Chip Erdmann, Local Control

Woody Wright, East Helena School Board

Antoni Campeau, Legislative Intern, Board of Public Education

Toni Niklas, Montana Education Association

Richard Chiotti, Program Manager, AIDS Program in the Preventive Health Services Bureau, Montana Department of Health and Environmental Sciences

Bill Hallinen, Helena

Bob Fisher, Health Teacher, East Helena Schools

Dr. Karen Landers, Montana Council for Maternal and Child Health

Jesse Long, School Administrators of Montana

Bruce Moerer, Montana School Boards Association (MSBA)

Tamara Blank, Helena

Christie Marron, Missoula

Gay Halgiomson, Helena

Robert C. Rowe, President, ACLU of Montana

Opponent Testimony:

Joye Kohl, (EXHIBIT 20.)

Jack Copps said in fact the emphasis should be on abstinence however, the bill proposes to conceal correct

information from Montana's youth exposing them to not only pregnancy but also life threatening disease. He said we as a society cannot afford to close our eyes, ears or our classrooms to the real social issues that exist including birth control, abortion, AIDS and the prevention of other social diseases. Mr. Copps also said sex education programs in Montana schools do emphasis abstinence as the primary and most effective and responsible choice for young people and that public education must continue to help clarify what the young people think they know, separating fact from fiction.

Nancy Lien Griffin, (EXHIBIT 21.)

Margery Eliason, (EXHIBITS 22 and 23.)

Janet Colberg, (EXHIBIT 24.)

Suzanne Nybo, (EXHIBIT 25.)

Chip Erdmann said Montana has had a strong tradition of keeping the control of education at the lowest possible level as reflected in the 1972 Constitution. He said local representatives on school boards spend a great deal of time on curriculum decisions and sex education programs are a curriculum decision.

Woody Wright, (EXHIBIT 26.)

Antoni Campeau, (EXHIBIT 27.)

Toni Niklas, (EXHIBIT 28.)

Richard Chiotti, (EXHIBIT 29.)

Bob Fisher, (EXHIBIT 30.)

Bob Hallinan, (EXHIBIT 31.)

Robert C. Rowe, (EXHIBIT 32.)

Questions From Committee Members: Rep. Simpkins asked Alana Myers specifically how she came by the information being taught in the Missoula schools and she said the teens attending the classes brought home the materials to her. Rep. Simpkins then asked Mrs. Myers if the school provided her with any course of curriculum for the classes and she replied no.

Rep. Johnson asked Joye Kohl considering her knowledge and experience if this type of instruction is widespread and indicative of programs being taught in Montana and she said no.

- Rep. Johnson asked Margery Eliason the same question as to Ms. Kohl and she also replied no and that no teen had ever reported anything like this over all the years she has worked with teens and their programs.
- Rep. Johnson then asked Suzanne Nybo the same question and she stated she felt the report was based on hearsay and was taken out of context. Ms. Nybo stated the Family Planning Programs are mandated to deal with adolescent abstinence and there are specific protocols and procedures that must be adhered to. She said it is one of the core elements in obtaining Federal Grants. She also said the basic sex education in the schools not only deals with methods of birth control but also includes sexual responsibility, family involvement and adolescent abstinence. Ms. Nybo closed by stating she would check into the Missoula program.
- Rep. Phillips asked Suzanne Nybo what she thought of the testimony by Traci Dodson who was in the classes, heard the presentation, and had letters from two additional classmates in attendance. (EXHIBITS 33 AND 34.) Ms. Nybo replied she herself was not in attendance but would check into the allegations.
- Rep. Schye asked Alana Myers if a complaint had been given to the elected Missoula School Board and she said there had been complaints not only by herself but two additional sets of concerned parents and nothing was done.
- Closing by Sponsor: Rep. Wallin thanked the committee and distributed (EXHIBIT 35.).

DISPOSITION OF HB 344

Motion: Rep. Johnson made the motion that HB 344 DO PASS.

Discussion: None

Amendments, Discussion, and Votes: Rep. Eudaily moved to amend HB 344 and motion to amend CARRIED upon unanimous voice vote.

Recommendation and Vote:

DO PASS AS AMENDED.

Notion CARRIED upon unanimous voice

vote.

DISPOSITION OF HB 335

Motion: Rep. Wyatt made the motion that HB 335 DO PASS.

Discussion: None

- Amendments, Discussion, and Votes: Rep. Zook moved to amend HB 335 and motion CARRIED upon unanimous voice vote.
- Recommendation and Vote: Rep. Phillips made the motion that HB 335 DO PASS AS AMENDED. Motion CARRIED upon unanimous voice vote.

DISPOSITION OF HB 400

Motion: Rep. Darko made the motion that HB 400 DO PASS.

Discussion: None

Amendments, Discussion, and Votes: Rep. Kilpatrick made the motion to amend HB 400. Motion CARRIED on Amendment #1 with Reps. Eudaily, Phillips and Stang voting no. Motion CARRIED on Amendment #2 with Rep. Simpkins voting no. Motion CARRIED on Amendment #3 by unanimous vote. (See Standing Committee Report)

Recommendation and Vote: Rep. Darko made the motion that HB 400
DO PASS AS AMENDED. Motion CARRIED with Reps. Eudaily,
Phillips, Thomas, Simpkins, Stang, and Zook voting no.

DISPOSITION OF HB 432

Motion: Rep. Eudaily made the motion that HB 432 DO PASS.

Discussion: None

Amendments, Discussion, and Votes: None

Recommendation and Vote: Motion CARRIED with Reps. Phillips and Simpkins voting no.

DISPOSITION OF HB 311

Motion: Rep. Eudaily made the motion to TABLE HB 311.

Discussion: None

Amendments, Discussion, and Votes: None

Recommendation and Vote: Motion to TABLE HB 311 CARRIED with Reps. Cocchiarella, Darko, Kilpatrick, Schye, Stang, Thomas and Wyatt voting no.

DISPOSITION OF HB 346

Motion: Rep. Stang made the motion that HB 346 DO NOT PASS.

Rep. Darko made the substitute motion that HB 346 DO PASS.

Discussion: None

Amendments, Discussion, and Votes: Rep. Stang made the motion to amend HB 346 and the motion FAILED with Reps. Cocchiarella,

Darko, Davis, Gervais, Johnson, Kilpatrick, Schye, Spring, Thomas and Wyatt voting no.

Recommendation and Vote: Roll call vote taken on the substitute motion 11 Yes, 9 No with Reps. Daily, Harrington, Stang, Wyatt, Eudaily, Nelson, Phillips, Simpkins and Zook voting no. Motion CARRIED that HB 346 DO PASS.

DISPOSITION OF HB 20

Motion: Rep. Harrington made the motion that HB 20 DO PASS.

Discussion: None

- Amendments, Discussion, and Votes: Rep. Eudaily made the motion to amend HB 20 and motion CARRIED with Reps. Davis, Nelson, Phillips, Simpkins, Spring, Thomas and Wallin voting no.
- Rep. Thomas said it appeared most of the schools not offering a kindergarten program were the small rural schools and in these schools students are afforded more quality teaching time due to the low school populations. He said having a kindergarten program in these schools would not be of any benefit since these students are progressing faster than those in kindergarten programs in larger schools anyway.
- Rep. Zook agreed with Rep. Thomas as to the small rural schools without kindergarten programs having their students easily ahead of those in larger schools due to the extra time these students have with their teacher.
- Rep. Glaser asked Andrea Merrill if in light of the current Supreme Court decision and the constitutionality of equal opportunity since 90%+ of students in the State of Montana are afforded a kindergarten opportunity could there be a problem. Ms. Merrill replied yes she believed so.
- Recommendation and Vote: Rep. Darko made the motion that HB 20

 DO PASS AS AMENDED. Motion CARRIED by Roll Call Vote of 12

 Yes, 8 No. Those voting no were Reps. Davis, Stang,
 Phillips, Simpkins, Spring, Thomas, Wallin, and Zook.

ADJOURNMENT

Adjournment At: 7:00 p.m

REP. TED SCHYE, Chairman

DAILY ROLL CALL

EDUCATION	&	CULTURAL	RESOURCES	COMMITTEE
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DATE February 8, 1989

NAME	PRESENT	ABSENT	EXCUSED
Rep. Ted Schye, Chairman	/		
Rep. Fritz Daily, Vice-Chairman	/		
Rep. Vicki Cocchiarella			
Rep. Paula Darko	/		
Rep. Ervin Davis	/		
Rep. Ralph Eudaily	1		
Rep. Floyd Gervais	/		
Rep. Bill Glaser	V		
Rep. Dan Harrington			
Rep. John Johnson			
Rep. Tom Kilpatrick	V		
Rep. Richard Nelson			
Rep. John Phillips	V		
Rep. Richard Simpkins	V		
Rep. Wilbur Spring, Jr.	V		
Rep. Barry "Spook" Stang	V V		
Rep. Fred Thomas	V		
Rep. Norm Wallin			
Rep. Diana Wyatt	V		
Rep. Tom Zook	V		

Form CS-30A Rev. 1985

February 9, 1989
Page 1 of 1

Mr. Speaker: We, the committee on <u>Education and Cultural</u>

Resources report that <u>HOUSE BILL 481</u> (first reading copy -white) <u>do pass</u>.

Signed:	· · · · · · · · · · · · · · · · · · ·	, a		<u> </u>
	,	J'ed	Schve.	Chairman

February 9, 1989
Page 1 of 1

Mr. Speaker: We, the committee on <u>Education and Cultural</u>

Resources report that <u>HOUSE BILL 344</u> (first reading copy -white) do pass as amended.

Signed:			.
-	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		_
	Ted	Schve.	Chairman

And, that such amendments read:

1. Page 4, line 24. Following: line 23

Insert: "NEW SECTION. Section 4. Extension of authority. Any existing authority to make rules on the subject of the provisions of [this act] is extended to the provisions of [this act]."

February 9, 1989
Page 1 of 1

Mr. Speaker: We, the committee on <u>Education and Cultural</u>

Resources report that <u>HOUSE BILL 335</u> (first reading copy -white) do pass as amended.

Signed: Ted Schye, Chairman

And, that such amendments read:

1. Page 1, line 15. Following: "free"

Insert: "incidental and registration"

February 9, 1989 Page 1 of 2

Mr. Speaker: We, the committee on <u>Education and Cultural</u>

<u>Resources</u> report that <u>HOUSE BILL 400</u> (first reading copy -white) do pass as amended.

Signed: Ted Schye, Chairman

And, that such amendments read:

- 1. Page 2, line 9.
 Following: "(3)"
 Insert: "(a)"
- 2. Page 2, line 10.
 Following: "exceed"
 Strike: \$10,000"

Insert: "the following amounts"

- 3. Page 2, line 13. Following: "district" Strike: "." Insert: ":
 - (i) for a first-class high school district, \$20,000;
 - (ii) for a second-class high school district, \$10,000; and
 - (iii) for a third-class high school district, \$5,000.
 (b) "
- 4. Page 2, line 15.

Strike: "\$5,000"

Insert: "the following amount"

Following: "fund"

Strike: "."
Insert: ":

- (i) for a first-class high school district, \$10,000;
- (ii) for a second-class high school district, \$5,000; and
- (iii for a third-class high school district, \$2,500.

(4) "

5. Page 2, line 24. Strike: "Two"

Insert: "The following number of"

6. Page 2, line 25.
Following: "1990-91"

Insert: ":

(a) for a first-class high school district, four scholarships;

(b) for a second-class high school district, two scholarships; and

(c) for a third-class high school district, one scholarship"

7. Page 3, line 17. Strike: "\$1,800,000" Insert: "\$1,515,000"

February 9, 1989
Page 1 of 1

Mr. Speaker: We, the committee on <u>Education and Cultural</u>

<u>Resources</u> report that <u>HOUSE BILL 432</u> (first reading copy -white) <u>do pass</u>.

Signed:		1	1,	
	Ted	Schve.	Chair	mar

February 9, 1989
Page 1 of 1

Mr. Speaker: We, the committee on <u>Education and Cultural</u>
Resources report that <u>HOUSE BILL 346</u> (first reading copy -white) <u>do pass</u>.

Signed:			
	Ted	Schve.	Chairman

February 9, 1989 Page 1 of 1

Mr. Speaker: We, the committee on Education and Cultural Resources report that HOUSE BILL 20 (first reading copy -white) do pass as amended .

Signed:		, , Ç
	Ted	Schye, Chairman

And, that such amendments read:

1. Title, line 5.

Following: "ESTABLISH"

Insert: "OR SHALL MAKE AVAILABLE"

2. Page 1, line 13.
Following: "establish"
Insert: "or shall make available"

3. Page 2, line 7. Following: line 6

Insert: "NEW SECTION. Section 2. Extension of authority. existing authority to make rules on the subject of the provisions of [this act] is extended to the provisions of [this act]."

EXHIBIT # 1

DATE 2-8-89

HB 481



Montana Association of School Business Officials

February 8, 1989

HOUSE EDUCATION COMMITTEE

House Bill 481 proposes two basic changes to MCA 20-9-512:

- Expands the sick leave reserve fund to include vacation leave balances.
- 2. Allows the fund to include the leave balance liability for all employees of a school district. Currently, the fund can only be used for non-teaching employees.

The Montana Association of School Business Officials supports H.B. 481, "An act to change the accumulated sick leave reserve fund for school districts to include accumulated sick leave and vacation leave for all district employees", for the following reasons:

- The bill expands the sick leave reserve fund to make it a useful tool for all districts. Under the current law many of the larger districts use the fund while few smaller districts find its use worthwhile.
- The bill does not require any additional taxes. The bill simply allows a school board to set aside a portion of the end-of-the-year cash balance to offset a portion of the outstanding liability for employees sick and vacation leave balances.
- 3. The sick leave reserve fund is not likely to be addressed in any new funding structure. The fund is a useful accounting/budgeting tool not effected by the "equalization" question.

Thank you for the opportunity to support this legislation.

Sincerely,

Steven D. Johnson

MASBO Director, Region 6

SDJ/jmd

EXHIBIT # 3 DATE 2-8-89 HB 31/

AFTER THE DRAFTING OF THIS BILL, I HAD AN AMENDMENT MADE TO IT TO LIMIT ITS APPLICATION TO THOSE SCHOOLS THAT TEACH WHAT WE REFER TO AS HEALTH COURSES. I DID THIS IN ORDER THAT NO ADDITIONAL FUNDING WOULD BE REQUIRED TO IMPLEMENT THIS LAW. ACCORDINGLY, I WANT YOU TO CONSIDER THIS LEGISLATION IN THE CONTEXT OF ADOPTING THIS AMENDMENT.

FURTHERMORE, THIS LEGISLATION IS BEING PRESENTED AS A POSITIVE WAY TO TEACH A CONTROVERSIAL SUBJECT. PROPERLY TAUGHT. ABSTINENCE IS A POSITIVE WORD AND GIVES OUR CHILDREN A POSITIVE WAY TO COPE WITH SOME SERIOUS DECISIONS THEY MUST MAKE. EARLY ON, THE PRESSURE TO USE LIQUOR, DRUGS, AND TO BECOME SEXUALLY ACTIVE ARE THERE. THESE DECISIONS HAVE TO BE ADDRESSED IN A POSITIVE MANNER -- JUST ABSTAIN. IF ALL YOUTH ARE GIVEN THAT MESSAGE, THERE WILL BE LESS PRESSURE BY THEIR PEERS TO STEP OUT OF BOUNDS. I WAS A DELEGATE THIS PAST SUMMER TO THE NATIONAL CONVENTION OF A LARGE ORGANIZATION AND ONE OF THE RESOLUTIONS ADOPTED THERE ADDRESSED THE PROBLEM IN THE SAME WAY I PROPOSE -- TO TEACH ABSTINENCE. LET ME SAY, ALSO, THIS WAS NOT A CHURCH CONVENTION, BUT A MEETING OF PEOPLE JUST LIKE YOU FOLKS AND MYSELF.

LET THE BILL SPEAK FIRST ABOUT THE USE OF ALCOHOL. AMONG YOUNG PEOPLE. THE PROBLEM OF DRINKING IS SO GREAT THAT MANY ARE CONFIRMED ALCOHOLICS BY THE TIME THEY REACH HIGH SCHOOL GRADUATION, IF THEY EVER DO STAY IN SCHOOL THAT LONG. THERE ARE MORE YOUNG USERS OF ALCOHOL THAN THERE ARE OF THOSE THAT CONSUME DRUGS. THE AVAILABILITY OF ALCOHOLIC BEVERAGES IS SO HANDY THAT IT

BECOMES DIFFICULT TO CONTROL. WE MUST TEACH ABSTINENCE. IF THE SCHOOLS CAN POSITIVELY TEACH THE ADVANTAGES OF ABSTINENCE FROM ITS USE, WE WILL FIND THAT PEER PRESSURE TO DRINK WILL BE A MINOR PROBLEM. THINK OF WHAT SOCIETY CAN GAIN IN THE FUTURE FOR EVERY PERSON WHO DOES NOT BECOME AN ALCOHOLIC. IT IS THE SINGLE MOST PREVALENT CAUSE OF THE BREAK-UP OF FAMILIES.

