

COMMENTS

2025 K-12 Academic Standards in Health Rulemaking

Revisor's ID No. R-04924, CAH Docket No. 65-9005-40585

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by

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INTRODUCTION

These Comments address the Minnesota Department of Education's (hereafter MDE or the State) Proposed Rules Related to the Minnesota K-12 Academic Standards in Health, Minnesota Rules, Part 3501; Revisor's ID No. R-04924, COH Docket No. 65-9005-40585 (hereafter, "Health Standards" or "Rulemaking"). My name is Michael McCarthy. I live in Stillwater, Minnesota. I have over 40 years' experience in science, economics, policy and regulatory processes at state and federal levels, including rulemakings. I am presently Chair of Fixing Stillwater Schools, a community education non-profit.

Critically, this rulemaking fails in its primary purpose to specify what health knowledge is so vital that it be mandated, statewide, for the next 10 years, stripping local elected officials from making these decisions for their own community.

These comments present this rulemaking's failings, recommends remedies, and identifies what MDE wrongly wants to be absent from the record reviewed by Your Honor which would make this clear. A hearing is requested on this matter.

I then offer observations on how MDE's Critical Social Justice worldview has prejudiced this proceeding and inhibits its completion absent the direction of requested remedial measures by Your Honor. Additional commentary illustrates lingering unresolved issues of parental rights and religious freedoms; pending resolution of disputes over Title IX implementation and more.

Finally, in the Attachment 4 I offer detailed Comments on individual Standards, Strands, and Benchmarks. I trust they will be helpful and provide guidance for the remedial measures requested.

A FAILED RULEMAKING

This education Rulemaking fails to say what education it will mandate.

Nowhere in the SONAR is a chapter “What will be taught.” Hence, the SONAR is left attempting to justify the need for miscellaneous material and vague stuff.”

MDE defers until AFTER the rulemaking almost all of what would be taught as mandatory “functional health knowledge” -- safely beyond public scrutiny and accountability. After nearly 2 years one might expect MDE would be prepared to place before the public the vital information it intends to mandate for 100 percent of our children – information so vital that local school board must be stripped of their own power to select lest they overlook some detail of this knowledge and deprive the children in their charge.

Unfortunately, Standard 1 “Functional Health Knowledge” is presented as an empty shell that cannot support all the remaining application standards intended to impart the knowledge left out of this rulemaking. Page 24 of the SONAR says that Standards 2 through 8 address *how* the students will learn the content set forth in Standard 1. Absent clear “Functional Health Information” content as a methodological core, the house of cards this rulemaking presents collapses in upon itself.



Source of image: MDE Draft 2, p. 7 depiction of the Health Standards structure.

This failing also deprives the recently published and distributed “2025 Minnesota K-12 Health Academic Standards – Commissioner Approved” (hereafter, Draft 3) of legitimacy and effectiveness. There, MDE presents the Standards and Benchmarks *implementing* the still *unfinished* rule in this rulemaking. (Those familiar with project planning methodologies may recognize a “critical path” problem here regarding the order in which one undertakes and completes tasks.)

In the methodology proposed by the State, the knowledge that was supposed to have been specified in Standard 1, and learned using the methods in Strands 2 through 8, are grouped into 7 Strands. While listed on page 6 of Draft 3, Strands are not defined or explained leaving the reader to guess at their exact meaning. This in turn may explain why the Benchmarks within the Strands suffer from regular use of undefined words and chronic vagueness in Draft 3 rendering many inactionable as currently presented.

A FAILED PROCESS

This failed MDE proposal results from a faulty rulemaking process that has left MDA unable to specify what health knowledge it wants to mandate. Nonetheless, this can be fixed.

Some might reasonably conclude that the MDE had a preconceived outcome in mind where it would unquestionably adopt for Minnesota what a small cabal of politically aligned national advocates wanted. Some might then explain the absence of widespread public engagement and transparency of that engagement as having prevented trouble from people with a different worldview – one outside of the progressive Critical Social Justice worldview -- thus not deserving of being “platformed” and acknowledged.

Instead, these Comments will proceed under the assumption that MDE simply lacked the project management and public engagement and transparency capacity to fully execute its public interest duties in this instance. That can be fixed. We are proposing how that can be done and offering to help. We will ask Your Honor to order our requested repairs to this proceeding as being in the public interest.

WHAT IS ABSENT?

Let us begin by looking at what is absent from the record the State is placing before Your Honor. Expectations for MDE’s Rulemaking process are set forth in MDE’s document “2024-2025 Adult Health Standards Committee’s Guiding Assumptions” (hereafter, Committee Guide) which is linked from the top of page 5 in Draft 2 and on page 8 of the SONAR. Many of these expectations show no evidence of having been fulfilled.

MDE is attempting to exclude discussion of its Standards and Benchmark from this rulemaking, creating a fiction that they are not all part of the same whole. In fact, the rulemaking SONAR makes mention of benchmarks at least on page 6, pages 8 through 23, 29, 31, 41 and 42. To now suggest that they are outside the reach of the public comment and input is contrary to the public interest, to record completeness and to transparent governance. It is unreasonable to hide this material from Your Honor's consideration.

