

A Legal Analysis of *HEART*: *Health Education and Relationship Training*

Since the California Healthy Youth Act (CHYA)¹ passed in 2015, the ACLU Foundations of California have provided technical and strategic assistance for school districts and community stakeholders seeking to implement the law’s requirements. CHYA mandates that all public schools, including all charter schools, provide medically accurate, inclusive comprehensive sexual health education at least once in middle school and once in high school. In recent months, we have received a number of requests for a legal assessment of a sexual health education curriculum called *HEART: Health Education and Relationship Training*.

After a review of the 7th grade, 8th grade, and 9th editions of the curriculum, we have determined that the curriculum violates California law in numerous regards.²

This review focuses on the clearest examples of where *HEART* violates the law and is not intended to provide a comprehensive analysis of the curriculum’s pedagogy or grounding in science, medicine, or social science. However, our initial review of several sources cited in *HEART* raised serious questions about objectivity and methodology. Where relevant to our discussion, we provide an evaluation of selected citations, but strongly encourage any district considering use of this curriculum to conduct more thorough review of these sources.

Actively promotes bias and stereotypes based on gender.

Gender stereotypes are pervasive throughout *HEART*, in flagrant violation of CHYA’s prohibition against instruction and materials that “reflect or promote bias against any person on the basis of any category protected by Section 220 [of the Education Code],” including gender, gender identity, gender expression, or sexual orientation.³

One particularly egregious example is a “general observation” in the 9th grade lesson about “Preparing for a Committed Relationship” that “guys lean towards cohabitation [instead of marriage] because of the freedom it offers, while girls usually prefer the greater security of marriage, especially with the possibility of having a child. You might think that in the era of

¹ CAL. EDUC. CODE §§ 51930-51939.

² We reviewed the version of the curriculum available on August 31, 2020 from the *HEART* website.

³ CAL. EDUC. CODE § 51933(d)(4).

feminism women would be getting their way more, but that isn't the case.” (9th: 10.4.5.)⁴ Other examples of stereotypes include:

- “Studies show marriage, for example, is the best protection against poverty, even better than a college education. Marriage, once practiced by all income classes, is becoming a lost dream for many poor women.”⁵
- States that during puberty, “Girls develop close friendships and want to spend more time with friends. At home, they may withdraw to their bedrooms. Boys are less social, but do bond with their guy group or team. . . . These intense feelings and emotions come in their own time; girls tend to be a step ahead of the boys.” (9th: 1.4.5; *see also* 8th: 2.4.6.)
- Asks students to listen to and study a song called “Boys Like You” and journal about whether “relationships have the same consequences for girls as for boys” (9th: 2.4.6; 7th: 1.4.5.)
- “Other harms of teen sexual relations . . . affect each person differently, though there is evidence that girls are more affected than boys.” (7th: 3.4.2.)
- “Girls, more than boys, may keep a diary where they record their thoughts, emotions, and reactions to daily life.” (7th: 2.4.7.)
- “Who do you go to when you have done something wrong? Often, it’s the mom, but on certain topics, like breaking her favorite dish, your dad may be more forgiving than your mom.” (9th: 6.4.4; *see also* 8th: 9.4.4.)
- “The ability to leave [a relationship], especially for the woman, is complicated by the arrival of children.” (8th: 12.4.3.)
- “[I]ntimate relations can have big consequences, consequences that can be emotionally difficult, especially for girls who generally experience sex in more varied ways and attach deeper meaning to the act.” (8th: 8.4.8.)

Although Section 51933(d)(6) of the Education Code requires an exploration of “the harm of negative gender stereotypes,” *HEART* does not offer these statements as opportunities for analysis or critique, and in most instances does not even acknowledge them to be stereotypes.⁶ As is made explicit in the first example above, the author of *HEART* presents these statements not to debunk them, but as his own “general observations”—grounded in neither medicine nor social science—about the roles and relationships of men and women.

⁴ A note about citations to *HEART*: Each citation includes the edition of the curriculum and the lesson number being cited to. For example, Lesson 10.4.5 in the 9th grade edition of *HEART* is cited to as “9th: 10.4.5”.