WITH REGARD TO DRUGS, WE HAVE A PROBLEM THAT BECOMES GREATER AND GREATER WITH EACH PASSING YEAR. THE SELLERS OF DRUGS ARE SO DRIVEN BY THE PROFIT FROM SELLING DRUGS THAT THEY WORK AMONG SENIOR AND JUNIOR HIGH SCHOOL YOUTHS. FIGURES REVEAL THAT. AS OF THIS TIME, ABOUT 50% OF ALL VIOLENT CRIME IS COMMITTED BY PEOPLE WHO HAVE USED AN ILLEGAL DRUG IN THE PAST 10 DAYS. WE ARE IN A DILEMNA HERE IN MONTANA AGAIN ABOUT THE INCREASING NUMBERS BEING SENTENCED TO DEER LODGE AND WHAT TO DO ABOUT HOUSING THEM. WE JUST BUILT ON TO THE NEW PRISON DURING MY TIME IN THE LEGISLATURE AND WE WILL BE LOOKING AT ADDING ANOTHER 100° CELLS DURING THIS TERM. THE PROJECTION IS THAT BY 1993. WE WILL HAVE TO EXPAND AGAIN. BY TEACHING POSITIVELY THAT ABSTINENCE PAYS. WE ARE ENCOURAGING A POSITIVE LIFESTYLE EMPHASIZING FITNESS, GOOD DIET, PERSONAL GROWTH, MORAL VALUES, SELF-ESTEEM AND CONSTRUCTIVE ACTIVITIES.

I RECOGNIZE THAT THERE ARE MANY PEOPLE IN THIS LEGISLATURE
WHO WOULD RATHER NOT TALK ABOUT SEX EDUCATION. THEY RELATE IT TO
TEACHING MORAL VALUES AND WOULD RATHER NOT TALK ABOUT THE SUBJECT.

So, Let's not talk about it in the framework of the church although these same people say that the home and the church should handle the problem. That would be the ideal way, but an awful lot of homes don't know how to visit with their children. And not all children attend a church. The truth of the matter is that we have turned it over to the schools and most schools have health classes that address some phases of it. However, the presentation that students get in too many cases is that they have a choice. In many schools they are referred to Family Planners where, in too many cases, they are given contraceptives or advice on abortion availability, or both. The Bozeman School Board's chairman told me that without this kind of legislation. They have to give students information on all the options. School children are too young to be expected to make the big decision. What happens if pregnancy occurs?

I THINK YOU WOULD BE ASTOUNDED TO LEARN THAT 13 AND 14 YEAR OLD GIRLS ARE GIVING BIRTH TO CHILDREN OR ARE GOING THROUGH THE ABORTION CATASTROPHE. AND THIS IS HAPPENING RIGHT HERE IN MONTANA! IN AT LEAST ONE COUNTY IN MONTANA, 9.8% OF ALL BIRTHS ARE BORN TO GIRLS UNDER THE AGE OF 17. THERE ARE, ON A STATEWIDE RESUME, 11 BIRTHS TO 14 YEAR OLDS AND 3 BIRTHS TO 13 YEAR OLDS REPORTED IN ONE YEAR. DO YOU THINK ANY OF THESE CHILDREN WERE MATURE ENOUGH TO DECIDE THAT THEY COULD RAISE A FAMILY?

By TEACHING ABSTINENCE AND BY CHILDREN OBSERVING ABSTINENCE,
YOU ARE PRESENTING THE ONLY SURE WAY OF NOT HAVING A PREGNANT

YOUNG GIRL. THERE ARE NO KNOWN CONTRACEPTIVES THAT ARE 100% "SAFE". THE INCREASE IN AIDS COMES THROUGH SEXUAL INTERCOURSE AND CAN BE TRANSMITTED EVEN WHEN USING CONTRACEPTIVES. THE COST IN DOLLARS TO THE TAXPAYERS AT THE RATE WE ARE NOW TEACHING IS VERY GREAT.

THE COST:	1986 - 750 LOW BIRTHWEIGHT BAB - 120 OF THESE WERE VERY (LESS THAN 3.3 - 26% OF VERY LOW BIRTHWE TERM DISABILITY	IES IN MONTANA LOW BIRTHWEIGHT LBS.) IGHT HAVE LONG
	750 AT \$15,000	\$11,250,000
	26% of 120 is 31 at \$400,000	\$12,430,000
	ADDITIONAL COST FIRST 4 DAYS VERY LOW BIRTHWEIGHT	\$ 2,090,000
		\$25,730,000
	1936 - 3,100 Medicald Babies A	т \$ 5,326.002.23 \$ 2,629,540.33

Most lightweight babies are born to very young mothers. These are the babies that weigh less than 2500 grams. These low birth weight babies have higher rates of infant mortality, mental retardation and birth defects. The source of this information is the Department of Home Economics of MSU. It states further that low birth weight infants are also subject to a variety of developmental problems including cerebral palsy, epilepsy, mental retardation and sensory handicaps. Including deafness and blindness. In Montana in FY 1988. It is estimated that we spent more than \$19 million on Aid to Families with Dependent Children

(AFDC) FOR FAMILIES WHERE THE WOMAN FIRST BECAME A MOTHER AS A TEENAGER.

BECOMING A PARENT AS A TEEN LEADS TO LOWER SOCIAL. EDUCATIONAL AND ECONOMIC ATTAINMENT FOR THE MOTHERS AND THEIR FAMILIES.

TEENS WHO BECOME MOTHERS BEFORE 13 ARE MORE LIKELY TO DROP OUT OF SCHOOL THAN THOSE WHO DO NOT. THOSE AT HIGHEST RISK OF DROPPING OUT ARE 16, 17 AND 13 YEAR OLD MOTHERS WHO ATTEMPT TO MAKE THE ADULT TRANSITION (GETTING A JOB, INDEPENDENT LIVING, OR GETTING MARRIED).

PATERNITY IS ESTABLISHED IN LESS THAN ONE-FOURTH OF BIRTHS
TO SINGLE TEEN MOTHERS, THUS, THERE IS LESS CHILD SUPPORT.

THE INCOME OF YOUNG TEEN MOTHERS IS ONE-HALF THAT OF THOSE WHO FIRST GIVE BIRTH IN THEIR 29's.

MARRIAGE DISRUPTION IS THREE TIMES MORE LIKELY FOR YOUNG TEENS THAN LATER CHILDBEARERS. ONE-HALF OF ALL TEEN MARRIAGES HAVE ENDED WITHIN FIVE YEARS.

FAMILIES HEADED BY MOTHERS 25 OR YOUNGER ARE SEVEN TIMES MORE LIKELY TO BE POOR.

By age 8, 70% of children born to mothers 17 or younger have spent some of their childhood in a single parent home.

BECOMING A PARENT AS A TEEN ALSO LEADS TO GREATER RISK OF A CYCLE OF ADOLESCENT PREGNANCY, POVERTY AND DEPENDENCE.

APPROXIMATELY 50% OF MONTANA HOUSEHOLDS RECEIVING AFDC PAY-MENTS ARE HEADED BY WOMEN WHO FIRST BEGAN CHILDBEARING DURING THEIR TEEN YEARS.

One out of every 25 young Montana women aged 15-17 and three out of every 25 young Montana women aged 18-19 gavf birth or had an abortion in 1980. Live birth and abortion records reveal conceptions occurring in Montana as early as 12 and 13 years of age. The socio-economic and health risks to those young mothers and their infants are alarming for both the individuals involved and to society in general. It is not a question of whether we can afford to deal with the problem, but rather can we afford to ignore it.

OTHER STATES ARE RECOGNIZING THAT THEY HAVE SIMILAR PROBLEMS AND ARE TAKING LEGISLATIVE ACTION. I HAVE WITH ME A COPY OF THE BILL PASSED IN THE 1938 CALIFORNIA LEGISLATURE AND ALSO A RESUME OF THE BILL PASSED IN THE INDIANA LEGISLATURE IN 1938. IF YOU WILL GRANT ME THE TIME, I WOULD LIKE TO READ THEIR LAWS DURING MY CLOSE.

NW: BD

EXHIBIT # 3 DATE 2-8-89 HB 37/

Amendments to House Bill No.___ (LC 464)
Introduced Copy

Requested by Rep. Wallin For the Committee on Education

Prepared by Dave Cogley January 9, 1989

1. Title, lines 4 and 5. Following: "REQUIRE" Strike: "INSTRUCTION IN"

2. Title, line 5.
Following: "SCHOOLS"
Insert: "THAT OFFER INSTRUCTION RELATING TO PERSONAL HEALTH TO
ALSO PROVIDE INSTRUCTION"

3. Page 1, line 22.
Following: "district"
Insert: "that offers instruction relating to personal health"

EXHIBIT # 4 DATE 2-8-89 HB 27/

Testimony prepared for presentation before Montana State House of Representatives, Committee on Education, February 8, 1989

1

Testimony compiled and given by Alana Myers, 5530 Skyway Drive, Missoula, Montana, 59801 phone (406)251-3454

My name is Alana Myers and I'm from Missoula. I was named Montana's Mother of the Year for 1987 and I believe I represent many other mothers across Montana who share my concerns. May I clearly state at the onset that I am NOT against sex education or birth control, despite arguments you will undoubtedly get from opponents of this bill.

However, my testimony will show that current sex education in many classrooms PROMOTES promiscuity, homosexuality, multiple sex partners, and a disrespect for parents and their morals. Current sex education often goes beyond the point of recognizing that since some teens will be involved sexually, we should teach them how to keep from getting a disease or pregnant. What we have now in classroom presentations is an explanation and visual demonstration, in detail, using plastic models of erect penises and vaginas, on HOW to have intercourse and how to move and position both bodies and genital organs in such a way that maximum pleasure and mutual climax can be achieved. Current contraceptive information in classrooms includes the display and passing around of various colored condoms to our teens with the statement that "it's more fun to do it in color", and includes the promotion of abortion for (and I quote from a presentation given just before Christmas break in a Missoula school) "ALL unplanned pregnancies, married or not, because abortion is always the best choice." (end quote)

Because others speaking in favor of this bill will provide statistical information, I have chosen to focus on the specific material being presented in classrooms so that you can see a change MUST take place. Suffice to say that the increase in sex education and availability of contraceptives the past ten years for teens have only added gasoline to the fire of teen pregnancy.

The basis or foundation for much of the material presented in classrooms is found in a manual entitled "Our Bodies, Our Selves" which is shown in classrooms and made available to teens free of charge. I'd like to read a few short portions of the manual to you so that you can see and understand my concern on the content of not only this manual, but the foundation of the speakers brought in to discuss sex. Starting out with the preface, it says: "Everyone who is sexually active...and that is almost 100 percent of our population--must learn about responsible sexuality and how to keep themselves and others from getting AIDS." Now think about that assection for a moment: "...almost 100 percent of our population is sexually active?" That includes your 80 year old widowed mothers and my two year old son! Yet the statement gives the impression to teens that "everybody's doing it." A 16 year old friend of mine just gave birth to a baby. She told me she really wasn't in love with her boyfriend at the time she had sex with him, but chose to become sexually involved because she was told that very thing: "Everybody's doing it."

A paper I have here that was distributed to each student in class is called "Making Sex Safer". It states: "Being safe doesn't mean

eliminating sex from your life. Safe Sex does not mean no sexual activity. It does mean being smart and staying healthy. It means self respect and respect for your partner. Safe sex means enjoying sexual activity without giving or getting STDs."

Page 6 states that "..many people in our parents' generation (think) sexuality was a mystery, something for marriage only, and slightly shameful." But "Some parents really are not very informed. That's part of the reason they're scared to talk to their kids--they really don't know all that much." and "Some parents are so private about their own bodies and their own sexuality that when they finally sit you down for a 'talk' it's just plain embarrassing to have them talking about these things." These types of statements can be translated to teens to mean "Don't trust your parents. They really don't know much." In one biology class, the 15 and 16 year olds were told WHERE they could get an abortion or contraceptives, HOW MUCH an abortion costs and that contraceptives are available free, and that their parents will never know if they get an abortion, get contraceptives, or even if they get a disease and are treated for it. Each teen also received a business card with the information on it, so they wouldn't lose the number or the address. They were also told of a payment plan for an abortion so their parents wouldn't know.

When my husband and I asked the principal twice to have even one half of a class period with the teens to present chastity and a pro-life view, we were denied access to the classroom because "abortion was not the subject. The unit was strictly reproduction." The superintendent and school board also denied our request to speak to the kids, even though I assured them I could arrange for a physician to come in if they didn't want "just a mother" coming in to speak. These situations anger and frustrate me as a parent when not only are kids encouraged to use contraceptives and have abortions, but a pro-chastity, pro-life view is not even ALLOWED!

Page 15 of the manual states "If you have sex with a girl you will have to use birth control. It's very important. Puberty is a time to celebrate and enjoy; it is also a time to be careful, thoughtful, and caring." Page 17 states: "Until you start having sexual partners..." which is ASSUMING they WILL have sexual partners, in the plural sense. Page 78 states: "...many sexual practices, like masturbation and oral sex and homosexuality and sex outside of marriage..may bring guilty feelings...because we may be told by our parents and religious leaders not to break the rules. But it is true that sex brings pleasure, and society's moralistic attitudes about sex can make people feel unnecessarily guilty about feelings and activities that are a normal part of being human." Translated: Sex brings pleasure, and it is ok even if your parents tell you otherwise. The paragraph goes on to state: "It's not easy to let yourself go and feel all the pleasure if some part of you is saying, "I shouldn't be doing this."

Under the section "Exploring Sex with Someone Else", it says "Exploring sex with someone else starts early for some of us and later for others. When you start depends on how strong your sexual feelings are....Some people we interviewed started experimenting with sex when they were in grade school. Often this kind of sexual exploring is with a friend of your own sex." An interview included supports the idea that sex at an early age --even with a friend of the same sex-- is ok by stating: "When I was eleven, me and my girlfriend were with some boys who were

fourteen. That night we made out and the guy I was with was feeling my breasts. I wasn't getting off on the feeling of it myself as much as I was thinking, Wow, look what I'm doing; wow, I'm making out; wow, he's feeling me up; wow, I can't wait to tell Jill about this!" If this does not promote promiscuity, then I ask you, what does?

The section on homosexuality includes explicit descriptions of what "gays" do sexually, as well as testimonies from gays exclaiming about the rightness and good feelings that come from being gay.

I have with me a sheet with 81 questions that were discussed in an eighth grade sexuality class in Montana. Some of the questions answered in class were: "Is sex fun? How do you make out? When is a good age to start having sex? What is an orgy? If people have anal sex, can the girl get pregnant? Can a 15 year old boy get an 18 year old girl pregnant? What about 7 years old? Do the parents find out about the abortion? Are parents notified if you get birth control? Is oral sex pleasant? What is meant by popping a cherry?" Now I ask you: do 13 year olds really need this type of explicit information? There were two eighth grade kids engaging in mutual oral sex in a backyard near the school. When the police came in response to the call placed by the man living where this was happening asked the kids about what they were doing, they responded: "We were told in school that this is safe sex, because you can't get pregnant this way."

In high school presentations, speakers not only show different COLORS of condoms, but they stated: "We get a little crazy around holidays. Here we have red and green condoms for Christmas, black and orange condoms for Halloween, and of course red condoms in valentines for Valentine's Day. These are all at your disposal to pick up for free if funds are low or for a nominal price if you have lots of money." (What teen has "lots of money"?) She then wrote her name and phone number on the board, asked the kids to write it down and assured the kids "all information and birth control devices you get from us will be held in the strictest confidentiality from your parents, and if you want an exam or get a disease or need help getting an abortion, we will not tell your parents. Just come to us, and we'll take care of it."

Also included in the presentations is a very detailed explanation about the normal mucous discharge all women have and see in the lining of their panties. The instructor said something like: "So if you are making out in the back seat of the car, and neither of you have a condom with you, look in the lining of your girlfriend's panties, and get a little of the mucous discharge left there from her vagina. Then try to stretch it between your thumb and forefinger. If it stretches at least an inch, then it is what we call "spin mucous", and it means she might be able to get pregnent if you have sex. Next time remember your condom."

The teen relating the story to me said she could have crawled under her desk, and then under the floor tile. This was a CO-ED class of fifteen-year-old freshmen and sophomores.

In another presentation, a plastic model of an erect penis was used to show the kids (co-ed class) SEVERAL TIMES how to put on and take off a condom. An unrolled condom was also passed around for all the kids to hold and see, and a very large ("like a big trash bag", the teen told me) clear plastic bag was held up FULL of condoms for the kids to be sure to know there was "ample supply for all". I have a paper with me that was distributed in class entitled "10 Ways to Tell a Man He Has to Wear a Condom." It states in the third paragraph: "For the sake of clarity, these ten ways assume that you're in the EARLY STAGES (emphasis added) of a dating relationship." Some of the ways include The Assuming Way, the Scientific Way, The Playful Way, The Sexy Way, but "The answer is to eroticize the condom, sexualize it. As each step in your mutual seduction raises the sensual stakes -- a bra falling to the floor, a pair of Calvin Klein briefs sliding to the feet--your sexual tension rises. Now you must mention condoms, so mention them in some sexy, breathy way ("I want you to fill me up. First, I want to see you fill this up..") The reader is then instructed to "Definitely put it on him yourself, using all kinds of flourishes with your hands and fingertips." I'm sorry; you may call me an old fashioned mom if you wish, but this is disgusting that our teens get this type of explicit, trashy information under the guise of sex education.

A plastic model of a vagina was is to demonstrate how to insert and remove a diaphram and contraceptive sponge, and it was stressed that the supplies are available to all of the kids there.