An overview of what else departs from the Committee Guide and is wrongly absent from the present rulemaking record follows:

- ✓ **ABSENT: Evidence of alleged “extensive public input”** described on SONAR page 5. The Committee Guide, page 2, item 2 under “Review Process and Roles” states “The committee will consider advice from public input, such as from town hall meetings, focus groups, or public comment periods *throughout the process.*” (Emphasis added) There is no record indicating town hall meetings or focus groups ever occurred, or if so, what was learned. There is no indication that any are planned for the future. Absent that, one may presume only politically progressive Critical Social Justice allies have been, and will be, engaged.
- ✓ **ABSENT: Evidence of the alleged thoughtful selection, assessment and consideration of health curriculum from other states.** Five states are listed in the SONAR on page 12 ... and that is all. Just a list of 5 state names.
- ✓ **ABSENT: The presumption of benefits resulting from public engagement with parties having worldviews from outside of the progressive Critical Social Justice model** from which MDE operates. Such engagement can result in “third path” alternatives that are mutually acceptable and achieve accommodations important to harmony in a pluralistic society. Process descriptions in the SONAR pages 8-9 show no evidence of such. Instead, the process appears driven by a focus on political identity groups and from within the education community bubble. The public interest demands that agency rulemaking be more than a gathering of mutual friends to provide the appearance broad engagement without doing so.
- ✓ **ABSENT: Draft 2 of the 2025 K-12 Minnesota K-12 Academic Standards (July 2025).** Draft 2 appears responsive to the progressive Critical Social Justice advocacy of SHAPE, the National Sex Education Standards, and the National Health Consensus Standards which MDE has pledged in advance to “align with.” Given the absence of proposed knowledge to be mandated in the presently proposed rule, and the extensive vagueness in Draft 3, Draft 2 best indicates MDE's expected outcome if allowed to withhold disclosure of what is to be taught until after the rulemaking, as the State presently proposes.
- ✓ **ABSENT: Public disclosure of 8,000 public comments received on Draft 2.** This is the largest body of record in this proceeding. Absent disclosure, parties rightfully suspect the

MDE summary on SONAR pages 16 and 17 is not fully transparent. These comments were received electronically and MDE has chosen to hide them instead of posting a link.

- ✓ **ABSENT: A contact list for the 8,000 public parties filing comments on Draft 2 in July 2025** would have been useful in achieving broad public participation, if MDE wanted. Outreach on page 10 of the SONAR shows very narrow outreach from the rulemaking onset. Outreach by MDE to present soliciting comments in the rulemaking remains the same. Absent the transparency that a “service list” provides, public parties could not engage with or communicate with each other. This greatly limited public engagement. In Attachment 2, the Child Protection League addresses this ongoing exclusivity.
- ✓ **ABSENT: Public disclosure of the experts, their affiliations and their input relied upon in the writing of Draft 3.** (SONAR p 19-23) The MDE boasts of relying on 3 national experts in the writing of Draft 3 but hides their names, affiliations and input from the public and Your Honor.
- ✓ **ABSENT: Subject matter experts (SMS’s) in the topics that would become “Functional Health Knowledge”** such as pediatric nutritionists, safety experts, psychiatric practitioners, addiction recovery and their professional organizations. The Committee Guide, page 1, under “Committee Membership and Expectations” fails to explicitly enlist these talents into the rulemaking process. Items 2.i and 2.j make reference to “Content Specialists” but these appear to regard teaching materials and methods, not expertise in, for example, causes of accidental injury and deaths in grade school children. This failing may substantially explain why the output of this working group could not significantly state what problems needed to be addressed and what needed to be taught to address those problems.
- ✓ **ABSENT: Assessment of the proposal’s assault on parental rights and religious freedoms.**
- ✓ **ABSENT: Assessment of the diversion of time and resources from health education** by its dilution with a mix if progressive Critical Social Justice dogma.
- ✓ **ABSENT: Consideration of recent research reassessing the medical and psychological legitimacy of MDE childhood “trans” advocacy and promotion.**
- ✓ **ABSENT: Consideration of pending decisions in Title IX litigation**

One might expect such an amount of absent material from an assignment might earn a failing grade. In this case, perhaps, an “Incomplete” will suffice – if the make-up work is completed.

FIXING IT – FINISHING THE INCOMPLETE

To ensure Your Honor has all appropriate material available for consideration we ask that you order the following be placed into this Rulemaking record and if not already, that they be posted online for public viewing:

1. Records of previous town halls, focus groups and other public meetings MDA makes reference to having taken place.
2. The evaluations of Health Standards used in other states and what was learned from each.
3. 2025 Minnesota K-12 Health Academic Standards – Draft 2 (June 2025).
4. Public comments received on Draft 2, likely representing the largest public input record.
5. Post the contact information for filing parties (e.g., a “service list” for the State to share proceeding information with those who have expressed interest).
6. Names, affiliations and input of the 3 experts hired to reposition Draft 3
7. 2025 Minnesota K-12 Health Academic Standards – Commissioner Approved (December 2025) to fully illustrate the absence of the “knowledge” core of this rulemaking.

