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I. BOB McDERMOTT'S INTRODUCTORY COMMENTARY

Parents across Hawaii raised concerns about the *Pono Choices* curriculum. The responses from the Hawaii Department of Education (DOE) have raised more questions for us than they answered. So my office began to dig again and, not surprisingly, what we found was shocking.

Families were told that Pono Choices was being tested as a "new curriculum", or a "pilot project". Yet it was never made clear to them that their students were participating in a "research project." Research projects necessarily require "informed consent" when human subjects are involved. Such is the cornerstone of human subject protections. Further, since DOE facilities and resources were used, Pono Choices violated several safeguards contained in the Federal Protection of Pupil Rights Amendment (PPRA). This is a horrible breach of trust between the DOE and the Parents, whom the DOE are supposed to serve.

We now know that Pono Choices has twice been sent back to the University of Hawaii (UH) for changes. The first time was in 2011, due to the graphic nature of some photos used. More recently, this past June, it was sent back, in order to correct a slew of bogus and misleading information that the chief proponents of the program, Planned Parenthood, passed off as science. What do we now tell the parents whose children, through Pono Choices, received unduly graphic material, medically inaccurate and misleading information, and factual errors? How do we go back and remedy the damage that the UH and the DOE have done? Quite simply, we can't.

Contrary to what the DOE states publicly, its criterion for evaluating the "age appropriateness" is shockingly mediocre: "Can the child understand and comprehend the verbiage, grammar and words taught?" Based on this, the department apparently gave little care, if any, to what effect Pono Choices' lessons on anal sex would have on students' emotional and psychological makeup.

Despite the DOE’s assertions, Pono Choices was never certified as medically accurate. The program was submitted to the United States Office of Adolescent Health (OAH), which then subcontracted a medical review via Paltech. These results were then sent to the University of Hawaii. Yet no one ever verifies if the changes were made. Oddly, the OAH then "approve Pono Choices for use". Yet here's the trick: The OAH does not approve for medical accuracy, as it has a policy that forbids them from doing so. So with this passing-the-buck, we ended up with the ludicrous definition of the anus a genitalia, and the practical equalization of anal and vaginal sex.

Pono Choices, as my office noted in our previous *McDermott Report*, treats homosexuality as a normal, common lifestyle. Yet, based on National Health Interview Survey data from 2013, 96.6% of American adults identified as straight, 1.6% identified as gay or lesbian, and 0.7% identified as bisexual. The remaining 1.1% of adults identified as "something else," stated "I don’t know the answer," or refused to provide an answer. Why are we trying to mainstream these aberrant behaviors, and obfuscate the elevated risks on top of that?

If we must discuss behaviors that are anomalies, then the discussion should be in the scientific context using reliable data. That means including the fact that over half of all new cases of HIV occur from male homosexual behavior. After all, if we love our children, should
we not give them the facts? Telling the very few children who will one day engage in homosexual behavior that the risk is the same as heterosexual behavior is a deadly disservice to them.

Another disturbing fact is the fact that Pono Choices had no predator protection module, nor an abuse prevention guide. By repeatedly telling 11 year-old children that they are responsible for their decisions, and through the celebration of aberrant behaviors, we are setting our children up for victimization by those adults who practice pedophilia, ephebophilia, and hebephilia. The harm done by sexual abuse is staggering with an abundance of evidence documenting the harm. With the beginnings of an extraordinarily aggressive movement afoot nationally and internationally to accept "inter-generational" sex as just another orientation, the danger is imminent. One only need read the plethora of articles in respected psychological journals to see the path ahead. After all, they tell us, "love is love". Yet astonishingly, the DOE still finds no compelling need for Pono Choices to include a predator protection module.

Additionally, the students, the teachers, and community liaisons were given gift cards for their participation in Pono Choices. Not only were such gift cards in violation of state law, but they also necessarily rendered all the data collected in the Pono Choices research project as meaningless, due to an inherent input bias as a result of a financial inducement. I asked the DOE to inform me of the dollar value of the taxpayer funded gift cards. They failed to answer me. Consequently, I filed an ethics complaint against the department in July for violating state law. The gift card distribution violated all ethical guidelines in standard research.

The DOE needs to stop its social engineering. I know of NO ONE who has asked that these concepts be introduced to their children.

I recommend the DOE should stick to teaching human reproduction in the context of health education classes, where the students shall learn actual science and useful risk prevention skills. The DOE should implement as a matter of course a robust and rigorous predator protection module. The DOE should fully inform Parents that condom usage will be discussed in such classes and provide complete transparency of the materials. Further, Planned Parenthood needs to get out of our schools as they certainly have a political agenda. The DOE should apologize to parents for using Hawaii's children in a research project as human subjects. Regardless of its internal policy, the DOE should follow ethical mandates with regard to stipends and financial inducements.

Lastly, the DOE needs to remember who they work for: The parents own the school system and pay the freight. Any departure from long-accepted norms should receive broad parental approval.

It is my genuine hope that this report provides some clarity to the DOE. We are watching.

II. PREFACE

Due to the overwhelming public response to the tax payer funded sex education program, "Pono Choices" the Hawaii State Department of Education DOE released two reports – "Stakeholder Panel Review: Pono Choices Curriculum" and its companion report "Implementing Sexual Health Education: Background and Actions for Improvement."

HI-DOE Deputy Superintendent Ron Nozoe noted, "We hope these two reports and our subsequent actions will put this issue behind us." While these reports do represent a partial victory for parents and for children’s advocates, these efforts cannot and will not "put this issue behind us." Glaring problems still exist: The curriculum’s content is harmful to children; there is a lack of transparency and misrepresentation of the curriculum’s contents by the University of Hawai‘i - Center on Disability Studies (UH-CDS); and there are multiple violations of Federal and state law.

The McDermott Report II – The Credibility Gap Widens, published by the Office of Hawaii State Representative Bob McDermott, responds to the DOE reports and demonstrates the continued issues facing UH-CDS, the Hawaii State DOE, U.S. Office of Adolescent Health (OAH), Hawaii State Board of Education (BOE), the Governor and the Hawai‘i State Legislature.

III. ANALYSIS

A. MAKING PONO CHOICES: FROM GRANT APPLICATION TO PILOT TESTING

Federal Funding is appropriated for research and testing of innovative sex education programs.

During the last decade, state, local, and Federal governments have implemented a large number of new evidence-based practices, the largest number during the last 5 years. In 2010, President Obama and Congress enacted the President’s Teen Pregnancy Prevention (TPP) initiative in the Affordable Care Act (ACA) which provided $110 million for competitive

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contracts and grants for both private and public entities to fund "medically accurate and age-appropriate programs that reduce teen pregnancy and associated risk behaviors."\(^5\)

In order to carry out the TPP initiative, the U.S. Office of Adolescent Health (OAH) was formed under the U.S. Department of Health and Human Services (HHS).\(^6\) OAH is "the convener and catalyst for the development of a national adolescent health agenda."\(^7\) In furtherance of this agenda, OAH provides grants to test sex education programs on students nationwide to build a body of evidence for "evidence-based" "programs that work".