⁵ *Ten Ways CA Sex Ed Curricula Fail to Protect Students that HEART Gets Right*, *HEART: A NEW SEX ED CURRICULUM*, https://c1791fd8-9d04-4451-b31f-f0e2c6f9190b.filesusr.com/ugd/413ae8_114c61c54bca400cb_c3e603884773089.pdf (last visited Feb. 10, 2021).

⁶ Even when the curriculum does address the potential harm of stereotypes, it still approvingly describes stereotypes as “a useful tool for classifying things that are complicated” to be “improve[d] by knowledge.” (9th: 6.4.4; 8th: 9.4.4.)

Actively promotes bias against and stereotypes about LGBTQ people.

CHYA prohibits instruction that “reflect[s] or promote[s] bias” on the basis of gender, gender identity, gender expression, or sexual orientation.⁷ Prohibition against discrimination on the basis of gender and sexual orientation is not just found in CHYA—or just, as the curriculum wrongly states, in school district policies (9th: 6.4.3). These well-settled protections for LGBTQ students are found in multiple places throughout California law,⁸ which also explicitly provides that schools have an “affirmative obligation to combat racism, sexism, and other forms of bias, and a responsibility to provide equal educational opportunity.”⁹ With regard to sexual health education, the law also requires that instruction and materials be “appropriate for use with pupils of all races, genders, sexual orientations”¹⁰ and support the purpose of providing students with “the knowledge and skills they need to develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family”¹¹.

HEART does not just promote bias against LGBTQ people, it actually uses misinformation and stigma about LGBTQ people to distinguish itself from its competitors. In its marketing materials, *HEART* includes a list of “Ten Ways CA Sex Ed Curricula Fail to Protect Students that *HEART* Gets Right,” including: “*HEART* acknowledges gender dysphoria but shares information that 98% of cases resolve by adulthood and that patience under the guidance of parents is the safest path.”¹² As advertised, the suggestion that identifying as LGBTQ is mutable and may just be the result of immaturity is made throughout the curriculum. The 9th grade lesson on gender and sexual orientation, for example, states that “how someone feels when they are younger may change as they become adults . . . it is now well established that sexual attraction feelings often shift or change with maturity.” (9th: 6.4.3; 8th: 9.4.3). Statements suggesting that gender identity and sexual orientation are changeable “cases” to be “resolved” are not only inaccurate, but dangerous. Studies show that family and community acceptance are protective factors that support the safety and well-being of transgender and other LGBTQ students.¹³

Another example of bias against same-sex couples happens with troubling frequency in the context of discussions about parenting. The author repeatedly claims that “A stable union of the biological parents is the most important factor for optimum child outcomes.” (7th: 5.4.2; *see also* 9th: 9.4.2). This excludes most same-sex couples, adoptive families, and all single-parent households or families in which a child’s parents are not the primary caretakers. While some studies show that two-parent households result in better outcomes for children, when examined

⁷ CAL. EDUC. CODE § 51933(d)(4).

⁸ *Id.* § 220; CAL. CIV. CODE § 51.

⁹ CAL. EDUC. CODE § 201.

¹⁰ *Id.* § 51933(d)(1).

¹¹ *Id.* §§ 51933(c), 51930(b)(2).

¹² *Ten Ways CA Sex Ed Curricula Fail to Protect Students that HEART Gets Right*, *supra* note 5.

¹³ Michelle Marie Johns, et al., *Protective Factors Among Transgender and Gender Variant Youth: A Systematic Review by Socioecological Level*, 39 J. PRIM. PREV. 263 (June 2018), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5976555/>.

closely, these outcomes are attributed to stability and access to resources, and not biology or marital status.¹⁴ To suggest that same-sex couples are, by definition, unable to provide “the most important factor for optimum child outcomes” is, at best, biased and inaccurate—at worst, discriminatory and harmful.