To remediate this rulemaking process moving forward we ask Your Honor to order a revised proceeding timeline accommodating:

1. The establishment of a new rule proposal for on-going discussion such as the Alternative Pro-Family K-12 Health Academic Standards draft we have offered, or one modified from that alternative that is not open ended, that is, not subject to completion in secret after the rulemaking.
2. Direct the MDA to specify the knowledge it wants to mandate working in collaboration with Subject Matter Experts associated with each proposed Strand and to vertically mesh the Rule, Standards and Benchmarks for consistency and for each grade-level to build upon earlier content.
3. A delay in the pending public hearing until 90 days after Your Honor and the public have online access to the materials listed in the above list of items, plus the posting of the Alternative Pro-Family K-12 Health Academic Standards or its successor.
4. A subject matter expert (SME) conferring process for each of the Strands Your Honor believes should be part of the rulemaking process going forward. This should include conferring and taking input from professional organizations in their areas of specialty, preferably their Minnesota affiliates (e.g., NAMI and National Safety Council)
5. Specific outreach to entities who have expressed opposition to aspects of the rulemaking (e.g., Child Protection League, Fixing Stillwater Schools, and Defending Education) to find acceptable accommodation. For transparency, MDE can post its own summary of those meetings and outcomes.
6. Empanel a small legal working group to provide a short report on the possible effect on these rules of litigation nationwide stemming from religious freedom and parental rights concerns, and resolution of Title IX disputes between the State and Federal government.

7. Public meetings explaining and taking feedback on the health knowledge that will be mandated.

PRO-FAMILY K-12 HEALTH ACADEMIC STANDARDS ALTERNATIVE RULE

(See Attachment 1 for Alternative Proposed Rule Text)

The State's Proposed Rule Is Fatally Flawed

The MN Department of Education (MDE or the State) has proposed a rule that sets forth 7 process steps for learning, but does not say WHAT is to be learned, saying only that it will include 5 items (see Subpart 10, items A-E) plus ***unlimited, undisclosed other material after the rulemaking*** (see Subpart 10, line 2.2 "... but not limited to.")

Rules have the force of law. The K-12 health education standards rulemaking, is indeed, lawmaking. Yet this law fails to tell us what it will do – until AFTER it is passed. A credible rulemaking will not say "pass this and we will tell you what it means afterwards."

Why this matters: Part 1, A Predetermined Outcome?

To date MDE's process has assumed that its K-12 Academic Health Standards would be based in Critical Social Justice theory, a radical collectivist worldview. That perspective divides the world between the "privileged" oppressors and the "marginalized" victims. Into everything it embeds the belief that when one self-identifies as part of one or more "marginalized" groups, one gains resources, opportunities, voice and the power to take these things from those accused of having "privilege."

MDE has promised in advance of this rulemaking that its result will "align" with organizations that all embrace Critical Social Justice in their advocacy. It is noteworthy that MDE has stated this predetermination in its documents. MDE provides no evidence that promised public meetings or consideration of the health rules, standards and curriculums in other states ever occurred.

Last summer, MDE released for public comment Draft 2 of the standards and benchmarks which will implement this not-yet-completed rule clearly relying on Critical Social Justice beliefs. MDE included for K-12 grade advancement things like annually affirming transgenderism and how each child's gender may differ from that "assigned at birth." MDE's SONAR says they received 8,000 public comments – which MDE has not disclosed. One might suppose that if public comments were widely supportive of the State's proposal, MDE would have let the public see them and included them in this rulemaking record, which they have not.

Instead, MDE's standards and benchmarks implementing the not-yet-completed rule were revised – and published in December 2025-- with such undefined, vague language as to render intent

difficult, if not impossible. “Gender affirming” becomes “showing kindness. The strand “sexual health” rebrands as “growth and development.” It looks like intentional, deceptive word-play.

With the help of 3 unidentified outside consultants Walz’s team has rebranded this rule to hide its unchanged, Critical Social Justice agenda so it quietly slips by unnoticed, hidden among the holidays and social unrest in our streets. But it’s the same authors, sources and agenda!

Now MDE asserts that its implementing standards and benchmarks are not part of this rulemaking subject to further comments and hearing; and never will be. We disagree but think there is a reason.

Why this matters: Part 2 – The Slight of Hand

If the State’s currently proposed K-12 Health Education Rule is enacted, MDE can simply later reinsert out of public scrutiny any objectionable subject matter – any secret Critical Social Justice agenda – back into the subject matter to be mandated statewide and rewrite its implementing standards and benchmarks as previously rejected by the public. It also pushes basic health education elements aside for politics.

The State’s current proposal is political social engineering unwilling to take the political heat for doing it in the open. It would be statewide. It would be mandatory. It would override the will of every local elected school board for the next ten years (when today’s second graders will graduate.)

Under the guise of “health and well-being”, unlimited subject matter discretion may make mandatory indoctrination in subjects like these already included in Minnesota health classrooms as “health”: environmentalism (recycling, green energy preferences), spiritual health (your life’s purpose; present satisfaction with your faith and exploration of alternatives), sexual wellness (comfort with your sexual “identity”) and multicultural awareness (pursuing social justice; defending the “identity” of others).

Making “health education” the political correctness testing ground for the breath of progressive beliefs will deprive our youth of clearly focused learning they will not get elsewhere in a timely manner. It continues to dilute academic learning with Critical Social Justice politics.

The Profamily K-12 Academic Health Standards Rule Alternative is the Solution

First and foremost, in the Pro-Family alternative, Subpart 10 “Apply Knowledge and Skills” we substitute the slight-of-hand loophole for a plainly stated listing of mandatory knowledge that will be taught to all Minnesota children in K-12 education. While substantial, our intent is not to be burdensome, but complete as a mandatory statewide baseline to which local school boards may augment at their discretion.

Second, in Subpart 1, Purpose and Application we add specific language defending parental primacy, protecting children from deeply invasive surveys and questionnaires on material that is only the business of their parents, and finally, we specify the group-think of the Critical Social Justice identity politics do not form the basis for implementing this rule.

