SB121 Interested Party Testimony

October 29, 2019

Chair Peggy Lehner, Vice Chair Andrew O. Brenner, Ranking Minority Leader Teresa Fedor and members of the Senate Education Committee, thank you for the opportunity for me to provide testimony on SB121

**As a retired professional engineer for over 20 years I have seen this very gradual nationalization effort by big government control on all aspects of people’s lives.**

I see SB121 as **another pathway attempt** whereby the citizens involvement and the legislative process on health education will be relinquished to some named organization/agency, **including the influence of the CDC, whose dictates will be more easily influenced by special interest going forward.** With this, I foresee the imposition of additional budgeting required for schools for adherence to this ONE standard wherein there will be no more control by the school district or State. There is a limit as to how much can be further imposed on the school systems in Ohio. The direction of a “one size fits all standards” squelches the diverse and critical thinking that is needed for a free society and different communities. We have seen that failure in a “one size fits all” in other national endeavors.

**Also, because of this one size fits all standard, I see the encroachment of all kinds of health entities/organizations integrating and facilitating their goals on school property. I see this as another plan of the allopathic industrial complex gaining a foothold in a public funded institution. The proponent testimony has also affirmed in my mind how the school facility becomes an extension of these health entity financial goals under the premise of “Good Health” per this national standard. Several months ago, I predicted this matter as a possibility with the local school district where I live.**

Local school districts are more connected to the many complex situations as related to their own community. With today’s technology these school districts have access to diverse sources to make an assessment as to what depth the health standards are to be addressed in their community. Different communities and cultures require different approaches and different depths.

I extracted the following from this site: <https://www.thoughtco.com/state-versus-national-standards-7766>

National Standards: Will there ever be mandated national standards? At this time, it looks doubtful. Proponents claim that the curriculum would be standardized across the nation. However, the desire for local control is one of the foundational beliefs of the United States. An individual focus desired by the states would be virtually impossible with national standards.

State Standards: The situation is further complicated by the periodic changes that occur to standards. When a particular curriculum area meets to change their standards, teachers are handed and expected to teach to a new group of standards from that point on. This can cause problems when drastic changes occur and teachers are still using [textbooks](https://www.thoughtco.com/why-are-textbooks-so-expensive-788492) based on the older standards. New textbooks means another school budget item.

So why does this situation exist? The answer lies in flexibility and the desire for local control. States are able to determine what is important for their citizens and focus the curriculum accordingly.

The critical formation of good health habits and healthy living is established during the very early stages of life and the informative years prior to school entry. It is the daily living and healthy actions of the family during this time that nurtures the basic formation of a healthy society. Just passing a homogenized national health education standard will not result in better health outcomes for the many diverse communities across the State of Ohio nor the entire USA.

Just look at all of the other states that have passed such national health standards. Is their obesity rate better? Do they have less diabetes and/or pre-diabetes? Do they have less health costs per person? Where is the data that justifies this national standard made by another initiative from a bureaucratic entity?

I have concerns that legislatures are being influentially guided toward one “Centralized Control” of everyone’s life when it comes to education, health and living in society? This happens in other countries but I do not understand why this is also trending in the USA. Here we are living in the USA with technology available to freely access information about anything at almost any time and this legislation is going to relinquish critical thinking and health education to this one standard that has the potential to be forced fitted to all of the diverse communities in Ohio.

**Based upon what I see happening in the medical industry and health standards and based upon how SB121 points to the national standards, I caution all legislators of the real possibility of forthcoming dangling of financial incentives to implement mandatory national health standards that will be more easily controlled by lobbyists of special interest. So, legislators, stay awake of big government.**

Thank you for your consideration of this testimony.

Anthony DiBiase