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Subject: Proposed Comprehensive Gender Identity policy
Date: February 27, 2023 at 4:17:11 PM EST
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Dr. Dyson and members of the Board;

We ask that you please consider the following when reviewing the proposed policy supporting parental notification submitted February 8. We believe it leads to the most successful outcomes and is critical to mitigating harm to students and families. We also want to clarify why the points raised in opposition to the proposal, specifically parental notification and inclusion, while worthy of consideration as we build the best process, contain analogies unrelated to the point of the proposal and are not supported by any data that we can find.

Summary of the purpose of the proposal

FCPS is currently introducing the concept of gender identity in non-instructional activities and then providing affirmative therapy (agreeing to change the child's names and pronouns) while keeping the children's choice and the school's affirmative therapy from parents. FCPS' policy requires this lack of notification based on the child's wishes. Transparency in Education has proposed a new policy that requires parents to be informed and then involved in their child's gender decisions, transgender recognition, and related activities. As we've stated in public comments and the details of our proposal, the potential long-term harm to students and families of the existing policy need to be understood and addressed.

History

Six years ago the school system wrote and installed a gender identity policy titled *Creating Welcoming and Affirming Schools for Transgender and Gender Non-Conforming Students*. The policy was created when a good deal of the information on gender expression and the impacts resulting from the methods of handling gender dysphoria and transgender recognition in children was new and untested.

The policy was updated only once, 4 years ago, in January 2019. Its biggest problem, other than lacking any updates reflecting what the medical and psychological community has learned about gender dysphoria in children and how to treat it, is that it prohibits parents and their healthcare professionals from participating in their child's treatments and the choices their children are making.

Summary of Concerns

FCPS introduces and supports gender expression and choices today in a number of ways and it plans to begin introducing the topic in instructional activities as early as kindergarten in the future. As demonstrated by their activities, FCPS facilitates and encourages students to choose their pronouns, adjusts the students' records to reflect the chosen name and pronouns, and supports students' gender expression by allowing students to change their appearance based on their desire to match their chosen gender. These steps are known in the medical community as the Affirmative Approach to handling gender dysphoria and in dealing with a student who is transgender. It is one of three approaches to handling gender dysphoric children and is the most aggressive option. Affirmative treatment is the only one of the three options that confirms to the child that their self-diagnosis is correct, and allows the child to pursue significant and impactful changes without the guidance of a medical or psychological professional.

FCPS, who has stated to us that they do not have qualified staff in place yet to properly deliver the planned curriculums that introduce gender choice and expression, must realize that they are also equally unqualified to make decisions on whether the Affirmative Approach is appropriate, and that in facilitating the approach disregards important data and information that supports parental notification and medical professionals. Just two of the data examples:

- o Adolescents with gender dysphoria are more likely to experience mental health issues with 40-45% presenting with clinically significant psychotherapy as compared to 20% of the general population.
- o A study by the American Journal of Psychiatry shows that 61% of patients with gender dysphoria have another psychological disorder, and in 75% of these cases gender dysphoria was a symptom of another psychological problem.

These two points are among many that underscore that no one is in a better position to understand these underlying psychological conditions than the family and their health care providers. Experts in the medical community including Dr. Erica Anderson and Dr. Stephen Levine, formerly with the World Professional Association for Gender Health, are testifying in court cases and publishing articles about the critical importance of early parental involvement to avoid harm. There are numerous other examples of similar positions expressed by qualified experts refuting positions taken just a few years ago as the knowledge of the medical continues to grow. Organizations like the American Academy of Pediatrics have been repeatedly made to adjust positions based on their previous publications. Dr. Anderson's testimony in cases as nearby Montgomery County has been particularly compelling as she herself is transgender.

Two other points:

- o A substantial amount of information is contained in our policy proposal (with some 100 citations) and our seven week series on understanding gender dysphoria and transgender children and adults is still posted on our website. We encourage FCPS to consider the information and data references contained in these documents.
- o FCPS has informally stated in public remarks that parents can contact the school and request access to their child's records as an alternative to the absence of proactive notification. We believe this is missing the point that avoiding proactively notifying parents of a clinical condition while facilitating support can cause harm, and is akin to telling parents who have been harmed, who ask why they weren't informed, "well, you didn't ask." Not to beat the proverbial dead horse but this is a clinical condition and there should be an obligation to inform those that are in the best position to determine the proper treatment.

The Primary Arguments made by opponents of Our Proposed Policy

Potential parental abuse. Opponents of parental notification repeatedly insist that doing so would place the child in a harmful environment at home and result in mental and physical abuse, including forcing children out of the house (and into homelessness). There is no data that supports this. In fact, what's actually happening appears to be the opposite. We have asked for this data from those who have made this point but have received no response. (I think it's important to note that several members of the BOE have referenced this argument against notification in past comments when discussing the topic.)

Instances of families forcing their children out of the house for any reason are rare, and is being used as an emotional argument by opponents who want it applied to *all* cases. Stating that no parent should be included because a small segment *may* react in an abusive way is the type of blanket, one-size-fits-all approach that we should be looking to avoid. Our policy specifically addresses this situation. In addition, as we all are well aware, when parental abuse is suspected there are laws and regulations that address it and we know that if it is suspected there is an obligation to report that suspicion.

Outing children. This argument incorrectly compares the notification to parents that their child is exhibiting symptoms of gender dysphoria or is transgender to outing someone who is gay or lesbian. Gender dysphoria is a clinically acknowledged psychiatric condition listed in the DSM-5-TR that should be supported with the guidance of medical professionals. It is not "outing" a student to tell parents their child has exhibited the symptoms of gender dysphoria any more than it would be "outing" an anorexic, dyslexic, or a student with any other diagnosable mental condition. Unlike gender dysphoria, being gay is not a diagnosable mental condition.

Lastly, Peter Bremm has addressed both the Board and Policy Committee in opposition to our proposal. He has said he is “alarmed at attempts to change and subvert policy 443 and especially by a person or organization who advocates conversion therapy”. If Mr. Bremm had read our proposal he would know that it specifically disavows conversion therapy, calls it a barbaric practice, and includes language to ensure FCPS would never conduct it. What you need to know is it’s unfortunately common for transgender activists to label any therapeutic practice that doesn’t immediately change a child’s name and pronouns as conversion therapy, which is inaccurate and misleads the public.

We hope you will consider all of the information we are providing. We will also offer, once again, to meet with the Board to answer questions on our position, the data, and why we believe that the continuation of a policy that does not support the proactive inclusion of parents or legal guardians creates the risk of real harm to the students and families.

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