I am writing in opposition to HB558. This framework should not be enshrined into law, as doing so would restrict the flexibility of local counties to address the specific needs of their communities. Instead, it's essential to empower local school boards to fulfill their elected duties and continue serving their communities effectively. This is a significant overreach by our state legislature which is likely why both unions and our MD State BOE oppose this legislation. There are several concerning areas but I intend to focus my testimony on gender ideology in early elementary. Children are uniquely impressionable. Gender dysphoria is a severe mental condition to be dealt with privately by a child's parent and their mental health provider. This attempt to mainstream mental illness sufficiently confuses children into believing they could be something they're not and primarily based on socially constructed gender stereotypes. Boys who like baby dolls may think... "well, maybe I'm a girl?" Why would our public school system believe this is a good idea? Why plant seeds of confusion...confusion that could very well lead to a private social transition within the school setting without parental consent? This isn't an unwarranted concern as schools in our county allow minors to change their pronouns, names, and clothing while denying parents the right to be involved. As benign as this may seem to some, it's completely inappropriate for a school system to assume this role of "socially transitioning" a child behind their parent's back. In fact, according to the Society for Evidence Based Gender Medicine (SEGM), children who socially transition are more likely to progress toward irreversible medical interventions such as beginning cross sex hormones and/or surgically altering their appearance;

"As the practice of early social gender transition becomes <u>more common</u>, it is reasonable to expect that many more gender-variant youth will persist in their trans identity. This in turn will likely significantly increase the number of young people seeking hormonal and surgical transition, which is of concern because of the poor state of medical knowledge: the longest available set of outcomes of individuals who medically transition in adolescence and young adulthood tracks patients only to an <u>average of age 21</u>, and the best evidence is rated as <u>"low" or "very low" quality</u>."

European countries have already begun to move <u>AWAY</u> from an "affirmation only" model of transgender care, instead prioritizing care of the child's peripheral mental health concerns. Introducing this type of biased and controversial information to our youngest learners has the potential to cause not only confustion but irreversible damaged. Parents are best suited to decide what their own child is ready to learn, ESPECIALLY within the context of sex and gender identity. This is a shocking disregard for the primacy of parents.

Please consider this data presented here and essentially anything from **the Society for Evidence Based Gender Medicine** before you legally force this pseudo-science on the precious children of our state. Please do not just listen to/be informed by local activist groups. If the bill is to remain, consider delaying the gender topics until later years and please use EVIDENCE BASED content even with our older students. Believing you've been "born in the wrong body" is a mental condition just like anorexia or body integrity dysmorphia (BID). You wouldn't continue

to starve an anorexic or cut the health limbs off a BID patient...you treat the mind. As leaders in our State you are put in the unique position to protect our most vulnerable and hopefully, weigh community response. Consider the possibility that some of this information may actually cause more harm than good.

Best,

Mariam Canning

Huntingtown, MD