A high school student told me just before Christmas about the sessions Planned Parenthood and abortion "counselors" had with all the classes in one of our local high schools. Various contraceptives were passed around and explained as to their use and effectiveness, including red or green condoms stamped with motifs of Santa Claus and Christmas trees! When the student questioned: "Isn't abstinence the only 100% sure way to not get a disease or pregnant?", the "counselor" replied: "Yes, but if you abstain from sex, you will wish and want to be involved sexually, whereas if your girlfriend uses the pill, you can be 99.5% safe and still enjoy sex."

It is obvious that we are NOT doing a service to our teens by providing them with all the various colored "toys" to play the "game" of sex with. The best service we could provide for our children is to encourage them to remain chaste until marriage, and to give them lots of good reasons for doing so. Public school officials do not think twice about telling students to say "no" to drugs, alcohol, or smoking, yet they refuse to tell them that sex before marriage is wrong, even though the consequences are just as damaging as any of these other vices, or perhaps more so.

Does abstinence education work? For ten years a program called "Sex REspect" has been used in some school districts with astounding success! Girls in an Illinois junior high were asked: "Do you think there are benefits to waiting until marriage for sexual intercourse?" Before the Sex Respect course, 42 percent said yes. After the course, 75 percent said yes. As one junior high school student in Wisconsin put it: "I learned (in the abstinence course) why to say no, and also how to say no." An Illinois girl poignantly wrote: "I know now I should not be ashamed to say I'm a virgin."



DATE 2-8-89

HB 27/

distributed by teachers

at Sentinel High School,

Missoula

Sexual intimacy can be a warm and caring experience for those who choose to be sexually active but also requires responsibility. All sexually active people should take precautions to protect themselves and their partners from sexually transmitted diseases (STD). It's important to be knowledgeable about certain risks involved with sexual activity.

WHAT IS SAFE SEX ALL ABOUT?

Being safe doesn't mean eliminating sex from your life. While some people may choose abstinence, safe sex does not mean no sexual activity. It does mean being smart and staying healthy. It means self-respect and respect for your nartner—talking about sex, knowing how to protect yourself and taking precautions consistently every time. Safe sex means enjoying sexual activity without giving or getting STD.

WHO SHOULD USE SAFE SEX?

Anyone who chooses to be sexually active should practice safe sex. It doesn't matter who you are, or if you are gay or straight. "Nice" people get herpes, and straight people get AIDS. It's not who you are that gives you a sexually transmitted disease-it's what you do. Protect yourself.

WHAT ARE SEXUALLY TRANSMITTED DISEASES?

Sexually transmitted diseases (STD) are infections you catch through sexual contact. There are many: Chlamydia, Syphylis, gonorrhea, genital herpes and AIDS are just a few. Some STD spread more easily than others. You can get re-infected and you can have more than one STD at the same time. Some STD show few or no symptoms, so a person can be infected and spread the disease without knowing it.

There is effective medical treatment for most STD, like gonorrhea and genital warts; there is only limited therapy for others, like herpes. AIDS is incurable and may be fatal. STD are a serious matter, and no one can afford to take them lightly. However, you can determine whether you are at risk or not by the precautions you take.

HOW DO 1 PROTECT MYSELF?

STD are spread by bacteria and viruses moving from one person to another. These microorganisms travel in certain body fluids like semen, blood and vaginal mucus. Different diseases spread in different fluids. These fluids especially blood and semen, can transmit STD when they are shared during sex. You can limit this spread by preventing the exchange of body fluids. You don't have to sleep with a lot of people to get a STD, but your chances of getting something increases when you have unprotected sex with multiple partners. Always take precautions whenever you have sex outside a long-term monogamous relationship with one partner.

Talk about safe sex with your partner. Ask about your partner's health and sexual history. Be honest about your own history so that you can both make informed decisions. Together decide what you both feel comfortable doing sexually. Tell your partner if you feel awkward or uncomfortable talking about sex. Make talking together a process, not a one-time event.

WHAT CAN WE DO SAFELY?

The chart on the back of this page shows the risk of transmitting a STD by various sexual practices. You can see that activities that involve sharing body fluids especially semen and blood are sore risky. Some practices, such as unprotected anal intercourse, are associated with very high risk because they commonly cause minor (often imperceptable) tears in mucus membranes or skin. These microscopic injuries allow the loss of small amounts of blood that may transmit germs from a man to woman or vice versa. Although some sexual practices are safer than others, there is a chance of getting a STD whenever body fluids are exchanged.

WHAT PRECAUTIONS SHOULD I TAKE?

*Acree to have only sale sex.

#Don't engage in any high-risk activities.

#Use condoms to prevent exchange of body fluids. Be sure you know how to use condoms correctly and understand their limitations. Learn about lubricants (see below).

WHERE CAN I SET HELP?

Safer sexual activity can greatly reduce your chances of getting a STD, but sometimes mistakes happen. If you think you have been exposed to a STD it is important to get tested and treated immediately. If you have a STD, tell your partner(s) so they can receive treatment. People sometimes feel ashamed or quilty about STD. Don't let your feeling stop you from getting help. Medically effective, non-judgmental treatment and information is available at:

#Student Health Service

*Public Health Department or community STD clinics

#Private physicians

DRUGS AND ALCOHOL

Sharing needles used in taking intravenous street drugs transmits some STD, especially AIDS. Alcohol and other recreational drugs do not directly spread germs, but the effects of alcohol and drug use can lead to the transmission of STD. Reducing risks takes talking, agreement and planning. Drugs and alcohol way impair your judgment and reduce your ability to make wise decisions.

Some recreational drugs damage your immune lystem, leaving you open to diseases you might otherwise be able to fight off. It is possible that these drugs make you more susceptible to infection by the AIDS virus, and they may make it more likely for you to get AIDS' symptoms once you have been infected. "Poppers," which are inhaled nitrite drugs, are especially dangerous.

four immune system is your only defense against viral STD like AIDS and herpes, so it makes sense to avoid drugs that impair your ability to overcome infection.

CONDOMS

Condoms have long been used as a contraceptive. They are also very effective in preventing the spread of STD. It is important for sexually active men and women always to have condoms available. Many types of condoms cause very little loss of sensitivity.

To be effective a condon has to stay on, stay in one piece and be put on and removed correctly. Remember:

- 1. Use only new condoms.
- 2. Put the condom on before you begin intercourse; pre-ejaculatory fluid can transmit some STD.
- 3. Put the condox on carefully, unrolling it all the way onto the penis.
- 4. Use the right lubricants.
- 5. After climax, slowly withdraw the penis before it relaxes and remove the condom carefully; be sure not to tear it.

LUBRICANTS

Many sexually active people like to use lubricants with condoms. Lubricants can prevent the discomfort associated with dryness during intercourse. Water-based lubricants like KY jelly, which come in sealed tubes or packets, do not spread germs as easily as those that come from open containers. Dil-based lubricants such as Crisco and Vaseline are not safe; they can weaken condons and make them useless as protection.

SEXUAL PRACTICES

SAFE

Dry Kissina

Masturbation on Healthy Skin

Oral Sex with a Condon

External Watersports

Touching

Fantasy

RISKY

Wet Kissing

Dral Sex on a Woman

Masturbation on Open/Broken Skin

Amphetamines (speed)

Amyl Nitrites (poppers)

Alcohol

Marijuana

DANGEROUS

Unprotected Vaginal Intercourse Unprotected Anal Intercourse Internal Watersports

Intravenous Drugs

Sharing a Needle

Fistina Rimming

POSSIBLY SAFE

Protected Vaginal Intercourse

Protected Anal Intercourse

FROM MISSOULA'S MIDDLE

8TH GRADE PUMAN SEXUALITY CLASS
ANONE MOUS STUDENT QUESTIONS

SCHOOL, MEADOW HILL

We encourage you to discuss these questions at home. The class will discuss them on Monday.

on Monday. Do 13-yr. olds really need all this information 2-2-89 What STD makes you crazy? Does it help to have 2 condoms on? Can you tell if a girl has an STD by the color of her genitals? HB_27 What is an IUD and how does it work? What happens when you have an abortion? Is it painful? Leave a scar? What is an orgasm? How big is the average penis? If you have an abortion does it hurt you if you try to have a child later? 9. How old do you have to be to get married in Montana? Is there a limit of which a person can't have any more children? 10. Is sex fun? 11. Does having sex hurt? 12. What is and how is douching done? 13. Do pubic lice bite? 14. When you get AIDS, does the male have to ejaculate into the anus of another male or just put the penis in? Can a male get AIDS from anal sex with a girl? How can you tell if you have AIDS? How expensive are condoms? "How do you "make out"? Why do you sometimes get nervous around the opposite sex? If you give oral sex to a guy - is there any possible way you could get pregnant from swallowing the sperm? What would you recommend? Abortion, adoption, keep the baby? What would happen if you were born without a scrotum and testes? When is a good age to start having sax? 25. What is the difference between a condom and a rubber? What if you use birth control and still get pregnant? What if you don't know whether or not you are pregnant? What is an orgy? What happens if you have intercourse with a pregnant woman or have intercourse during the woman's period? Does a woman's vagina become wet before intercourse or at the thought of intercourse? 31. If people have anal sex, can the girl get pregnant? 32. What happens in a Pap smear? 33. Can a man get a girl pregnant if he has only one testicie? (34). Can a 15 year old boy get an 18 year old girl pregnant? 7 years old? 35. Does AIDS effect the baby if you are pregnant? What determines a person's chest size? No! But they should! Do the parents find out about the abortion? 38. Are parents notified if you get birth control? No! "

When the 28 days of one menstrual cycle is over, does the next cycle start the

following day?

4Q.

Is it possible for an erection to break?

How old do you have to be to buy condoms?

If a boy gets an erection, what does a girl get?

When can you get pregnant? 43.

If you use tampons, is your hymen broken? 44.

Why do some girls have cramps with their period? 45.

46. How can you get an STD in your mouth?

What is a multiple orgasm? (47)

Why do the nipples become hard? 48.

- Do sexual positions determine the sex of the baby? <u> 19.</u>
- (50). What is oral sex? Anal sex? Lesbian sex? 51. Where do liquids for lubrication come from?
- Can you still have an orgacm without testes? 52.
- Is oral sex pleasant?

3 No you get hairy palms from masturbating?

How can you have sex and NOT use birth control and NOT get pregnant? 55.

Any risks from having an abortion?

- 57. When do you use douche?
- 58. Does any different changes happen on the female body during or after sex? Male?
- While you are having sex, how long does it take for a man to release semen and 59. you to become pregnant?
- 60. Why can't you get an abortion after 13 weeks?

Can a girl get pregnant at any time? 61.

- 62. Does sex hurt? If so, does it hurt everytime you have intercourse?
- 63. Can you still get aIDS if the male is wearing a condom?

64. Does the hymen stay permanentaly ripped after intercourse?

- 65. When an adult goes out on a date, is sex just expected as a part of the evening plan?
- 66. Why is teen sex so publicized and adult sex is rarely talked about?
- 67. Do you have to have permission from a parent to get a prescription for birth control?
- 68. Do you have to be a certain age to get an IUD?
- 69. Can you get pregnant if the girl hasn't had her first menstrual flow?

70. Do breasts get hard during sex?

How much does the penis increase in size during an erection? 71.

72. Can you get AIDS from kissing?

Could crabs crawl up and over the condom during intercourse? 73.

74. What does having sex feel like?

75. 76. Can you get pregnant even if the male has not gone through puberty?

What is meant by "Popping a cherry"?

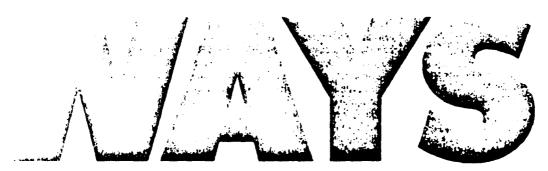
- Can the penis penetrate into the uterus?
- 78. Can using the fingers to touch the female genitals cause damage?
- 79. Why do girls excrete white fluids from the vagina after their period?
- 80. Are there any other kinds of surgery to prevent pregnancy other than vasectomy, tubal ligation, and hysterectomy?
- Where do diaphrams and sponges go?

DISTITUTES In Missoula by teachers in The lights are low, the bedroom is only a few Home Ee.

steps away, and you're at the moment when passion Classes. sways all judgment. Yes, it's time to discEXHIBIT_#

condoms. One man gives you the script for a lighthea

approach to a serious topic. BY DAVID SEELEY



to tell a man he has to wear a condom



boy has to listen to you; getting a grown man to wear a faces and sulk as testily as a 6-year-old. But a man's hesitation shouldn't make you give up trying to get him to use a condom. In a terrifying sense, it is raining outside: AIDS is a threat not only to the main risk groups-male homosexuals, hemophiliacs, and intravenous drug users—but it's also a serious threat to the rest of the population. Surgeon General C. Everett

Koop has advised Americans repeatedly that, while condoms aren't infallible, they're the best protection available against AIDS and a host of other sexually transmitted diseases, including chlamydia, herpes, gonorrhea, and syphilis.

If you're single and sexually active, you've probably at least considered using condoms. But like many women, you might have found it difficult to talk about them with men. Admittedly, this can be embarrassing. It can ruin the mood at the worst possible time, it can even lead to an argument. But these things pale before the fact that using a condom might save your life.

So let's look at some ways to tackle telling your lover he has to put one on. (For the sake of clarity, these ten ways assume that you're in the early stages of a dating relationship.) Tonight you are both at your place, on the verge of making love for the first time. How do you bring up condoms?

First, some general reminders. Before you talk about condoms, you should already have a box of them in your nightstand or purse. You should never use condoms labeled "lambskin" or "natural skin": tests show they're an ineffective barrier against the AIDS virus. Use latex condoms only. There are countless varieties of latex condoms on the market today, which are actually thinner than and as sensitive as "natural skins." To maximize safety, choose condoms lubricated with nonoxynol-9, a spermicidal agent that decreases your chances of pregnancy in the event of condom breakage and has shown efficacy in actually killing the AIDS virus.

It's very important to use condoms, in Surgeon General Koop's words, "from beginning to end," since the AIDS virus exists in the semen of infected males and semen is released even

TS A LITTLE LIKE TELLING A CHILD TO WEAR HIS before orgasm. The penis should be withdrawn immediately afgaloshes when it's raining outside, except that a little ter orgasm—while grasping the base of the condom to insure that it stays on-so the condom doesn't slip into the vagina as condom isn't as easy. Some men whine, some make the erection eases. What's more, according to the strict guide-慢 lines of safe sex, it may be dangerous to perform oral sex without a condom.

> To decide on a way to talk condoms with your lover, try to match your approach to fit his personal style. If he's a goodnatured, joking kind of guy, you might want to be funny about it. If he's a level-headed, strictly-business type, be straightforward. Choosing the wrong approach might get things off to a bad start-you don't want to be cute and playful ("Coochie, coochie, coo! Here comes Mr. Condom!") when you're dealing with a rocket scientist. Above all, you don't want to make a big deal about condoms. Ideally, they can become a part of your lovemaking instead of an impediment to it.

> The Straightforward Way. This works for men who are rational, reasonably intelligent, and prone toward sympathetic understanding. It involves no games, no wheedling, no apologies. As things get heated, simply disengage a moment and say, "Listen, if we're going any further, let's get a condom." What he'll hear most clearly isn't condom but going further, and he's likely to be enthusiastic about your subsequent nightstand search. Chances are he'll whip one out of his wallet.

> The Assuming Way. If you're completely uncomfortable with launching a condom discussion, you don't have to. It's 1988 surely this guy hasn't been living under a rock. As things get steamy, fumble at the nightstand, pull out a crinkling, wrapped condom, and wave it a bit in the air with a smile. Simply assume he knows it's the natural, up-to-the-minute thing to do. If he balks, complains, says he never wears them-you'll have to switch to another approach.

> The Scientific Way. We all know that everyone (at least those outside of long-term, monogamous relationships) is supposed to be using condoms. And the reasons appear in minute medical detail almost daily in newspapers, on TV, even in your mailbox. If you're halfway into the sack and you need to bring up the topic, and if your man is technically oriented—a computer analyst or an engineer, for instance—you can assuage any embarrassment you might feel by saying, "I just saw a PBS special on

AIDS last night...." Or try comparing your notes with his on the latest medical findings about the virus.

The Funny Way. Let's face it—a lot of things about safe sex can seem ridiculous. To completely follow the guidelines. your bed has to be covered with various items of plastic and rubber: extra condoms, squirting tubes of lubricant and nonoxynol-9, and dental dams (square pieces of latex or cellophane to be spread over the vaginal area in the event of cunnilingus). If he has a sense of humor, poking fun at the situation may ease any tension or embarrassment: "You know, to have completely safe sex, we'd have to boil each other. But I feel like taking chances. Let's just use a condom." Sharing a laugh is an excellent way to get over the condom hump.

The Playful Way. If you have one of those baby-talk things going, if you call each other "sweetie" or "sugarbear," you can ease condoms into the picture without causing much of a stir. When you're one step from the bed. produce a wrapped condom and say, "Honey, can you help me think of something we might possibly do with one of these?" If this is going too far, be simply playful, disarming: "I'm not a nurse, but I play one on TV. Let me show you a new way to take your temperature." Like a sleight-of-hand artist, you'll distract him from the alleged horrors of condoms with your little game.

The Sexy Way. Let's say your firsttime seduction is romantic, candle lit, with soft music, champagne, and starlight. The night has been one long swoon. There's no way you're going to want to discuss safe sex or dental dams.

