

Testimony to the Committee on Education
For the Office of the State Superintendent (OSSE) Oversight Hearing

Marla Solow
Young Women's Project Youth Staff Member
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Good morning Chairman Catania and council members. My name is Marla Solow, and I am here representing the Young Women's Project (YWP), a multicultural organization that builds the leadership and power of young women so that they can shape DC policies and institutions to expand rights and opportunities for DC youth. I am currently a junior at Woodrow Wilson High School. I am also a youth staff member at the PHASE program (Peer Health and Sexuality Education) which works to improve DC teens' reproductive health by expanding comprehensive sexuality education, ensuring access to community and school based reproductive health care, and engaging teen women and men as peer educators and decision makers. I am also a peer educator. Thank you for this opportunity to testify.

I am here today to testify on my experience as a high schooler and the need to make health class, as well as the broader school community, a safer space for all students. I have four specific recommendations that would significantly contribute to reducing this problem.

Since middle school I have been dissatisfied with my health classes, and now five years later, as a junior, I have not seen significant improvements. Based on my observations and what I am hearing from my peers, it is clear we need a change. Specifically, there are two main areas where I would like to see serious improvement.

1. Consent

My 10th grade health class spent practically an entire month talking about condoms and contraceptives. We took another two weeks to discuss in depth all types of STIs and their symptoms and treatments. And then the lesson on consent, an incredibly important topic, was less than 45 minutes. To put it simply, consent is the presence of an enthusiastic yes, not the absence of a no. It is necessary for both sexual and nonsexual actions. Education that focuses on consent is important because it teaches students to respect the personal space of their peers, and have ownership over their own bodies. In our (short) discussion on consent, my teacher asked the class, "Is there ever a time that someone owes someone else sex?" A disproportionate number of people said yes. Without having time or resources to address this, my teacher was forced to move on and leave people with their warped views on healthy relationships. I see this problem manifested all the time, when guys think they have a right to touch or comment on girl's bodies however they want, be it in class, in the hall, on the street, or anywhere else. When I reviewed the DC State Learning Standards for Health Education that was passed in 2008, I did not see anything that required a discussion of healthy relationships. How do we expect individual teachers to provide quality education when they are expected to follow extremely limited state standards?

2. LGBTQ+

Health education is not LGBTQ friendly. Sexuality is taught where straightness is the norm and anything else is an aberration. My health classes did not include gender identity and expression; "transgender" is a word I have never heard a health teacher use. There is just a huge lack of education on anything related to sexual orientation and gender identity. Also, when there is teaching, it can do more harm than good. In 8th grade my health teacher told us that we needed to watch out because in high school, "people are more adventurous and you might even be hit on by *girls*." It's the presumption of straightness, the attitude that girls should want attention from only boys, that made me feel horrible and guilty about my sexuality for the first two years of high

school. This is why health class needs change: so that other queer kids aren't pushed further back into the closet by faulty education. So it is not enough to just define terms – sexuality and gender need to be integrated into every lesson. No more presumptions that every relationship is between a man and a woman, or that all sex is penis and vagina. Queer people exist and have sex and need to use protection, queer people have healthy and unhealthy relationships, and we need information that isn't only for straight, cisgender students.

Another huge problem that I see is teachers ignoring offensive language and comments that students make in the classroom. Last semester there was a kid in one of my classes whose friends would constantly joke about him “acting gay”. The same friend group in that class once pointed to a girl and asked “if she was a dyke.” I know that they thought they were just joking around with their friends, but for me it was terrifying. Here I am, a semi-closeted queer girl having to hear derogatory, painful words about my own identity. I wanted to respond, wanted to say, “Hey why do you think it is bad to be gay in the first place, and please stop saying ‘fag’ it makes me want to throw up every time I hear it.” But I couldn't and that is not my fault. It's the job of the teacher to make their classroom into a safe space for all their students and in this class, my teacher failed. It's not as though this happened quietly in the back of the room – people would say these things loudly and on a regular basis. Honestly, if my teacher had said anything, it probably would have been ignored, but at least then some authority figure would have acknowledged that what was going on was not okay. Instead, there was only silence. This problem goes beyond whatever curriculum is in place – if teachers and administrators refuse to hold students accountable for their language, then any formal lessons of tolerance are meaningless. Teachers have become passive participants in creating an unsafe environment.

With that in mind, I have four recommendations to combat these problems.

Recommendation 1: Train teachers to be aware of, and respond effectively, to problems in the classroom. I understand that many schools, including my own, have undergone trainings on specific issues including LGBT awareness, and I really appreciate the effort. However, based on my experience, it seems that teachers do not feel comfortable calling students out during or after class. Some may not see the importance of doing so. So as an addition to training, there needs to be a way of holding teachers and administrators accountable for their action/inaction.

Recommendation 2: I also recommend increasing the required health credit from .5 to 1 full credit in order for class to have enough time to actually be fully comprehensive. In September 2013, the State Board of Education recommended to the Office of the State Superintendent (OSSE) a number of graduation requirement changes including expanding the Health Education Credit to 1 full credit. They asked OSSE to do write the regulations that would move this decision forward. OSSE has not made this issue a priority. To my knowledge, they have not done anything to move this forward. We could use your help to encourage OSSE to make the health education credit increase a priority and write the rules.

Recommendation 3: Revise the health class curriculum to comprehensively cover the topics that students need to learn about. Society ingrains unhealthy views about relationships and gender roles and power dynamics, and it is up to health classes to try to dismantle some of that. Part of changing the curriculum means making health class inclusive of all sexualities and genders. Expand the curriculum to include sexuality and gender, both as a separate unit and integrated into every piece of discussion. To support the curricula revision, we also need to expand the DC State Learning Standards for Health Education. Revising the standards to match the national ones would allow for better, more comprehensive, health classes. It is particularly important to involve youth in development of new health standards, as we are the ones who are actually affected by these standards.

Recommendation 4: Involve youth in every way possible. As I mentioned before, we are the people in class every day, who see what is happening around us. It seems ridiculous to not actively try to listen and use our experience and

ideas. Having a mandatory evaluation of health teachers by students would go a long way in making sure that our classes are being taught well. Additionally, youth leadership and peer education is a crucial part of making teens interested and engaged in any program. A committee that is about youth and does not include youth will not be as effective as one that does so. It would be easy to do, I know that I, and many of my other peers, would be willing and excited to work on improving our health classes.

Thank you for your time and the opportunity to testify.