As well as being biased, *HEART* is not appropriate for LGBTQ students—particularly, transgender students or those who are non-binary. The curriculum often suggests that same-sex attraction or transgender people are not normal; for example, “[i]t’s rare but some may feel that their gender identity is different than their biological sex” (9th: 6.4.1; 8th: 9.4.1) or “attractions are commonly to the opposite sex but may also include same-sex attraction” (9th: 6.4.3; 8th: 9.4.3). Rather than discussing differences in gender or sexual orientation as normal or healthy, the curriculum presents them as “differences” that can be respected “without compromising our beliefs” (9th: 4.4.2; 8th: 8.4.2). The curriculum also discusses physical anatomy, pregnancy, and parenting in strictly gendered terms, suggesting, for example, that only men are capable of having penises, or only women are capable of becoming pregnant. Use of such gendered framing denies transgender and non-binary students’ critical information they need to protect sexual health and build healthy relationships, and also perpetuates *HEART*’s overall message that LGBTQ people are not normal.

Provides medically inaccurate information about abstinence and other methods of preventing STI and pregnancy.

California law also mandates that instruction be medically accurate,¹⁵ and that students learn about STIs and HIV, including information on prevention, transmission, and treatment, as well as information on preventing unintended pregnancy, including on abstinence and the safety and effectiveness of all U.S. Food and Drug Administration (FDA)-approved contraceptive methods.¹⁶

The *HEART* curriculum not only fails to meet these requirements but, in fact, presents such information in an overtly biased manner, weaving harmful stigma into subject discussions. For example, in the 9th grade, Lesson 5 refers to increasing STI rates in the U.S. as a “national embarrassment” and states that STIs are “an enormous health burden” both on our country and for those infected. This framing fails to account for the different ways STIs may affect an individual’s health, as well as the negative effect such messaging has on youth who may already have STIs or who may have suffered sexual trauma. Images throughout Lesson 5 further

¹⁴ Kimberly Howard & Richard V. Reeves, *The Marriage effect: Money or parenting?*, BROOKINGS (Sept. 4, 2014), <https://www.brookings.edu/research/the-marriage-effect-money-or-parenting>.

¹⁵ CAL. EDUC. CODE § 51933(b). Defined as “verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.” *Id.* § 51931(f).

¹⁶ *Id.* § 51934(a).

encourage such stigma by associating STIs with the hazardous waste symbol and the contraceptives lesson with a caution symbol. This messaging coupled with the examples of medically inaccurate and incomplete information discussed below about STIs, HIV, and preventing pregnancy are harmful and serve to undermine the goals of comprehensive sexual health education.

HEART's lessons on STI and pregnancy prevention also contain outdated and inaccurate medical information. For example, Lesson 5.4.6 in the 9th grade edition of *HEART* associates Hepatitis A with travel, which is no longer medically accurate and another lesson source cites a U.S. Centers for Disease Control and Prevention (CDC) article from over 20 years ago. Another example includes the discussion of Herpes in Lesson 5.4.6, which confuses Herpes simplex virus and Herpes zoster—an entirely different virus—and how each is contracted. The curriculum's discussion of syphilis incorrectly states that syphilis is primarily passed via kissing and omits any information on how other forms of sexual activity can lead to transmission. It also fails to emphasize critical health information about STIs (e.g., that gonorrhea often lacks signs or symptoms and, if untreated, can lead to pelvic inflammatory disease).

The curriculum also provides incomplete and misleading information on the effectiveness and safety of all FDA-approved methods of contraception. For example, Lesson 9.4.2 in *HEART*'s 9th grade edition both undermines the efficacy of external condoms and a trusted information source by stating: “while condoms significantly reduce risk of STIs and pregnancy, they don't reduce it enough. A CDC administrator will like them because it's a simple solution and can reduce the overall teen pregnancy problem.” The same lesson also implies that sterilization is only a valid form of contraceptive “once you have the children you want”—in reality, many individuals select sterilization as the right method of contraception for them without necessarily having children. Lesson 9.4.2 also misleadingly states that emergency contraceptives have “significant side effects” and confuses the two different pill methods of FDA-approved emergency contraceptives, including critical information such as how long after intercourse they are effective.

Both the high school and middle school versions of *HEART* include a lesson about the “Exponential Risk of Multiple Sex Partners,” (7th: 4.4.9; 9th: 5.4.11) that draws a causal connection between the number of sexual partners a person has and the number of people a person is “exposed” to. The lesson includes a chart that states: “When you have sex with someone, you are having sex with everyone they have had sex with for the last ten years, and everyone they and their partners have had sex with for the last ten years.” Such exaggerated and misleading claims devalue avoidance of multiple sexual partners, implying that having just one sexual partner is equivalent in risk to having multitudes. Failure to teach students that this “chain” may be broken at any time by appropriate testing, treatment, and prevention measures may cause students to have a fatalistic and medically inaccurate view of STI transmission as inevitable.