The answer is to eroticize the condom, sexualize it. As each step in your mutual seduction raises the sensual stakes—a bra falling to the floor, a pair of Calvin Klein briefs sliding to the feet—your sexual tension rises. Now you must mention condoms, so mention them in some sexy, breathy way ("I want you to fill me up. First, I want to see you fill this up..."). Definitely put it on him yourself, using all kinds of flourishes with your hands and fingertips. This approach is an art; if it's handled right, bringing out a condom can be just one last gesture before you both plunge into the carnal abyss.

The Racy Way. If you're in total control, if he's willing to do anything because of his lust for you, he probably won't put up an argument, especially if you say something like, "I want you to go everywhere and do everything, so let's put on one of these." If you already have him tied to your bed, there's little he can do to argue. Try something like, "Are those ropes too tight? Good! Let's see how tight a fit this makes."

The Rewarding Way. You've brought up condoms, you've got one in your hand,

but things aren't going swimmingly. It's not that he's a jerk—he's just disappointed. "I really don't like condoms," he says Or, "I have trouble keeping it up with a raincoat on." He's willing, but he's moody. Maybe he has had only negative experiences with condoms up to this point. Your job is to show him that sex can be as good with condoms as without. He may be dubious about this, so promise him a reward before and after (a sensual massage, kisses all over his body, or perhaps you could wear black, high-heeled boots). Like a kid who's given a lollipop at the dentist's office, he'll perk right up.

The Long-Talk Way. Some men—maybe a lot of men—are completely resistant to the idea of using condoms (so are many women, for that matter). Some men's feelings even get hurt; they can't believe you don't want them to really touch you ("Do you think I'm dirty? Do you think I'd give you some disease?"). This requires a very delicate touch.

If you were in the throes of passion moments ago and now find yourselves on opposite sides of a very chilly bed, try to soothe and reassure him. You would be surprised by how many people—regardless of all the media coverage—feel AIDS just won't happen to them. Tell him it's nothing personal... you're just afraid... you really care for him or you wouldn't be going this far. He'll probably come around. Maybe you should make a pot of coffee; it's time for a long talk, not for lovemaking. Sex will still be an option when you both understand each other more.

Some men object to condoms because they simply hate them. They can't be mollified; they may even be angry. You may find yourself thinking, "Screw it, it's not worth the ordeal," and go ahead with unprotected sex just to please him. But that's wrong: you're letting him bully you. Stick to your guns. Be honest.

The Doorway. What you should show him to if he still says no. If a man refuses to wear a condom when you're offering him intimacy, sex, a part of yourself; after you've patiently told him why you think it's best; after you've tried to accommodate him in every way, then let's face it: the guy is an insensitive jerk. You're lucky you found out so soon, before you became lovers. And there's always a chance that his Neanderthal mentality will be nudged toward enlightenment by your stand. Perhaps he'll call you later and say, "Look, I'm sorry. I just got all upset about that condom stuff. Can we go out tonight and talk about it again?" He'll come over. You'll smile. And you'll have a box of gift-wrapped condoms in your purse.

David Seeley is a freelance writer whose book, Too Cool to Get Married, will be published this winter by Harper & Row.

8585 Hwy 35 Bigfork, mt. 59911 Heb. 8, 1989 Dear Members of Education Commitée, Laur in favor of HB 271. I am very happy when I was growing up that I was tought about alcohol, drugs, and sex out It seems reasonable to me that the young people Now will feel the same gratitude. we all know of young people as well as mature ones that have been killed or body engued as a result of an accident related to the use of alcohol, and or the use of drugs, the one turn effect of these Substances in most cases destroys the parson the dease factor we should be Tooking No sex out of wedlock . We know there secuely and AIDS is fatal. How can we Not teach our Children the truth about these very important Please Pass HB 271. Simonly,

EXHIBIT # 9

DATE 2-8-89

My name is Traci Dodson, and I'm a high-school student in Missoula. I am here in support of HB-271, and I feel that my testimony directly relates to the passage of this bill.

When I was in high school biology class, my teacher felt that since biology is the study of the body and things around us, sex education was only proper for the cirriculum. So she had a representative from Planned Parenthood come as a guest speaker for 2 full class periods. This biology unit on sex education was in addition to the regular sex education that all students get through health class.

The representative passed out a small questionnaire with questions asking our own personal sexual activity including our sex, age, if we had already engaged in premarital sex, and if we had ever used birth control.

After the questionnaires were turned in, the representative talked about the effectiveness of various kinds of birth control. She said that when you use a rubber and a sponge of it is 97% safe, and she talked about all other kinds of birth control, giving the feeling that they were almost all as good and effective as abstinence! She also discussed how we must be concerned with birth control because we will all be facing sex, sconer or later! I felt as if I was being told that I would be engaging in sex, and that it was essential that I learned how to use contraceptives.

The next day, the representative brought in a plastic vagina model.

During the next hour she explained 5 types of birth control and then demonstrated insertion of each type. It was as if we were in a class that <u>promoted</u> sex, not an education class except to teach sex.

I look upon this experience as one I do not wish to ever repeat! This was not a sex education class. This was promoting sex, encouraging birth control, and discouraging abstinence!

There was no consideration given to the privacy either to the girls or the guys. We were kept together during the whole time, and I felt the discussions were embarrassing to both sexes, my point the class

I was embarrased, angered, and disgusted with especially the models and the actual insertion of birth control! I had no need for the knowledge, or the desire to learn this, as I want to remain a virgin until I marry. Yet I felt that I was strange or different if I wasn't sexually involved.

Sex is a wonderful gift, if it is made within the boundaries of marriage.

Even though not all people choose that particular lifestyle, it should be made educators

clear that abstinence is at least a choice, if they can't bring themselves to tell us It's the best choice!

Pregnancy was also discussed, but briefly! It seemed abortions were stressed, as if it was the only logical explanation for a pregnant high-school student. When I as an adopted child asked about the idea of adoption, she only vaguely acknowledged that option.

Sex education is important, yet it seems we have lost any moral basis to sex education. At the very least, abstinence should be equally discussed with any other option, If not stressed as the best choice for teens physically, and emotionally!

Thank You

EXHIBIT # 10 DATE 2-8-89 HB 27/

TESTIMONY PREPARED IN SUPPORT OF HB 271

By Mrs. Joanne Shearer 3575 Keir Lane Helena, Montana

Chairman Schye and Members of the Committee. My name is Joanne Shearer. I am a Helena homemaker, mother of four children, and a partner with my husband in a business enterprise. Although I represent no organization, I believe I represent the viewpoint of a majority of parents in our state.

I would encourage you to pass HB 271 in light of the AIDS epidemic in our country and in Montana. Teaching kids good health habits and teaching them not to become sexually involved in the first place is the best preventive medicine for kids to avoid becoming infected with the AIDS virus.

I first became concerned about AIDS and the kind of AIDS education in our local schools when, approximately one year ago, a Helena High School teacher informed me that she had previewed a film on AIDS prevention to be shown to high school sophomores. This film, she said, discussed certain steps these 15 year olds could take to prevent infection with the AIDS virus. The first recommendation was to limit the number of sexual partners and the second was the use of condoms. To her dismay, never once did the film discuss abstinence as a means of AIDS prevention. Our discussion heightened my interest in the AIDS issue and I began attending meetings of the Helena AIDS Task

Force. Recently, I was elected to the Board of Directors of the Helena AIDS Task Force, whose mission is "To prevent the spread of AIDS and the HIV virus in Lewis and Clark County through education, promotion and facilitation of AIDS related services and by providing forums for AIDS related discussion in the country."

The facts concerning the AIDS epidemic are very grim. Former Surgeon General Koop compared AIDS to the Black Death, a plague that killed one-third of Europe's population in the 14th Century. One researcher with the Walter Reed Army Institute of Research has stated that, over the next decade, more Americans will lose their lives to AIDS than died in the last four wars.

In terms of transmission, the AIDS virus or Human Immunodeficiency Virus (HIV) is transmitted through sexual contact with an infected person, through sharing dirty needs in IV drug use, and through pregnancy. Although the AIDS virus has been isolated from nearly every body fluid, including saliva and tears, there is no evidence to suggest that AIDS can be transmitted through close non-sexual contact.

Once the AIDS virus invades the body, you are infected for life. For those who have developed full blown AIDS, the disease has been 100% fatal, with no vaccine or cure in sight.

No one knows for sure how many persons are infected with HIV, but government estimates are between 1 to 1.5 million Americans. Of those that are infected, more than 90% are unaware they are infected. HIV has a long incubation period of up to 10 years before symptoms may occur. Yet these asymptomatic, health

carriers are capable of infecting others, and are doing so at an alarming rate.

In Montana, there have been 177 positive antibody tests for HIV. It is estimated that for every positive HIV test, there are one hundred healthy carriers who are capable of transmitting the disease through sex, blood, or pregnancy for the rest of their lives. That means there may be as many as 17,700 persons infected with HIV in Montana. In light of our sparse population, those numbers are staggering.

Although 70% of diagnosed AIDS cases are among homosexuals, the AIDS virus is spreading rapidly into the heterosexual population. Worldwide, the major mode of transmission of AIDS is heterosexual relations and researchers believe it will eventually be in the United States as well. In Africa, where AIDS is widespread, the ratio of male-to-female infection with the disease is 50/50 and a large number of cases involve heterosexual transmission.

It now appears that we have an epidemic of pandemic proportions on our hands, but response to curbing the spread of the disease is hampered by the political and social issues of AIDS. One thing that everyone agrees upon is that education is our best means of preventing the spread of AIDS. Any physician will tell you that the very best medical advise to avoid getting infected with the AIDS virus is to be in a bi-directional, monogamous, faithful relationship. However, most of the education expounded in the media and through the public health authorities has centered on "safe sex" and the use of condoms in

preventing the spread of the disease for those engaging in promiscuous sexual relationships. Actually, the use of condoms in promiscuous sexual relationships is not "safe sex" at all, but what I call "risky sex" for the following reasons:

- 1. Last summer, the government called off a 2.6 million dollar condom study in San Francisco with homosexual men since the test subjects were being placed at a high risk of AIDS infection due to breakage and slippage of the condoms.
- 2. Several studies with discordant couples (one HIV positive and one HIV negative) indicate a high rate of infection even when condoms were used exclusively. The most publicized study was one conducted by Dr. Margaret Fischl at the Miami School of Medicine in 1987, where 3 out of 10 discordant couples seroconverted after 2 years while using condoms. Medical researchers are now advising discordant hemophiliac couples to abstain from sex, since a significant number of these couples have seroconverted while using condoms exclusively.
- 3. Condoms are a poor method of contraception, with a 10% failure rate for any one year of use, even when it doesn't break. The failure rate of condoms in preventing AIDS infection is estimated to be much higher since most women are fertile 2 to 4 days each month, whereas they are susceptible to infection each time they have sex with an infected man.

- 4. Dr. Helen Singer Kaplan, M.D., Ph.D., Director of the Human Sexuality Program at Cornell Medical Center in New York, in her book, The Real Truth About Women and Aids, states, "The Food and Drug Administration would never allow any drug or medical device to be released to the public or to be advertised as effective without a single successful field trial! Yet the only reputable scientific investigation of the effectiveness of condoms in preventing the heterosexual transmission of AIDS in real life shows an alarmingly high failure rate."
- 5. Dr. Gary Noble, Coordinator of the Public Health Services Program against AIDS, has said that in avoiding AIDS as a consequence of promiscuous sexual intercourse, condoms are between 70% and 90% effective. In this case, using condoms is a form of Russian Roulette in which the chances of being killed are quite high. In Russian Roulette, as everyone knows, with a bullet in one of six chambers of the revolver, you have one chance in six of putting a bullet in your head. In the use of condoms in promiscuous sex, with 70% effectiveness, you have one chance in three of killing yourself by contracting AIDS.

Based on these statistics, condom education is placing teenagers at a high risk of infection because it gives them a sense of false security. When condom education and "safe sex" was first promoted four years ago, we did not realize the progressive nature of the AIDS virus and the extent to which the heterosexual

population would be affected with the AIDS virus. Now AIDS education, especially "safe sex" education, needs to be re-evaluated in light of current scientific data.

Casual observation tells us that current sex education programs have failed. In spite of a comprehensive sex education campaign in schools, along with readily available contraceptives and contraceptive education, teenage pregnancy is still a major problem in Montana. Offering birth control to teenagers is like teaching them they can do whatever they like and not have to face the consequences. Of all abortions performed in Montana in 1988, 29% were to teenagers. Deborah Anne Dawson wrote in "Family Planning Perspectives",

"Neither pregnancy education nor contraceptive education exerts any significant effect on the risk of premarital pregnancy among sexually active teenagers -- a finding that calls into question the argument that formal sex education is an effective tool for reducing adolescent pregnancy." (Vol. 18, No. 4, July/Aug. '86)

The answer, then, to the real and potential AIDS epidemic in teenagers is not contraceptive education or the "how to's" of sex education, but abstinence education. Opponents of abstinence education say that you can't teach abstinence, only because kids are going to ignore the message and have sex anyway. However, the facts prove that abstinence courses are effective in changing sexual attitudes and behavior in teenagers. One such course is an abstinence course called "Sex Respect", which is a pilot study funded by a grant from the Department of Health and Human Services. In 25 schools with 3500 students, the results of the

changes in attitudes are very positive. Before the course, only 34.2% of the teenagers said there were good reasons not to sexually active, while after the course, 59% said there are good reasons to say no to sex. Kathleen Sullivan, course director, said, "Students participating in the program were extremely receptive to the principles of sexual abstinence. Our test results clearly indicate that teaching sexual abstinence cannot only substantially lower teen pregnancy, but it also serves as the most cost effective preventive medicine against AIDS."

The results of another sexual abstinence course called "Teen-Aid", has shown very positive results. In San Marcos, California, parents recognized that sex education could be more harmful than good unless sexual abstinence before marriage was the cornerstone of the program. Parents and educators used "Teen-Aid" as the source text, developing an outstanding program. The results of the program were that teenage pregnancies were reduced from 147 in the 1984-85 school year to just 20 in the 1986-87 school year. A reduction of 87% in just two years!

My questions to the Committee are: Has anyone done an evaluation on these other sex education programs that stress sex knowledge and contraceptives? Have you checked into other programs and their results?

As Kathleen Sullivan of "Sex Respect" stated, "We can't teach abstinence and contraceptives together because that's a double message and we're not showing confidence that kids can control their sexual urges. In actuality, kids are pleading for help in controlling their sexual urges. We need to give kids the

tools <u>not</u> to become sexually active in the first place. We are in an era of life and death."

Members of the Committee, for the lives of our kids in Montana, please pass HB 271.

Testimony House Bull # 27/
extion

EXHIBIT # 11

DATE 2-8-89 Introduction I'm come to testify as a nativery the state, also as an educator of many year of experiency at all levels, but more relevely as researcher in the area ethics and moral field education. A family of the Subseines. den deing in - depth research trying to determine trends relating to valide fethics 4 morals) We have received great ins's of recent astedy in a well warrily of prof. magazines. Ef basic signification it The idecesed number of persons curiting That their seems to be no chusunder a tases for values - resulterin an moral practices in our streety troday. as me observe mkat is happening in education today- president is an attitude of peness freedom and individual rights with little emphasis on responsibilities and duties. This, it may be obveried in the result of a prevailed philosophy, existentedes, in head says the basic arreces must be for the me, the met in the new, excompanied with with a desire for instant on testaction.

Us a student of history and philosophy & a believe this the result of the thinking & - polularifly of mich persons as John Remy architel of the informers "Humanistle Manifesto and of the prefular aming - psychologist Signess Frank Bath were - believes that all values (ethers & morel) must be internally and - not allowing for - the Improition of traditional values (much chedanced given to juneall values downstrated especially the volues clasification design productions in the whole for some years now the a result in see a deterioration of values, no specific quistilines to follow for children & youth loday. There are no standards to follow, a culture disentigrates. a. Pope had this may "There is me surer sign of an age that is degenerating then rechet happens to language "Trus, but a contemperer writer of met today says "their is no more sign of decay in a auture than that if un restrained repul practices " and that, fellow citizens, in what we're addressing today, I do think it is a sad commontary on us as citizens that (in a vene) morally must It legeslated but there seems to be on

other alternative, nateworthy is the fill passed in California recently so sex adues. again citing the trends a requel preguancy, a notes pres forthe Calumbia Unwersty writes a lengthy asterly in the June 87 resur of Phi Calla Happentrylight value these problems begins her, artiel on a very their - she cays "major research says that The veril can relonger he armidered as distray and of aversethe only solution offered the ses fice access to condume and planned parenthood all supported by federal funds . However, on the other side of the com the recently resigned the y Est Wom Pennet would totally support the asken this -bill calls for the weater an excellent asher Education He brings out the truth about Trecommenting total afoteness) to quote him Sex acta invalue men q worm of (adolessure) in all their completity. It wines trically connected to the psyche, to the soul to personality at its despet respect for on another I'l not some

you will or distill (or another form of recreation). To call it an extremely moral activity invalving deep springs of conduct with serials repureusures and long lasting effect. Other water leaders , likewell, asi, addressing for is su of conduct of morality of Peter Drucker, the noted management expect and Hum Menester Margant Halcher have some profound things to vay Then appeals and relumbo al Geodec - Christian morality rulish pre vailes among our founding father. There is a crytheticu for an emphase on quelited such as dignity, respect, fidely chastily, what - some crate morally self-estiem and need for family unity. We hope their bell will encourage upright citizen and especially parent The schools in teaching abstining hit also recognizing the ruled to fight the media, video, T.V, richardel alamorization our culture.