In keeping with our understanding of the rulemaking process and authority, we do not propose excluding other content that local school boards may add at their discretion. We have done our best to navigate statutory mandates now in place in order to effectively advocate in this rulemaking under statutes as they are, not as some might wish were something different.

Because this is an official rulemaking, we offer these, and subsequent, Comments in earnest anticipation of their being part of a full and public discussion leading to an outcome far better for Minnesota than the adoption of any national advocacy group's "your State's name here" proposal.

PROCESS MUST INCLUDE HEARING PRIOR TO IMPLEMENTATION

This rule, and the final version of the 2025 Minnesota K-12 Academic Standards in Health must be subject to hearing, and a thorough public review and input. The scope of the proposed changes are sweeping. The risks for significant and lasting harm to Minnesota's children are great. As written and in context of the process leading to its creation, the State-proposed rule, Draft 2 and Draft 3 of the Standards and Benchmarks neglect the breath and scope of input available that is essential for a reasoned and well documented rule-making process.

Public input has been severely neglected throughout this process and most of what has occurred is being kept from the public and Your Honor. As mentioned earlier, on page 8 of the SONAR is a link to the Committee Guide (i.e., "Assumptions for Guiding the Health Standards Committee's Work"). There, the Committee is charged to "consider advice from public input, such as from town hall meetings, focus groups, or public comment periods *throughout the process.*" (Emphasis added.) No MDE documents make any mention of these suggesting they have not happened and are not contemplated going forward absent intervention requested by Your Honor.

While the first partial draft of the standards (Draft 1) was made available, it did not contain benchmarks which comprise 59 of the 77 pages of Draft 2. Hence, substantive public input was only possible on Draft 2 benchmarks for the mandatory requirements to advance grade-level and to graduate.

MDE has described Draft 3 as being "comprehensive" but the Department did not schedule any public Comment on Draft 3, the only completed draft of the standards. Instead, it was published *for use by schools ...* with no public comment whatsoever. (Emphasis added.)

It appears that the Department planned all along to deploy Draft 3, the only document with all its parts completed, without any public Comment, hearings, focus groups, or "town hall" meetings. None are scheduled on the Department of Education website.

This on-going lack of proper input could account for the very, verry narrow and dogmatic material produced to date, especially for Draft 2's Sexual Health strand, rebranded in Draft 3 as Growth and Development which is notably void of Human Growth and Development content overall, and sexuality in particular.

Some may speculate that keeping the standards and benchmarks that will eventually be deployed out of public of public view is intended to prevent outcry over things like subjecting children to blatant, and extreme LGBTQIA indoctrination strongly focused on K-8 children, before the age of reason as was the case in Draft 2.

MDE has already put the horse in front of the cart by publishing Draft 3 without comment in December 2025. This means that the State will be guiding (perhaps coercing) schools to purchase materials for the coming school year that have not yet been subject to public scrutiny or subject to a completed rulemaking.

The Committee is not limited to only 3 drafts of the standards nor are there impediments to it executing its full duty to both inform the public of its work and to receive broadly sourced information and public input.

We urge Your Honor to order and to schedule the remedial steps requested to repair this rulemaking process. At a minimum, provide a hearing and leave local decision-making intact in the interim.

DRAFT 2 SHOWED SEXUAL “HEALTH” IS LGBTQIA+ DRAFT 3 DOES NOT EVEN ACKNOWLEDGE MENSTRATION

Let us use the sexuality strand as an example. The primary assumption of the Sexual Health strand Draft 2 is that that embracing the multi-gender-fluidity world view, culture and values is “healthy” or the “good” choice and that it is unhealthy and wrong to believe that heterosexual behaviors between only 2 genders are the norm. This flawed underpinning taints all of the Sexual Health strand in Draft 2 and drives the philosophy the State seeks to universally imbue in all children beginning in kindergarten.

Benchmarks in Draft 2 show the State’s desire to vigorously teach this philosophy as “health” emphasize children internalizing this belief prior to, or by, middle school. That is, before the age of reason. This is the very definition of indoctrination. Further, the State’s methods weaponize “anti-bullying” as a means of universally enforcing this dogma in the school.

Draft 3 tactfully identifies Sexual Health as starting in grade 5, then says nothing about sexuality. The State’s proposed rule is also tactfully silent regarding sexual health. We hope the intent is not to simply hide how these gaps will be filled until out of the public’s scrutiny rulemakings are to provide.

Page 5 of Draft 2 and more recent MDE documents note that **“The standards must be grounded in current research.”** This is a good thing.

Unfortunately, the committee then immediately reverses itself saying “National standards including the National Consensus for School Health Education and SHAPE America’s National Health

Education Standards **will be used** in creating the standards.” (Emphasis added.) In short, plug in their “stuff” and insert “your state’s name here”.

Current, evidence-based standards are changing, as science always advances and brings change with it. For example, internationally and in the U.S. norms are rapidly changing regarding the “transitioning” of boy children to appear as girls, and girl children to appear as boys. Medical consensus is returning to the understanding that if left alone, or properly treated, gender dysphoria abates or disappears by adulthood. But MDE clings to out-of-date citations from the CDC that have been eclipsed by the CDE itself on this matter. The organizations MDE promises to “align with” are increasingly out of date on this matter as multi-million dollar “de-transitioning” lawsuits blossom across the nation.

