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April 22, 2014

Vancouver Board of Education
School District #39
1580 West Broadway
Vancouver, B.C. V6J 5K8

AN OPEN LETTER TO THE VANCOUVER SCHOOL BOARD OF TRUSTEES

Regarding the Draft Revised Policy and Regulations: Sexual Orientation and Gender Identities (ACB and ACB R-1)

I write to you as a parent, and as the Chair of the Lord Byng Secondary School PAC (2012-present), because I have heard from a great number of parents from Lord Byng, and other schools throughout the Vancouver School District, about their grave concerns relating to the ***Draft Revised Policy and Regulations: Sexual Orientation and Gender Identities (ACB and ACB R-1)*** **(the "Policy"),** a copy of which is attached to this letter. After talking with numerous people, some representing large groups of parents, I believe that this is a major issue of concern for most, if not all parents in the Vancouver School District.

The Policy is seriously flawed and contradicts current medical and psychiatric advice and practice.

I am attaching an extended version of this Open Letter, with a detailed outline and analysis describing why this Policy is flawed and should not be adopted. In summary:

1. The Policy was written by people who are not medical or health care professionals and they relied heavily upon material written by others who also lack medical, psychiatric, psychology or legal credentials;
2. Section G of the Policy contradicts current medical advice and best practices as described or endorsed by the World Health Organization (WHO), the American Psychiatric Association (APA), the Endocrine Society, the American Academy of Child and Adolescent Psychiatry, and the World Professional Association for Transgender Health (WPATH); and
3. The Policy could have long term damaging impacts on children in our school system and there needs to be adequate consultation with and input from medical and health care professionals, as well as parents and students who will be impacted.

On behalf of the many parents I have spoken to, the many parents they represent, and the many parents who will be affected, but are not yet aware of the Policy due to the lack of publicity, ***I urge you to***:

1. ***Postpone the vote on the Policy*** until after necessary and proper consultation has taken place with medical and health care professionals, teachers, parents and students; ***or***
2. Should you decide to proceed with the vote on May 20, 2014, then I call upon you ***vote against the Policy*** and appoint a new committee to embark upon a proper consultation process.

There is no doubt that ***anti-harassment and anti-bullying policies are very important and necessary***, and I believe ***we need to promote understanding, respect and tolerance for those who are experiencing issues of Gender Dysphoria***. However, it is critical that we base such policies and accommodations on proper legal, medical and psychiatric evidence. The ***VSB's 2004 policy should remain in place*** until such time as proper consultation has been undertaken with health care professionals and parents.

You owe a duty of care to all the children in our school system and voting on this flawed policy would be using our children in some sort of social experiment that could have long-term negative repercussions. ***I urge you to defer this vote and embark upon a more thorough and proper consultation with the appropriate medical professionals. This policy should then be re-written to be consistent with current medical and mental health advice and best practices***.

Yours truly,

SENT BY EMAIL

Cheryl Chang

Encl.

April 22, 2014

Vancouver Board of Education
School District #39
1580 West Broadway
Vancouver, B.C. V6J 5K8

AN OPEN LETTER (Extended Version) TO THE VANCOUVER SCHOOL BOARD OF TRUSTEES

Regarding the Draft Revised Policy and Regulations:
Sexual Orientation and Gender Identities (ACB and ACB R-1)

I write to you as a parent, and as the Chair of the Lord Byng Secondary School PAC (2012-present), because I have heard from a great number of parents from Lord Byng, and other schools throughout the Vancouver School District, about their grave concerns relating to the ***Draft Revised Policy and Regulations: Sexual Orientation and Gender Identities (ACB and ACB R-1)*** **(the "Policy"),** a copy of which is attached to this letter. After talking with numerous people, some representing large groups of parents, I believe that this is a major issue of concern for most, if not all parents in the Vancouver School District.

Because of all the emails and phone calls I received from these concerned parents, I attended the VSB meeting on April 16th, to hear what this was all about, and **I asked you** at that time **to delay the upcoming vote**. After reading the Policy and listening to the presentation, I can say that ***I, along with many other parents, have serious concerns that need to be addressed, and rushing this policy through a vote on May 20 would be a serious mistake by the Board.***

This Policy first became public some time between April 10-13, 2014, and you are scheduled to vote on it May 20, 2014. ***Parents need to be informed about the Policy and they should be given sufficient time*** to consider what is being proposed and have an opportunity ***to ask questions and provide input if they have concerns***. A mere ***six weeks is grossly insufficient*** given the lack of formal publication by the Board and the possible long-term implications of such a Policy. There have been no press releases, media statements or notices on the VSB website. You can only become aware of the Policy by searching for the document specifically by name, or finding the link to it on the posted Agenda for the Committee III Meeting of April 16, 2014. Only the most dedicated School Board observers would know this.

