

## American College of Pediatricians® The Best for Children

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June 3, 2021

Dear Honorable Members of Parliament,

My name is Dr. Michelle Cretella, Executive Director of the American College of Pediatricians (ACPeds). I am joined by Dr. Donna Harrison, Executive Director of the American Association of Pro-life Obstetricians and Gynecologists (AAPLOG), and Dr. Michael Chupp, Chief Executive Officer of the Christian Medical and Dental Associations (CMDA). Our organizations represent over 20,000 health professionals in the United States of America who support sexual risk avoidance education (SRA), in lieu of comprehensive sex education (CSE). We write on behalf of the Caribbean Evangelical Council and the Trinidad and Tobago Evangelical Council.

**Sexual risk avoidance (SRA) education is a win for youth, families, and society.** SRA is medically accurate sex education that emphasizes sexual abstinence, promotes the development of positive relationships, and facilitates communication between parents and their children. SRA has been shown to increase rates of adolescent sexual abstinence without diminishing contraceptive use among youth who are already sexually active.<sup>1</sup>

As physicians, we witness firsthand the harmful personal and costly social consequences of premature sexual activity that are borne out by national statistics. These adverse consequences include an increased susceptibility to adolescent suicide, sexually transmitted infections (STIs) and infertility, teen pregnancies and abortions, single parent households and poverty, adolescent anxiety and depression, and sexual violence. 12.3.45.6

SRA, abstinence from all sexual activity until marriage, is the only 100% effective way for teens to avoid these tragic consequences and achieve optimal health. Furthermore, sexually abstinent youth make significantly healthier life choices than their sexually active peers, with poor health choices especially prevalent among sexually active minority youth. Sexual promiscuity among youth, therefore, increases healthcare costs to the government.

Comprehensive Sex Education fails youth, families, and society. According to rigorous research comprehensive sex education has failed to demonstrate long term effectiveness in achieving higher rates of either sexual abstinence or correct and consistent condom and contraceptive use among teens.<sup>3</sup>

CSE programs send youth the false message that consensual sexual activity is a pleasurable, healthy, and responsible choice if they use condoms and contraception. In addition, many CSE programs provide sexually erotic material to teens with explicit condom demonstrations and instruction, on mutual masturbation, oral and anal intercourse, as pleasurable activities that will not result in pregnancy. CSE programs often fail to mention that these activities can still result in STIs, and emotional and psychological harm. In this fashion, CSE breaks down the natural barriers of youth not yet involved in sexual activity and encourages sexual experimentation. Furthermore, many programs emphasize that teens do not need parental consent to obtain birth control and that teens therefore need not even discuss the issue with them.\*Discouraging parental involvement in this way eliminates one of the most powerful deterrents to sexual activity, namely, communication of parental expectations.\*

Comprehensive sex education (CSE) promotes lesbian, gay, bisexual and transgender (LGBT) ideology to children. CSE programs celebrate homosexuality, bisexuality, gender confusion and transgenderism as innate, unchangeable, and healthful behaviors. This is medically inaccurate and dangerous. Sexual orientation and gender identity develop over time in children, primarily because of socialization; they are not fixed inborn traits like skin color. In most cases, homosexual attractions and gender confusion experienced by children are

not enduring, provided they are not socially reinforced. Finally, CSE programs omit the fact that LGBT sexual behavior carries a greater risk for acquiring sexually transmitted infections especially HIV as compared to faithful, lifelong, monogamous heterosexual behavior.<sup>11,12</sup>

Equally troubling, CSE teaches that "sex is assigned at birth". This is medically inaccurate. Sex is an innate biological trait, established by the DNA contained in sex chromosomes at fertilization. Sex declares itself in utero; it is recognized and acknowledged at birth. Sex is not assigned. Gender refers to the stereotypical social roles associated with sex. Gender is not an innate biological trait. Gender identity refers to a person's awareness of being male or female. Gender identity is a cognitive and psychological trait that exists in the mind.<sup>13</sup>

More egregious, is that more recently, some CSE programs also present puberty blocking drugs, such as Lupron, and cross-sex hormones, as part of the safe evidence-based treatment for gender dysphoria. This too is medically inaccurate. There are no long-term studies of Lupron or cross sex hormones in biologically healthy children. The FDA has approved Lupron for the treatment of diseases including precocious puberty, endometriosis, and prostate cancer. When used appropriately for these medical diseases, Lupron has been associated with memory problems, brittle bones, obesity, testicular cancer, and a prolonged QT interval which can cause sudden cardiac death. When Lupron is used in early puberty followed by cross-sex hormones, permanent sterility may result. Cross-sex hormones also have significant potential risks including, but not limited to, stroke, heart attack, diabetes, and cancer.<sup>13</sup>

In sum, sexual risk avoidance education (SRA) is medically accurate abstinence education that emphasizes sexual abstinence, promotes the development of positive relationships, involves parents, and is free of dangerous LGBT propaganda. SRA has been shown to increase rates of adolescent sexual abstinence without diminishing contraceptive use among youth who are already sexually active. As physicians dedicated to promoting optimal child and adolescent health, we urge you to adopt SRA education over CSE curricula which are scientifically duplicitous, politically driven and harmful.

Sincerely,

Michelle Cretella, MD, FCP
Executive Director | ACPeds

Donna Harrison, MD

Executive Director | AAPLOG

Michael Chupp, MD CEO | CMDA

## References

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