



NEBRASKANS FOR FOUNDERS' VALUES (NFFV)

Guardians of our 1st Amendment Rights

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RED FLAGS AGAINST NEBRASKA DRAFT HEALTH STANDARDS

3-15-21

Genitalia and Sexual Function

These standards seem to have an unusual focus on discussing genitalia every year. Often when that happens, identifying genitalia is accompanied by discussion of the function. The second grade standard here first opens the door for that. That can include discussion of erections, wet dreams, orgasm, etc.

HE.K.7.1.a: State medically accurate names for body parts including genitalia.

HE.1.7.1.a: Recall medically accurate names for body parts, including genitalia.

HE.2.7.1.a: Recognize genitalia differences.

HE.3.7.1.a: Describe the functions of basic reproductive body parts.

HE.5.7.1.a: Use medically accurate names for body parts, including genitalia.

HE.5.7.1.b: Explain the human reproductive systems, including the external and internal body parts and their functions, and that there are natural variations in human bodies.

HE.7.7.1.a: Compare and contrast reproductive systems including body parts and their functions.

HE.8.7.1.a: Explain how the human reproductive systems function, including external and internal body parts.

HE.8.7.1.b: Acknowledge that the naturally occurring appearance of body parts may vary. *There are actual programs that show different drawing examples of how a penis or vulva may look.

Sexual Intercourse

These standards have 10-year-olds discussing sexual intercourse before they have even gone through puberty. Then 11-year-olds learn how to evaluate when they're ready for sexual behaviors. Oral and anal sex are taught.

HE.5.7.1.g: Explain sexual intercourse and how it relates to human reproduction.

HE.6.7.1.e: Identify factors that are important in deciding whether and when to engage in sexual behaviors.

HE.7.7.1.b: Define sexual intercourse and how it relates to human reproduction.

HE.7.7.1.e: Define vaginal, oral and anal sex and their relationship to STD/HIV transmission.

Condoms/Birth Control

These standards do not promote abstinence; instead, they present abstinence as one of many "contraceptives." These standards are where explicit condom instruction would come into play.

HE.8.7.1.e: *Develop a plan to eliminate or reduce risk of unintended pregnancy and STDs, including HIV.*

HE.8.7.1.c: Examine medically accurate resources about pregnancy prevention, reproductive care, and STD/HIV, such as, prevention, testing, and treatment resources.

HE.HS.1.18.c: Analyze behaviors and barriers that prevent or reduce sexually transmitted diseases (STDs).

HE.HS.1.18.d: Analyze the health benefits, risks and effectiveness of various contraceptive uses, including abstinence.

Different Kinds of Families

These standards will promote same-sex marriage and parenting to very impressionable young people 5-7 years old. Will parents know this is happening and be able to counteract this teaching with their family's religious views?

HE.K.7.2.a: Discuss different kinds of family structures. (e.g. single parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial).

HE.1.7.2.a: Demonstrate ways to show respect for different types of family structures.

Gender Identity

These standards will teach very impressionable children as young as 6 years old that gender is not biologically determined but can instead be chosen by each child. Subsequent grades dive completely into all aspects of radical gender ideology.

HE.1.7.2.d: Define gender, gender identity, and gender-role stereotypes.

HE.3.7.2.a: Demonstrate ways to promote dignity and respect for people of all genders, gender expressions, and gender identities, including other students, their family members, and members of the school community.

HE.4.7.2.d: Differentiate between sexual orientation and gender identity.

HE.4.7.2.f: Distinguish between sex assigned at birth and gender identity and explain how they may or may not differ.

HE.5.7.2.f: Explain that gender expression and gender identity exist along a spectrum.

HE.5.7.3.e: Explain the significance of the physical changes in puberty and the potential role of hormone blockers on young people who identify as transgender.

HE.6.7.2.b: Define and explain differences between cisgender, transgender, gender non-binary, gender expansive, and gender identity.

HE.8.7.2.c: Access medically accurate information about gender identity, sexual orientation, and gender expression.

HE.8.7.3.a: Assess the role hormones play in the physical, social, cognitive, and emotional changes during adolescence, including among people who are intersex and transgender.