After reviewing the Policy and hearing the presentation, I have to say that I have the following concerns:

1. Although this was being ***presented as merely updating the existing policy from 2004***, it clearly contains substantial changes and additions to the 2004 policy. In particular, it is clear that Section G - ***"Gender Identity and Gender Expression" is a completely new section/addition***, which is causing concern among many parents. Such a dramatic change should not be implemented without proper consultation and evidence that it will be beneficial to all students.

2. When specifically questioned about updating and aligning "the existing policy and regulation with current legislation & practice", ***the presenters were unable to point to any current legislation or case law that this was supposed to be aligning with***. In fact, the only 2 examples they gave for why these changes are necessary were both (in their words) "about 10 years ago". I think that schools have made tremendous progress in the last 10 years and the 2004 policy has contributed to these gains.

3. Under the Policy, ***teachers are to*** be given training necessary to ***"support and advocate" for students who identify as LGBTQ+***. However, teachers are not trained to identify and deal with gender dysphoric issues, which are usually very complex. Instead of "supporting and advocating" for these children, teachers should be able to direct these students to appropriate medical and mental health resources in the community, and the school should work cooperatively and collaboratively with the health professionals to develop an appropriate plan for each child. There are many lawyers, the Pride Society and other LGBTQ+ advocates available and teachers should be able to focus on what they have been trained to do - teach. ***I would like to know if teachers have been consulted on this Policy.***

4. The change to the definition of "trans*" ***in Section G*** is a substantive change. ***You no longer need to***

medically transition to be considered “trans”, but ***a student can now "choose to socially transition*** by changing their name, clothing, hair, etc.". Once an "independent student" (which term is not defined) requests to change their "gender identity" the school must accommodate them (made mandatory by the repeated use of the word “shall”), including ***keeping this confidential from their parents*.** Also, once the student has self-identified their gender (i.e. A boy self-identifies as a girl) - socially, not necessarily medically - ***they will be able to access the washrooms, change rooms, and any sex–segregated activities of that gender*.** This Policy allowing “self-identification” is contrary to the advice of the medical profession as set out below. ***Diagnosis, disclosure and implementation plans must be made by medical and mental health professionals*** in collaboration with the child, family and school.

5. The Policy also recommends ***reduction or elimination of all sex-segregated activities (i.e. no more boys’ or girls’ sports or health education classes)*.** This is also a dramatic change that will affect all students in the school system and further consultation with health care professionals is necessary to ensure that this is an effective and beneficial change.

6. Of great concern is the paragraph under **“**Leadership” which states: ***“Staff will not refer students to programs or services that attempt to change a student’s sexual orientation or gender identity.”*** This suggests that once an “independent” child has “self-identified” to change their gender, staff may not send them for counseling to help them determine an appropriate course of action. Any parent knows that children often have desires that they outgrow. To support a child only in what they want, when they want it, is not good parenting nor good teaching, and will set our children up for a life of suffering. Parents have a right to be informed about issues affecting the health and well-being of their children. ***Only medical professionals can determine which children need counseling and treatment for gender identity issues, and the appropriate advice and treatment. It is irresponsible and potentially harmful to prevent staff from referring such children for programs or services to assist them with appropriate treatment.***

7. ***There is no reference to any medical or mental health providers being consulted on this Policy and the definitions that were included in the glossary.*** According to the VSB Agenda for the April 16th meeting, the two presenters from the Pride Advisory Committee were Stephanie Lofquist, an elementary school teacher and VSB Anti-Homophobia and Diversity Mentor, and Lisa Pedrini, the VSB Manager, Social Responsibility and Diversity Abuse Prevention Coordinator. They kept saying "*We* have learned . . .", "*We* have consulted other districts", and "*We* have identified best practices. . .", etc. ***It is important to ensure that this kind of policy is written on the basis of good medical and psychiatric evidence and advice that this is an appropriate and beneficial policy for all students***.