And note that if un-restrained sex and so research they turn to alcounty thung, and som to suicell - and think

to fight costs of single, then age mothering, drug & alcohal related crimes. wont to say youth an esquing for help 2 culethe - I asked a student secretary how the was - she said, never as A me on Monday morning, Lalways regret what I do to week hade and my liggest after reading much of the Herein Arrisans "Whay don't The school and bades tell his they is a better way of lost? My find appelie to what & alone said "Public virtue in a nation Can not exist without private virtue for it is the only familities of a regullie!

EXHIBIT # 12 DATE 2-8-89 HB 27/

WITNESS STATEMENT

NAME DR. JOHN HEETDEAKS BUDGET
ADDRESS 2010 SPRING PPEK DR., BOZEMAN
WHOM DO YOU REPRESENT? SELF + FAMILY
SUPPORT OPPOSE AMEND V
COMMENTS: As a physician in Family Practice
I see continually the dragic vesults of the
failure to trach abstinence from sexual
intercourse to our young people. Disease, unplanned + unwanted pregnancy, and
unplanned + unwanted pregnancy and
Disillusionment about sex is ranfant.
\
I should like to encourage amonding
I should like to encourage amouding or rewriting this bill to move closely
Follow California Senate Bill 16 2394
if this is still rossible. This bill has
been adapted in California
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PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

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EXHIBIT_# 13
DATE 2-8-89
DATE
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/ WITNESS STATEMENT
NAME Lelen Johnson BUDGET
ADDRESS /
WHOM DO YOU REPRESENT? Horm Walken Women
SUPPORT OPPOSE AMEND
COMMENTS: Strongly believe it may
represent a step to carreel many
estrange in solectly.

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EXHIBIT # 14 DATE 2-8-89 HB 27/

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me of:

Helena Christian Academy

ree of Life Training Institute

ng's Kids Children's Church

he Tappan's Missionaries

Sarismatic Worship & Drama

February 8, 1989

Chairman Ted Schye House Education Committee Capitol Station Helena, MT 59620

Re: House Bill 271

Dear Chairman and Schye and Members of the Committee:

As a pastor and Christian counselor, I have had a great deal of opportunity to deal with young people during the past ten years. Many of these young people are just going through that wonderful yet difficult transition from being a child to a young man or a young woman. It's a difficult time.

It's a time when pimples surface and have to be beat back with makeup and an assortment of other tactics. It's a time when young people desperately want to be loved and accepted, especially by their peers.

While many parents find it difficult to talk to the young people about this physical and emotional transition, others are well able to do so. Many churches have picked up this need and begun to teach these areas. There has been still a sense of lack, and many public schools have picked up this area of teaching.

Representative Wallin has prepared a bill which will attempt to address the area of teaching emphasis. In reviewing the bill, I am convinced that Representative Wallin's bill is meritorious and should be passed by the House Education Committee.

With the amendment requested by Representative Wallin, the educational is not mandated except in schools "that offer instruction relating to personal health" to also provide instruction in "abstinence by adolescents from alcohol, illegal drugs, and sex out of wedlock."

Although I am convinced that Representative Wallin's bill will not solve the problems of alcohol, drugs and sex out of wedlock, it is a step in the right direction. It is a drop in the right bucket. Representative Wallin's bill meets the basic test of good sense and common sense. It's a good bill. I encourage your passage of it.



EXHIBIT #15.

DATE 2-8-89

HB 271

Kelley Law Firm: Douglas B. Kelley Bryan L. Asay

February 8, 1989

Chairman Ted Schye
House Education Committee
Capitol Station
Helena, MT 59620

Re: House Bill 271

Sex, Drug, and Alcohol Instruction in Schools

Dear Chairman Schye and Members of the Committee:

My name is Bryan Asay, and I represent the Montana Family Coalition. The Family Coalition believes that our society today is experiencing a breakdown of traditional family values. Alcohol and drug use, as well as the so-called "sexual revolution" have been primary forces in the continued deterioration of the family as a cultural, educational, social and spiritual unit.

During the last few weeks in the halls of the Capitol, I have heard numerous comments from concerned legislators as well as lobbyists and other concerned citizens which reflect a general frustration that many of the issues being addressed by the legislature this year are actually problems which could be significantly reduced by a general strengthening of the family unit. The sense is that we need parents who are willing and able to be leaders to their children.

Although there may be a general sense that families today lack strength, there are indeed many parents in Montana who provide strong leadership, training and example to their children. However, Montana parents need to be assured that their leadership training and example are being supported in the public schools, not contradicted.

Adolescent use of alcohol, illegal drugs, and sex out of wedlock are serious and certain problems facing the family in Montana today. These problems demand a solution. The only certain solution is abstinence, and abstinence should be the standard taught in our public schools. The Montana Family Coalition believes that this is the traditional standard for Montana families.

Concerning the second part of this proposed bill, because abstinence is the standard training in the traditional Montana family, abstinence should be the standard for public school training should the public school determine that it is going to educate in these areas. Birth control and abortion are not consistent with the standard of abstinence;



rather, they are symptoms of a lack of abstinence. Again, the Montana Family Coalition believes what is taught in our public education system must be consistent with traditional family training.

House Bill 271 insures that training in school in these areas will be consistent with the traditional standards of the family. We ask for a "Do Pass" recommendation on House Bill 271. Thank you for your consideration.

Sincerely yours,

Montana Family Coalition

BLA: ck

EXHIBIT_#16 DATE_2-8-89 HB_27/

WITNESS STATEMENT

NAME Jane William BUDGET
ADDRESS 1371 Bozeman Trail Bozeman MT
WHOM DO YOU REPRESENT?
COMMENTS:
Through-sexed-has not brought down tem-
as well as "reviewed" sex ed is revardable
Ly: Saning the state money is: welfare payment, state funded medical grayumo etc
Drop in VD, Aids.
Incidentally, who really objects to this bill;
the child molesters, the child forn sellers,
the abortionists who make their living off of
free sex. Those who will lose their jobs
when there is no need to hand out condoms.
drug dealers wine merchant etc.
Isn't it interesting to note that the big
Isn't it interesting to note that the big opposition also makes their living off of our children!
Children!

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

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EXHIBIT # 17

DATE 2-8-89

HB 271

WITNESS STATEMENT
NAME Shirley Wise BUDGET
ADDRESS 1601 W. Olive Bozeman.
WHOM DO YOU REPRESENT? Myse/f
SUPPORT OPPOSE AMEND
COMMENTS:
Results of the teaching of sex
education without teaching of
abstinence have growed tolle
devasting in every respect in
the entire nation: morally, as
teen age pregnancy, wenesed disease
+ aide are energaing alarmingly - and
certainly financially an governmental
agencies struggle to fack feeds and
solutions to help those caught in
tragic situations because of failure
To abstain from extra manital sex
alcohal and druge. Danish it make
more sence to precent something from
happening than to try and yestery "alter
the fact?"

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Form CS-34A Rev. 1985

EXHIBIT # 18

DATE 2-8-89

HB 27/

WITNESS STATEMENT

NAME Florence Wilson BUDGET
ADDRESS 3049 SOUT dough Rd. Baslman mt 59%.
WHOM DO YOU REPRESENT?
SUPPORT X 27/ OPPOSE AMEND
COMMENTS: I believe children durine their
precious growing dopinen Horming years need to be allowed to be children
need to be allowed to be children
+ Jauget a children.
I dat beliene en do children
on deline adults, a service by bombraiding
their developing emotions with adult problem of sex, the multiple partner,
problem of sex, with multiple partner,
Olds, Condomo a abonlans
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mariage is not only normal but expected of them. I believe will
see greated productivity ochienement
from bur children as there mind are
Igner the freedom to Injoy childhood
+ Odulesen with Completion in
Ralthy theil Chiro denelosted
Il a chied chooses sex before marriage
Le must be made aware of responsibility Benalty
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EXHIBIT # 19	
DATE 2-8-89	_
HB. 21/	_

WITNESS STATEMENT
NAME Sue Spicker BUDGET
ADDRESS 81517 Skeletin Rd Bayerne 1708.
WHOM DO YOU REPRESENT? My Jenily, acti - Overconces Outreach
SUPPORTOPPOSEAMEND
COMMENTS: Delieve abstitutable is yelly engactors
Jos Children & young adults to be learning
especially since our Country was
Jaurdel on truth & herwig & not on
New to Gird ways to get oround
to indulace in the proces that are
found to be hornful I costing Costing
to our government & Seate government.
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the proplems that result in to)
aboline being tought ain wich
Dey, alukal, i ddays is a They
expensive procedure Dence Frost
Children ain't taught in the Youne
because parents are hoping sex out , wed to
Corsuming alcahol, I use de selling drugs
they seed the support in the school
system to know their is some one who
Stands for abstinence.

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EXHIBIT # 20 DATE 2-8-89 HB 27/

TESTIMONY ON HOUSE BILL 271

Members of the Committee, Ladies and Gentlemen. My name is Joye Kohl and it is with conflicting feelings that I testify before you today on House Bill 271.

I do support the inclusion of abstinence education as a part of school sexuality education to help prevent the problems associated with alcohol use, illegal drugs and premature sexual activity. Young people do need to:

(1) hear the message that abstinence from alcohol, illegal drugs and premature sexual activity is in their best interest;

(2) develop the self esteem and assertiveness skills to help them avoid peer and media pressure to become involved in those risk behaviors;

and (3) identify, promote and utilize alternatives to the risk behaviors of alcohol use, illegal drugs and premature sexual activity.

As I have had an opportunity to hear from youth and study reports of programs such as "Students Against Drunk Driving", "Just Say No" and our own Montana "Parents and Adolescents Can Talk" program, I am continuously impressed with the power of "positive" peer influence. It is much easier for individual youth to say NO when they believe and/or know others are also saying NO. That has not been a message strongly promoted in our society. Thus, I do support item (2) under Section 1 of the bill as a policy recommendation to the State Board of Public Education.

For a number of reasons, however, I am concerned with item 4 under Section 1 of the bill. I believe an attempt to legislate a prohibition on birth control information through schools will: (1) divide people and educational efforts in this state; (2) fail to address the complex issue of premature sexual activity in a comprehensive and effective manner; (3) fail to provide a way to correct critical misinformation circulated among youth; and (4) will not provide older youth with the knowledge they will need as an adult. Please let me explain.

As you are aware the social and economic costs of pregnancy, childbearing and sexually transmitted diseases among teens are great. At a time when it is extremely important that we as adults join forces in efforts to confront premature sexual activity by our Montana youth, I believe item 4 does exactly the opposite by polarizing people, dividing our educational efforts and will result in continued mixed signals to young people.

I work with "Parents and Adolescents Can Talk" a program of the Montana State University Extension Service. The PACT program has

implemented throughout the state. Through PACT we have worked long and hard to bring a broad representation of people together and, in communities across this great state, we are finding that all people from conservative to liberal persuasion can agree with the value-based statement that it is in young people's best interest to postpone premature sexual activity. Encouraging postponement of premature sexual activity forms a rallying point from which people can and are coalescing their efforts and resources in primary prevention education. Rather than unifying people I am afraid item 4 will cause great rifts in our state. We desperately need to work together and I believe there are better strategies for promoting and delivering an abstinence message to young people. The problem is very complex and requires more than a simple solution.

I am a strong advocate of family life and sexuality education.

Unfortunately and for a variety of reasons, most young people do not receive sexuality education through the home or the church. Thus, schools must work hand-in-hand with parents and the rest of the community through educational programs which:

- (1) encourage postponement of premature sexual activity;
- (2) assist young people and their parents in confronting the physiological, psychological, social and ethical implications of human sexuality;
- (3) encourage pregnant or parenting teens to complete high school;
- and (4) help youth understand the responsibilities of parenting.

Because I believe our program results are pertinent to the issue of sexuality education and impact on adolescent sexual activity I would like to briefly describe the program and highlight the evaluation findings.

family communication and sexuality educational program for youth and their parents. A major premise of the program is that "postponement of premature sexual activity is responsible adolescent sexual behavior and is contingent on effective parent/youth communication, positive self esteem, knowledge of physiology and reproductive health, assertiveness and decision making skills. We have a series of age appropriate educational curricula focusing on the issues I just mentioned. We do not provide birth control information to ninth grade or younger youth in our program. However, we do provide birth control instruction to the parents and those parents must decide if and how they will share the information with their youngsters. Many parents do provide the information to their adolescent youth because they know they are more credible and are in a better position to transmit their own values when they can discuss the issue.

To avoid evaluation and reporting bias the PACT program is evaluated by an out-of-state third party evaluator. The evaluation

findings from our program demonstrate that the objectives to encourage postponement of premature sexual activity and enhance parent/youth communication are being met. I would like to highlight just a few of the relevant findings which are all statistically significant:

- 1. Both parents and youth show increases in knowledge of physiology and reproductive health not only during the program but in a four-month follow-up.
 - 2. Parents and adolescent participants have increased communication with each other about sexuality issues.
 - 3. Over a six month period of time youth participants show increases in self esteem.
 - 4. There is a positive correlation between higher self esteem and a lower incidence of intimate sexual activity among adolescent participants.
 - 5. Parental knowledge of physiology and reproductive health following the program instruction is correlated to a lower incidence of intimate sexual activity among their adolescent offspring.
 - 6. And, most importantly, not only are we seeing no increases in intimate sexual behaviors among youth participants but the results show marginally significant decreases in intimate sexual behaviors among the youth participants.

PACT findings are supported by national studies, which show the lowest incidence of sexual activity among 15 - 16 year olds is associated with the combination of sex education and parent/youth communication. Education and communication with parents is effective in impacting youth risk behaviors. Furthermore, comprehensive health education is critical. A 1988 survey conducted by Lou Harris and Associates for the Metropolitan Health Foundation found "that as years of health education increase, students' health-related knowledge, positive attitudes and healthy habits also increase." the areas of alcohol, smoking and illegal drug use, the difference between those with no health education and those with one year of health education is not distinct. The findings reinforce the argument that only continuous health education over several years influences health behavior patterns. Parents can also reinforce those healthy behaviors when the parents are knowledgeable and communicate with their adolescent offspring.

I believe it is important that we do not assume we can keep information about birth control from young people; it is readily available through the mass media and their peers. The problem is that many youth receive inaccurate and incomplete information. Their limited information may allow them to draw inaccurate conclusions. For example, surveys of youth reveal some young people who believe birth control pills are effective in preventing AIDS—a definite myth. We must insure that young people have accurate information in order to protect them from misinformation shared by peers.

Abstinence education regarding sex is a different issue than for alcohol and illegal drugs. Physically intimate relationships during dolescence are not in adolescents' best interests. But, older youth are also preparing for adult roles. If not through education, where will they obtain the family planning information they need as adults.

It is important for the committee to understand that abstinence in most health literature is treated as a method of birth control nd, thus, the very method you propose emphasizing could be liminated in sexuality education because it might be interpreted as a taboo subject. Although some may not want to think of abstinence as a birth control method for teens, it certainly is a valid birth ontrol method. I have attached a copy of a brochure called "No and ther Forms of Birth Control" which we use as a handout for parents in our program. You will note it shows NO as a form of birth control nd the only one that is 100 percent reliable for both pregnancy and exually transmitted disease prevention and with absolutely no side effects or dangers.

Therefore, I urge the committee to amend House Bill 271 by (1) including item 2 as a policy recommendation to the State Board of Public Education (2) deleting item 4 as currently proposed and (3) hanging the title of the bill to "an act in support of the inclusion of abstinence education for alcohol use, illegal drugs and premature sex as a part of school health and sexuality education.

I would further recommend the allocation of monies for a few demonstration projects to assist applicant school districts in orking with parents and the community to review, implement and valuate pilot health/sexuality education programs with an tinence message. The appropriation of even a few \$1,000 demonstration grants for school/community review of current health and family life curricula and to promote the inclusion of abstinence education for alcohol use, illegal drugs, and premature sexual activity within the school curriculum would support school district programs and provide valuable data. Montana has been fortunate during the past five years to have more than \$1,250,000 in federal and foundation funds to assist in a variety of efforts in teen pregnancy prevention, but outside assistance will not be available on a ong-term basis. We need to make a commitment as a state.

Thank you.

financial

WOMEN'S LOBBYIST

FUND

Box 1099 Helena, MT 59624 449-7917

EXHIBIT #2/ DATE 2-8-89

February 7, 1989

H.B. 271

Recommend: Do Not Pass

Nancy Lien Griffin, Montana Women's Lobby urges defeat of H.B. 271. Sex education and pregnancy prevention is urgently needed in our schools, but this legislation is a step backwards.

This legislation proposes we hide our head in the sand and pretend that teenagers are not already having sex or experimenting with drugs. It assumes that if people are ignorant, there won't be a problem.

An effective learning tool is the teaching of critical thinking where students assess the pros and cons of alternatives, establish goals and select appropriate options. This bill contradicts everything education is about. It promotes witholding information, critical information, from our students.

As an educator, my question is—how do you teach abstinence without teaching what you are abstaining from?