This inappropriate ignoring of evolving medical science results from an inappropriate narrowing of input to only a small bubble of like-minded LGBTQIA+ radicals. To remedy this, MDE must yet reach out beyond its demonstrated comfort zone as we asked Your Honor earlier to direct.

SHAPE America is a representative example of old thinking. It purports to represent the Health Teachers profession. In the SHAPE America Guidance Document “Appropriate Practices in School-Based Health Education (2024) on page 17 health teachers are told that “*advocating for a positive school culture*” means “When possible, the health teacher *advocates for* comprehensive sexuality education and *LGBTQ+ inclusive curriculum.*”

In SHAPE America’s Guidance Document “Inclusive Practice in Health Education” on page 9, readers are told that **health teachers “Identify and validate the complexities and multitudes of ... genders... family make up, “ and sexual orientation.” Then to “Consistently include topics and gender identities that are culturally relevant and affirming for LGBTQIA youth.”** (Emphasis added.)

Similarly, MDE promotes these same ideologies. For example, see the MN Department of Education publication “A Toolkit for Ensuring Safe and Supportive Schools for Transgender and Gender Nonconforming Students.” (Revised September 25, 2017) Content is contrary to evolving medical understandings, yet MDE seeks universal compliance with those old beliefs in schools as “anti-bullying”. That is, a school with a good “climate” or culture is an LGBTQIA+ school.

A more comprehensive overview of the narrowness and incompleteness of input relied upon for the creation of Sexual Health strand of Draft 2 is provided in Attachment 2.

In the view of the MN Department of Education under the present Governor, SHAPE America, and all others relied upon for input to Draft 2, health teachers are in the business of affirming the LGBTQIA+ multi-gender-fluidity worldview, culture and values is “healthy” and that binary-heteronormality beliefs are “unhealthy.” To advance grade-level or to graduate, Draft 2 benchmarks require every child to affirm this philosophy and its applications under threat of having public schooling withheld. (Recall that access to education is a constitutional right of Minnesota children.)

This was the flawed and misguided foundation of Draft 2's Sexual Health strand. This reflects the narrow LGBTQIA+ advocacy scope of input the MN Department of Education has relied upon.

Yet, Draft 3 and the State's proposed rule have become oddly silent on these matters.

The pursuit of "social justice" for the "marginalized" LGBTQIA+ victims at the hands of those "privileged" persons who recognize there are 2 unchanging genders and that heterosexual behaviors are normal must not be imposed by the State of Minnesota on our children.

It would be shameful to secretly impose the State's preferred beliefs on Minnesota's children after the Rulemaking process concludes. We respectfully ask Your Honor to consider this case of the disappearing Sexual Health material as evidence of the need for a broader, and continuing, public engagement process as we have requested.

THE UNDERLAYING SOCIAL-POLITICAL WORLDVIEW & ITS UNIVERSAL ENFORCEMENT IN MINNESOTA PUBLIC SCHOOLS

The entities the MDE has promised to "align with" and the education standards presented in Draft 2, especially for the Sexual Health strand, fit within a broader social-political context that advocates "equity" over equality, DEI over merit, and indoctrination over traditional academics, such as many of the LGBTQIA+ advocacy benchmarks being presented in Draft 2 as the legitimate study of health. Critical Social Justice is the unifying model of this social-political progressive movement.

The emptiness of MDE's proposed rule and of Draft 3 benchmarks could easily lead one to consider that this is not a mistake. One might think that MDE wishes to fill in the shell of this rulemaking later, out of sight, without accountability in order to help Minnesota's children "unlearn and relearn" their worldview, to adopt this one approved by the State. MDE's own website materials from its EDI Center make objective unmistakable.

How does this manifest itself in our local schools already so that we should be concerned about health education being coopted into its service? Lets first be clear what we are talking about.

The core belief of this social-political movement is that the world is fundamentally divided between the self-declared "marginalized" and those they accuse of having "privilege".

In this manifestation of the older progressive oppressor versus oppressed worldview the world is divided into an unlimited number of victim groups. One may self-identify as being part of one or more. In doing so, self-declared victims gain opportunity, voice, resources and power over others they accuse of having "privilege" and the right to take retribution against those so accused. This process requires the redistribution of opportunity, voice, resources and power from those accused of privilege to those claiming victimhood. In practice, the taking from those less politically favored and the giving to those more politically favored. In this process the goal of reallocation is "social justice" as judged by those reaping the benefits of this process.

With regards to our on-going example using the “Sexual Health” standards, this is the teaching that all LGBTQIA+sexual identities are “marginalized”, thus owed opportunity, voice, resources and power over others for having been oppressed by “privileged” binary heteronormal persons or their ancestors. Those believing that there are 2 genders and that heterosexual behaviors are normal are expected to surrender what is demanded of them by the LGBTQIA community to be good “allies” to the oppressed classes.

This social model is not only wrong, but its application in school is detrimental to the mental health, development and future wellbeing of our children.

What results in the statewide adoption and enforcement of standards promoting this world view?

My local Stillwater, Minnesota school district (ISD 834) already provides a local example. Stillwater Area Schools adopted dystopian “Identity-Harm Protocols” at its December 17th 2024, School Board meeting.