8. I have received a copy of the ***January 15, 2014 Minutes from the Pride Advisory Committee Meeting*** which was attended by your Chair, Patti Bacchus, and 9 others who, I will assume for the purposes of this paragraph, make up the Pride Advisory Committee, as a search of the VSB website did not disclose a list of Committee members. ***The Pride Advisory Committee that drafted this policy is made up of people, the majority of whom are activists and advocates for members of the LGBTQ+ community, but who have no medical, psychiatric, psychology or legal credentials*.** Such a policy could have long-term impacts on the psychological and physical health and well-being of our children and it would be very dangerous and irresponsible to implement a policy without the proper consultation with the medical and legal professionals. In addition, I find it most alarming that the Minutes state: “***the committee. . .feel a sense of urgency about getting this policy passed***.” ***The urgency should be to get it done correctly, with thoughtful, inclusive discourse and not urgency based on political haste.***

9. During the presentation of the Policy on April 16, 2014, reference was made to the guide, **“The Gender Spectrum: What Educators Need to Know**” (http://pridenet.ca/wp-content/uploads/the-gender-spectrum.pdf) as a basis for some of the Policy content. This guide, produced by the **Pride Education Network,** lists **nine “Writers & Contributors”,** all of whom are activists and advocates for the LGBTQ+ community. Of the nine, ***only one has a Master’s Degree in Counselling Psychology***, ***and eight***, including the one with the MA in Counselling Psychology, ***are all current or former Elementary school teachers***. Again, not one contributor is a medical doctor, psychiatrist or lawyer.

Current Medical Classifications and Literature

International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) Version for 2010

According to the **World Health Organization** website: "*The International Classification of Diseases (ICD) is the standard diagnostic tool for epidemiology, health management and clinical purposes . . .* ***. ICD-10 was endorsed by the Forty-third World Health Assembly in May 1990 and came into use in WHO Member States as from 1994. The 11th revision of the classification has already started and will continue until 2017."*** (http://www.who.int/classifications/icd/en/)

Under the heading: ***Psychological and behavioural disorders associated with sexual development and orientation****,* it states:

> ***F64. Gender Identity Disorders***
> ***F64.2. Gender identity disorder of childhood****: "****A disorder****, usually first manifest during early childhood (and always well before puberty), characterized by a persistent and intense distress about assigned sex, together with a desire to be (or insistence that one is) of the other sex. There is a persistent preoccupation with the dress and activities of the opposite sex and repudiation of the individual's own sex. The* ***diagnosis*** *requires a profound disturbance of the normal gender identity; mere tomboyishness in girls or girlish behaviour in boys is not sufficient. Gender identity disorders in individuals who have reached or are entering puberty should not be classified here but in F66."*
>
> ***F66. Psychological and behavioural disorders associated with sexual development and orientation.***
> ***Note:*** *Sexual orientation by itself is not to be regarded as a disorder.*
> ***F66.0 Sexual maturation disorder.*** *The patient suffers from uncertainty about his or her gender identity or sexual orientation, which causes anxiety or depression. Most commonly this occurs in adolescents who are not certain whether they are homosexual, heterosexual or bisexual in orientation, or in individuals who, after a period of apparently stable sexual orientation (often within a longstanding relationship), find that their sexual orientation is changing.*
> ***F66.1 Egodystonic sexual orientation.*** *The gender identity or sexual preference (heterosexual, homosexual, bisexual, or prepubertal) is not in doubt, but the individual wishes it were different because of associated psychological and behavioural disorders, and may seek treatment in order to change it.*
> ***F66.2 Sexual relationship disorder.*** *The gender identity or sexual orientation (heterosexual, homosexual, or bisexual) is responsible for difficulties in forming or maintaining a relationship with a sexual partner.*

Diagnostic and Statistical Manual of Mental Disorders (DSM)

According to the **American Psychiatric Association** website, the DSM is "***the standard classification of mental disorders used by mental health professionals in the United States****. It is intended to be applicable in a wide array of contexts and used by clinicians and researchers of many different orientations (e.g., biological, psychodynamic, cognitive, behavioral, interpersonal, family/systems). The* ***Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is the current edition*** *. . . It can be* ***used by a wide range of health and mental health professionals, including psychiatrists and other physicians, psychologists, social workers, nurses, occupational and rehabilitation therapists, and counselors.***" (http://www.psych.org/practice/dsm)