We urge this committee to take whatever steps necessary to assist with the problem of teenage pregnancy, and to assure our students have access to all possible forms of information. The Montana Women's Lobby urges a Do Not Pass for H.B. 271.

nancy Fran Stypin

So: Mr. Ted Schye - Chairman and Committee Member - House Committee on Education

dr. Schye and Committee Members:

I am Margery Eliason, professionally I am a teacher of 35 years and have my Masters Degree in Guidance and Counseling. I am a member of the Montana Home Economics Association, of the National Organization of Adolescent Pregnancy and Parenting, and am a board member of the Northwest Regional Schoolage Pregnancy and Parenting Coalition. I have been actively involved in the field of adolescent pregnancy and parenting for over fifteen years. During that time I have attended and presented at numerous study sessions and conferences regarding the problems of teen pregnancy throughout all of our western states. I have implemented and now teach a successful program for teen parents for hillings Public Schools.

Personally, I am a wife, a mother of four grown children, and the randmother of eight growing grandchildren. I am an active member of my community and my church. I am here today as a member of the above associations but also as an advocate for children. I need to share with you my fears and concerns regarding HB271.

I teach and counsel 33 schoolage parents everyday. For eight years, I have been a member our district's drug and alcohol intervention program and I facilitate a support group for students who live in homes with chemical abuse.

I work with kids who have been victimized by poverty, abuse, neglect, abandonment, lack of information, no self-esteem, few goals, and poor role models. I am here to tell you the <u>last</u> thing we can deny them is the information and dignity they need to survive. You see, I believe that we do not honor people when we deny them the right to <u>all</u> the information.

A quick overview of some facts and figures regarding teen pregnancy....

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More than one million teens - 1 in 10 - become pregnant each year, 30,000 of these are under the age 15.

Half of all teenagers are sexually active - that means half are NOT sexually active.

Before leaving high school, 1 out 4 will experience a pregnancy.

80% of all teen pregnancies are unplanned.

Teens most likely to become pregnant are the ones <u>least</u> able to cope - young, poor, limited education, single-parent homes, poor academic skills.

80% of pregnant teenagers drop out of school.

Teen mothers beget teen mothers.

and the second of the second s

Sexually active teens 15-19 have the highest rate of sexually transmitted diseases and are at a high risk for AIDS.

40% of pregnant teens 15-19 obtain abortions.

Teen mothers have a suicide rate seven times higher than non-parenting teens.

Marriage is no solution - divorce rate in young marriages is very high.

House Bill 271 refers to sex out of wedlock - believe me, wedlock is not the issue - this is health and education issue. If all my students were married, they would just have more problems.

We know the downward spiral of teen pregnancy - drop outs, dead end jobs, welfare, more children, risk of abuse, and developmentally delayed children. I can send more information on this issue if you would like.

But, today, we are here to talk about prevention and HB271 in my opinion is not the way to address this mind boggling problem.

And, believe me, there <u>are</u> no simple answers. We must start working together. There are things we <u>can</u> do and the way to approach this is not to start denying information and working against each other but to say "Let's get some programs and curriculums that are positive". Certainly at the top of that list is <u>motivating</u> teens to delay sexual activity but we cannot legislate that choice.

Abused kids, low self-esteem kids, poor kids, are very hard to motivate to anything. For many of them, survival is the issue.

For five years, my students have donated their time and swallowed their pride to go to junior and senior high school classes, church, youth groups, and residential treatment centers. They tell their peers - "Don't become sexually active - pregnancy is only one of the consequences. You lose your reputation, no one else wants you, your grades go down, the boy won't stay with you anyway, you have no self-esteem and it is real hard to be a parent." These young mothers also impress upon their peers the need of getting accurate information and making responsible decisions regarding their sexual decisions.

Of course, our first choice for all our children is abstinence from sex, drugs and alcohol but can we allow those that don't make that choice not to have all the information? NO!!!!!

Let's help them get good decision-making and problem-solving kills, work on self-esteem, job skills, work experience and say you are larger valuable. HB271 does not do this. It is a negative approach to a complex problem.

- 1. We need to open up communication with our children not close it down by not talking about it. We need to be credible resources for our kids.
- 2. We need new total curriculums that address the sexuality aspects of our humanness - not just sex!
- 3. We need to look at programs and ideas that are significantly reducing teen pregnancy and there are many! I can find no statistics that tell me denying information and options delay sexual activity.

I want to tell you what my students wanted you to know.

- 1. I wish I'd had more information.
- 2. I wish I would have had someone to talk to.
- 3. I wish I had known I had a choice.
- 4. I wish I had known more about relationships not sex!
- 5. I wish I'd had reliable information about birth control.

You see, it would be great if all our kids came from homes that we all want for our kids - but they do not. I have worked on the Focus team for eight years and in that time, our concerns have changed. At first, we addressed issues of drug and alcohol usage, we now address ultiple issues. Kids that may be using, yes, but they are also in serious trouble with the law, no particular place to live, moving from one home to the next, learning disabilities, no structure to their lives t all.

I've worked with 135 young mothers in 4 1/2 years. 62% of those ere from pretty dysfunctional homes - drugs, alcohol, multiple parents, ager, abuse (both sexually and physically). Fregnancy is merely a symptom of the problems.

People are so surprised when they visit Young Families. They all ay "Why, they are such nice girls." Well, certainly they are nice girls, they are girls like you own, but they are real victims! Victims of the double standard for one thing - you see, we don't play with the name rules for males and females. Is abstinence the same issue for males and females? Be honest when you answer.

They are victims of peer pressure, media pressure, music pressure and the changes in our society in the last 25 years. Like it or not, sings are not the same - we must pull together, meet the needs of our aildren and stop this right or wrong mentality!

I want openness, honesty, and curriculums that meet the needs of all our kids - rural, urban, Native-American, Hispanic, White, developmentally delayed and academically able. Remember this bill is for every child in Montana - every child in poverty, in every little town, reservation and school in our state. Aren't we much wiser to let local boards meet the needs of their students?

These students must see us as part of the solution - not part of the problem.

I will be angry if my eight grandchildren have to face a Montana school system where they are denied the information they need. To my way of thinking, that's abuse!

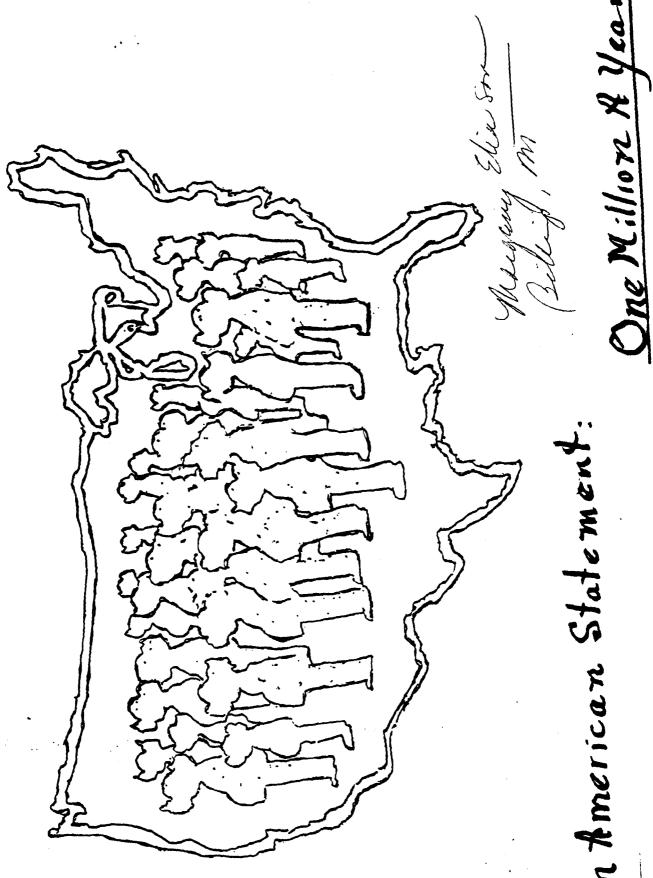
I will ask you to vote against <u>any</u> bill that does not allow education! That violates my value system!

ADDENDUM

I have worked with hundreds of high school students - I have never known a student that was subjected to the information reported by the first proponent of HB271.

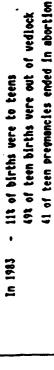
Margery Eliason 2911 Beech Billings, Montana 59102

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An American Statemen

MONTANA TEEN BIRTHS



(it of teen pregnancies ended in abortion 53% of teen births were out of wedlok - 10.3% of births were to teens In 1984

37% of teen pregnancies ended in abortion 57t of teen births were out of wedlock - 9.88% of births were to teens In 1985

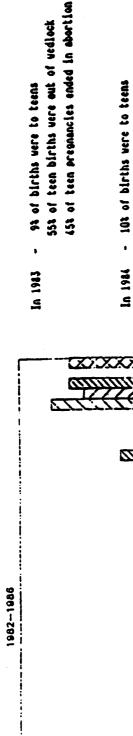
28% of teen pregnancies ended in abortion 33% of teen births were out of wedlok - 10% of births were to teens In 1986

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YELLOWSTONE COUNTY TEEN BIRTHS

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TOTAL TEEN PREGNANCIES	360	311	350	298	30)
	1982	1983	1981	1985	1986
BIRTHS	205	172	199	155	
TOTAL TEEN	1982	1963	661 7961	1945	1986 -

TEENS AT RISK

FACTORS

- 1. Low Self Esteem
 as a person
 as a female
- 2. Low achievement in school
- 3. Family Dysfunction
 Divorce
 Chemical Dependency
 Single Parent
 All Abuse
- 4. Low socio-economic Status
 Poverty
- 5. Few Goals
- 6. Poor role models

RESULTS

- No Self-worth accepts "victim" role abusive relationships easily exploited vulnerability
- 2. Failure stature
 School drop-out
 Isolation
 No job skills
- 3. No advocate

 No nurturing

 Abuse victims
- 4. Welfare Circle
 Downward spiral
 Inadequate Child Care
 Poor spending habits
- Lack of motivation Repeat pregnancy No career goals
- 6. Poor parenting practices

 Developmentally delayed

 children

 Few life skills

 Possible abusers

- 7. Lack of reliable information
 Lack of access to information
 Poor communication
 Belief in myths
- 8. Media
- 9. Health/Nutrition Issues
 Poor nutrition
 Possible chemical abuse
 caffeine
 drugs
 alcohol
 nicotine
 Eating Disorders

- 7. Pregnancy
 No choices
 False information
 S.T.D.'s
 "Bad Girls" use birth
 control
- 8. Double messages
 Confusion
 Life Looks Wonderful
- 9. Low birth weight babies
 Lack of own development
 High incidence of birth
 defects
 Fetal Alcohol syndrome
 Abuse/Neglect

ADOLESCENT SEXUALITY

Sexual Activity:

- o In the United States today, 11.6 million teenagers between 13 and 19 years of age have had sexual intercourse:
 - 5 million females -- seven of every ten by age 20.
 - 6.5 million males -- eight of every ten by age 20.
- o The average age for a woman to have intercourse for the first time is 16.2 years, for a man 15.7 years.

Contraceptive Use

- o Forty-nine percent of teen women aged 15-19 who engage in sexual intercourse use some method of birth control the first time.
- o Only one in seven teen women attending a family planning clinic do so before initiating sexual intercourse -- and most delay their visits to a clinic for an average of 11.5 months after their first time having intercourse.
- o Of unmarried sexually active women, aged 15-19:
 - 27% had never used any method of birth control.
 - 39% had used a method, but not every time.
 - 34% had used a method consistently.

Reference:

-- Center for Population Options, Washington, D.C., January 1987.

SEXUALLY TRANSMITTED DISEASES (STDs)

1. AIDS:

Presently in Montana there are no reported cases of AIDS for individuals younger than 19 years old; however, prevention and health education activities still need to be offered in the school systems. Nationally, the largest age group with AIDS are 20-29 year olds. AIDS has an incubation period of 5-8 years. So, health education with at least junior and senior high students must take place to help prevent it from occurring when students reach their 20's.

National Statistics (as of 12/18/87):

Ace Group (years)	≝ Cases
under 5	633
5 - 12	104
13 - 19	203
20 - 29	10,345

(Source: Montana State AIDS Project)

Cases of Gonorrhea in Montana:

	10-14 year olds	15-19 year olds
1985	4	198
1986	6 .	170

(Source: Montana Dept. of Health and Environmental Sciences)

3. Other STDs:

Because of the reporting system in Montana before 1988, no statistics are available by age groups for other STDs such as chlamydia and herpes.

TEEN PARENTING AND PREGNANCY

Feminization of Poverty:

- o In Montana as of January 1988, 47.8% of AFDC recipients who are female heads of households gave birth to their first child as a teenager.
- o A teenager with a child receives about \$8,000 a year in public assistance payments, including Medicaid benefits. AFDC, and food stamps.
- o The majority of teenage mothers do not finish high school. A teen parent who drops out of school earns half as much in her lifetime as a woman who delays motherhood until she's 20.
- o A baby born to a young mother, alone, is three times as likely to be poor as a baby born to a two-parent family.

Low Birthweight Infants:

- o Babies born to teens represent about 20 percent of all low birthweight babies.
- o Only a little more than half of the teen mothers get prenatal care in the first trimester.
- o In 1987 in Montana, an average low birthweight haby cost \$15,008. This comes to a total of \$660,350 for the 44 low birthweight infants born to mothers 12-18 years old in Montana in 1987. These costs do not include the additional costs a low birthweight infant will require in the first year for added hospital care, nor the cost of long-term disability that 50% of low birthweight infants will sustain.

Other Problems:

o Teen mothers are more prone to child abuse and neglect.

- o One in four will get pregnant again within 18 months.
- o Teen mothers have 50% more births than women postponing motherhood until their 20's.
- o Children of teen mothers often repeat the pattern of early childbearing themselves. There is also growing evidence that these children have a higher incidence of substance abuse, delinquency, and dropping out of school.

References:

- -- Montana State Perinatal Program
- -- Montana Department of Social and Rehabilitation Services
- -- MS, August 1987 and February 1988.
- -- Young Parents' Education Center, Great Falls, MT

ADOLESCENT PREGNANCY IN MONTANA

Overview:

- o OF THE LIVING BIRTHS TO MONTANANS (12,728) IN 1986, 10.0% WERE TO ADOLES-CENTS UNDER THE AGE OF 20. Of these births, 31.3% (3,984) were to teens 17 years of age or younger.
- O IN MONTANA IN 1986, THERE WERE AN ESTIMATED 2,033 PREGNANCIES TO ADOLES-CENTS UNDER THE AGE OF 20 AND AN ESTIMATED 752 PREGNANCIES TO TEENS 17 YEARS OF AGE AND YOUNGER.

Out-of-Vedlock Births:

- THE PERCENTAGE OF OUT-OF-WEDLOCK BIRTHS TO MONTANA ADOLESCENTS HAS NEARLY DOUBLED OVER THE PAST 15 YEARS. In 1970, 28% of the babies born to adolescent mothers were illegitimate; in 1986, this percentage had risen to 58.8%.
- o CUT-OF-WEDLOCK BIRTHS TO ADOLESCENTS UNDER THE AGE OF 20 ACCOUNTED FOR 33.3% OF ALL OUT-OF-WEDLOCK BIRTHS IN 1986. Out-of-wedlock births to teens 17 years of age or younger accounted for 14.1%.

Abortions:

- o OF THE 2,627 INDUCED ABORTIONS IN 1986, NEARLY ONE-THIRD (28.4%) WERE TO ADOLESCENTS UNDER THE AGE OF 20. 13.3% of the abortions were to teens 17 years of age or younger.
- O TE CURRENT TRENDS CONTINUE, APPROXIMATELY TWO-THIRDS (62.9%) OF THE PREG-MANT TEENS WILL CARRY THEIR PREGNANCIES TO TERM AND ONE-THIRD (36.7%) WILL HAVE INDUCED ABORTIONS. Of the teens who deliver, less than half (41.2%) will be married at the time of birth.

Reports from school health nurses and family planning clinics in Montana do report, however, that chlamydia among teenagers is on the rise and poses the biggest problem right now outside of AIDS.

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WHY TEEN-AGERS GET PREGNANT

LIFE/STYLE

Last spring the Alan Guttmacher Institute, which promotes family planning, reported that the problem of teen-age pregnancy in the United States was even more common than most people probably realized: 4 in 10 American women will have been pregnant at least once by the time they reach the age of 20. And, by comparing American statistics with those of five other comparably developed nations, the institute discovered that how early and how frequently teen-age girls engage in sex has very little to do with the rate at which they become pregnant. What is needed, they unsurprisingly conclude, is not less sex, but more and better family planning.

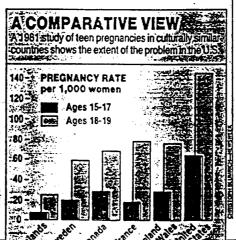
The study began with an analysis of teen-age fertility in 37 nations. of which 5-Canada, France, the Netherlands, Sweden and Great Britain (England and Wales only)—were studied intensively for comparison with the United States. These five countries were selected because of their cultural and socioeconomic similarity to the United States, rates of sexual activity comparable with those in the United States and the availability of adequate data. Teen-age-pregnancy rates, it turned out, were far higher in the United States than in any of the other five nations (chart).

The report disproved the commonly held belief that the very high pregnancy rates among black teen-agersnearly twice that of whites—accounts for this phenomenon. In fact, 83 of every 1,000 white American women become pregnant between the ages of 15 and 19—a rate nearly twice as great as that of the next highest country, Great Britain. As might be expected, the United States leads the group in the rates of both teen-age births and abortions—by an astonishingly wide margin in some cases. Sixty out of 1,000 American teenagers have had at least one abortionby the time they reach the age of 18about twice as many as in Sweden and France and nine times the figure in the Netherlands. And of all the nations studied, the United States is the only developed country in which these rates have been steadily increasing for the past several years.