Starting in 2010, OAH awarded Teen Pregnancy Prevention (TPP) 5-year cooperative agreement grants.\(^8\) This teen pregnancy prevention grant initiative consists of two funding tiers: Tier 1 for the "replication of evidence-based programs" and Tier 2 to "develop and test additional models and innovative strategies."\(^9\) Nationwide, approximately 170,000 preteens and teens are "served" each year by these programs.\(^10\)

All TPP grants are 5-year cooperative agreements requiring "substantial involvement" between OAH and the grantee.\(^11\) At the end of the 5-year cooperative agreement (2015), OAH expects that all programs developed and evaluated with funding from TPP grants be "packaged" "implementation ready" and "available for replication" in other areas of the country.\(^12\)

\textit{U.S. Office of Adolescent Health awarded University of Hawaii Center on Disability Studies a Teen Pregnancy Prevention (TPP- Tier 2) Grant to develop and implement an innovative sex education curriculum}

UH-CDS is an organization "focused upon development and conduct of interdisciplinary education, training, research, demonstration and evaluation, and university and community service."\(^13\) In 2010, UH-CDS applied for and received a TPP Tier-2 grant from OAH to develop

\[^6\] Office of Adolescent Health, \textit{About Us} (May 19, 2014), \url{http://www.hhs.gov/ash/oah/about-us/}.
\[^7\] Id.
\[^9\] Office of Adolescent Health, \textit{About Us} (June 2, 2014), \url{http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/about/}.
\[^13\] Center on Disability Studies, \textit{About the Center on Disability Studies} (August 11, 2014), \url{http://www.cds.hawaii.edu/about}. 
and implement the untested innovative sex education program "Pono Choices." This program’s targeted population is "Native Hawai‘ians, Part-Hawai‘ians, and other Asian-Pacific islanders, ages 11-13."

According to the Federal grant Funding Opportunity Announcement (FOA), OAH was seeking "priority populations" like Native Hawai‘ians to test innovative sex education programs in part because they exhibit "high-risk factors" such as "high rates of poverty, juvenile incarceration, school drop-out, and domestic violence; vulnerable and culturally underrepresented youth populations, immigrant populations; those in foster care or in the adjudication system; and high teenage pregnancy rates."

Creating Pono Choices – a "solution" to high STI rates and teen pregnancy rates in Hawai‘i

UH-CDS recognizes that "teen pregnancy and sexually transmitted infections (STIs) are serious public health issues." Their "solution" to these problems is Pono Choices, a sex education program that "provides young adolescents with the knowledge, attitudes, beliefs and skills necessary to reduce their risk of sexually transmitted infections (STIs) and pregnancy by incorporating medically accurate information, character education and Hawaiian cultural values."

Pono Choices "core writing team" consisted of individual staff members from ALU LIKE, Inc., Planned Parenthood of Hawaii (PPH), and UH-CDS. UH-CDS incorporated aspects of three primary evidence-based programs: (1) Making Proud Choices! (2) Positive Action (3) Na Ha‘awina Ho‘opono – Lessons in Behaving Correctly.

UH-CDS also contracted with Making Proud Choices! developers and Positive Action developers to ensure that components of their respective programs were integrated into Pono

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15 Pono Choices Grant Application TP22010000238 Awarded 67, [hereinafter "Pono Choices Grant Application"]. An electronic copy of this 119-page document is available from the Office of Rep. McDermott upon request.
17 Pono Choices Grant Application at 67.
18 Id.
20 Pono Choices Grant Application at 67.
21 Id.
22 Pono Choices Grant Application at 67.
Choices with "fidelity." Additionally, UH-CDS collaborated in the development of Pono Choices with "full participation" from the Hawaii State DOE.

Pono Choices was first pilot tested in April 2011. Based on "feedback from the teacher and students" in the pilot test 1, the Pono Choices writers, among other changes, removed some "graphic pictures" from the program. A few months later, "pilot testing of the revised curriculum took place in an O'ahu middle school." To "test the curriculum’s design", Pono Choices writers gave surveys to students before and after they participated in the program and asked students to "rate their knowledge attitude, skills, intentions and behaviors about various sexual health topics."

Additionally, throughout this process, the "effectiveness" of each pilot testing period was assessed "in relation to change in knowledge beliefs, and behaviors that promote safe sex practices and reduce the risk of pregnancy and STIs." More changes were made as a result of pilot test 2.

Pilot test 3 continued at the same O'ahu middle school with a smaller group of the same students who participated in the second pilot test. By the end of this pilot testing period, the Pono Choices curriculum team was "confident that the curriculum was ready to implement."

Pono Choices was appraised with guidelines from "Standards for High Quality Health Education Curriculum." Additionally, UH-CDS contracted with an external evaluator Berkeley Policy Associates (now Impaq International) to appraise the Pono Choices program against State of Hawaii Standards and Benchmarks.

After all the pilot testing and many revisions, Pono Choices was "ready" and teachers are instructed in Module 1 to tell the students that Pono Choices curriculum "meets several standards and benchmarks" set by the state and "the state of Hawaii has decided that it’s important for you to learn about this."

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23 Pono Choices Grant Application at 67.
25 See Manaseri Maternal.
26 Id.
27 Id.
28 Id.
29 Id.
30 Id.
31 Id.
32 Id.
B. **A FLAWED PROCESS LEADS TO A FLAWED PRODUCT**

*Planned Parenthood of Hawai‘i (PPH) is unqualified to provide "expertise" in medical accuracy*

Both Federal law and Hawai‘i state law require sex education programs to be medically accurate. The Federal law specifying the requirements for the TPP grantees states that:

The term "medically accurate and complete" means verified or supported by research conducted in compliance with accepted scientific methods and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the Federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.34

Hawai‘i state law has a very similar definition of medical accuracy in sex education:

Medically accurate means verified or supported by research conducted in compliance with accepted scientific methods and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the Federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.35

Pono Choices does not meet either the Federal or Hawaii state law. In developing the Pono Choices curriculum, UH-CDS contracted with Planned Parenthood of Hawaii (PPH) to provide "expertise" in ensuring that "medically accurate terminology" was "embedded throughout the [Pono Choices] lessons."36

Unlike the American Academy of Pediatrics, or the other organizations specifically identified in Federal and Hawai‘i state law, Planned Parenthood is not qualified to ensure medical accuracy. Despite this, PPH and UH-CDS worked together to create "Pono Choices definitions"37 to describe words that already have medically accurate definitions like "genital" and "anus."