HEART also provides medically inaccurate information about, and fails to provide any definition of, abstinence. Research suggests that in order for students to meaningfully benefit

from instruction about abstinence, education programs must define sexual behaviors and specifically what constitutes “abstinence.”¹⁷ Although *HEART* frequently encourages students to delay sexual activity, it does not provide any meaningful description of how to achieve abstinence anywhere in its 7th, 8th, or 9th grade editions. Even more troubling, where the curriculum does discuss abstinence, it provides medically incorrect information. The curriculum makes numerous conflicting statements about the “only sure protection” from unintended pregnancy or STIs. In one instance, stating that the “only sure protection” is “[b]uilding your life around a single beloved partner to whom you remain faithfully committed, and who does the same” (9th: 5.4.10; 7th: 4.4.7); in another, “the only certain protection” is “delaying the start of sex until at least the legal age of consent” (7th: 1.4.6); in yet another, saying that “wait[ing] until marriage [is] the safest choice for protecting their sexual and reproductive health” (7th: 3.4.7). These statements are patently false and dangerously misleading. There is no science that suggests that marriage and age, in and of themselves, are protective factors for one’s sexual or reproductive health. Monogamous couples and people over the age of consent are still capable of experiencing unintended pregnancies and contracting STIs. This misinformation could lull a student into thinking they do not need to take additional steps to protect their health once they have reached 18 or once they have married.

Provides medically inaccurate and biased information about pregnancy and pregnancy outcomes.

The law also requires that sexual health education include a medically accurate and objective discussion of all legally available pregnancy outcomes, including but not limited to parenting, adoption, and abortion, as well as information about California’s safe surrender law and the importance of prenatal care during pregnancy.¹⁸

HEART fails to provide medically accurate, objective, and complete information on these topics. For example, in its 7th grade edition, Lesson 5.4.1 on conception incorrectly states that eggs are formed in the ovaries every four weeks. In fact, people are born with a fixed number of eggs in their ovaries, and that number only decreases as they get older. The curriculum also defines conception as “begin[ning] with an act we call ‘making love,’” and stating that “[t]his most intimate sexual act offers two benefits essential to the survival of any society.” (9th: 9.4.1; 7th: 5.4.1) “Making love” is not a medical term or an accurate, objective description of sexual intercourse. Such a biased definition of conception and description of the outcomes of sexual intercourse, does not, for example, reflect the unfortunate reality that some sexual intercourse that results in conception is not consensual.

HEART also provides a thoroughly subjective and medically inaccurate discussion of abortion. In the 9th grade edition at Lesson 9.4.6, this discussion includes a list of potential consequences of abortion, including higher risk for certain cancers, auto-immune disease, regret, and death

¹⁷ Angela Nicoletti, RNC, MS, WHNP, *The Definition of Abstinence*, 18 J. PEDIATR. ADOLESC. GYNECOL. 57 (Feb. 2005), <https://pubmed.ncbi.nlm.nih.gov/15749587>.

¹⁸ CAL. EDUC. CODE §§ 51931(f), 51934(a)(9).

caused by suicidal ideation and risk-taking behavior. In fact, the section goes so far as to end with a quote that “When [a woman] destroys a pregnancy, she is destroying herself.”¹⁹ The research from which these consequences have been derived has consistently been found to be methodologically unsound.²⁰ Moreover, the lesson contains no information about the safety of abortion, despite its support by a large body of scientific research. The physical risks associated with abortion are minimal²¹ and multiple studies demonstrate that pregnancy termination has no negative effects on subsequent fertility.²² While individual experiences vary widely, the most methodologically sound, population-level research shows that the relative risk of mental health problems following a first-trimester abortion is no greater than the risk among adults who deliver an unwanted pregnancy and that the majority of adults who terminate a pregnancy do not experience mental health problems.²³

In addition to being medically inaccurate, *HEART* is also legally inaccurate. In the 9th grade edition of the curriculum, Lesson 5.4.6 inaccurately represents that a mother or her representative can surrender a baby pursuant to California’s safe surrender law. Only a parent or an individual with lawful custody may surrender a newborn child pursuant to California’s safe surrender law.²⁴

Fails to provide information and skills to promote healthy relationships or address unhealthy relationships; promotes bias against diverse familial structures and forms of committed relationships outside of marriage.

