



**Testimony of Lee Che Leong, Director Teen Health Initiative
New York Civil Liberties Union**

**Thursday, February 5, 2004
New York Assembly Standing Committee on Education
New York Assembly Standing Committee on Health**

My name is Lee Che Leong. I am the Director of the Teen Health Initiative of the New York Civil Liberties Union (NYCLU). With me at the table is Rebekah Diller, Director of the Reproductive Rights Project. First, the NYCLU commends the Education and Health committees for providing this opportunity to address the Assembly on health education issues and the HIV/AIDS requirements concerning curricula, teacher training, and oversight of these programs in New York City. We also thank Assembly Member Stringer for releasing the report that prompts this hearing. We are pleased that the Education Committee is seeking to identify and address the inadequacies plaguing the current system.

The NYCLU is the New York State affiliate of the American Civil Liberties Union and has approximately 30,000 members in New York State. The NYCLU's Teen Health Initiative advocates for minors' rights to receive confidential health care by conducting workshops for young people and for professionals who work with youth. We have been at the forefront of expanding young people's access to essential reproductive health information and services and empowering young people to advocate for their rights.

In our work in schools around the city, with young people, peer educators, teachers and healthcare providers, we hear countless tales from students who are not receiving the mandated six lessons of HIV/AIDS education, who lack the basic knowledge necessary to understand much less protect their health. These stories are the reality behind the fact that adolescents and young adults comprise one of the fastest growing populations with HIV. The CDC estimates that at least 50% of all new HIV infections nationwide are among young people under age 25 and that two Americans between ages 13 and 24 are infected with HIV every hour.¹ New York City accounts for 15.5% of all AIDS cases in the nation, more than the entire state of California.² There were 5,568 people living with HIV/AIDS between the ages 13-29 as of December 31, 2002.³ As these statistics tragically illustrate, New York continues to be the epicenter for adolescent AIDS cases.

¹ CDC National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention. "Young People at Risk: HIV/AIDS Among America's Youth." Fact Sheet. 11 March 2002 (available at www.cdc.gov/HIV/pubs/facts/youth.htm)

² From National Youth Advocacy Coalition's December 1, 2003 press release citing the HIV/AIDS Surveillance Report (released by the Department of Health and Human Services in December of 2002) (available at http://www.nyacyouth.org/WAD_Release_Dec03.pdf)

³ NYC DOH HIV Surveillance and Epidemiology Program Quarterly Report. October 2003

Against this backdrop, the abysmal state of HIV/AIDS education in New York City public schools is not only disappointing, but also dangerous. In 1987 New York State began to require HIV/AIDS education to students from K to 12.⁴ In 1991, the Chancellor of the New York City Board of Education expanded requirements to include:

- six HIV/AIDS lessons in grades 7 to 12
- a staffed Health Resource Room with information on STDs and other health issues, as well as free condoms for high school students;
- creating an HIV/AIDS Education Team consisting of at minimum, a parent, a student, a staff member from the Health Resource Room, a teacher, the principal, and an assistant principal to plan how HIV/AIDS education will be delivered in the school;
- one AIDS information training per year for parents;
- periodic assessments of the HIV/AIDS Education Program.⁵

Both state and city also require specific levels of teacher training as well as accurate information about the nature of HIV/AIDS, methods of transmission, methods of prevention, and stress abstinence as the most appropriate and effective method of protection.⁶

Unfortunately the New York City Department of Education is devastatingly out of compliance. According to Assembly Member Scott Stringer's report which assessed the state of health education, including HIV/AIDS, in grades K-8 in New York City's public schools through interviews with school staff:

- 75% of districts violate at least one of the government mandates for health education;
- 70% of districts do not actively oversee how or whether all mandated health instruction occurs in individual schools;
- 63% of districts violate the mandate requiring a sufficient number of properly trained teachers for instruction of either HIV/AIDS or Family Living/Sex Education (FL/SE) curricula⁷

The picture becomes even grimmer when students are polled. According to a survey of students conducted by Youth Organizers United (YOU), an advocacy organization in New York City, of 495 high school students:

- only 6% of students reported receiving the six mandated HIV/AIDS lessons;
- 30% said that since entering high school they had not received any HIV/AIDS education at all;
- 71% reported that their school did not have an HIV/AIDS Education Team; and
- 31% said that their school did not have a Health Resource Room where students could access condoms.

The sorry state of HIV/AIDS education takes the greatest toll on marginalized communities. The

⁴ 8 NYCRR section 135.3

⁵ Youth Organizers United (YOU). "Are New York City's Public High Schools Teaching About HIV/AIDS?" February 2003.

⁶ Assembly member Stringer, Scott, 67th AD. "Failing Grade: Health Education in NYC Schools - An Analysis of K-8 Education in New York City's Public School System," June 2003.

⁷ Id.

current trends overwhelmingly affect young people, communities of color, young women and young men who sleep with men.

An astounding three-fourths of youth with HIV are racial and ethnic minorities.⁸ Additionally, young women are increasingly at high risk of infection. Nationally among 13 to 19 year olds, young women constitute 61% of infections.⁹ Three out of every four of these young women are infected through heterosexual sex.¹⁰ In 2001, HIV/AIDS was the number one cause of death for women in New York City between the ages of 25 and 44.⁵ 89% of the women in New York City living with HIV/AIDS were women of color.⁷

Our experience educating teens about their health rights confirms these findings. We field questions from teens that reveal the paltry state of sexuality education in New York City public schools. For example, one sexually active teenager asked a peer educator what penetration was. During a workshop we were asked, “is pulling out without a condom effective?” In three of the public schools we’ve presented at, only expired condoms were on hand. In the workshop to students we conducted just yesterday all the students were surprised to learn that they should be receiving 6 lessons on HIV/AIDS a year and half said they did not receive any.

Six years ago, a predecessor testified that to the then NYC Board of Education “despite state regulations mandating meaningful AIDS education, despite lawsuits brought against the Board of Education, despite the Board of Education's own 1991 Mandate on AIDS Education and Condom Availability, the Board of Education still fails to provide its students with meaningful AIDS education.” Many of the problems in HIV/AIDS education she identified still plague the Department of Education today. We still lack trained teachers, necessary oversight, and basic compliance. We need to address the fact that the curriculum used has not been updated since 1991.

We need a commitment to HIV prevention education from public officials in this city and from the Department of Education. I urge the Department of Education to implement the following recommendations as a step towards improving the state of AIDS education in the New York City public schools:

- Commission an outside evaluation of the HIV/AIDS education curricula and the condom availability program.
- Convene an advisory group of Community Based Organizations that provide HIV/AIDS prevention programs and services to young people. This group should be authorized with revision of the curricula and implementation of the Chancellor’s mandate.
- Ensure that the mandate on the books is actually enforced – that teachers receive adequate training in accurate material and that every child in the system receives this lifesaving information.

Thank you for your attention. I’d be happy to answer any questions you may have.

⁸ Futterman, Donna. “Youth and HIV: The Epidemic Continues.” The PRN Notebook, March 2003; 8 (1): 21-24.

⁹ CDC

¹⁰ Id.