*Stedman’s Medical Dictionary* is an authoritative source relied on by medical professionals throughout the country. The medically accurate definition of genital is "relating to

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36 Manaseri Maternal.
reproduction”\textsuperscript{38} and the medically accurate definition of genitalia is "organs of reproduction or generation, external and internal"\textsuperscript{39}

However, Pono Choices curriculum defines anus as a genital because anal penetration is one way "sexually transmitted infections are transmitted."\textsuperscript{40} UH-CDS defends this characterization of the anus as a genital by citing Merriam-Webster’s Dictionary, which states that a genital is "of, relating to, or being a sexual organ."\textsuperscript{41} These are not medically accurate or objective medical definitions.

The Hawaii State DOE convened a "stakeholder review panel" which produced a report in response to many community members’ concerns of medical inaccuracies and other age-appropriateness issues found in Pono Choices. In this report, a panel member shared that, "There is no one definition of the word ‘genital,’ and there is disagreement even within the medical community as to whether or not the ‘anus’ should be defined as a genital."\textsuperscript{42}

While it is true that there is more than one definition of "genital," the laws require the medically accurate definition. It is unacceptable and indefensible to use a definition that does not meet the standards for medical accuracy as specified in Hawai‘i state law and set out by Congress in the Affordable Care Act.

On February 18, 2014, Craig Astle, a medical doctor, concerned about this and other medical inaccuracies found in Pono Choices submitted comments to the Hawaii State DOE, stating that:

Genital organs are part of the reproductive system. The anus, however, is clearly part of the gastrointestinal tract and its function is fecal elimination, having nothing to do with reproduction. This flagrant falsehood purporting that the anus is somehow a genital organ and therefore a ‘natural’ part of sexual expression seems intentionally misleading.

(See Appendix A.) In addition to the violations of state and Federal law, this and many other medical inaccuracies taught by the Pono Choices curriculum obscure and minimize the heightened risks to children ages 11-13 of certain alternative sexual activities.\textsuperscript{43}

For example, Pono Choices does not distinguish between the extraordinarily different rates of contracting STI through anal penetration versus vaginal sex. In defense of this position, a medical doctor on the DOE stakeholder review panel shared that "unprotected anal or vaginal sex are both higher risk than protected anal or vaginal risk and differentiating between the

\textsuperscript{38} Thomas Lathrop Stedman, \textit{Stedman's Medical Dictionary} 799 (28 ed. 2005).
\textsuperscript{39} \textit{Id}.
\textsuperscript{40} Pono Choices FAQ.
\textsuperscript{41} \textit{Id}.
\textsuperscript{42} Implementation Report at 28.
statistics may be unnecessary." This is dangerous and misleading to tell children. "It is a well-documented fact that anal sex has a much higher transmission rate of sexually transmitted infections than vaginal sex does." (See Appendix A.)

The doctor further notes that:

...anal intercourse and oral sex are equivalent practices with vaginal intercourse. As a gynecologist I can assure you that such is not the case. The vagina is well suited to penile penetration and can withstand the friction involved due to a unique vaginal mucosa which lubricates and cleanses the vaginal vault. Special glands at the vaginal opening also aid in lubrication. The anus has no such glands for lubrication and is designed for expulsion only. The repeated friction from anal penetration can damage the more delicate mucosa, causing micro tears and increasing the likelihood of STD transmission. Chronic abuse of the anus as a receptacle can lead to fecal incontinence. It is false and irresponsible to teach, even if only by passive suggestion, that anal and vaginal intercourse are somehow both natural and equivalent. (See Appendix A.) These, among many other, medical inaccuracies embedded in Pono Choices were significant in the DOE’s determination to suspend the program earlier this summer. However, UH-CDS seems unconvinced of the need for a medically accurate curriculum. In a new brochure produced by UH-CDS, it uses the term "medically appropriate" to describe Pono Choices.

Pono Choices writers assert that they want to "reduce health risks for school children." However, because Pono Choices presents medically inaccurate and incomplete and deceptive information, UH-CDS put students as risk and the Hawai‘i State DOE failed in its obligation to keep students from harm.

Due to the many harmful medical inaccuracies and incomplete information, several parents recently filed a petition with the U.S. Department of Health and Human Services to defund UH-CDS Tier-2 research grant program, Pono Choices. To add support, please submit a comment for an amended petition to petitiondefundponochoices@gmail.com by August 31, 2014.

Office of Adolescent Health Review of Pono Choices Curriculum to "ensure medical accuracy"

As a Federal agency, OAH, under the U.S. Department of Health and Human Services (HHS) is granted its power by Congress through statutory law. In this case, OAH, under HHS is carrying out the law governing Teen Pregnancy Prevention (TPP) grant requirements as specified

44 Implementation Report at 23.
46 Pono Choices Brochure.
47 Manaseri Maternal
in the Affordable Care Act (ACA). The ACA directs that all TPP grantee programs be "medically accurate." In accordance with this statutory directive, the TPP Funding Opportunity Announcement announced that "Programs funded under this announcement need to ensure that information provided is age appropriate, and scientifically and medically accurate."\(^{48}\) In order to help ensure that the TPP grantee programs are medically accurate, OAH uses a "medical accuracy review process" in which all grantees, including UH-CDS are required to submit "all core curriculum and related educational materials to OAH for review and approval prior to use in the project."\(^{49}\)

HHS/OAH then submits these materials to a contracted external evaluator (Paltech) for review. "The review shall ensure that the materials are medically accurate and up-to date" and any program, including Pono Choices "may not be used until the curricula are approved" by OAH.\(^{50}\) However, OAH also notifies grantees that "although the medical accuracy review report details the medical accuracy issues found during the review, any revised curricula developed in response to the report should neither be characterized as approved by OAH nor contain any language indicating that all medical accuracy recommendations have been incorporated into the curriculum."\(^{51}\)

Despite this, the Hawaii State DOE and UH-CDS continue to assert that Pono Choices was approved by OAH as medically accurate. For example, from the DOE report, "OAH reviewed and approved the curriculum materials as meeting the threshold of both age-appropriate and medically accurate and complete."\(^{52}\)

Last week, the U.S. Department for Health and Human Services (HHS), which oversees all OAH projects, responded to inquiries regarding the medical accuracy review process and clarified that:

The U.S. Department of Health and Human Services does not approve curricula for use in public schools. That is the responsibility of state and local education officials… As a condition of their funding awards, all OAH Teen Pregnancy Prevention grantees are required to submit program materials to OAH for medical accuracy review and respond to any medical inaccuracies which are noted in the review prior to implementation of their grant-funded program.

(See Appendix B.) OAH’s role is to help by providing a review including recommendations for changes to medical accuracies issues but it is the sole responsibility of the grantee (UH-CDS) to

\(^{48}\) TPP Announcement at 9.


\(^{50}\) \textit{Id.}

\(^{51}\) \textit{Id.}

\(^{52}\) Implementation Report at 13.
ensure medical accuracy of Pono Choices to "be compliant with the medical accuracy requirement as prescribed by Congress."  

