



WILLIAMSTON SCHOOL BOARD TRANSGENDER POLICY

The Detrimental Effect on Children and Parents

The Williamston Community Schools Board of Education (Board) recently released its proposed policy to address “Transgender and Non-Conforming Students.” The Board must 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 social experiment that denies science. The United States Supreme Court found only a qualified immunity available to school board members and they “were not immune if they knew or reasonably should have known that the action they took would violate constitutional rights.”¹ The following reasons illustrate why the proposed policy threatens 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. Public schools are required to cooperate with parents, not undermine them 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 in bathrooms and locker rooms in violation of the Elliott-Larsen Civil Rights 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 policy, it will conflict with existing religious protections.

TITLE IX DOES NOT MANDATE A POLICY

- Title IX does not include transgender protections in the law. Separate facilities for boys and girls are expressly permitted under Title IX.
- The U.S. Dept. of Education letter regarding transgender bathroom use has been rescinded.

TRANSGENDER POLICIES CREATE A HOSTILE ENVIRONMENT FOR PARENTS AND CHILDREN

- All children have a legal right to bodily privacy.
- Parents have the constitutional right to direct and control their child’s education and upbringing.
- The policy violates Free Speech and Religious Conscience rights of parents and children.
- The policy violates *Obergefell’s* constitutional right to personal religious identity and autonomy.

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 policy empowers the school 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 added costs for regulatory requirements, legal challenges to the new policy will arise.
- There will also be a loss of revenue from parents removing their children from school.

THE POLICY DIVIDES STUDENTS AND PARENTS

- The policy does not respect all opinions and viewpoints. Rather, it elevates one ideology as superior over all others. It further drives a wedge between parents and children and undermines parental authority.
- 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 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 and has many severe health risks (see attached).
- The report further states: “Gender dysphoria (GD), formerly listed as Gender Identity Disorder (GID), is a recognized mental disorder.
- This policy does not promote public health, safety, or welfare for all children.

¹ *Armstrong v. Ross Tp.*, 82 Mich. App. 77, 266 N.W.2d 674, (1978); *Scheuer v. Rhoades*, 416 U.S. 232, 94 S.Ct. 1683 (1974).