1. These administrative measures kick in if anyone with a PROTECTED identity FEELS that someone else has besmirched one of their identities.
2. Witnesses must report the affront or risk being held accountable (protocols apply to classmates, teachers, janitors, bus drivers, et cetera). Everyone spies on everyone, students and staff alike.
3. An investigation will take place.
4. There will be a “public denouncement”.
5. The offending child’s school record will mark them as a social non-conforming dissident.
6. Finally, counselors will re-educate the child to conform their thoughts to the school’s privileged/marginalized worldview, culture and values.

Imagine second grade Jonney telling Mary on the playground that boys don’t turn into real girls and that girls don’t turn into real boys. The weight of “the system” will land on his little shoulders.

Those who do not “affirm” and conform to the progressive dogma will be accused of “harming” those who do embrace those beliefs. Advocates assert that a “safe” school is one where progressives “feel” affirmed. Otherwise, they will “feel unsafe”. Everyone and everything must adjust to accommodate the progressive world view or school will “feel unsafe.” Safety requires conformity and enforcement

It is understood that in in the progressive worldview self-declared victims may “*feel* unsafe” in the presence of others having different cultures, worldviews or values. Therefore, proponents assert that school “safety” requires everyone, and everything, to conform their words, actions, and thoughts to be of the culture, worldview and values prescribed.

Safety from exposure to a different worldview, culture, or values requires conformity and its enforcement. The Identity-Harm Protocols are the enforcement in Stillwater, as are the now much abused “anti- bullying” laws and policies throughout Minnesota.

Historically analogous models of dogma policing can be found in examples from the schools of China during its “cultural revolution.” Similarly, German parents in the 1930’s described “loosing their children to the state.” These are not models to follow.

DRAFT STANDARDS VIOLATE LEGAL PROTECTIONS

The Progressive Movement as an Exclusive Secular Religion

The progressive privileged vs marginalized worldview, culture and values as described above functions as a rival religion to all others.

Common threads among anthropological and other definitions of “religion” include: a philosophy that likely has an ethical code with guidelines for behavior; a system of beliefs and practices; rites and rituals that may include chants, song, and/or physical activity affirming the faith; “holy” places and days or months; outward signs or emblems; some promise of utopia, heaven, or “a better world” for one’s self and/or society. There may also be those representing priesthood (an elite), and individuals held up as martyrs and saints to be venerated.

Just as movements such as Maoism, Nazism, or Leninism have been described as secular religions, one can easily see the resemblance here to adherents of the progressive privileged versus marginalized worldview, particularly the LGBTQIA+ movement.

For additional development of this perspective, I refer the reader to the following excellent books.

1. First and foremost, see “The Religion of the Day” by the University of Mary. Its first three chapters do an outstanding job of describing the progressive movement as it is today. It then places it in its historical context. It is written at the college freshman reading level.
2. “The True Believer; Thoughts on the Nature of Mass Movements” by Eric Hoffer, originally published by Harper & Row Publishers in 1951. This timeless classic is written to the college upperclassman level of philosophy.
3. “Awake, Not Woke: A Christian Response to the Cult of Progressive Ideology” by Noelle Mering is a more challenging read. Important for this discussion, Part 3 is on indoctrination: Chp. 8 “The Sexual Revolution’, Chp. 9 “Thought and Speech Control, and Chp. 9 “Education Activism.”

Further, in the current MDA rulemaking documents, there is repeated and undefined references to “traditional” values and practices that *sound* like the state elevating one set of faiths over other. In Draft 3 on page 34, Code 6.3.1.5 in order to advance grade level and graduate, students must without exception explore “approaches from Indigenous or traditional healing that emphasize balance of emotional, spiritual, physical, and mental health.” This may well contradict evidence based current medical practices for health. Further, the State may not raise up one religion or worldview up over all others even if derives from the spiritualism or traditions of the Ojibwe, Ho Chunk, Dakota, Winnebago or other native communities. One might also ask, what does this

requirement mean for tribal members who embrace various Christian practices having centuries of “traditional” culture and practices?

Constitutional Protections

Americans of faith are sometimes accused by the progressive Critical Social Justice movement of “hiding behind their religion” when they refuse the demands of the self-proclaimed marginalized. As manifested in the Sexual Health strand in Draft 2, and its anticipated future manifestations, these advocates desire to use the power of government to coerce compliance with their LGBTQIA beliefs and to instill those beliefs in everyone else’s children – effectively as a rival, State religion.

Fortunately, the Establishment Clause in the 1st Amendment of the U.S. Constitution protects us at the from the establishment of a State religion as these health standards propose to do by mandating a particular ideology as the only “healthy” one. This attempt is unnervingly similar to the Leninist and Maoist mental health standards branding dissidents as “mentally ill” and needing their thinking adjusted to conform with State mandated beliefs.

In addition, the 1st Amendment also requires that there be no law (and a rulemaking is law) “prohibiting the free exercise” of one’s religious beliefs. Clearly, requiring children to renounce their religious beliefs and practices in order to advance grade-level or to graduate is “prohibiting the free exercise” of their beliefs brought to school from their families and faith communities.

Minnesota’s own constitution offers additional strong protection of religion in Article I, Section 16. stating “The right of every man to worship God according to the dictates of his own conscience shall never be infringed... ***or shall any control of or interference with the rights of conscience be permitted...***” (Emphasis added”) This leaves little room for interpretations that sometimes assert that other’s belief systems are religions, but that the progressive movements aren’t, being simply “The Truth” allowing the State to impose them. No this reads clearly. Draft 2 did not comply and we anticipate further discussions as a result of the rulemaking when MDE brings the “knowledge” to be taught back out into the light of day.