The medical inaccuracies found in Pono Choices are a result of a systemic failure. The University of Hawai‘i created Pono Choices and says that OAH has approved it as medically accurate. OAH has a process to review all curriculum for medical accuracy but will not say that individual programs are medically accurate. Then, Hawai‘i state DOE, in its curriculum approval process that lacks "consistency, common understanding, clear communication, transparency, and quality implementation" allows a program like Pono Choices into the schools. Such a conceptualization fails to take into consideration the highest priority of a medical review: ensuring the safety of the children such program are intended to serve.

In response to a Freedom of Information Act (FOIA) request regarding the medical accuracy review process, the Department of Health and Human Services (HSS), sent an email (See Appendix B), and directed us to an article by Jo Anne G. Jensen, Elizabeth L. Moreno, & Tara M. Rice in the Journal of Adolescent Health.

Pono Choices is patterned after a sex education program Making Proud Choices! which has been designated by the Hawaii State DOE as not sufficiently abstinence-based to meet requirements of State Law.

Federal law governing the TPP grant and Hawai‘i state law require that sex education in Hawai‘i place a "substantial emphasis" on abstinence and contraception and be "abstinence-based," respectively.

Pono Choices is based on Making Proud Choices!, a sex education program that was pilot tested on a target population of low-income African American adolescents (11-13 years old) in Philadelphia, Pennsylvania in 1998. "Making Proud Choices! emphasizes the importance of condoms to reduce the risk of pregnancy and STIs, including HIV. Instead of highlighting the real benefits of pre-teen abstinence, Making Proud Choices!, like Pono Choices, attempts to affect pre-teen sexual behavior with a curriculum that places emphasis on "safer sex".

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53 Jensen, supra at S22.
54 Implementation Report at 10.
55 Jensen, supra.
60 Id.
UH-CDS contracted with program developers of *Making Proud Choices!* to implement components of their program into Pono Choices "with fidelity."\(^{62}\) *Making Proud Choices!* is specifically designated as not sufficiently abstinence based to meet Hawaii state requirements of abstinence-based sex education because it "provides youth with little emphasis on abstinence."\(^{63}\)

**Planned Parenthood of Hawaii (PPH) is incapable of providing a meaningful contribution to an abstinence-based education curriculum**

Nearly all parents believe that teens should be encouraged to delay sex until after high school.\(^{64}\) Most teens who have been sexually active wish they had waited longer to initiate sexual activity.\(^{65}\) Moreover, the American College of Pediatricians notes that "by every measure, adolescent sexual activity is detrimental to the well-being of all involved, especially young women."\(^{66}\)

Hawai‘i state law supports this position by requiring "abstinence-based" sex education curriculum. Additionally, the ACA requires that TPP grantee programs place a "substantial emphasis" on abstinence. These laws reflect the public health principle of primary prevention "risk avoidance in lieu of risk reduction."\(^{67}\)

PPH is not qualified to assist in the development of an abstinence-based education program because it does not place a substantial emphasis on abstinence. This is because Planned Parenthood heavily advocates for "comprehensive sex education" which according to its website "provides young people with positive messages about sex and sexuality as natural, normal parts of life."\(^{68}\) This brand of sex education covers human development human reproduction, sexual health, masturbation and other sexual behaviors, all options for unintended pregnancies, sexual expression, sexual identity and sexual orientation.\(^{69}\)

Additionally other listed sources for the Pono Choices curriculum include organizations such as Advocates for Youth, which declares that "all young people have the right to comprehensive sex education."\(^{70}\) These programs, organizations and websites do not focus on abstinence as a viable and healthy option for children. They focus on sexual rights for youth. The core writing team of UH-CDS and PPH in patterning Pono Choices after *Making Proud Choices!*
has not created an abstinence-based sex education program, but rather one that reflects the "comprehensive sex education" advocacy goals of its authors.

Children exposed to Pono Choices curriculum have made it clear that the message communicated is not abstinence-based. A local 7th grader who went through the Pono Choices curriculum at Niu Valley Middle School described how Pono Choices teaches that sex is okay with anyone, just as long as it’s "safe sex." "I feel that a bunch of what we’ve learned isn’t more about prevention or safe sex, it’s more about just sex instead," he said.71

**Pono Choices curriculum utilizes a social learning theory that aligns with the concept of "emancipatory learning" framework**

Pono Choices writers "desired to have students engaged in activities that allowed them to consider the information and be empowered to make decisions for themselves."72 The Pono Choices activities — which include role playing in which students practice asking and refusing sex from each other, and writing about sex (mouth on genitals [and the anus], vaginal sex, oral sex and anal sex), and other interactive activities "align with the concepts of an emancipatory learning framework."73

The "goal of emancipatory learning is to free learners from the forces that limit their options and control their lives and to move them to act for social and political change."74 For children ages 11-13, the "forces that limit their options" and "control their lives" are parents and their families’ trusted community members.

The emphasis in Pono Choices upon empowering children to make sexual decisions for themselves75 lines up with the purpose of the emancipatory learning style on "empowerment" for the learner. Advocates for Youth, which is listed on UH-CDS website as a Pono Choices resource describes emancipatory sex education as:

A positive, non-repressive, and dialogue-based approach which gradually introduces sexuality and provides information and support for sex as an expression of emotion and tenderness. Relationships are a primary concern and provide a dual responsibility for sexual behavior. The strategies of this sexuality education are theme-centered interaction, role playing, and exploration, rather than traditional lectures.76


72 Manaseri Materal

73 *Id.*


75 See generally McDermott *supra*.

Sex education should provide information on finding a personal identity, understanding gender roles, finding a partner, shaping a full sexual life and understanding its positive effects, discovering different lifestyles and creating life plans.77

Pono Choices writers subscribe to the belief that programs like Pono Choices aimed at emancipatory learning can help students gain more autonomy and independence. However, this use of emancipatory learning framework within a sexual health curriculum for 11-13 year old is inappropriate. Emancipatory learning, "with its emphasis on learner transformation, can take place only in adulthood because, it is only in late adolescence and in adulthood that a person can recognize being caught in his/her own history and reliving it".78

**UH-CDS contracts with an external evaluator (Impaq International) which used an incorrect standard to determine that Pono Choices is "age-appropriate" as required by Hawai‘i state law**

According to Hawai‘i state law, "age-appropriate" in sex health education means "suitable to a particular age or age group based on developing cognitive, emotional, and behavioral capacity typical for that age or age group."79

However, an incorrect standard was used to determine that the curriculum is age appropriate. UH-CDS contracted with an external evaluator Berkeley Policy Associates (now Impaq International)80 which found that the Pono Choices curriculum is "age-appropriate and developmentally-appropriate" because "observations of curriculum development team indicate consistent consideration of verbiage to be used to ensure best comprehension by the most students in grade 7."81

While it is true that determining the age appropriateness of sexual education is challenging, the legal standard for age appropriate in sex education as set by the state is whether the curriculum is "suitable." The observation that the curriculum uses "consistent consideration of verbiage" to best ensure that students understand extremely graphic material does not make it "age-appropriate."