Sexual health education must provide students with the knowledge to form and maintain healthy relationships free from violence, coercion, and intimidation.²⁵ Such instruction must include skills-based learning that teaches students how to protect their reproductive health from STIs, HIV, and unintended pregnancy, and to develop healthy attitudes concerning adolescent growth and personal relationships.²⁶

¹⁹ This quote is purportedly taken from a 2018 study “hosted at the National Institute of Health”. This is misleading. The citation refers to “The abortion and mental health controversy: A comprehensive literature review of common ground agreements, disagreements, actionable recommendations, and research opportunities” by David C. Reardon (available at <https://journals.sagepub.com/doi/full/10.1177/2050312118807624>), published in *Sage Open Medicine*, which is not associated with the National Institute of Health.

²⁰ Nat’l Acad. of Sci. et al., *The Safety and Quality of Abortion Care in the United States*, NAT’L ACAD. PRESS (Mar. 16, 2018), <https://www.ncbi.nlm.nih.gov/books/NBK507237>.

²¹ Elizabeth G. Raymond & David A Grimes, *The comparative safety of legal induced abortion and childbirth in the United States*, 119 OBSTET. GYNECOL. 215 (Feb. 11, 2012), <https://pubmed.ncbi.nlm.nih.gov/22270271>.

²² Sam Rowlands, *Misinformation on abortion*, EUR. J. CONTRACEPTION & REPROD. HEALTH (May 11, 2011), <https://doi.org/10.3109/13625187.2011.570883>.

²³ Brenda Major, et al., *Abortion and mental health: Evaluating the evidence*, 64 AM. PSYCHOL. 863 (Dec. 2009), <https://pubmed.ncbi.nlm.nih.gov/19968372>.

²⁴ CAL. HEALTH & SAFETY CODE § 1255.7.

²⁵ CAL. EDUC. CODE § 51933(g).

²⁶ *Id.* §§ 51930(b); 51933(g),(h).

HEART does not adequately provide such instruction. For example, the 9th grade curriculum fails to provide any information about sexual assault or abuse, adolescent relationship abuse, and intimate partner violence. It also does not meaningfully suggest strategies for youth to identify healthy versus unhealthy relationships (e.g., signs of trafficking).

The curriculum's primary frame of "honoring one's self" fails to correct stigma and shame around adolescent growth, development, and body image, and often frames various normal behaviors as moral failures. For example, Lesson 2.4.3 for 7th graders states, "Puberty is a time of big changes, including sexual development. This can be unsettling even embarrassing at first." However, the lesson fails to normalize puberty and dispel negative feelings about adolescent growth. In Lesson 3.4.3 *HEART* associates abstinence with moral superiority and sex with shame. ("Kids today are living a higher moral standard . . . because they are delaying sex and having fewer sexual partners.") Strategies that focus solely on personal and moral responsibility stigmatize and harm those who may have experienced an abusive relationship or sexual assault, suggesting that their failure to protect their health or safety in those instances was also a failure to "honor one's self."

The *HEART* curriculum fails to be inclusive of diverse familial structures and personal relationships. It presumes a heterosexual, biological two-parent familial structure from the outset. The teacher introduction section for each grade explicitly states that although a significant percentage of youth live with a caregiver other than their biological parents, most students live with their biological parents, therefore, *HEART* uses the term "parent" for "simplicity." The curriculum also expresses bias against families with single parents, step-parents, or same-sex parents. Lesson 5.4.4 for 7th grade states: "The time proven best way to [raise a family] is for the biological parents to be joined in a lasting marriage. There are other ways to rear children. Parents or stepparents may live in less formally committed relationships than marriage. Same sex unions also rear children. Single parents do this, often very well, though it is a difficult burden to carry alone. Most would likely agree that for such a challenging task, two heads are better than one. Special needs may require that children be reared by grandparents, adoptive parents, legal guardians or by caretakers. The social science, however, supports the gold standard of children being reared by biological married parents." This is a subjective assertion. Neither social science, nor the supporting article cited in the curriculum support the assertion that there is a "gold standard" familial structure.²⁷