U.S. Supreme Court Affirms Parents’ Religious Freedom

Recently, on June 27th, 2025 the U.S. Supreme Court made a ruling in *Mahmoud v. Taylor* upholding parents’ rights to opt their children out from teaching that contradicts their beliefs. (See - [The Supreme Court on Public School Opt-out Provisions - Parental Rights Foundation.](#))

Draft 2 offers no such protection for parents. Every child must comply with every benchmark under threat of having grade-level advancement and graduation withheld.

In addition, the word “parent” is almost absent from Draft 2. Instead, Draft 2 focuses children as young as 5 years old on building relationships for their sexual health on “trusted adults.” This is wholly inconsistent with this Supreme Court case.

Recent elaboration by the Child Protection League is found in Attachment 3.

Federal Executive Orders

Presently there are in effect multiple Presidential orders and federal administrative initiatives which Draft 2 either fails to be aware of, refuses to acknowledge, or perhaps stands in opposition. I provide just one example for brevity. Karin Miller has observed:

“These sexual health standards also are a violation of the Federal Executive Order [Defending Women From Gender Ideology Extremism And Restoring Biological Truth To The Federal Government – The White House](#), which states: “It is the policy of the United States to recognize two sexes, male and female. These sexes are not changeable and are grounded in fundamental and incontrovertible reality.” Thus, these proposed Minnesota Health Standards are a complete violation of the official policy of the United States regarding male and female. If the Minnesota Department of Education continues to insist to defy these federal policies, then our state will lose our federal funding.

(See email distribution to myself and to others on July 14, 2025)

Overall it is clear that Draft 2 was incongruent with existing law. MDA’s present attempt to advance this rulemaking as an empty shell to dodge public scrutiny, under the cover of the 2025 holiday season and ensuing civil unrest, is not only disingenuous, but does not meet the public interest of rulemaking process itself.

I ask that ongoing, broader, and updated public input be used to rectify these omissions and oversights as set forth earlier in these comments..

CONCLUSIONS

The State-proposed Rule, Standards and Benchmarks required for grade advancement and graduation fail their fundamental purpose. From them one cannot discern what is expected to be taught -- as a mandate, statewide, for 10 years as this decision-making is stripped from local elected officials.

The process to date has relied upon unnecessarily and imprudently narrow and restricted input and source material. It has been secretive, withholding public documents such as the Comments on Draft 2 from ready disclosure.

This has resulted in many errors and omissions. In brief, these include:

1. the absence of emerging changes in understanding of what constitutes “sexual health” as would be prudently considered for this combined rule, standards and benchmarks.
2. failure to fully and properly educate the public on this rulemaking,
3. failure to solicit input as set forth in its own expectations (i.e., on-going public comment, town halls and focus groups), and a

4. failure to even attempt compliance with existing law, including Constitutional law and its recent interpretation by the U.S. Supreme Court, having direct effect on the revision of Draft 2 into Draft 3 and the present state of MDE's proposed rule and its SONAR.

While these are serious shortcomings, a more robust and broader scope of public engagement, especially with stakeholders from outside of the progressive Critical Social Justice worldview, together with the other requested remedies, could repair this process and yield an effective outcome.

Finally, in Attachment 4 I offer detailed Comments on individual Sexual Health benchmarks in Draft 3 with recommendations and supporting rationale for each recommendation. I trust they will be helpful for Your Honor to discern the need for the remedies requested herein.

ATTACHMENT 1
ALTERNATIVE PRO-FAMILY REVISION

Proposed Permanent Rules Relating to K-12 Academic Standards in Health

(January 29, 2026, Revised)

3501.1500 HEALTH EDUCATION STANDARDS.

Subpart 1. **Purpose and application.** The purpose of these standards is to establish statewide standards for health that govern instruction of students in kindergarten through grade 12 so learning can be applied in their homes in concert with students' parents and guardians and in their adult lives. Individual students will not be subjected to invasive disclosure surveys to be viewed by peers or adults other than the student's parents or guardians. Parents have primary responsibility and authority to educate their children on these matters without burdensome bureaucratic impediments or burdensome costs of time or money. Instruction will emphasize individual agency, initiative, and responsibility for their health outcomes rather than teaching health as a matter or related to student's identity group(s) or the identity groups of others.

Subp. 2. **Functional health.** The student will obtain functional health knowledge listed in Subpart 10, items A through I.

Subp. 3. **Analyze influences.** The student will analyze influences that affect the health topics addressed in Subpart 10, items A through I.

Subp. 4. **Access valid and reliable information.** The student will access valid and reliable information, products, and services related to the topics addressed in Subpart 10, items A through I.

Subp. 5. **Communication skills.** The student will demonstrate interpersonal communication skills to enhance application of the health topic addressed in Subpart 10, items A through I.

Subp. 6. **Decision making.** The student will demonstrate critical thinking decision-making skills to form a question, gather observations and data, and apply deductive reasoning to reach logical conclusions regarding the topics addressed in Subpart 10, items A through I.

Subp. 7. **Goal setting.** The student will demonstrate goal-setting skills to enhance application of the health topic addressed in Subpart 10, items A through I.

Subp. 8. **Practices and behaviors.** The student will demonstrate practices and behaviors to enhance application of the health topic addressed in Subpart 10, items A through I.

Subp. 9. **Promote health knowledge.** The student will promote the knowledge addressed in Subpart 10, items A through I.