**UH-CDS collaborated in the development of Pono Choices with "full participation"82 from Hawaii State DOE.**

77 Id.
78 Imel supra.
81 Manaseri Maternal
Staff from the DOE worked with UH-CDS to ensure that the review of Pono Choices aligned with HCPS III health education benchmarks, Health Education Curriculum Analysis Tool (HECAT) and CDC’s Characteristics of an Effective Health Education Curriculum. It is baffling that with a review of these tools, Pono Choices could have qualified as being ready introduction at our public schools.

Pono Choices curriculum also apparently passed review of the DOE curriculum approval process known as Approved Instructional Materials (AIM). However, the DOE recently found that this AIM process generally lacks "consistency, common understanding, clear communication, transparency, and quality implementation." 83

Parents excluded from the development of Pono Choices to ensure age-appropriate curriculum

UH-CDS stated in their grant application that "Pono Choices will be developed through a participatory process involving students, parents, teachers, project staff, and other stakeholders, each of whom will provide input on the lessons and ensure the final curriculum is age-appropriate." 84 However, parents were not included in the process of providing input on lessons to "ensure the final curriculum is age appropriate."

UH-CDS recently produced a brochure stating that "the Pono Choices Curriculum Development Process" gives the role to parents in developing Pono Choices in that they "reviewed the completed product and provided feedback." 85 This "role" for parents is a far cry from the grant application description of parental involvement to ensure the final curriculum is age-appropriate. Moreover, this role is difficult to fulfill because parents are not notified of their right to review the curriculum.

Additionally, the Hawai‘i state DOE and UH-CDS seem to be confused about the point at which parents were or should be involved. The DOE asserts that parents’ involvement in Pono Choices is limited to decisions about "their student’s participation". (i.e. a parent can opt their child out of participation in the Pono Choices curriculum). 86

Predator Protection Module

Pono Choices cannot teach children that sexual experience with anyone is normal and yet still have no information on sexual assault and online or other sexual predators. The curriculum seems to assume that if a child is having a sexual encounter, then that there is equal ability to consent, and equal power and control between the child and other person(s).

83 Implementation Report at 10.
84 Pono Choices Grant Application at 62.
85 Pono Choices Brochure.
86 See generally Implementation Report.
Pono Choices seeks to be inclusive of all sexual orientations and sexual preferences. With no ages ever specified in the many role-plays and scenarios, and with sexual experience taught as a normal part of their lives, there is a glaring absence of a sexual assault/sexual predator module for the students.

This rebranded "inclusive"\(^87\) curriculum is particularly harmful to young children. Parents are not informed of this fact in either the parent night or the letter home to the parent intended to describe the controversial aspects of the curriculum.

Additionally, normalization of all sexual behavior and a "non-judgmental" trend in sex education is concerning because 10% of high school students have been physically forced to have sexual intercourse (when they did not want to)\(^88\) and because of the increased recognition of "minor attracted persons" or pedophilia, as a sexual orientation. Pedophilia is a deep rooted predisposition of sexual attraction to prepubescent children that does not change.\(^89\) Minor attracted persons organizations advocate for lowering the age of consent so that nobody is "disadvantaged because of their age" and describe their criminal behavior as "inter-generational sex" to de-stigmatize acting on their sexual activities with children.

In 2013, the American Psychiatric Association (APA) listed pedophilia as a sexual orientation in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM V):

> Pedophilia refers to a sexual orientation or profession of sexual preference devoid of consummation, whereas pedophilic disorder is defined as a compulsion and is used in reference to individuals who act on their sexuality.\(^90\)

After this information was cited and heavily circulated, APA quickly changed their "error" and removed pedophilia as a sexual orientation.\(^91\) However, medical researchers at Harvard\(^92\) and doctors in Canada, the UK and elsewhere have declared that pedophilia is a sexual orientation.

Another instance of the increased normalization of pedophilia is Federal hate laws protecting all "sexual orientations". A proposed amendment to this law would have specified that pedophilia is not protected as a sexual orientation. However, this amendment failed.\(^93\)

\(^{87}\) Pono Choices FAQ.
\(^{91}\) Cite the newspaper article that states this
Additionally, Pono Choices resources such as Advocates for Youth and Planned Parenthood actively advocate for the sexual freedom and rights of youth and some other groups advocate for lowering the age of consent arguing that children can consent to sexual relations.

Increased push for recognition of pedophilia as a sexual orientation coupled with Pono Choices sex education "empowering" youth in their sexual rights combine for a disturbing public policy trend. When questioned, UH-CDS said that it did not "have enough time" in the curriculum to put a predator protection module in Pono Choices. However, this issue must be addressed in a curriculum like Pono Choices.

C. TRANSPARENCY AND INFORMED CONSENT

In a Teen Pregnancy Prevention (TPP) conference in Washington, D.C., Pono Choices writers described a "lesson learned" in the development and implementation of Pono Choices that "transparency is key to building trust." However, its is clear that UH-CDS and the Hawaii State DOE have not yet learned this lesson.

Parents were and continue to be misled and kept in the dark regarding Pono Choices curriculum content and their rights as parents under Federal regulations, Federal law Hawaii State BOE regulations. For this reason there is a real trust issue between the community and UH-CDS and the State DOE and BOE.

University of Hawaii – Institutional Review Board approval of Pono Choices research

Meaningful informed consent is the cornerstone for the ethical conduct of research on human subjects. To provide adequate informed consent, a potential research subject (or in this case, a parent/guardian) must both understand what participation in the study actually entails and provide affirmative consent. Federal guidance on informed consent for these research projects state that:

Informed consent is a process, not just a form. Information must be presented to enable persons to voluntarily decide whether or not to participate as a research subject. It is a fundamental mechanism to ensure respect for persons through provision of thoughtful consent for a voluntary act.

Conducting research on human subjects generally requires the approval of an institutional review board (IRB). Most education research is exempt from IRB because it is "research conducted in established or commonly accepted educational settings, involving normal

94 Uehara Powerpoint
educational practices. However, Pono Choices did not qualify for an IRB exemption. Because the Pono Choices research project is "non-exempt", it needed to undergo either "expedited" or "full board approval".

Federal regulations permit some non-exempt research to be reviewed under expedited review procedure, but only if the research poses no more than a "minimal risk" to research subjects. Research that does not qualify for exempt status or expedited review (like Pono Choices) must be reviewed and approved by a quorum of IRB members under a full IRB process to "protect the welfare of their research participants." UH-CDS applied for and received UH-IRB approval to conduct research on human subjects under "full board approval" process. UH-IRB is responsible for ensuring that the participant’s and their parents or guardians have informed consent. UH-IRB is also responsible for imposing additional requirements when necessary to "ensure that adequate information is presented in accordance with institutional policy and local law."

