



MICHIGAN BOARD OF EDUCATION LGBTQ POLICY

The Detrimental Effect on Children and Parents

The Michigan Board of Education (Board) recently caused great controversy when it released its proposed policy to address “safe and supportive learning environments for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) students.” The Board should affirm and uphold constitutionally-protected rights and freedoms for all students. It should not pass policies granting special protections for some, while coercing others to endorse, and comply with, a political agenda. The following reasons illustrate why the proposed policies threaten the tradition of diversity and tolerance in Michigan:

VIOLATES CONSTITUTIONAL AND STATUTORY RIGHTS OF CHILDREN & PARENTS

- The proposed policy interferes with the fundamental right of a parent to raise and educate their child. MCL 380.10 states:

It is the natural, fundamental right of parents and legal guardians to determine and direct the care, teaching, and education of their children. The public schools of this state serve the needs of the pupils by cooperating with the pupil's parents and legal guardians to develop the pupil's intellectual capabilities and vocational skills in a safe and positive environment.

- Public schools are required to cooperate with parents, not undermine the parent and refuse to notify or include a parent on personal issues involving their child.
- The policy infringes on a student's Constitutional right to privacy in a bathroom or locker room.
- It potentially creates a hostile sexual environment bathrooms and locker rooms in violation of the Elliott-Larsen Act.
- The policy will prohibit persons with traditional views of family and sexuality from exercising their constitutionally protected free speech and free exercise conscience rights. Instead, such persons will face charges of harassment, discrimination, or other punitive action.
- Religion is already a protected class under federal and state Constitutions and civil rights laws. If the Board adopts this LGBTQ policy, it will conflict with existing religious protections.

ILLEGALLY COERCES CHILDREN & PARENTS

- It defies common sense and decency to force a girl to shower, change clothes, and use bathrooms with a biological, anatomically correct boy.
- The proposed policies empower the state to arbitrarily suspend or expel a student for

expressing a different ideology or belief. The real potential for bullying and the loss of one's right to a free public education exists against anyone contesting the policy.

IMPOSES BURDENSOME REGULATORY AND FINANCIAL COSTS ON PUBLIC SCHOOLS

- Beyond the added cost to schools for regulatory requirements, a great expense exists when it faces legal challenges to the new policy.

THE PROPOSED POLICY ACTUALLY DIVIDES STUDENTS AND PARENTS

- The policy does not respect all opinions and viewpoints. Rather, it elevates one ideology as superior over all others.
- Across the country, LGBTQ proponents target people of faith, forcing them to either violate their religious conscience or be coerced into submission to the new orthodoxy. Thus, this new policy will be used as a sword not a shield.

POLICY CREATES AN UNSAFE AND NON-SUPPORTIVE LEARNING ENVIRONMENT FOR ALL STUDENTS.

- The American College of Pediatricians recently issued a statement that encouraging gender ideology is actually a form of child abuse ([see attached](#)).
- The report further states: “Gender dysphoria (GD), formerly listed as Gender Identity Disorder (GID), is a recognized mental disorder in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-V).”
- There are many physical health risks (including, but not limited to, high blood pressure, blood clots, stroke and cancer) for individuals who choose to take medications and hormones to implement such gender choices.
- This policy does not promote public health, safety, or welfare.



AMERICAN COLLEGE OF PEDIATRICIANS - GENDER IDEOLOGY HARMS CHILDREN

March 21, 2016 – a temporary statement with references. A full statement will be published in summer 2016.

The American College of Pediatricians urges educators and legislators to reject all policies that condition children to accept as normal a life of chemical and surgical impersonation of the opposite sex. Facts – not ideology – determine reality.

