

**Drew University**  
**A Letter Proposing Amending Senate Bill S1569, A1335 in order to Include More  
Comprehensive Health and Sexual Education Rules**

Date: March 18, 2021

From: Jessica Lisanti, Jackson Lydon, and Charlotte Wells

Governor Phil Murphy  
225 W State Street  
Trenton, NJ 08625

Dear Governor Murphy,

We write to implore you, as governor of the state of New Jersey, to amend Senate law S1569/A1335 in order to implement a more detailed coverage of LGBTQ+ health and sexual education in public school systems. While this law already requires schools to include instructional material written by and about LGBTQ+ individuals, it is imperative that it be amended to require public schools to have a comprehensive curriculum addressing the various aspects of LGBTQ+ life and situations that the LGBTQ+ community may encounter outside of the standard teachings of a heteronormative health system, thereby ensuring a thorough education on such topics for all students regardless of identity. As a member of the group writing this letter who is a part of the LGBTQ+ community, I would personally benefit from this legislation. Growing up, I never learned anything about the LGBTQ+ community and was taught the same straight and rigid information many schools still teach, meaning I never learned about who I was. I also have two moms, and never learned about my type of family. Because of this, my education and that of countless others in the LGBTQ+ community did not benefit us in any way. I was only taught about families with a mom and a dad, and that being straight and cisgender was normal, and everything else was not. In school I had no way of discovering my LGBTQ+ identity. Furthermore, myself and other LGBTQ+ people all wish to vote for somebody who enforces LGBTQ+ inclusive laws, so if you work to amend this law, we would be more inclined to vote for you. The implementation of this policy would allow for students from all backgrounds to become more knowledgeable about themselves and others' lifestyles and make safer, more informed choices that would improve their overall well-being.

This law already makes classroom instructional material fit the curriculum standards by ensuring students receive diverse education in history and other social sciences. However, this law should be amended to include diverse instruction in health and sexual education. This would include the following additions to the curriculum: students must be taught about the sex spectrum, including teaching about intersex people by the end of year two. They must be taught about the different types of families, including same sex marriage by the end of year four. They must also be taught

about the physical and emotional changes one undergoes during puberty and the questioning of one's sexuality and gender (in terms of gender dysphoria, sexual orientation and sexual identity) by the end of year six. Additional changes include teaching about the different sexualities (lesbian, gay, bisexual, pansexual, asexual, queer, etc.), genders (transgender, non-binary, genderqueer, agender, bigender, etc.), and the meaning of LGBTQ+ by the end of year eight. This should also include teaching the difference between sex and gender, as well as the idea of how gender is a social construct. LGBTQ+ inclusive sexual education, more specifically teaching about sex between two females, sex between two males, and sexual health issues explicitly related to LGBTQ+ people must also be addressed in health classes by the end of year twelve. Currently, many of these changes are already taught about in relation to straight and cisgender people, so it would be easy to expand them to include LGBTQ+ topics. Having this legislation would have made a huge difference to me and other LGBTQ+ youth, who because their experiences are not included in the curriculum, are at a greater risk for mental health issues and suicide.

LGBTQ+ youth are at a greater risk for mental health issues and suicide because they are not represented in educational settings. According to a report by the CDC, LGBTQ+ youth seriously contemplate suicide at a rate almost 3 times higher than heterosexual youth, and LGBTQ+ youth are almost five times more likely than their heterosexual counterparts to commit suicide.<sup>1</sup> Younger members of the LGBTQ+ community struggle the most with mental health concerns of all the age groups. Students deserve a health curriculum that permits people of all backgrounds to become more knowledgeable about themselves and other lifestyles, and one that does not negatively affect their mental health. Furthermore, we are not the only ones that approve of more in-depth LGBTQ+ health and sexual education in public schools. Most parents, medical organizations, and educational organizations support LGBTQ+-inclusive, comprehensive sex education in schools. A national survey reveals that, “93 percent of parents of junior high school students and 91 percent of parents of high school students believe it is important to teach sex education in schools, and that 80 percent of parents of junior high school students and 73 percent of parents of high school students believe sexual orientation is an appropriate topic for inclusion”.<sup>2</sup> Ultimately, it is a disservice to undereducate any student when that very knowledge could save their life.

Unfortunately, there are multiple constituents that may be opposed to a more detailed coverage of LGBTQ+ health and sexual education in public school systems because they believe this

---

<sup>1</sup> Kann, Laura, et al. “Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9--12 --- Youth Risk Behavior Surveillance, Selected Sites, United States, 2001--2009.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 2011, [www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm).

