

CONCERNED WOMEN *for* AMERICA

October 26, 2022

Comment on 2022 MODEL POLICIES ON THE PRIVACY, DIGNITY, AND RESPECT FOR ALL STUDENTS AND PARENTS IN VIRGINIA'S PUBLIC SCHOOLS

Concerned Women for America (CWA), the nation's largest public policy women's organization, is headquartered in Alexandria, Virginia. Many of our staff are citizens and families of the Commonwealth. CWA of Virginia represents thousands of women and their families across the Commonwealth.

As CWA CEO and President and CWA of Virginia State Director, we write on behalf of the thousands of women and families we represent in support of the Virginia Department of Education's 2022 Model Policies on the Privacy, Dignity, and Respect for all Students and Parents. CWA strongly agrees that the 2021 model policies must be repealed. Those policies were predicated on social experimentation that promoted a distracting and controversial ideological viewpoint of human identity in Virginia schools. The 2021 model policies advanced destructive gender ideology, disregarded the fundamental rights of parents, and undermined legal and constitutional principles that are foundational to education.

School districts across the Commonwealth of Virginia have become promoters and enablers of an invasive social contagion that is seductively deceiving students, assailing parental rights, unconstitutionally silencing dissent, and distracting the essential responsibility of public education. Virginia families and citizens deserve better. Virginia schools should not be social engineers accommodating adolescent identity crises or the latest trends, they should be respecting the abilities of students and teaching them the subjects and skills required to equip them as learners, workers, and citizens.

The proposed 2022 Model Policies seek to remedy many of these concerns. They are fundamentally sound, based on scientific truth about male and female sex, biological child development and maturation, and the inherent rights of parents in raising their children. Virginia students do not belong to the government; they are not owned by the school system, and they certainly should not be pawns for an aggressive activism promoting a destructive view of humankind that disassociates biological reality from a person's identity.

No child should be lied to or expected to believe a lie about the scientific reality of male and female sex. The science of the human sexual binary can never be erased. It is built in our DNA. Forcing a student to acknowledge that another student or educator is not their true sex violates their rights. No one – a student, parent, teacher, or school administrator – asserting a claim of trans-identification has the right to dictate that the world around them accommodate their subjective perception of self and claim a superior right over others who are standing on a factual truth about male and female sex. No student should be subject to denying their own privacy and protection on the basis of sex, nor lose equal access to their educational benefit and opportunities.

We have seen firsthand in Loudoun County what Virginia has wrought by imposing an ideological viewpoint in education that upends the truth about the sexes. There is no legal or moral justification for any school district to trample the sex-based rights of students to accommodate trans-identification

claims, or to overrule the rights of parents to direct the upbringing and education of their children, including their health and wellbeing in all situations.

Recently a school district in Kansas lost a lawsuit when a teacher sued for being forced by administrators to deceive parents about their child's "gender identity." This is proof of the legal liability Virginia has opened itself to, which highlights the need for the 2022 Model Policies.

Virginia schools are required under federal law to comply with Title IX civil rights law that prohibits discrimination in education programs and activities on the basis of sex. The Biden Administration's unconstitutional reinterpretation of the meaning of sex under Title IX as "gender identity" rightly has been enjoined by a federal district court as executive overreach and legislative rulemaking. Biden's guidance from the U.S. Department of Education and the EEOC cannot be claimed as justification for retaining the 2021 policies, nor as a claim for rejecting the 2022 Model Policies.

CWA supports the requirement under the 2022 Model Policies that all Virginia school boards shall adopt policies consistent with the Sample Policy that recognizes official, legal, and sex-based determinations for school facilities, speech, safety, and sports. It is also essential to recognize Virginia school boards have no independent authority to remove or compromise protections for students under Title IX requirements on the basis of sex. State law cannot overrule a school's responsibility under federal law, including prohibitions on sexual harassment against female students and the original interpretation of the meaning of "on the basis of sex" as biologically determined. Neither Congress nor the Supreme Court has reinterpreted the conventional meaning of sex as male and female under Title IX.