1. HUMAN SEXUALITY IS AN OBJECTIVE BIOLOGICAL BINARY TRAIT: “XY” AND “XX” ARE GENETIC MARKERS OF HEALTH – NOT GENETIC MARKERS OF A DISORDER. The norm for human design is to be conceived either male or female. Human sexuality is binary by design with the obvious purpose being the reproduction and flourishing of our species. This principle is self-evident. The exceedingly rare disorders of sex development (DSDs), including but not limited to testicular feminization and congenital adrenal hyperplasia, are all medically identifiable deviations from the sexual binary norm, and are rightly recognized as disorders of human design. Individuals with DSDs do not constitute a third sex.¹

2. NO ONE IS BORN WITH A GENDER. EVERYONE IS BORN WITH A BIOLOGICAL SEX. GENDER (AN AWARENESS AND SENSE OF ONESELF AS MALE OR FEMALE) IS A SOCIOLOGICAL AND PSYCHOLOGICAL CONCEPT; NOT AN OBJECTIVE BIOLOGICAL ONE. No one is born with an awareness of themselves as male or female; this awareness develops over time and, like all developmental processes, may be derailed by a child’s subjective perceptions, relationships, and adverse experiences from infancy forward. People who identify as “feeling like the opposite sex” or “somewhere in between” do not comprise a third sex. They remain biological men or biological women.^{2,3,4}

3. A PERSON’S BELIEF THAT HE OR SHE IS SOMETHING THEY ARE NOT IS, AT BEST, A SIGN OF CONFUSED THINKING. When an otherwise healthy biological boy believes he is a girl, or an otherwise healthy biological girl believes she is a boy, an objective psychological problem exists that lies in the mind not the body, and it should be treated as such. These children suffer from gender dysphoria. Gender dysphoria (GD), formerly listed as Gender Identity Disorder (GID), is a recognized mental disorder in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-V).⁵ The psychodynamic and social learning theories of GD/GID have never been disproved.^{2,4,5}

4. PUBERTY IS NOT A DISEASE AND PUBERTY-BLOCKING HORMONES CAN BE DANGEROUS. Reversible or not, puberty- blocking hormones induce a state of disease – the absence of puberty – and inhibit growth and fertility in a previously biologically healthy child.⁶

5. ACCORDING TO THE DSM-V, AS MANY AS 98% OF GENDER CONFUSED BOYS AND 88% OF GENDER CONFUSED GIRLS EVENTUALLY ACCEPT THEIR BIOLOGICAL SEX AFTER NATURALLY PASSING THROUGH PUBERTY.⁵

6. CHILDREN WHO USE PUBERTY BLOCKERS TO IMPERSONATE THE OPPOSITE SEX WILL REQUIRE CROSS-SEX HORMONES IN LATE ADOLESCENCE. CROSS-SEX HORMONES (TESTOSTERONE AND ESTROGEN) ARE ASSOCIATED WITH DANGEROUS HEALTH RISKS INCLUDING BUT NOT LIMITED TO HIGH BLOOD PRESSURE, BLOOD CLOTS, STROKE AND CANCER.^{7,8,9,10}

7. RATES OF SUICIDE ARE TWENTY TIMES GREATER AMONG ADULTS WHO USE CROSS-SEX HORMONES AND UNDERGO SEX REASSIGNMENT SURGERY, EVEN IN SWEDEN WHICH IS AMONG THE MOST LGBTQ – AFFIRMING COUNTRIES.¹¹ What compassionate and reasonable person would condemn young children to this fate knowing that after puberty as many as 88% of girls and 98% of boys will eventually accept reality and achieve a state of mental and physical health?

8. CONDITIONING CHILDREN INTO BELIEVING A LIFETIME OF CHEMICAL AND SURGICAL IMPERSONATION OF THE OPPOSITE SEX IS NORMAL AND HEALTHFUL IS CHILD ABUSE. Endorsing gender discordance as normal via public education and legal policies will confuse children and parents, leading more children to present to “gender clinics” where they will be given puberty-blocking drugs. This, in turn, virtually ensures that they will “choose” a lifetime of carcinogenic and otherwise toxic cross-sex hormones, and likely consider unnecessary surgical mutilation of their healthy body parts as young adults.

Michelle A. Cretella, M.D.

President of the American College of Pediatricians

Quentin Van Meter, M.D.

Vice President of the American College of Pediatricians

Pediatric Endocrinologist

Paul McHugh, M.D.

University Distinguished Service Professor of Psychiatry at Johns Hopkins Medical School and the former psychiatrist in chief at Johns Hopkins Hospital

*Please see the American College of Pediatrician’s [website](#) for list of references.