<sup>2</sup> Slater, Hannah. “LGBT-Inclusive Sex Education Means Healthier Youth and Safer Schools.” *Center for American Progress*, 28 June 2013, [www.americanprogress.org/issues/lgbtq-rights/news/2013/06/21/67411/lgbt-inclusive-sex-education-means-healthier-youth-and-safer-schools/](http://www.americanprogress.org/issues/lgbtq-rights/news/2013/06/21/67411/lgbt-inclusive-sex-education-means-healthier-youth-and-safer-schools/).

agenda should not be forced on people and do not think that it is age appropriate to have this in public schools. They also believe that public education should be neutral, and it's unfair to exclude people with religious values. Despite this opposition, we believe the benefits far outweigh the potential backlash. Implementing an LGBTQ+-inclusive curriculum is worth the battle because if a school teaches sexual health education, it should speak to all students, not just some. Although law S1569/A1335 has helped the LGBTQ+ community, we believe the implementation of our plan and project proposal will improve the mental health of any person that is questioning their sexuality or gender. A curriculum that ignores the existence of LGBTQ+ students, or worse, stigmatizes them, disregards the needs of those students. Furthermore, all students will encounter the LGBTQ+ community, whether in the classroom or otherwise, and it does them a disservice to ignore that reality or the ways in which LGBTQ+ issues are integrated into the world around them. A well balanced curriculum would promote important human values including acceptance, open mindedness, and kindness to all students that attend public school.

Enacting these changes to the curriculum would educate people of all races, classes, genders, sexualities, religions, and ethnicities about these crucial topics, giving them the knowledge to understand and support the LGBTQ+ community. Furthermore, it would make schools safer for LGBTQ+ students and staff, and supporting this legislation would make New Jersey one of the leading states for LGBTQ+ rights and education. This piece of legislation would be a huge progressive step, greatly benefiting the LGBTQ+ community. Furthermore, research conducted by the CDC finds that exposure to LGBTQ-relevant sexual health instruction is associated with reduced suicidal thoughts among all youth, including straight and LGBTQ+ youth, meaning that everyone will benefit from this change, not just LGBTQ+ students.<sup>3</sup> Introducing this legislation would greatly improve the lives of LGBTQ+ youth by making them feel seen and valid, and by making the environment they live in safer and more accepting, which is all that LGBTQ+ youth want.

Sincerely,

Jessica Lisanti, Jackson Lydon, and Charlotte Wells  
215 Ocean Park Ave  
Bradley Beach, NJ 07720

---

---

<sup>3</sup> Johns, Michelle M, et al. "Strengthening Our Schools to Promote Resilience and Health Among LGBTQ Youth: Emerging Evidence and Research Priorities from The State of LGBTQ Youth Health and Wellbeing Symposium." *LGBT Health*, U.S. National Library of Medicine, 8 Apr. 2019, <https://pubmed.ncbi.nlm.nih.gov/30958731/>

### Project Proposal:

If our proposal is approved, we will use the awarded sum of money to travel to other New Jersey institutions, speaking to and educating the students and staff there, and then build a coalition of other college students. It is imperative to start here, as our target audience is college students as they are a main part of the constituency of elected officials. We will partner with these institutions and start a letter-writing campaign, where they would write to their elected officials about sponsoring and supporting the changes we suggested to Senate Law S1569/A1335. From there, we will also pay someone to create a website and social media sites, so we can have an online presence to connect our coalition with each other and everyone else. Lastly, we will have a lobbying day in Trenton, New Jersey with all schools from the coalition. This is the important last step in our plan, and is the most influential, as we will have a wide range of students from across the state lobbying for amendments to this legislation.

### Budget Breakdown:

| Activity  | Supplies  | Cost  |
|---|---|-------|
| Meeting with other universities and forming a coalition | Transportation to the school  | \$100 |
| Create website  | Pay someone to design for us  | \$100 |
| Lobbying in Trenton                                     | Paper for posters<br>Pay for travel to secure local, state, federal sponsors<br>Advertisements like Instagram | \$300 |

---

### Work Cited

Johns, Michelle M, et al. "Strengthening Our Schools to Promote Resilience and Health Among LGBTQ Youth: Emerging Evidence and Research Priorities from The State of LGBTQ Youth Health and Wellbeing Symposium." *LGBT Health*, U.S. National Library of Medicine, 8 Apr. 2019, <https://pubmed.ncbi.nlm.nih.gov/30958731/>

Kann, Laura, et al. "Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9--12 --- Youth Risk Behavior Surveillance, Selected Sites, United States, 2001--2009." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 2011, [www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm).

Slater, Hannah. "LGBT-Inclusive Sex Education Means Healthier Youth and Safer Schools." *Center for American Progress*, 28 June 2013, [www.americanprogress.org/issues/lgbtq-rights/news/2013/06/21/67411/lgbt-inclusive-sex-education-means-healthier-youth-and-safer-schools/](http://www.americanprogress.org/issues/lgbtq-rights/news/2013/06/21/67411/lgbt-inclusive-sex-education-means-healthier-youth-and-safer-schools/).