Due to insufficient and otherwise inadequate information provided to parents to understand what their child’s participation in the Pono Choices study actually entails, a complaint was recently filed with the U.S. Office for Human Research Protections (OHRP). OHRP maintains regulatory oversight and investigates issues of non-compliance regarding institutional review boards.

*Information provided to parents regarding the curriculum content is woefully inadequate and an egregious misrepresentation of the curriculum’s contents*

The Supreme Court of the United States has long recognized the fundamental right of a parent to direct the upbringing of their children. The Hawaiʻi state DOE usurped this Constitutional right when it unilaterally introduced topics of human sexuality without parental notice or permission.

In its June 2014 report, the Hawaii State DOE stated that it "has found that much of the concern around the implementation of Pono Choices curriculum is grounded in the need for increased parent understanding about what their students are being taught and increased awareness over their strong role in deciding.” This "need for increased parent understanding" is actually the responsibility of UH-CDS and the DOE and the schools, which must ensure that

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99 Id.
101 Pono Choices Grant Application at 36.
104 Emily J. Brown, When Insiders Become Outsiders: Parental Objections to Public School Sex Education Programs, 59 DUKE L. J. 59 (2009).

18
schools are providing adequate informed consent to parents for participation in this research project.

UH-CDS and DOE demonstrated their versions of informed consent by providing (1) a letter to parents and (2) an invitation to a "Parent Night." While families and community members of students in the other schools may not have known the curriculum, every family of every student in a health class implementing Pono Choices received a notification letter and an option to opt-out.105 This notification letter is intended to notify parents and receive informed consent for the child to participate in controversial activities and discussions within the curriculum.

However, the letter home and parent’s night are entirely inadequate.106 DOE Regulation #2210 requires instructional staff or administration to notify parents or legal guardians of controversial issues that will be discussed in the classroom or through other school activities.

Instead of addressing actually controversial issues like "mouth on anus" sexual activities anal sex or same-sex sexual relationships, the letter’s "description of the types of activities that will take place" include innocuous and generally acceptable activities like discussing student’s "goals for the future and to think about how an unintended pregnancy might get in the way of attaining those goals."

Additionally, the letter misleads parents in stating that the curriculum stresses that abstinence is the "only 100% effective method to avoid pregnancy and STIs". Instead, according to the Pono Choices grant application there is an emphasis on "safe sex" for the preteens.107

The Parents Night is a scripted event that does not shed any more light on the curriculum and only serves to reiterate the goals and Federal and state requirements of the program (i.e. "abstinence-based," "medically accurate" etc.)108 The instructor tells parents that she wants to clear up any "urban myths" they might have heard about Pono Choices but doesn’t specify what those might be.109

Either this continued lack of transparency and misrepresentation of information to parents that causes harm to students is intentional or it is negligent. Regardless, it inexcusable and parents will continue to watch how the DOE handles this and their duty to ensure student safety and welfare.

**Pono Choices is "owned by" UH-CDS: A Copyrighted Cop-out**

There are several consequences to the fact that UH-CDS has copyright on Pono Choices curriculum materials:

105 Implementation Report at 3.
106 Implementation Report at 23.
107 Pono Choice Grant Application at 84.
109 Id.
1. Hawai‘i State DOE cannot independently provide copies of Pono Choices to parents

   The DOE is "not authorized to disseminate copies" without UH-CDS permission because it owns the copyright on Pono Choices.\textsuperscript{110}

2. Hawai‘i State DOE cannot make changes to the curriculum despite glaring medical inaccuracies and age-appropriateness issues

   "While the Pono Choices curriculum is developed and owned by the UHM-CDS, the Department does not have the authority to amend the curriculum itself..."\textsuperscript{111}

3. UH-CDS has complete control over the dissemination of Pono Choices

   UH-CDS controls who can get a copy of Pono Choices. Because Pono Choices is a copyrighted product, OAH expects that Pono Choices will be packaged, implementation-ready and available for replication by 2015.\textsuperscript{112} The University of Hawaii is "strongly encouraged to develop a plan and strategies for how their program will be marketed and disseminated to others interested in replication after the end of the five-year cooperative agreement."\textsuperscript{113} "There are no restrictions in place for when grantees can begin selling their program packages, either before or after the grant period.\textsuperscript{114}

4. UH-CDS has complete control over the characterization of the Pono Choices curriculum

   Because UH-CDS owns the information, it also has complete control over how to characterize the program. UH-CDS represents the program to the public and parents of the research subjects (ie. students) as "medically accurate", "age appropriate", "abstinence-based" "culturally responsive".\textsuperscript{115} UH-CDS has nearly $5,000,000 in tax payer money and nearly 5 years to develop and communicate its characterization of the program.\textsuperscript{116} Unfortunately, UH-CDS also collaborated in "full partnership" with the Hawai‘i state DOE in the development of Pono Choices and continues to communicate its same characterization of Pono Choices curriculum to the public.

5. Parents do not know where to obtain an authorized copy of the Pono Choices curriculum.

\textsuperscript{110} Implementation Report at 13.
\textsuperscript{111} Implementation Report at 17.
\textsuperscript{113} Kappeler Guidance 2014-1.
\textsuperscript{114} \textit{Id.}
\textsuperscript{115} Pono Choices FAQ.
\textsuperscript{116} Implementing Report at 12
When one of our contributors asked for a copy of the Pono Choices curriculum, the Hawai‘i state DOE said that a copy could be obtained for $80.75. In its recent report, the DOE states that "requests for copies of the curriculum should be directed to Elmer Ka‘ai." A parent recently requested and purchased a copy from Mr. Ka‘ai at the University of Hawai‘i for $7.50.\textsuperscript{117}

If a parent does purchase a copy, they are reminded that "all materials… are intended for the use of trained educators and facilitators and may not be cited, quoted, duplicated, circulated, or used without written permission of the University of Hawaii.\textsuperscript{118}

6. Because UH-CDS and Hawai‘i state DOE are not allowing for transparency and misrepresenting the curriculum, parents do not have a reliable source for understanding what is being taught in sex education classes.

The DOE’s report stated that parent’s questions regarding Pono Choices should be directed to UH-CDS. However, some parents have reached out to UH-CDS only to have their questions ignored.

The office of Representative Bob McDermott recently purchased copies of all the Hawai‘i state DOE sex education curricula for a total of $1,270. Each program is being reviewed and rated and these findings will become available to parents in the coming weeks.

\textit{Protection of Pupil Rights Amendment (PPRA) Violations}

The Protection of Pupil Rights Amendment (PPRA) is a statute that provides parents with important rights regarding controversial surveys administered to children in schools. These surveys may be overly intrusive and personal or may collect information for purposes other than those represented.