The explanation for these findings is not that American teen-agers start having sex sooner. According to the institute's findings, the median age at which girls first have intercourse is virtually the same—slightly under 18—in four of the six countries studied, including the United States, the exceptions are Sweden, where on the average sex starts a year earlier, and Canada, where it starts a year later.

U.S. TEENS USE contraception less





The study also casts doubt on the common belief that teen-agers have babies in order to collect a welfare stipend. In general the report found, among the five other countries studied, "the overall level of support [for unwed mothers] appears to be more generous" than under the Aid to Families with Dependent Children program in the United States.

One major difference found among surveyed countries is in the relative use of contraceptives. American teenagers not only practiced contraception less often than in the other nations, they were also much less likely to use the most effective method: birth-control pills.

he researchers also examined attitudes toward sex. What distinguishes American culture, they concluded, is not that it is sex obsessed, but that it is prudish: intolerant of premarital sexual activity and unwilling to deal with sexual topics openly. "Whatever we mean by being open about sex in this country, they mean something very different in the other countries we studied." observed Jeannie Rosoff, the institute's president. This discrepancy is reflected partly in the availability of sex education—which has been compulsory in Sweden, for example, since the 1950s—but also in a more general tolerance of teen-age sexual activity in Western Europe than in the United States.

The reason many Americans place more of a taboo on nonmarital sex may lie in their religious beliefs and practices. The institute saw a link between the relatively conservative sexual attitudes of most Americans and the fact that they are more likely than Englishmen, Dutchmen, Frenchmen, Canadians and Swedes to go to church and believe in God.

In response to the Guttmacher study Martin Mawyer, news editor for the Moral Majority Report, said only that he'd "like to see that statistical data to back up the conclusion that more liberal attitudes toward sex ... are the reasons for a lower rate in teen-age pregnancy. The Guttmacher Institute's research is well done; our criticism has always been in their interpretation of that research." Mawyer and others will have the opportunity to take a more comprehensive look at the data involved in the Guttmacher study in the spring of 1986, when it will be published as a book.

> JERRY ADLER with SUSAN KATZ and TENLEY-ANN JACKSON in New York

EXHIBIT #25

DATE 2-8-89

HB 27/

TESTIMONY (HB 271)
HOUSE EDUCATION AND CULTURAL RESOURCES COMMITTEE
PREPARED BY: STATE FAMILY PLANNING PROGRAM
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
February 8, 1989

Carlot Ca

The State Family Planning Program, through a network of 15 local programs, provides services to over 7,000 teens from 54 counties in the state annually. It is estimated that only one in 7 women attending a family planning clinic does so <u>before</u> initiating sexual intercourse and most delay their visits to a clinic tor an average of 11.5 months <u>after</u> their first time having intercourse. The average age for a women to have intercourse for the first time is 16.2 years, for a man 15.7 years.

The primary purpose of family planning programs is simple: the provision of services and information to lower the incidence of unintended pregnancy, to improve maternal health and to reduce abortion. Programs are required by federal regulations to conduct two kinds of educational activities. They must provide outreach to inform the community about family planning and they must offer counseling to clients in making informed decisions about the choice and use of family planning methods and services. In counseling teens, health care providers encourage family involvement and include abstinence a decision-making option.

As part of their community education efforts, programs offer education to schools. HB 271 would restrict these efforts. Since birth control services are not provided by programs in schools, this bill would have no immediate impact on the prohibition of services.

In 1987, there were 1,900 teen pregnancies in Montana. 1,264 were to teens 18 and under. Of those pregnancies, it is estimated that 5 out of every 6 were unintended - 92% of those conceived premaritally and half of those conceived in marriage. In 1987, Montana teens had 659 abortions - 461 were to teens 18 and under.

These facts show a need for education - education about the consequences of early sexual activity as well as about the means to prevent pregnancy including

· Inch to trek about dating, period, greene of linth control , Because there are the insur. That young people are concerned about I feel hoppy to be there as a sending level. as regard H.B. 271 part de donn mot distante us lacque. had already unplanty abstruence to a great wrong culgit - media (explicit)

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3. Thenten quest imme 1985. AIDS Ed.

abstinence. A comprehensive approach must be taken to solving the teen pregnancy problem. HB 271 provides a one-sided approach only. Opposition to teaching about birth control is usually based on the belief that doing so promotes promiscuity. The data, however, do not support this belief. National studies have found inconsistent evidence of the impact of sexuality education on students' sexual behavior.

There is public support for sexuality education, including instruction of birth control. For years, surveys have shown that about 80% of Americans favor sex education in the public schools. A 1986 poll conducted by Time magazine found that instruction is now favored by 86%, perhaps the highest ever; 89% want such courses for children age 12 to deal with birth control information, and about three-quarters say abortion should be included in the curriculum. With the AIDS epidemic, the Dean of the Harvard School of Public Health has said, "We are at a point where sexuality education is no longer a matter of morals, it's a matter of life and death."

In 1988, a survey of Montanans regarding teen health issues was prepared for Healthy Mothers, Healthy Babies: the Montana Coalition. The survey indicated an overall view that there is a significant teen pregnancy problem in Montana and strong support for sexuality education being taught in public schools.

- o 83% of respondents felt that there was a teen pregnancy problem.
- o 86% of the respondents thought that sexuality education should be taught in public schools.
- o 93% of the respondents thought that sexually active teens should have access to and reliable information about birth control methods, and
- o 81% of the respondents felt that sexuality education can help reduce unplanned pregnancy.

SUMMARY

HB 271 would severely limit the community education efforts of the State Family Planning Program in the schools and our efforts to help reduce teen pregnancy in the state.

References provided on request.

SN/vg-150f

EXHIBIT # 28

DATE 2-8-89

HB 27

Toni Niklas - Representing the MEA As a solident - I graduated from high school just over two years ago. So I speak from I tell you that prohibiting the instruction of contractsial moral issues doesn't trade the problems go away the Furthermore, it has never been the policy of the legislature to mandak curriculum and - once you get abound the expect and demand a well bounded and fair education. I should not demand a well bounded and fair education. Populing that students only learn one side of a issue is not a fair representation of the facts It would be a little like presenting a history class with all know that there are always Two sides the as to why Japan bombed food harbor: The Amorican side to the Japanese side. I submid to you that students have a proporting to know about both side of issues, and that this bill japandigs that right. The MFA FB strongly unge a Do Not Ross on this bill

DATE 27/
HB 11
WITNESS STATEMENT HB 271 HB 271 HB 271
NAME (2) 30 dy Wright BUDGET ADDRESS By 753 EAST HELEN, Mt.
ADDRESS By 753 EAST HELENA, MI.
WHOM DO YOU REPRESENT? Self.
SUPPORT OPPOSEX AMEND
COMMENTS:
This dill vaises Kype serious moblemes:
1) Agreens to imme usen Art. X & 8
This dill vaises there serious problems: 1) Agreers to imme upon At. X & 8 He local control of solvers by selv. dishets
2) May violate Art. X 87 Almt prohibits advocan of Sectionian tenets at a public al. 1954 tulnon.
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Health Ed, conjulums - particular
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a bight control drice as well as a molled
of generaling AIDS.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

33 South Last Chance Guich Helena, Montana 59620-0601

DATE 2-8-89



Board of Public Education H

Claudette Morton Executive Secretary

January 27, 1989

TO: Members of the House Education & Cultural

Resources Committee

FROM: Claudette Morton C7

Executive Secretary

DELIVERED BY: Antoni Campeau

Legislative Intern

RE: Testimony in Opposition to HB 271

The Montana Legislature has wisely chosen not to legislate course content of schools. The Board of Public Education supports this past practice and believes that the local school district should have the right to determine the course content in any program. The Board recognizes that the school's programs reflect the needs and values of the community. This proposed legislation flies in the face of this local control principle.

One other problem is that this bill, in Section 1(2), does not say what it means. There is a problem in the mechanics of the language.

Because of both of these concerns, the Board of Public Education asks the Committee to vote down HB 271.

February 19899 EXHIBIT # 29 DATE 2-8-89

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCE TESTIMONY TO THE EDUCATION AND CULTURE COMMITTEE

MONTANA HOUSE OF REPRESENTATIVES

ON HOUSE BILL 271

Mr. Chairman and Committee members, for the record my name is Richard Chiotti, Program Manager of the AIDS Program in the Preventive Health Services Bureau of MDHES, I offer this testimony in opposition to House Bill 271.

HB 271 intends to require instruction in public schools to focus on abstinence from alcohol, drugs and sexual activity and to prohibit instruction on birth control measures or abortion.

From the perspective of the DHES AIDS Program, this would limit the necessary prevention message essential to inform school-aged youth on how to prevent infection with sexually transmitted diseases, including AIDS. The message given by DHES follows the recommendations of the Public Health Services' Centers for Disease Control in their January 29, 1988 "Guidelines for Effective School Health Education to Prevent the Spread of AIDS". Essentially, this guideline states that the principle purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Education programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that can virtually eliminate their risk of becoming infected.

School systems should encourage young people who have not engaged in sexual intercourse or IV drug use to continue those behaviors, that is, to abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage and to refrain from using or injecting illicit drugs.

For young people who have engaged in sexual intercourse or injection of illicit drugs, the message given should be to stop engaging in activities that place them at risk for infection with blood borne diseases such as AIDS.

Some young people are unwilling or unable to adopt behaviors that would virtually eliminate their risk of infection. It then is necessary to provide them information on preventive behaviors. All persons, including school-aged youth, should be educated to avoid sexual intercourse with anyone whose HIV status is not known, on condom selection and use, to seek treatment if they are addicted to drugs, to not share drugs or drug injection equipment, to know how to clean drug equipment if they are users, and to seek counseling and testing if they suspect they are infected with the AIDS virus.

The Montana AIDS Program must operate within the restrictions of Public Law 100-436. This federal law requires that AIDS education programs funded by the Centers for Disease Control shall not design materials that directly promote or encourage IV drug use or sexual activity (either heterosexual or homosexual). This law further requires that educational messages be designed to reduce exposure to HIV infection by providing accurate information on the health risks of promiscuous sexual activity and IV drug use. Educational messages on how to reduce and prevent HIV infection are necessary. Additionally, the Centers for Disease Control require that an AIDS Program Review Panel be in place to ensure that materials and messages used through the MDHES AIDS Program are consistent with federal law.

Educational messages outlined earlier in my testimony enable us to provide necessary messages to young people about abstinence, monogamy, and preventive behaviors necessary to prevent the spread of HIV. House bill 271 would severely limit the ability of the MDHES AIDS Program to give a complete message necessary to prevent persons, including school-aged youth, from becoming infected with a fatal disease such as AIDS.

RC/vg-81e

EXHIBIT #30
0989
DATE 2-8-07
HB 27/

WITNESS STATEMENT
NAME Kobert G. FISHER BUDGET
ADDRESS 117 FAIRWAY DRIVE, HELENA MT
WHOM DO YOU REPRESENT? East HELENA Public ScHools
SUPPORT OPPOSE $\frac{\sqrt{271} \chi}{\chi}$ AMEND
COMMENTS: 1. I Am a member of the State Healty
Curriculum Committee AND a professional Health Education Teacher.
2. I propose a Wellness Curriculum
in all areas, and wellness requires
Knowledge of prevention as well as
Consequences.
3. It is absolutely essential that the
teacher of a well planned Curriculum be
able, without restrictions, to teach the
entire issue and/or facts relating to
either Chemical use/Abuse and human
Sexuality leading to the epidemic disease
AIDS.
4. A well planned Curriculum provides
alternatives addressing the individual
problems of the miriad of public
or private views. No clement can be
left to speculation. Any well planned
Curriculum teaches abstinance as the
first and most important means of prevents
PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Form CS-34A Rev. 1985

· Per Chairman and committee members:

My mount is Bill Hallings and I am a varidant of Helana. I am here on my own behalf to testify against in opposition to HB 271.

In 1987, I was recognized by the National Education Association as the best Secondary student teacher on the mert locat and as the 2nd best student teacher in the nation. The tous perviously to morked as a councilor for Emition Severely sundtionally Disturbed teachers.

Some very good and interesting points have been raised by the proponents obsert how some courses may be taught in some schooler buildings. In my experience at the five From my experience in the fine school of Radley school in East Helena, I did not see the book "our bodies ourselves," I treliene that the choice of text books and course curriculum is a decision book made by the teachers teacher/parent/school board decision best made by the teachers teacher/parent/school board decision best made at the building level.

I am opposed to HB 271 because of the language that reads that "No instructional program may be offered in a public school in the state that includes material relating to the avaliability and use of birth control measures."

If implemented into I aw this language would be stiffle the rights of young people to factual information which can protect their health.

It violater a teacher's first amandment rights of free speach? I mould drug trachers of councilors the social formation week of unique children with unique social formations.

If the law more enacted brould it he effective? what are the consequences for violeting the law?

A commence of the state of the

sur nothing, will children leavn the responsibility use of their bodies,

Athally me line in a move ld athere & to 7 percent of all which have lined during or 100,000 to 300,000 to meet to know how to carbo the dritten gowing adults of the fature union mant to know blow to solve that problem.

Bill Hallinan 350 Reis Lane

EXHIBIT #32 DATE 2-8-89 HB 21/

OF MONTANA

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February 6, 1989

State Office. 335 Stapleton Building Billings, Montana 59101

STEVEN B. UNGAR President

SCOTT CRICHTON Executive Director

JEFFREY T. RENZ Litigation Director

The Hon. Ted Schye, Chair House Education and Resources Committee State Capitol Helena, MT 59620

Mr. Chairman and Members of the Committee,

The ACLU of Montana opposes House Bill 271. We do so for two reasons.

First, the bill seeks to impose a particular religious view on all students and teachers. The values embodied in House Bill 271 have a clearly religious purpose, and are grounded in particular religious tenets. Indeed, many religious organizations endorse the teaching of precisely the material which this bill would preclude.

Second, the bill would deny all students access to information which has been demonstrated to be essential to informed, responsible decision-making. Teens face, and seek information concerning, problems including AIDs, drugs, and sex. Teenagers are entitled to receive complete, accurate information concerning these and other basic health issues. Curricula addressing these topics are widely supported and highly successful.

The solutions to teen pregnancy, drug and alcohol abuse, and AIDs, will not be found in restricting speech. In this area, as in so many, the ACLU of Montana believes the Constitutional approach is also the wisest. The solution is not less speech, but more. I remain,

Sincerely yours,

Test (. Rem

Robert C. Rowe

President, ACLU of Montana

2-1-89 EXHIBIT_ #33 DATE 2-8-89 Must be edited HB__271 Jam a servor in a western AA highschool. Sam in a preparation for life class, which informs me of doubt a sexualatily unit for two to three weeks in which abstence was mentioned once ou teacher said abstence was 10000 effective, but that the pill was 99%, and the condon was 97% effective. Each type of contraception on the market was talked about and passed around the room. a Blue Mountain womens Clinic representative came and spoke on the advantages of abortion. We were told how easy and conveient an abortion is. If they couldn't afford one a payment plan is avalible. The step by step procedure was given in detail! The lady speaking Soud she felt the pro-life movement totaly wrong

detail. The lady speaking said she felt the pro-life movement totaly wrong and aboition was right as a student a felt my rights were cut short by not teaching the advantages of abstenence and adoption.

Signectfuly sumhitan

Ses Klaudt

EXHIBIT #34 DATE 2-8-89 HB 27/ Samuel Parcullicod Carre in two different lines, the first on they was referentien about sucording sexual Transmitted deceases. The vern. Cline they waid since the man in & Their are sexually between this medde to be shown how to peoled the war a student and if abstrace in the best muchod and the lady just said yes it was a metical to use & whe The beginning, there was a fair Dec though getage bag in view, which was a recopeniately 2/3 full of is margarel existence She direct set a plate model if a praist put a 15 low mit to Alow how. Stepaid This would be the fost peatection. Then who in the four to use the former ponge

a vague. The die va pyramid Ago + Said Condonis Que 90% per forma in the bast safe The didn't mention abitmence perent d (one ones were quen to us to pass to each wither some and look a then Oselo The hid us we corridge to formed Leve (Good and get theited with returned private knowledge, we could askigo the E get embarossel + humbrated & new Uncomfortable to have the done in a class string & I know a sait of the wither ped did too. Levale Kkner

EXHIBIT #35

DATE 2-8-89

HB 27/

TRUTH IN SEX, ETC.

The subject of this bill is a matter of much concern these days. You may wonder why I have introduced HB 271 and I can tell you only that I want our schools to have better results than we now obtain in this area. I have nothing against education and I have nothing against teachers. In fact, I respect the ability of teachers to instruct, and for that reason, I want our schools to teach this course because with their talents, I truly feel we can come up with good results.

HERE ARE SOME FACTS ABOUT SEX EDUCATION. THIS REPRESENTS SEVERAL PARTS OF A LONG ARTICLE WRITTEN LAST YEAR IN "EDUCATION", Vol. 108 by William J. Bennett, Secretary of Education.