In supporting the 2022 Model Policies, CWA issues an expectation and a warning that the requirement "in accordance with evidence-based best practices" (Section 22.1-23.3 of the Code of Virginia) will apply the most rigorous scientific research standards to any claim of an "evidence-based best practice."

For example, what is the scientific and objective evidence that "gender affirmation" through social transition and participation in educational programs and activities according to a transgender will not lead to further harm to that student as well as to others? The tragic suicide of Yaeli Martinez was aided and abetted by California's Arcadia School district, who admitted they, "aggressively pursued the implementation of inclusive, gender-affirming laws, policies and supportive services for LGBTQ+ youth." (<https://www.dailymail.co.uk/news/article-10612285/California-mom-claims-LA-school-encouraged-daughter-transition-blame-suicide.html>)

The Florida Department of Health conducted an exhaustive review of so-called standards of "gender affirming care" and issued guidelines based on the lack of conclusive evidence and the potential for long term, irreversible effects harming children. Specifically, the guidelines state that social gender transition should not be a treatment option for children or adolescents.

Based on its exhaustive review of medical studies and expert opinion, Florida's guidelines include that unless a child was born with a verifiable disorder of sexual development, no minor under age 18 should be prescribed puberty blockers or hormone therapy. Florida is correct in taking a cautious stance on the use of these potent drugs and recognizing how socialization in schools is contributing to the rapid rise of their use. From 2017-2021 in Medicaid alone the use of puberty blockers by children in Florida increased 270% and treatment with testosterone increased 166%. By contrast, behavioral therapy for gender

dysphoria rose 63% proving a complete mismatch in treating the underlying causes and allowing for normal maturation to assist children identifying as other than their biological sex.

Virginia must reject blindly following the flimsy “evidence-based” guidance of gender clinics and advocacy organizations like the American Academy of Pediatrics, the American Medical Association, the World Professional Association of Transgender Health peddling “standards of care” that condone social transition and medical interventions which reject realignment with a child’s biological sex and deny ethical requirements for informed consent. Their so-called standards lack objective, empirical verification.

The Food and Drug Administration (FDA) has documented adverse event reports from the off-label use of puberty blockers – powerful drugs that remain unapproved to this day (see, <https://www.fda.gov/drugs/questions-and-answers-fdasadverse-event-reporting-system-faers/january-march-2017-potential-signals-serious-risksnew-safetyinformation-identified-fda-adverse>). Recently, the FDA added warnings about the potential harmful effects of puberty blocking drugs, including brain swelling and vision loss (see <https://www.formularywatch.com/view/study-jak-inhibitors-may-have-different-side-effects>).

A new review in the *Journal of Sex and Marital Therapy* evaluating the “Dutch protocol,” which has been used to defend the use of puberty-blocking drugs and more severe forms of treatment on youth, cannot be ignored (see <https://www.tandfonline.com/doi/full/10.1080/0092623X.2022.2121238>). It exposes the alarming lack of evidence for the affirmative-care approach promoted by influential medical organizations and the lack of any careful study of identified health risks. There also can be no “evidence-based best practices” that rely on deeply flawed studies by Dr. Jack Turban and other trans-medicine promoters based on dubious claims that ignore scientific methods and lack objective peer review.

FDA warnings for puberty blockers include the potential of increased suicide ideation for children taking these potent drugs. A study in *The New Bioethics*, “Puberty Blockers for Children – Can They Consent?” concludes that minors are not able to give informed consent required by law (see <https://www.tandfonline.com/doi/full/10.1080/20502877.2022.2088048>).

Virginia model policies must cautiously and soberly recognize that transgender socialization in schools, even if approved by parents, places many youth on a direct path away from accepting their sex and toward deliberate lifelong, harmful and irreversible medical procedures, followed by serious long term health consequences, including sterility. More and more this path is leading to transition regret (see <https://detransunited.com>).

Parents must be fully informed of these facts and not be granted a “right” to allow their child to assert a gender transition in school without first understanding and treating the underlying causes of gender dysphoria and fully understanding the irreversible consequences that also violate fundamental ethical standards of informed consent. “Persistent and sincere belief” must be a high bar that reflects the clinical rarity of gender dysphoria, not its current state of contagion being fueled by influences and mental health issues being otherwise ignored.

Sincerely,

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