²⁷ The only research cited for this assertion by *HEART* is "Family Formation and Poverty: A History of Academic Inquiry and its Major Findings" by Glenn T. Stanton (available at <http://familyinamerica.org/files/3214/5806/3564/Stanton.pdf>). In fact, the article does not make the expansive assertion made by *HEART* and focuses on a biased comparison of married two-parent households as opposed to single-parent households based on resource access. It contains little to no discussion about biological parents, stepparents, grandparents, adoptive parents, legal guardians, or other caretakers and echoes harmful stereotypes regarding race and gender (e.g., "Although the sharp sexual division of labor in all societies between the market and household sectors is partly due to the gains from specialized investments, it is also partly due to the intrinsic differences between the sexes"; "While women were enjoying increased independence and empowerment in society . . . for many the price of that independence has been . . . dependence on welfare.").

The curriculum also actively undermines other forms of committed relationships in favor of a bias towards marriage. Lesson 5.4.2 for 7th graders states that “[s]tudies indicate that marriage is a more stable union than cohabitation,” and Lesson 12.4.3 for 8th graders subjectively refers to cohabitation as “a social experiment of unknown consequence.” Lesson 10.4.6 for 9th graders reiterates this messaging. In fact, when the age of entering the relationship is controlled for, it has been shown that the likelihood of divorce is not necessarily significantly higher for cohabitating couples than married couples.²⁸ Instead of preparing students to ensure health and safety in all their relationships, HEART prioritizes only one type of relationship and suggests all others are inherently and inevitably flawed.

HEART’s author and leadership are unqualified and biased.

Finally, neither *HEART*’s author nor its advisory board have the requisite expertise to develop a medically accurate, age-appropriate sexual health education curriculum.²⁹ The *HEART* curriculum was written by Skip Hellewell, a “former pharmaceutical and medical device industry engineer and executive” with no expertise or training in sexual or reproductive health, behavioral health, or education. Of greater concern is that its advisory board includes a number of members who are particularly notable for their bias against comprehensive sexual health education, science, and the LGBTQ community. Andre Van Mol, for example, is the Committee on Adolescent Sexuality co-chair of the American College of Pediatricians, an organization that has been identified as an anti-LGBTQ hate group by the Southern Poverty Law Center.³⁰ Dr. Van Mol has written extensively in favor of conversion “therapy,”³¹ denying the existence of transgender people,³² and against CHYA-compliant curriculum.³³ Laura Haynes, another board member, is also a vocal proponent and practitioner of conversion “therapy.”³⁴ Terrance Olson is

²⁸ Arielle Kuperberg, *Age at Coresidence, Premarital Cohabitation, and Marriage Dissolution: 1985–2009*, 76 J. MARRIAGE & FAMILY 352 (Mar. 2014), <https://onlinelibrary.wiley.com/doi/10.1111/jomf.12092>.

²⁹ *Executive Brief*, HEART: A NEW EDUCATION AND RELATIONSHIP TRAINING, https://c1791fd8-9d04-4451-b31f-f0e2c6f9190b.filesusr.com/ugd/413ae8_06b13b73e05b4bae83d39eefa270ccbe.pdf (last visited Feb. 10, 2021).

³⁰ *American College of Pediatricians*, SOUTHERN POVERTY LAW CENTER, <https://www.splcenter.org/fighting-hate/extremist-files/group/american-college-pediatricians> (last visited Feb. 10, 2021).

³¹ *André Van Mol, MD*, CHRISTIAN MEDICAL & DENTAL ASSOCIATIONS, <https://cmda.org/andre-van-mol-md/paged-2/3> (last visited Feb. 10, 2021). Conversion “therapy” for minors has been illegal in California since 2012 (S.B. 1172, 2012 Leg., Reg. Sess. (Cal. 2012), codified at CAL. BUS. & PROF. CODE § 865 et al.), and has been discredited by virtually every mainstream medical and mental health organization in the U.S. See Am. Acad. of Pediatrics, *Homosexuality and Adolescence*, 92 PEDIATRICS 631 (Oct. 1993), available at <http://pediatrics.aappublications.org/content/92/4/631.full.pdf>; *LGBTQ change efforts (so-called “conversion therapy”)*, AM. MED. ASS’N (2019), available at <https://www.ama-assn.org/system/files/2019-12/conversion-therapy-issue-brief.pdf>; Am. Psych. Ass’n, *Public Interest*, COUNCIL POLICY MANUAL, <https://www.apa.org/about/policy/chapter-12b#sexual-orientation>.