AMERICAN COLLEGE OF PEDIATRICIANS - GENDER IDEOLOGY HARMS CHILDREN

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

- 1. GENDER DYSPHORIA (GD) OF CHILDHOOD DESCRIBES A PSYCHOLOGICAL CONDITION IN WHICH CHILDREN EXPERIENCE A MARKED INCONGRUENCE BETWEEN THEIR EXPERIENCED GENDER AND THE GENDER ASSOCIATED WITH THEIR BIOLOGICAL SEX.**
- 2. IT IS FALSE THAT BRAIN DIFFERENCES OBSERVED IN SOME STUDIES BETWEEN TRANSGENDER ADULTS AND NON-TRANSGENDER ADULTS PROVE THAT GD IS INNATE.** Any claimed differences are more likely to be the result of transgender identification and behavior, not the cause of transgender identification and behavior. This is because thinking and behavior is known to shape brain microstructure through a process called neuroplasticity.
- 3. WHEN GD OCCURS IN THE PRE-PUBERTAL CHILD, IT RESOLVES IN 80-95 PERCENT OF PATIENTS BY LATE ADOLESCENCE AFTER THEY NATURALLY PASS THROUGH PUBERTY.** Including studies of identical twins.
- 4. ALL COMPLEX BEHAVIORS ARE DUE TO A COMBINATION OF NATURE (BIOLOGY), NURTURE (ENVIRONMENTAL FACTORS) AND FREE WILL CHOICES. STUDIES OF IDENTICAL TWINS PROVE THAT GD IS PREDOMINATELY INFLUENCED BY NON-SHARED POST-NATAL EVENTS.**
- 5. THERE IS NO SINGLE FAMILY DYNAMIC, SOCIAL SITUATION, ADVERSE EVENT, OR COMBINATION THEREOF THAT HAS BEEN FOUND TO DESTINE ANY CHILD TO DEVELOP GD. THIS FACT, TOGETHER WITH TWIN STUDIES, SUGGESTS THAT THERE ARE MANY PATHS THAT MAY LEAD TO GD IN CERTAIN VULNERABLE CHILDREN.** Clinical case studies suggest that social reinforcement, parental psychopathology, family dynamics, and social contagion facilitated by mainstream and social media, all contribute to the development and/or persistence of GD in some vulnerable children.
- 6. THERE IS A SUPPRESSED DEBATE AMONG PHYSICIANS, THERAPISTS, AND ACADEMICS REGARDING THE RECENT TREND TO QUICKLY AFFIRM GENDER DYSPHORIC YOUTH AS TRANSGENDER.** Many health professionals are deeply concerned because affirming youth as transgender sends them down the path of medical transition (a sex change) which requires the use of toxic hormones and unnecessary surgeries.
- 7. HUMAN SEXUALITY IS AN OBJECTIVE BIOLOGICAL BINARY TRAIT: “XY” AND “XX” ARE GENETIC MARKERS OF SEX, MALE AND FEMALE RESPECTIVELY – NOT GENETIC MARKERS OF A DISORDER.** This principle is self-evident.
- 8. HUMAN BEINGS ARE BORN WITH A BIOLOGICAL SEX. GENDER (AN AWARENESS AND SENSE OF ONESELF AS MALE OR FEMALE) IS A PSYCHOLOGICAL CONCEPT; NOT AN OBJECTIVE BIOLOGICAL ENTITY.** 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.
- 9. A PERSON’S BELIEF THAT ONE IS SOMETHING ONE IS NOT IS, AT BEST, A SIGN OF CONFUSED THINKING; AT WORST IT IS A DELUSION.**
- 10. CROSS-SEX HORMONES (ESTROGEN FOR BOYS AND TESTOSTERONE FOR GIRLS) ARE ASSOCIATED WITH DANGEROUS HEALTH RISKS.**
- 11. PUBERTY IS NOT A DISORDER AND THEREFORE SHOULD NOT BE ARRESTED AS THOUGH IT IS A DISEASE. PUBERTY-BLOCKING HORMONES INDUCE A STATE OF DISEASE – THE ABSENCE OF PUBERTY.**
- 12. PRE-PUBERTAL CHILDREN WHO RECEIVE PUBERTY-BLOCKING HORMONES (GnRH AGONISTS) FOLLOWED BY CROSS-SEX HORMONES ARE PERMANENTLY STERILIZED. PRE-PUBERTAL CHILDREN WHO BYPASS PUBERTAL SUPPRESSION AND ARE PLACED ON CROSS-SEX HORMONES DIRECTLY ARE ALSO PERMANENTLY STERILIZED.**
- 13. AT LEAST ONE PROSPECTIVE STUDY DEMONSTRATES THAT ALL PRE-PUBERTAL CHILDREN PLACED ON PUBERTY BLOCKING DRUGS EVENTUALLY CHOOSE TO BEGIN SEX REASSIGNMENT WITH CROSS-SEX HORMONES.** This suggests that impersonation of the opposite sex and pubertal suppression, far from being fully reversible and harmless as proponents claim, sets into motion a single inevitable outcome.
- 14. ADOLESCENT GIRLS WITH GD WHO HAVE TAKEN TESTOSTERONE DAILY FOR ONE YEAR MAY OBTAIN A DOUBLE MASTECTOMY AS YOUNG AS AGE 16.** This is not a reversible procedure.
- 15. A THIRTY YEAR FOLLOW UP STUDY FOUND RATES OF SUICIDE ARE NEARLY TWENTY TIMES GREATER AMONG ADULTS WHO UNDERGO SEX REASSIGNMENT IN SWEDEN.**
- 16. CONDITIONING CHILDREN TO BELIEVE THE ABSURDITY THAT THEY OR ANYONE COULD BE “BORN INTO THE WRONG BODY,” AND THAT A LIFETIME OF CHEMICAL AND SURGICAL IMPERSONATION OF THE OPPOSITE SEX IS NORMAL AND HEALTHFUL IS CHILD ABUSE.**
- 17. THERE IS A SERIOUS ETHICAL PROBLEM WITH ALLOWING IRREVERSIBLE, LIFE-CHANGING PROCEDURES TO BE PERFORMED ON MINORS WHO ARE TOO YOUNG TO GIVE VALID CONSENT THEMSELVES. CHILDREN AND ADOLESCENTS DO NOT HAVE THE COGNITIVE MATURITY OR EXPERIENTIAL CAPACITY TO UNDERSTAND THE MAGNITUDE OF SUCH DECISIONS.** Ethics alone demands an end to the use of pubertal suppression, cross-sex hormones, and sex reassignment surgeries in children and adolescents.

