

DC APPLESEED

Solving DC Problems

**Joint Public Hearing Committee of the Whole
Committee on Government Operations and the Environment
B18-564 Healthy Schools Act of 2009
March 26, 2010**

Testimony of Patrick S. Campbell
Partner, Paul, Weiss, Rifkind, Wharton & Garrison LLP
On behalf of DC Appleseed

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Introduction

Good morning Chairman Gray, Councilmember Cheh and other members of the Council. I am Patrick S. Campbell, a partner at the law firm of Paul, Weiss, Rifkind, Wharton & Garrison here in DC. I am delivering my testimony today on behalf of DC Appleseed, an independent non-profit advocacy organization. Paul Weiss serves as DC Appleseed's pro-bono partner on issues related to HIV/AIDS and the public schools. Our work on this issue formed the basis for recommendations pertaining to the public schools in DC Appleseed's ground breaking 2005 report and in subsequent HIV/AIDS report cards. I also serve on DC Appleseed's Board of Directors.

Thank you for the opportunity to testify at this hearing on The Healthy Schools Act of 2009. Your effort to address a wide range of health challenges facing our young people is commendable. As a product of the DC public school system, I have a personal interest in laws such as this one that are intended to improve the well-being and education of DC youth.

Our primary interest in this bill involves government efforts to address the District's deplorable HIV/AIDS epidemic. In 2005, DC Appleseed produced a report, *HIV/AIDS in the Nation's Capital* on the District's response to the epidemic. The report was embraced by the government as a blueprint for change.

One of our major recommendations called for an important new role in HIV/AIDS prevention for the DC Public Schools (DCPS). At that time, we recommended that DCPS and the State Board of Education develop content standards for an HIV/AIDS curriculum. We also identified three critical components of a strong HIV/AIDS education program: (1) a comprehensive curriculum, (2) a plan to provide coordination between and with school and with community organizations that work in the schools, and (3) a system to assess the impact of the curriculum.

While the DC public school system has made strong progress related to HIV/AIDS education – including the implementation of a system-wide HIV/AIDS prevention curriculum – our testimony today will focus on a major inadequacy in that effort. HIV/AIDS prevention education should be available to all DC school children, but regrettably, our research indicates this is not now the case. A recent DC Appleseed investigation reveals an uneven and uncoordinated effort to implement HIV/AIDS curriculum among charter schools – where 38 percent of our children attend classes. Furthermore, it is unclear whether there is a mechanism in place to hold charter schools accountable for meeting the sexual health standards.

Our concern about HIV/AIDS education in the charter schools is in no way a challenge to the charter school system or concept. DC Appleseed recognizes the value in providing charter schools with broad instructional leeway on how they meet rigorous academic standards. The success of the charters and the flow of students to them is testament to their merit. Furthermore, we are not suggesting an expansive new role for the DC government in dictating how charter schools are run. Rather, we believe that the Council and the Mayor should recognize that health education – and HIV/AIDS prevention education in particular – is a unique matter. It is unique because the reach of the District's HIV/AIDS epidemic is literally an issue of life and death for our children – including those in charter schools – and for that reason the issue deserves the attention of the Council and the Mayor.

Sexual Health Education is Uneven Among Charter Schools

While we are pleased with the progress on HIV/AIDS education in DCPS, this progress is not evident throughout the school system. Regrettably, a recent investigation by DC Appleseed reveals an uneven and uncoordinated effort among charter schools on this important public health matter. With more than a third of District youth attending charter schools, ensuring that those students also receive adequate HIV/AIDS and sex education should be a high priority.

DC Appleseed recently conducted an informal survey of 22 charter schools that have students who are of the appropriate age to be taught sexual health education. Of the schools that responded to the survey, only five reported using the DCPS health curriculum. Two others employed a different commercially-available health curriculum. Two reported having no sexual health instruction at all. Of the remaining schools, 13 reported having some type of sexual health education – assemblies, presentations by teachers, or the use of external speakers – but no recognized curriculum. Several charter schools leave the issue completely up to physical education teachers or nurses and provide no guidance or oversight concerning what they teach.

This hearing represents the third time DC Appleseed has publicly commented on these findings. The first was the release of our *Fifth HIV/AIDS Report Card* in September 2009. The second was in October, 2009 at a hearing before DC Council Committee on Health Chairman David Catania. That hearing examined a report commissioned by the committee highlighting the attitudes of DC youth regarding sexual health education. The young people interviewed for the report cited school as their primary venue of information about sexual health. The focus groups that were part of the committee report said parents, other family members, health providers and older adults often react negatively when consulted about sex and sexual health. These results suggest that effective sexual health education programs in all our schools are essential to protecting our children.

We understand that the Office of the State Superintendent for Education (OSSE) has reached out to the charter schools on this issue and offered technical assistance to those who request it. We applaud those efforts, particularly since many of the charter schools we contacted as part of our survey indicated a strong interest in receiving training. But until the charter schools are held to the same standard as the traditional public schools, the council and the public cannot have confidence that the growing numbers of students in those publicly-supported educational settings are receiving even the most basic sexual health instruction. DC Appleseed believes the proposed

Section 405 of the Healthy School Act bill would address this shortcoming in the current sexual health program and we urge its passage.

OSSE and the State Board of Education are responsible for monitoring and ensuring all students' progress on the health learning standards – including HIV/AIDS prevention education. However, neither entity is currently systematically monitoring charter schools' progress on meeting the standards or even whether the schools are teaching a curriculum designed to meet the health standards. The proposed sections 405 and 406 of the bill provide for such monitoring.

While applicable statutes can be viewed as currently giving OSSE and the State Board of Education authority to create standards for health education for both DCPS and charter schools, the enforcement capabilities of both of those bodies over charter school requirements are less clear. It would benefit all parties – and the youth of the District of Columbia – to seek clarity on this issue. We believe Section 405 of this bill would provide greater clarity and clear lines of oversight.

Conclusion

The HIV/AIDS education program in DCPS is far from perfect. For example, DC Appleseed has advocated for much stronger student and teacher assessments to ascertain whether the current curriculum is appropriately affecting sexual behavior. But overall, the education system in the District has taken positive steps to implement a citywide sexual health and HIV/AIDS prevention curriculum. DCPS has made progress toward providing comprehensive health education and has made HIV/AIDS prevention a priority in the classroom. We are encouraged by the dedication of staff and resources to these needed improvements.

Our optimism is tempered, however, by a concern over a lack of progress in instituting health curricula for the 38 percent of public school students who now attend charter schools. Equally troubling is that the charter schools seem to have taken the position that they should not be held accountable to any government entity on this matter. The stakes for our children are too high to allow this situation to continue. While we commend OSSE for including charter schools in a pilot assessment program now being undertaken, and for offering assistance to those charters attempting to develop a health curriculum, no formal oversight mechanism for determining whether health standards are met has been established.

We believe this bill would be a major step forward in ensuring that all of our children receive the basic HIV/AIDS prevention tools they need. We recognize that charter schools have made remarkable progress under a system that allows nearly unfettered academic freedom. But the very clear risk posed by HIV/AIDS in our city makes it imperative that each and every school take concrete steps to protect all of our children. For such a critical subject involving life and death, no child should be left behind.

Thank you and I would be happy to answer any questions you may have.