³² Andre Van Mol, *Transgenderism: A State-Sponsored Religion?*, PUBLIC DISCOURSE (Jan. 4, 2018), <https://www.thepublicdiscourse.com/2018/01/20547>.

³³ André Van Mol, MD., *HIV Education and How Not To Do It*, CHRISTIAN MEDICAL & DENTAL ASSOCIATIONS (June 28, 2018), <https://cmda.org/hiv-education-and-how-not-to-do-it-2>.

³⁴ DR. LAURA HAYNES, PSYCHOLOGIST, TUSTIN, CA, <https://www.laurahaynesphd.com/meet-dr-laura-haynes.html> (last visited Feb. 10, 2021); Dr. Laura A. Haynes, *Psychologist Testimony Calling to Repeal of the “Conversion Therapy” Ban in Seattle*, NAT’L TASK FORCE FOR THERAPY EQUALITY, available at <http://www.therapyequality.org/testimony-dr-laura-a-haynes> (last visited Feb. 10, 2021).

a veteran author of fear-based, abstinence-only sexual health education.³⁵ Jeff Barke has made numerous public appearances and statements undermining the effectiveness of masks and other protective measures against COVID-19,³⁶ and promoting the use of hydroxychloroquine as a means of preventing the virus's transmission,³⁷ despite consensus among experts, including the CDC, the National Institutes of Health, and the FDA that it is not appropriate for use for COVID-19 patients.³⁸

Conclusion

The biases and lack of expertise from *HEART*'s leadership are evident in the numerous instances of incorrect, inaccurate, or misleading information throughout the curriculum.

As the above review demonstrates, the resulting material is blatantly non-compliant with California law.

³⁵ Leslie M. Kantor, MPH, *Scared Chaste? Fear-Based Educational Curricula*, 21 SIECUS REPORT (Dec. 1992/Jan 1993), available at <https://siecus.org/wp-content/uploads/2015/07/21-2.pdf>.

³⁶ Sara Cardine, *Hospital leaders, officials distance themselves from gun-waving, anti-mask O.C. doctor seen in video*, DAILY PILOT (Sept. 24, 2020, 8:32 PM), <https://www.latimes.com/socal/daily-pilot/news/story/2020-09-24/hospital-leaders-officials-distance-themselves-from-gun-waving-anti-mask-o-c-doc-seen-in-video>.

³⁷ Jeff Barke, *America's Frontline Doctors Speak Out*, RX FOR LIBERTY (Jul. 29, 2020), <https://www.rxforliberty.com/blog/americas-frontline-doctors-speak-out>.

³⁸ Lara Bull-Otterson, PhD, et al., *Hydroxychloroquine and Chloroquine Prescribing Patterns by Provider Specialty Following Initial Reports of Potential Benefit for COVID-19 Treatment – United States, January-June 2020*, 69 MORBIDITY AND MORTALITY WEEKLY REPORT 1210 (Sept. 24, 2020), <https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a4.htm>; *FDA cautions against use of hydroxychloroquine or chloroquine for COVID-19 outside of the hospital setting or a clinical trial due to risk of heart rhythm problems*, U.S. FOOD & DRUG ADMIN., <https://www.fda.gov/drugs/drug-safety-and-availability/fda-cautions-against-use-hydroxychloroquine-or-chloroquine-covid-19-outside-hospital-setting-or> (last updated July 1, 2020); *Hydroxychloroquine doesn't benefit hospitalized COVID-19 patients*, NAT'L INST. OF HEALTH (Nov. 24, 2020), <https://www.nih.gov/news-events/nih-research-matters/hydroxychloroquine-doesnt-benefit-hospitalized-covid-19-patients>.