The law, as amended in January 2002 in the No Child Left Behind Act has significantly strengthened the rights of parents.\textsuperscript{119} Pono Choices writers administer surveys that ask students about their sexual behavior, sexual knowledge and sexual skills. These surveys regarding a student’s sexual behavior are subject to the PPRA.

The following requirements apply to all public elementary and middle schools like those where Pono Choices was implemented. In accordance with the Protection of Pupil Rights Amendment Act (PPRA), each of the schools implementing the Pono Choices curriculum were required to "develop and adopt policies – in conjunction with parents," regarding the following:

\begin{itemize}
\item Protection of Pupil Rights
\end{itemize}

\begin{footnotes}
\item \textsuperscript{117} Honolulu Star-Advertiser. \textit{Restricted-access Pono Choices material reveals a curriculum that parents might find disturbing} (April 6, 2014), \url{http://www.staradvertiser.com/editorialspremium/20140406_Pono_Choices_Con.html}.
\item \textsuperscript{118} Elmer K. Kaai, \textit{Letter to Bob McDermott} (January 3, 2014), available at \url{http://rstrategic.groupsite.com/uploads/files/x/000/0a0/b90/PonoChoices.pdf?1389656019}.
\item \textsuperscript{119} Department of Education, United States of America, \textit{Recent Changes Affecting FERPA & PPRA} (October 28, 2002), available at \url{http://www2.ed.gov/policy/gen/guid/fpco/pdf/ht102802.pdf}.
\end{footnotes}
• The right of parents to inspect, upon request, a survey created by a third party before the survey is administered or distributed by a school to students
• The right of parents to inspect, upon request, any instructional material used as part of the educational curriculum for students
• The right of parents to inspect, upon request, any instrument used in the collection of information from the student\textsuperscript{120}

In violation of PPRA, parents were not notified of their right to review the sex survey administered to their child, nor of their right to review any Pono Choices instructional material. Because of this, a complaint has been filed with the Family Policy Compliance Office (FPCO) under the U.S. Department of Education. FPCO, under the U.S. Department of Education, is responsible for implementing PPRA and investigating issues of non-compliance.

\textbf{D. THE PUBLIC RESPONDS TO PONO CHOICES}

The public response to Pono Choices was swift and clear. The Pono Choices curriculum content coupled with a complete lack of transparency and misrepresentations from the UH-CDS and Hawaii State DOE, generated outrage from parents and the public. The Honolulu Star-Advertiser conducted a poll where 86\% of responders thought that Pono Choices should be eliminated (62\%) or revised (22\%).\textsuperscript{121}

Many communities, including the middle school on the island of Moloka‘i, found that the Pono Choices curriculum is not in harmony with the community\textsuperscript{122} and Moloka‘i Middle School has determined that for this reason, "Pono Choices will not return to the school."\textsuperscript{123}

The public response could not be ignored. In November 2013, due to "concerns brought to the DOE’s attention," the Hawaii State DOE decided to review the Pono Choices curriculum. The DOE assigned some of the same people who collaborated in "full participation" with UH-CDS in creating Pono Choices, to re-review the curriculum which resulted in the "fastest investigation" in Hawaii State history. At the end of the "investigation" Leila Hayashida, assistant superintendent for the Office of Curriculum, Instruction and Student Support (OCISS) stated:

Our review not only affirmed that the curriculum meets departmental standards, but it also showed that Pono Choices is a culturally responsive curriculum that has resulted in positive outcomes for students.

The public, however, was not satisfied, or convinced. Hawai‘i State Representative Bob McDermott and other concerned citizens requested a copy of Pono Choices from UH-CDS and

\textsuperscript{120} Id.
\textsuperscript{121} Honolulu Star-Advertiser, \textit{What do you think should happen to Pono Choices, the public school sex-education program?} (June 10, 2014), \url{http://poll.staradvertiser.com/what-do-you-think-should-happen-to-pono-choices-the-public-school-sex-education-program/}.
\textsuperscript{122} P.E.A.C.E. Hawaii, \textit{Principal of Molokai Middle School, Affirms P.E.A.C.E. Hawaii} (February 25, 2014), \url{http://peacehawaii.org/?p=265}.
\textsuperscript{123} Id.
the Hawaii State DOE. Shockingly, they were denied such requests, on the grounds that the "curriculum is sensitive in nature and can be misinterpreted."\textsuperscript{124} DOE spokeswoman Donalyn Dela Cruz explained that an in-person orientation session for anyone wanting to review the Pono Choices curriculum was necessary because Pono Choices "needs to be explained".\textsuperscript{125}

After repeated requests, UH-CDS finally gave a copy to Representative McDermott. He and his office carefully studied the curriculum and in January 2014, published a report entitled "The McDermott Report – Sexualizing the Innocent" detailing its findings. The report noted glaring medical inaccuracies, misrepresentations and unnecessarily graphic and inappropriate sexual exposure for 11-13 year olds.\textsuperscript{126} Over 20,000 people accessed this report to inform themselves on a curriculum that UH-CDS was unwilling and the Hawaii State DOE and unable to provide.

Communities all around the Hawaiian islands where Pono Choices was implemented were outraged and perplexed at how a program so out of touch with the community could continue to be taught in our public schools. In February 2014, the Hawai‘i State Board of Education received more than 100 written comments from residents all around the state "expressing concern over the UH pilot program".\textsuperscript{127}

Finally, the DOE set up a "working group" composed of "stakeholders" to conduct a review of Pono Choices "to determine if it meets statutory requirements and relevant Board policies and to make recommendations to the Department."\textsuperscript{128} Although the DOE selected each member of the board, and no criteria was released regarding the bases of each member’s selection, the DOE insists that "panelists familiarity with or stance on the curriculum or controversial issues was not a factor in their selection."\textsuperscript{129}

Despite being unable to share copies of the curriculum, the DOE announced that the working group "welcomes public input" on the curriculum’s content. Approximately 800 comments were received.\textsuperscript{130} Over the course of 3 months, the working group convened, discussed and finally created a report detailing their recommendations. The Hawaii State DOE also released a 31-page report detailing its findings and "actions for improvement." The report effectively banned Pono Choices in Hawai‘i public schools until UH-CDS submitted a revised version and the Hawaii State DOE approved it.

\textsuperscript{126} McDermott, supra at 2.
\textsuperscript{127} Department of Education, State of Hawaii, \textit{DOE convenes working group to review Pono Choices} (February 21, 2014), \url{http://www.hawaiipublicschools.org/ConnectWithUs/MediaRoom/PressReleases/Pages/DOE-convenes-working-group-to-review-Pono-Choices.aspx}.
\textsuperscript{129} Implementing Report at 17.
\textsuperscript{130} Implementing Report at 25.
IV. CONCLUSION

There is a deep philosophical divide between parents and those who are trying to push this curriculum into classrooms without parental knowledge or consent. Pono Choices writers to continue to assert the need for children to have access to this information for their health. When parents ask for more information from UH-CDS or the Hawai‘i state DOE, they are given a well-crafted message that reiterates the Federal grant requirements and state law definitions of requirements for sex education. The lack of transparency has generated an enormous breach of trust and confidence between the public and the Hawaii State DOE.