HE.HS.1.19.b: Differentiate between sex assigned at birth, gender identity, and gender expression.

HE.HS.2.18.d: Analyze cultural and social factors (e.g. sexism, homophobia, transphobia, racism, ableism, classism) that can influence decisions regarding sexual behaviors.

Gender Expression

Why is this in any way appropriate? Gender expression and gender identity go hand-in-hand, and that is what will be addressed through this standard.

HE.3.7.2.c: Discuss the range of ways people express their gender and how gender-role stereotypes may influence behavior.

Sexual Orientation

Children as young as 8 years old will begin learning about being lesbian, gay, or bisexual. Will it stop there? There are even more sexual orientations such as pansexual, asexual, etc. that are taught to 11-year-olds.

HE.3.7.2.e: Define sexual orientation.

HE.6.7.2.c: Define sexual identity and explain a range of identities related to sexual orientation (e.g. heterosexual, bisexual, lesbian, gay, queer, two-spirit, asexual, pansexual).

HE.8.7.2.c: Access medically accurate information about gender identity, sexual orientation, and gender expression.

Consent

Consent always sounds like a good thing to teach. But how is it defined? When you have standards that don't uphold an expectation of abstinence, consent often can be interpreted as consenting to safer sexual behaviors. Refusal skills can mean refusing sex without a condom, not refusing sex altogether. Any standard that says "demonstrate" can mean role playing sexual scenarios with peers. Talk of personal boundaries means students decide which sexual behaviors they want to engage in.

HE.3.7.2.d: Explain the relationship between consent, personal boundaries, and bodily autonomy.

HE.5.7.2.c: Demonstrate how to communicate personal boundaries and show respect for someone else's personal boundaries.

HE.6.7.2.g: Demonstrate communication skills that will support healthy relationships.

HE.7.7.1.d: Demonstrate how to effectively communicate when pressured to participate in sexual behavior.

HE.7.7.2.a: Describe consent and its impact of healthy relationships

HE.7.7.2.f: Demonstrate strategies to communicate personal boundaries and how to show respect for the boundaries of others.

HE.8.7.1.g: Demonstrate the use of effective communication skills related to physical intimacy and sexual behavior decisions.

HE.8.7.2.a: Discuss sexual consent and sexual agency.

HE.8.7.2.f: Develop personal refusal skills and describe how and when to use those skills.

HE.HS.1.19.f: Demonstrate refusal skills, personal boundaries, and affirmative consent and identify strategies that support the decision to abstain from sexual behavior. *Affirmative consent now teaches kids that "yes means yes" is the proper standard. "No means no" is no longer used. In other words, the mindset kids leave with is to say yes to sexual behaviors they want to participate in.

Sexual Feelings

These standards have 9-year-olds discussing sexual feelings. That is extremely problematic.

HE.4.7.3.e: Discuss common human sexual development and the role of hormones (e.g. romantic and sexual feelings, mood swings, timing of puberty onset).

Undermining Parents and Family Values

Many curricula tell students that their parents and families may have a certain set of beliefs, but that they should have all the facts so that they can make their own decisions about what they believe.

HE.8.7.2.e: Analyze how peers, family, and a person's intersecting identities can influence attitudes, beliefs, and expectations about gender, gender identity, gender roles, and gender expression.

HE.HS.2.19.d: Analyze how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about sexual orientation and sexual identity.

Resources

Any time kids are asked to locate or identify resources for sexual health, puberty, etc., Planned Parenthood usually enters the discussion, along with other "family planning" clinics.

HE.6.7.3.c: Locate medically accurate sources of information about puberty and adolescent development.

HE.6.7.3.d: Identify health care providers for puberty and adolescent development services.

HE.8.7.3.b: Access medically accurate sources (online and in the community) of information about puberty and adolescence development.

HE.HS.1.18.e: Locate medically accurate resources and services for various contraceptive methods.

HE.HS.2.18.a: Recommend medically accurate sources of information about and local services that provide contraceptive methods (e.g. emergency contraception, condoms) and pregnancy options (e.g. parenting, adoption, prenatal care).

HE.HS.2.18.b: Locate medically accurate sources of information about and local services that provide prevention, testing, care, and treatment of STDs, including HIV.