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Dear Fairfax County School Board Members,

My name is Dr. Michelle Cretella, president 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. David Stevens, Chief Executive Officer of the Christian Medical and Dental Associations (CMDA). Our organizations represent over 20,000 health professionals with many residing in Virginia.

We treat thousands of young people in our offices, face-to-face. We see up close the negative consequences of premature sexual activity that are borne out by national statistics. These adverse consequences include, but are not limited to, an increased susceptibility to adolescent suicide,[1] sexually transmitted infections (STIs) and infertility,[2] teen pregnancies and abortions,[3] single parent households and poverty,[4] adolescent anxiety & depression,[5] and sexual violence.[6] As a result, sexuality education that demonstrates long term efficacy in assisting parents to promote optimal adolescent health should be welcomed by all.

It is in this context that *Concerned Parents and Educators of Fairfax County* asked us to review proposed revisions to the Fairfax County Family Life Education Curriculum. **We find the four suggested changes below to lack medical justification and recommend they be rejected:**

1) deletion of the fact that abstinence from sexual activity is the only 100% effective way to avoid associated depression, teen pregnancy and sexually transmitted infections
2) presentation of Pre-Exposure Prophylaxis (PrEP) as a safe and effective way for teens to avoid HIV transmission
3) reference to the biological trait "sex" with the phrase "sex assigned at birth"
4) affirmation of puberty blocking drugs, cross-sex hormones and sex reassignment surgery

Effective sex education curricula emphasize how to achieve the highest attainable standard of health through risk avoidance. Abstinence from all sexual activity is the only 100% effective way for teens to avoid pregnancy, sexually transmitted infections, and associated emotional disorders. Sexually abstinent teens make significantly healthier life choices than their sexually active peers, with poor health choices especially prevalent among sexually active minority youth.[7] According to research by the Department of Health and Human Services[8] and a rigorous study published this year,[9] comprehensive sex education - school programs that emphasize condoms and contraceptives - 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. Sexual risk avoidance curricula, in contrast, emphasize the benefits of sexual abstinence, and have been shown to increase sexual abstinence without diminishing contraceptive use among youth who are already sexually active.[9]

Recommending PrEP as a safe and effective way for adolescents to be sexually active and avoid HIV infection is negligent at best. Despite PrEP's recent FDA approval for adolescents in high risk groups, such as teen boys who have sex with men, rigorous, large, long term studies of PrEP in

adolescents have not been done. There is only one American study that examined PrEP use among adolescent boys who have sex with men. The study followed 78 teen boys for just under one year; the boys were paid $50 - $75 per doctor visit to participate in risk behavior counseling, receive the medication and have the necessary blood work to monitor for side effects and document drug intake. Among these paid participants, only 22% of boys complied with proper dosing based upon their blood work.[10] This is a reflection of the cognitive immaturity of all adolescents and their inherent tendency to underestimate risk. In fact, it is very likely that widespread use of PrEP in this age group would trigger risk compensation, in which individuals gain an inflated sense of security and subsequently engage in riskier sexual behaviors than they otherwise would. [11]

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.[12]

Finally, teaching that puberty blocking drugs, such as Lupron, and cross-sex hormones, are a safe evidence based treatment of gender dysphoria 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 results. Cross-sex hormones also have significant potential risks including, but not limited to, stroke, heart attack, diabetes and cancer.[12]

In sum, as physicians dedicated to promoting optimal adolescent health, we urge the Fairfax County School Board to reject the proposed revisions to its Family Life Education curriculum. Abstinence upholds the highest attainable standard of health and must be emphasized, PrEP should not be taught as an alternative to abstinence, sex is innate and immutable - not "assigned," and the cross-sex medical treatment for childhood gender dysphoria remains experimental; these interventions must not be affirmed.

Sincerely,

Michelle Cretella, MD, FCP	*Donna Harrison, MD*	*David Stevens, MD*
President ACPeds	Executive Director AAPLOG	CEO CMDA

Fairfax County physicians:

John Bruchalski, MD Story Jones, MD Camilla C. Hersh, MD

Ron Motely, PhD
Executive Director & Founder
Family Care of Northern VA

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