SEVENTY PERCENT OF ALL HIGH SCHOOL SENIORS HAD TAKEN SEX EDUCATION COURSES IN 1985, UP FROM 60 PERCENT IN 1976. YET WHEN WE LOOK AT WHAT IS HAPPENING IN THE SEXUAL LIVES OF AMERICAN STUDENTS, WE CAN ONLY CONCLUDE THAT IT IS DOUBTFUL THAT MUCH OF THE SEX EDUCATION OFFERED IS DOING ANY GOOD AT ALL. THE STATISTICS BY WHICH WE MAY MEASURE HOW OUR BOYS AND GIRLS ARE TREATING ONE ANOTHER SEXUALLY ARE LITTLE SHORT OF STAGGERING.

More than one-half of America's young people have had sexual intercourse by the time they are seventeen.

More than one million teenage girls in the United States become pregnant each year. Of those who give birth, nearly half are not yet eighteen.

TEEN PREGNANCY RATES ARE AT OR NEAR AN ALL-TIME HIGH. A 25% DECLINE IN BIRTH RATES BETWEEN 1970 AND 1984 IS DUE TO A DOUBLING OF THE ABORTION RATE DURING THAT PERIOD. MORE THAN 400,000 TEENAGE GIRLS NOW HAVE ABORTIONS EACH YEAR.

BIRTH TO UNWED TEENAGERS ROSE 200% BETWEEN 1960 AND 1980.

FORTY PERCENT OF TODAY'S 14-YEAR-OLD GIRLS WILL BECOME PREGNANT BY THE TIME THEY ARE NINETEEN.

PERHAPS THERE ARE INDIVIDUAL PROGRAMS HERE OR THERE THAT ARE SUCCESSFUL, BUT THESE NUMBERS ARE, I BELIEVE, AN IRREFUT-ABLE INDICTMENT OF SEX EDUCATION'S OVERALL EFFECTIVENESS IN REDUCING TEENAGE SEXUAL ACTIVITY AND PREGNANCIES. FOR THESE NUMBERS HAVE GROWN EVEN AS SEX EDUCATION HAS EXPANDED.

IN THE ARSENAL OF WEAPONS TO COMBAT TEENAGE PREGNANCY, SCHOOL-BASED PROGRAMS ARE BUT A BENT ARROW. HOWEVER, BENT ARROWS DO OFFER THE ILLUSION OF ACTION.

THE GUIDING PEDAGOGICAL INSTRUCTION TO TEACHERS IN APPROACHING ALL SUCH "SENSITIVE AND PERSONAL ISSUES" IS THIS, AND I QUOTE: "Where strong differences of opinion exist on what is right or wrong sexual behavior, objective, informed, and dignified discussion of both sides of such questions should be encouraged." And that's it -- no more.

WHAT'S WRONG WITH THIS KIND OF TEACHING? FIRST, IT IS A

VERY ODD KIND OF TEACHING -- VERY ODD BECAUSE IT DOES NOT TEACH.

WHILE SPEAKING TO AN IMPORTANT ASPECT OF HUMAN LIFE, IT DIS-

PLAYS A CONSCIOUS AVERSION TO MAKING MORAL DISTINCTIONS.

Now, do we or do we not think that sex for children is serious business, entailing serious consequences? When adults maintain a studiously value-neutral stance, the impression likely to be left is, as one 12th grader put it, "No one says not to do it, and by default they're condoning it."

IN A RECENT NATIONAL POLL, 73% OF THE ADULTS SURVEYED SAID THEY THOUGHT SEX EDUCATION PROGRAMS SHOULD TEACH MORAL VALUES, AND ABOUT THE SAME PERCENTAGE BELIEVE THE PROGRAM SHOULD URGE STUDENTS NOT TO HAVE SEXUAL INTERCOURSE. AND, BELIEVE IT OR NOT, TEENS AGREE.

Schools ought to tell students exactly what most American parents say at home. Children should not engage in sexual intercourse. Why isn't this message being taught in more class-rooms? Why isn't this said?

PARENTS WHO ARE TRYING TO DO BETTER FOR THEIR CHILDREN, WHO ARE TRYING TO SHAPE THEIR CHILDREN'S CHARACTER, NEED AN ALLY IN THE SCHOOLS. THEY DO NOT NEED ANOTHER OPPONENT, OR AN UNPROTESTING "OPTION" PROVIDER.

A SURVEY OF GIRLS UNDER THE AGE OF 16 BY A TEEN SERVICES PROGRAM AT ATLANTA'S GRADY MEMORIAL HOSPITAL, FOR EXAMPLE, FOUND THAT 9 OUT OF 10 GIRLS WANTED TO LEARN HOW TO SAY NO. THIS IS NOT JUST REAGAN AND BENNETT TALKING; IT'S GIRLS UNDER

16 TALKING. ONE WAY TO HELP YOUNG GIRLS SAY NO IS FOR ADULTS WHO CARE TO TEACH THEM THE REASONS TO SAY NO, AND TO GIVE THEM THE NECESSARY MORAL SUPPORT AND ENCOURAGEMENT TO KEEP ON SAYING IT.

To the girls, teachers need to talk about the readiness for motherhood. They must not be afraid to use words like "modesty" and "chastity." Teachers and curriculum planners must be sure that sex education courses do not undermine the values and beliefs that still lead most girls to see sexual modesty as a good thing. For it is a good thing, and a good word. Let us from time to time praise modesty. And teachers must not be afraid to teach lessons other girls have learned from bitter experience.

AND THE BOYS NEED TO HEAR THESE THINGS TOO. THEY NEED TO HEAR WHAT IS IS TO BE A FATHER, WHAT THE RESPONSIBILITIES OF BEING A FATHER ARE.

SEX EDUCATION COURSES SHOULD WELCOME PARENTS AND OTHER ADULTS AS ALLIES.

FINALLY, SCHOOLS, PARENTS, AND COMMUNITIES SHOULD PAY
ATTENTION TO WHO IS TEACHING THEIR CHILDREN ABOUT SEX. THEY
SHOULD REMEMBER THAT TEACHERS ARE ROLE MODELS FOR YOUNG
PEOPLE.

IN THE PAST FEW DAYS, YOU HAVE SEEN HOW BILLINGS, MONTANA

HAS BECOME A DISTRIBUTION CENTER FOR DRUGS. I HAVE A PICTURE WITH ME FROM THE KALISPELL NEWS SHOWING A LOT OF DRUG PARAPHANALIA TAKEN THERE. YOU NAME THE TOWN AND DRUGS ARE A PROBLEM THERE -- ALL OVER THE UNITED STATES, INCLUDING MONTANA. ALCOHOLIC ABUSE IS PREVALENT AMONG TEENAGERS WORSE THAN AMONG ADULTS. THE ECONOMIC AND SOCIAL COSTS OF ALL THESE ARE DEVASTATING. WOULDN'T YOU LIKE TO SEE IMPROVEMENT IN THESE AREAS? WE CAN'T SWEEP THESE PROBLEMS UNDER THE RUG. YOU AND I, AS ADULTS -- ALL OF US -- HAVE A RESPONSIBILITY TO SOCIETY--OUR YOUNGSTERS -- TO HELP THEM OVERCOME WHAT YOU HAVE JUST HEARD. I URGE YOU TO PASS THIS BILL BECAUSE IT IS A NEW, POSITIVE START IN THE DIRECTION WE WANT.

ABSTINENCE CAN SAVE MILLIONS OF DOLLARS, AID FOR DEPENDENT CHILDREN, ETC.

IT CAN SAVE MILLIONS OF DOLLARS IN MEDICAL COSTS FOR TREATING VENEREAL DISEASE.

It can avoid the tragedy of AIDS and its costs.

IT CAN KEEP HUNDREDS FROM JAIL AS DRUG USAGE IS THE REASON ABOUT 50% OF OUR CRIMINALS HAVE COMMITTED A CRIME.

IT CAN MAKE FOR RESPECT FOR EACH OTHER.

I TOLD YOU ABOUT CALIFORNIA AND INDIANA LAWS WITH REGARD TO TEACHING ABSTINENCE. HERE ARE STATEMENTS FROM THEIR STATUTES WHICH WERE ENACTED IN 1988:

ALL SEX EDUCATION COURSES THAT DISCUSS SEXUAL INTERCOURSE SHALL SATISFY THE FOLLOWING CRITERIA:

- 1) Course material and instruction shall be age appropriate.
- 2) Course material and instruction shall stress that abstinence is the only contraceptive method which is 100% effective, and that all other methods of contraception carry a risk of failure in preventing unwanted teenage pregnancy. Statistics based on the latest medical information shall be provided to pupils citing the failure and success rates of condoms and other contraceptives in preventing pregnancy.
- 3) Course material and instruction shall stress that sexually transmitted diseases are serious possible hazards of sexual
 intercourse. Pupils shall be provided with statistics based on
 the latest medical information citing the failure and success
 rates of condoms in preventing AIDS and other sexually transmitted diseases.
- 4) Course material and instruction shall include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual intercourse outside of marriage and the consequences of unwanted adolescent pregnancy.
- 5) Course material and instruction shall stress that PUPILS SHOULD ABSTAIN FROM SEXUAL INTERCOURSE UNTIL THEY ARE READY FOR MARRIAGE.
- 6) Course material and instruction shall teach honor and respect for monogamous heterosexual marriage.
 - 7) Course material and instruction shall advise pupils of

THE LAWS PERTAINING TO THEIR FINANCIAL RESPONSIBILITY TO CHILDREN BORN IN AND OUT OF WEDLOCK.

- 3) Course material and instruction shall advise pupils that it is unlawful for males of any age to have sexual relations with females under the age of 18 to whom they are not married.
- 9) Course material and instruction shall emphasize that the pupil has the power to control personal behavior. Pupils shall be encouraged to base their actions on reasoning, self-discipline, sense of responsibility, self-control, and ethical considerations, such as respect for one's self and others.
- 13) Course material and instruction shall teach pupils to not make unwanted physical and verbal sexual advances and how to say no to unwanted sexual advances. Pupils shall be taught that it is wrong to take advantage of, or to exploit, another person. The material and instruction shall also encourage youth to resist negative peer pressure.

THE INDIANA BILL AMENDS THE EXISTING SCHOOL CODE TO READ:
"THROUGHOUT INSTRUCTION ON HUMAN SEXUALITY OR SEXUALLY TRANSMITTED
DISEASES, AN ACCREDITED SCHOOL SHALL:

- Teach abstinence from sexual activity outside of MARRIAGE AS THE EXPECTED STANDARD FOR ALL SCHOOL AGE CHILDREN;
- 2) INCLUDE THAT ABSTINENCE FROM SEXUAL ACTIVITY IS THE ONLY CERTAIN WAY TO AVOID OUT-OF-WEDLOCK PREGNANCY, SEXUALLY TRANSMITTED DISEASES, AND OTHER ASSOCIATED HEALTH PROBLEMS; AND
 - 3) INCLUDE THAT THE BEST WAY TO AVOID SEXUALLY TRANSMITTED

DISEASES AND OTHER ASSOCIATED HEALTH PROBLEMS IS TO ESTABLISH A MUTUALLY FAITHFUL MONOGAMOUS RELATIONSHIP IN THE CONTEXT OF MARRIAGE.

THE COUNTRY HAS AWAKENED TO THE NEED FOR THIS LEGISLATION.

IT WOULD BE MY DESIRE THAT TOGETHER WE TOO, HERE IN MONTANA,

CAN TAKE THIS STEP FORWARD!

NW:BD

VISITORS' REGISTER

EDUCATION & CULTURAL RESOURCES COMMITTEE

BILL NO. HO 481	DATE February 8	, 1989	
SPONSOR Spring	· 		
NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Robert G. FISHER	117 FAIRWay Drive		*
John C. Compleel	ASBO		'
Bruce W Moere	13504		
Marlitypo	TROY M	ļ	
STEVE SOUNDEN	BOLEM AN MT		
Themas Schmeder	MPELT	1	
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IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

EDUCATION & CULTURAL RESOURCES COMMITTEE

BILL NO. HB 271	DATE February 8,	1989	
SPONSOR Wallin	•		
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NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Manazha Eline	2911 DESOR DVE BILLINGS VAT		~
Harmoll len	304950=rdoughKel	<u></u>	
Janes Williams	Bozeman Til Bozeman, MT 59715		
De Greitison	81517 Galleten K4 Bog 178	V	
Joye Kohl	5727 Blackwood Rd. Bozeman MT 59715 2613 Virginia Lane		
Curly Thornton	Billings MT 59102 3000 Villard # 70		
Raylynn Louderdole	13000 4.11ard # 70 Heleva, MT 59601	1/	
GEORGE BRADLEY	B153, MT.		
David Kernall			
JAMES J. VELTKAMP	Bozemas, Ilt.	V	
Maybett Fraces	Helena-		V
Sandra L. Hale	Box 252 59634		/
Mark Vesterby	Bismarck, N.D. 58501		
Teles Johnson	Bareman ml.		
Wince Champer	aspland Va	<i>i</i>	
Ruta Stucky	Bozem	U	
Steily Ities	Boseman	/	
Patty Carrell	Telana		

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM
PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

	COMMITTEE		
BILL NO. HB 271	DATE Det 8	989	
SPONSOR			
NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Walt Dupea	8585 Hwy 35 Bigfork	V	
Joanne Shearer	3575 Keir Ln, Helena	-	
1500 Wingen	604 Holong MH.		~
	117 FAIRWayDr Ithone		X
ATRIKK THEMPSON	8659 HAGGODTY LN	<u></u>	
Lois Hostorius	2010 Spring Cole Dr	<u></u>	
Dr John Heatolethas	2010 Sarrie Che Dr		
CHIP ERDMANN	Mercal Control		X
Toni Nikks	MEA		X
Iony Campsau	BuentobleZduration		X
Michael anoti	MPHEZ	(٧
Robert Johnson	ItCCiz-Count H.D.		
Bill Halfman	3520 Leislane Album		V
Suzanne Mybo	PHES, Conswell		/
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Connie Westby	MILP	L	
Bryan Asay	M+ Family Coalidia		
Jacquelynn Fult	1802 Missonla		1

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

COMMEMBER

BILL NO. 271	DATE2/8/89		
SPONSOR			
NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Suzanne Hanlan	304 Helena		V
Staci Dodon	5655 Pinewood (ms. A	\/	
Alama Myers	5530 Skyway Dr	<u> </u>	
Jesa W Jong	5.4 M		
Bruce W. Moerce	MSBA		V
Hochman	Townsond	-	
Loug Kelley	Helma	2	
1 kun Janden mo	Montana Council por Meternatone Chil Health Montana arm of School Mone 314 Chance St.		
and Cillung	314 Chance St.		i
Stock White	HEWENA	X	
JACK Copps	OPI		
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4DD COOL	Sidney		\\/
()in Mily	Van 1		V
Aristie Marron	1275, 5th W#2, MS/A	-	1
Tanjara R. Blank	15 Jefferson St		i i
Haulette P. Bailey	4 Harrison Ave.		V
Gard E. Tinthe	MISSOULV	v	
I prithy traylor	4403 Charrely	4	
IF YOU CARE TO WRITE COMMENT	Cour S, ASK SECRETARY FOR WITNE	SS STATEM	ENT FORM

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

	COMMITTEE		
BILL NO. 27/ SPONSOR Wallin	DATE2/8/89		
NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Dotothy LTraxler	4403 Gharrett	X	
Jon Clocus Laria Wallen	Helena Th	+	V
Clarie Wallen	By		
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IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

ROLL CALL VOTE

EDUCATION AND CULTURAL RESOURCES	CO'MITTEE	
DATE 2-8-89 BILL NO. 346	NUMBER #/	<i>-</i>
NAME	AYE	NAY
Rep. Ted Schye, Chairman		
Rep. Fritz Daily. Vice-Chairman		V
Rep. Vicki Cocchiarella		
Rep. Paula Darko		
Rep. Ervin Davis		
Rep. Ralph Eudaily		V
Rep. Floyd Gervais		
Rep. Bill Glaser		
Rep. Dan Harrington		
Rep. John Johnson		
Rep. Tom Kilpatrick		
Rep. Richard Nelson		
Rep. John Phillips		
Rep. Richard Simpkins		1
Rep. Wilbur Spring, Jr.		
Rep. Barry "Spook" Stang		
Rep. Fred Thomas		
Rep. Norm Wallin		
Rep. Diana Wyatt		<u> </u>
Rep. Tom Zook		
Rep. Tom Zook		
TALLY		9
Dianne McKittrich Id	lelge	
MOTION: <u>Substitute Motion by</u> blo PASS. Motion CARRIED	Rep. hl	Parko
hloPASS. Motion CARRIED	11 yes, 9	No

ROLL CALL VOTE

EDUCATION AND CULTURAL RESOURCES	COMMITTEE	
ATE 2-8-89 BILL NO. 20	NUMBER	#2
NAME	AYE	NAY
Rep. Ted Schye, Chairman		
Rep. Fritz Daily, Vice-Chairman	V	
Rep. Vicki Cocchiarella		
Rep. Paula Darko		
Rep. Ervin Davis		
Rep. Ralph Eudaily		
Rep. Floyd Gervais		
Rep. Bill Glaser		
Rep. Dan Harrington		
Rep. John Johnson		
Rep. Tom Kilpatrick		
Rep. Richard Nelson		
Rep. John Phillips		
Rep. Richard Simpkins		IV.
Rep. Wilbur Spring, Jr.		- V
Rep. Barry "Spook" Stang		
Rep. Fred Thomas		
Rep. Norm Wallin		- V
Rep. Diana Wyatt		
Rep. Tom Zook		V
Lanne McKettrick Lee Secretary OTION: Motion by Rep. Alash AmendED. Motion CARRIED	Chairman your Do Pass 12 yes, 8	s As
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