The local community has generated a "lesson learned" from the process of creating and implementing the Pono Choices curriculum. The Hawai‘i State DOE cannot continue to test its medically inaccurate, inappropriate sex education curriculum on our youth.
APPENDIX ITEMS

Letter from Doctor Craig Astle  Appendix A
Email from OAH/HHS regarding TPP medical accuracy evaluation process  Appendix B
To Whom It May Concern:

As a board certified OB/GYN physician practicing in the state of Utah I have reviewed the proposed 'Pono Choices' curriculum for your schools, and herein offer my comment on its medical accuracy and age appropriateness. I find several medical fact inaccuracies which promote dangerous practices and false conclusions on the part of the student. I also find that the content of this curriculum is very inappropriate for youth ages 11 through 13. It introduces and promotes ideas and actions as 'normal,' which, from a medical perspective, are deviant and dangerous. Below are listed a few of the incorrect medical facts and reasons for my grave concern about this curriculum.

1. The anus is listed as a genital organ. Genital organs are part of the reproductive system. The anus, however, is clearly part of the gastrointestinal tract and its function is fecal elimination, having nothing to do with reproduction. This flagrant falsehood purporting that the anus is somehow a genital organ and therefore a 'natural' part of sexual expression seems intentionally misleading. Our youth rely on their teachers for correct information.

2. Mentioned several times in the document was the idea that anal intercourse and oral sex are equivalent practices with vaginal intercourse. As a gynecologist I can assure you that such is not the case. The vagina is well suited to penile penetration and can withstand the friction involved due to a unique vaginal mucosa which lubricates and cleanses the vaginal vault. Special glands at the vaginal opening also aid in lubrication.
The anus has no such glands for lubrication and is designed for expulsion only. The repeated friction from anal penetration can damage the more delicate mucosa, causing micro tears and increasing the likelihood of STD transmission. Chronic abuse of the anus as a receptacle can lead to fecal incontinence. It is false and irresponsible to teach, even if only by passive suggestion, that anal and vaginal intercourse are somehow both natural and equivalent.

3. The developing female, even for several years after menarche (beginning of menstrual periods), is more susceptible to the STD of Human Papilloma Virus (HPV) due to the poorly protected cervical epithelium. The cervix matures with age and becomes more resistant to disease with maturity. Adolescent females are at risk for this STD, not to mention the physical, emotional and psychological trauma encountered by them at the time of sexual intercourse. We refer to this as child abuse and teaching that if the act is consensual it is OK does not lessen the harm. Sexual activity, especially intercourse before the age of 14, is illegal and should not be promoted. This is not age appropriate to even suggest that participation in intercourse is normal and acceptable at the ages of 11 to 13.

4. The curriculum teaches that condom use for anal intercourse, and vaginal intercourse for that matter, is protective against STDs such as Herpes Simplex Virus (HSV) and HPV. It is not. Nowhere do I find the risks of and the devastating consequences of STDs discussed.

5. From the role play situations I encountered, the implied message is that same gender relationships are so common as to be mainstream with heterosexual relationships. This is simply not true. Only 2 to 4 percent of the population is involved in such activity. Promoting this infrequent [and in the opinion of most parents, deviant] behavior as normal, natural and commonplace is untruthful and very misleading and certainly not age appropriate. Ideas thus taught cannot be untaught and 11 to 13 year old minds are susceptible to suggestion.

6. Sexual activity in any sexual species is related to and intended for reproduction. Nowhere in the curriculum do I find information about the human reproductive process, including embryo development and birth. Although this subject matter may be taught in biology,
there seems to be a total disconnect with one of the principle reasons for sexual relations between a man and a woman. Certainly if we are trying to decrease unwanted teenage pregnancies, the subject should be appropriately discussed in this context.

An abstinence-promoting curriculum which teaches the health value of waiting to engage in a physical relationship until adulthood does much to improve individual lives as well as the stability and health of a society. The positive aspects of abstinence need to be promoted to these young minds as a reachable and laudable goal.

I strongly recommend that this reviewed 'Pono Choices' curriculum be modified and corrected to remove false information both explicit and implied. Teaching this morally charged and sensitive subject to 11 to 13 year old youth should be done in a loving home environment and should be under the direction of parents. If it is taught in the public school then parental input is essential and an opt-in rather than an opt-out format would better protect parental rights and religious freedoms.

Well-intended actions to promote fewer teenage pregnancies and STDs if taught in this format may have unintended consequences. The implied normality of deviant and dangerous behaviors such as anal and oral sex would promote STDs rather than decrease them and would further weaken the traditional family. This curriculum steps over a critical social and religious line by its implied promotion of behaviors unacceptable to the vast majority. Religious freedom does not imply active or passive persecution of those whose views and practices differ. However, it also demands that the rights of the majority be safeguarded so as to protect children from unwanted exposures.

Thank you for allowing me the opportunity to review the proposed curriculum. By my signature below, I give express permission for this letter to be used in public forums.

Respectfully,

Craig Astle M.D.
Dear Ms. Fleming:

This in response to your questions from you regarding the HHS Office of Adolescent Health’s (OAH) medical accuracy review process and the Pono Choices program being implemented by the University of Hawaii.

The U.S. Department of Health and Human Services does not approve curricula for use in public schools. That is the responsibility of state and local education officials. The Office of Adolescent Health funds the Teen Pregnancy Prevention Grant (TPP) program. The University of Hawaii applied for and received funding under the TPP research and demonstration program the purpose of which is to develop, replicate, refine, and test models and innovative strategies for preventing teen pregnancy.

As a condition of their funding awards, all OAH Teen Pregnancy Prevention grantees are required to submit program materials to OAH for medical accuracy review and respond to any medical inaccuracies which are noted in the review prior to implementation of their grant-funded program. The March 2014 supplement to the Journal of Adolescent Health, entitled Implementing Evidence-based Teen Pregnancy Prevention Programs: Legislation to Practice includes an article entitled, Office of Adolescent Health Medical Accuracy Review Process—Helping Ensure the Medical Accuracy of Teen Pregnancy Prevention Program Materials, which describes the medical accuracy review process (JAH, 54(2014) S21-S24).

The Department of Health and Human Services is in receipt of your Freedom of Information Act request (FOIA) for a copy of the Medical Accuracy report related to the grant to the University of Hawaii. That request is being processed. General information about the grant project can be found on the OAH website at http://www.hhs.gov/ash/oah/grants/grantees/tier2-hi-university.html. Specific questions about the grant should be directed to the grantee, University of Hawaii.

Office of Adolescent Health
U.S. Department of Health and Human Services