"Gender Identity Disorder" in DSM-IV-TR was changed to "Gender Dsysphoria" in DSM-5. (May 2013)
In a brochure published by the APA entitled *Highlights of Changes from DSM-IV-TR to DSM-5, it states:*

> ***Gender dysphoria*** *is a unique condition in that* ***it is a diagnosis made by mental health care providers****, although a large proportion of the treatment is endocrinological and surgical (at least for some adolescents and most adults).*

UpToDate

UpToDate is "*an online clinical decision support resource featuring over 10,000 clinical topics designed to give* ***immediate answers to clinical questions at the point of care***". This website states: "*Our unparalleled due diligence has earned the trust and confidence of over* ***850,000 clinicians worldwide and 90% of teaching medical institutions in the United States***." (emphasis added). This site reviews world wide medical literature on an ongoing basis.

An article posted on *UpToDate*, entitled ***Overview of the management of gender nonconformity in children and adolescents*** (published September 25, 2013), by Johanna Olson, MD and Michelle Forcier,

MD, MPH, with Section Editors, Amy B Middleman, MD, MPH, MS Ed, David Brent, MD, Mitchell Geffner, MD, and Deputy Editor, Mary M Torchia, MD, was reviewed and rated as "current through Mar 2014".

This article states:

> *Clinicians have differing views on whether gender nonconformity should be regarded as a normal variation of gender expression, a medical condition, or a psychiatric disorder [12] . . .* ***Approaches to treating gender-nonconforming children and adolescents have been outlined by the Endocrine Society, the American Academy of Child and Adolescent Psychiatry, and the World Professional Association for Transgender Health (WPATH) [2,13,14]. Our approach is generally consistent with the recommendations in these guidelines.***
>
> ***Care for gender-nonconforming youth is determined on a case-by-case basis****. Given the spectrum and fluidity of gender identity,* ***it is important for health care providers to understand the specific needs of individual patients****.* ***The degree and type of mental health and medical support and interventions may vary.*** *Not all gender-nonconforming youth desire phenotypic transformation. . .*
>
> ***There are several mental health approaches to help gender-nonconforming children and adolescents explore their gender identity and find a gender role that is comfortable*** *[2]. . .* ***The specific approach for a given child or adolescent is individualized.*** *The process may or may not involve recommendations for a change in gender expression or body modification; what helps to alleviate gender dysphoria in one person may be very different from what helps to alleviate it in another.*
>
> ***. . . Complete social transition is controversial in prepubertal children.*** *Evidence is insufficient to predict the long-term outcomes [2].* ***Given that the majority of children with gender dysphoria do not continue to have gender dysphoria in adulthood, the Endocrine Society and the Center of Expertise on Gender Dysphoria (formerly the Amsterdam Gender Clinic) recommend against a complete social transition for prepubertal children [6,13].*** *This is to prevent youth with gender dysphoria that does not persist from having to make a complex change back to genotypic sex.*

As clearly demonstrated above, ***Gender Dysphoria is a complex medical and mental health issue requiring a proper diagnosis and individualized treatment by the medical health professionals***. It is irresponsible and dangerous to rush and push through the adoption of a flawed policy that lacks any evidence-based support and is contrary to the current medical practice and guidelines.

We would all agree that anti-harassment and anti-bullying policies are very important and necessary, and I believe we need to promote understanding, respect and tolerance for those who are experiencing issues of Gender Dsyphoria. However, it is critical that we base such policies and accommodations on proper legal, medical and psychiatric evidence.

The VSB's 2004 policy (http://www.vsb.bc.ca/district-policy/acb-lesbian-gay-bisexual-transgender-transsexual-two-spirit-questioning) has allowed great gains to be made in our schools and it should remain in place until such time as proper consultation has been undertaken with health care professionals, and parents have had an opportunity to contribute to the discussion and any revised version of the policy.

Given the potential impact on the health and well-being of all our children, ***you must NOT vote on this Policy*** at this time. More work clearly needs to be done and proper consultation must take place. You owe a duty of care to the children in our school system and voting on this flawed policy would be using our children in some sort of social experiment that could have long-term negative repercussions. ***I urge you to defer this vote and embark upon a more thorough and proper consultation with the appropriate medical professionals. This policy should then be re-written to be consistent with current medical and mental health advice and best practices***.

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