Subp. 10. **Apply knowledge and skills.** The student will combine content knowledge with practical skill development, as indicated by subpart 2, and apply what they learn to real-world health situations, as indicated in subparts 3 to 9, on the following health-related topics:

- A. The maturation of male and female bodies; how conception occurs, fetal development and the means to lessen the likelihood of conceiving children until desired; the prevention and reduction of sexually transmitted infections and diseases. (See Minn. Stat. 121A.23)
- B. Fundamentals of the physical process of cleaning reagents and reactions. Particulars of personal hygiene, personal sanitation, potentially hazardous mixtures of cleaning products, risks and mitigation of sun and artificial tanning exposure, and fundamental first aid.
- C. The body's need for: nutrition (food qualities, preparation factors, and proper quantity), daily exercise (for cardiovascular fitness, strength, flexibility and balance), and sleep (quality, amount).
- D. Dangers of addictive intoxicants, including alcohol, tobacco, cannabis, opioids, etc, including: impairment, short-term and long-term behavioral changes, mental illness and anxiety, etc. Cannabis use and substance use education that allows districts to provide instruction to students in grades 6 through 12 in accordance with Minnesota Statutes, section 120B.215.
- E. Management of one's emotions, non-violent relationships, and the identification and treatment of mental illness. Mental health education for students in grades 4 through 12 will include prevention of suicide or self-harm.
- F. Critical thinking skills that presume objective reality (versus subjective reality) and teach these steps: define the question, gather related observations and data, apply deductive reasoning process, and make a logical conclusion.
- G. Safe firearm storage, transportation and handling to ensure one is aware of a safe and unsafe circumstance.
- H. Cardiopulmonary resuscitation and automatic external defibrillator education that allows districts to provide instruction to students in grades 7 through 12 in accordance with Minnesota Statutes, section 120B.236.
- I. Vaping awareness and prevention education that allows districts to provide instruction to students in grades 6 through 8 in accordance with Minnesota Statutes, section 120B.238, subdivision 3.

Subp. 12. **Implementation.** These standards must be implemented by school districts by the beginning of the 2028-2029 school year.

ATTACHMENT 2

CHILD PROTECTION LEAGUE ON THE NARROWLY PRECONCIEVED INPUT RELIED UPON IN THIS PROCESS

In an email distribution on July 13, 2025, the Child Protection League (CPL) elaborated on the narrow and incomplete input relied upon for Draft 2, making this on-going rulemaking process, incomplete, unsuitable and not in the public interest. In that posting the CPL states ...

... **everything we need to know about the proposed Minnesota Health Standards** is summed up in this statement: “The standards framework is based on the National Health Education Standards.” (p.1)

What are the National Health Education Standards and who created them?

The National Sexuality Education Standards were created by a **consortium of Planned Parenthood-associated NGOs**, including the National Education Association, Advocates for Youth (A4Y), and the Sexuality Information and Education Council of the United States (SIECUS).

It would be difficult to find more extreme organizations.

In 2021, [CPL wrote](#):

SIECUS is the **most notorious proponent** of the explicit, offensive [Comprehensive Sex Education \(CSE\)](#) in the country. SIECUS calls itself “**SIECUS: Sex Ed for Social Change.**” They proudly announce that “SIECUS advances sex education **as a vehicle for social change.**” Between *Advocates for Youth* and SIECUS, they use Sex Education to indoctrinate our youth with a highly politicized ideological agenda that incorporates the entire “Equity/CRT” worldview and focuses on training students to become political activists.

The *National Sex Education Standards* begin with a link to the [Advocates for Youth](#) website **which in turn opens with a commitment to “social justice” activism.** (“Social Justice” is the euphemism for “dismantling systems of oppression” in an irredeemably racist, sexist system. The “system” they are dismantling is our constitutional Republic.) The website reads:

“Young people understand that reproductive and sexual health and rights are **inextricably tied to social justice and the fight for liberation.** Join

thousands of youth activists and adult allies as we build a better and more equitable world.”

[The Advocates for Youth Activist Toolkit](#) begins: “Young people are leading the movement for change. They are marching in the streets for equal rights. They’re walking out of classrooms for climate change. They’re standing up for people killed by guns. They are ending stigma around abortion. And they’re rewriting the script that tells us how to think, behave, and treat one another.”

... The [SIECUS home page](#) reads: “Advancing sex ed for social change since 1964”.

A complete overview of the National Sexuality Education Standards is available at [StopCSE.org](#). They identify many of the gender activist groups that have lent their support:

The national standards were reviewed by officials from GLSEN, Gender Spectrum, Teaching Tolerance (A Project of the Southern Poverty Law Center), Women of Color Sexual Health Network, and American Sexual Health Association. They are endorsed by GLSEN, Gender Spectrum, Sex Education Collaborative, Human Rights Campaign, and Center for Human Sexuality Studies, among others.

ATTACHMENT 3

CHILD PROTECTION LEAGUE ON THE PARENT’S RIGHTS DECISION BY THE U.S. SUPREME COURT DECISION IN MAHMOUD V TAYLOR

(Reproduced from Child Protection League email of July 13, 2025)

The latest SCOTUS ruling is a game changer, and it pertains to the health standards.

The [U.S. Supreme Court ruled on Friday, June 27th](#) in [Mahmoud v. Taylor](#) that parents have a right to **opt their children out** of this kind of content, and **schools have an obligation to inform them they may opt out**. This case is extremely important. The 6-3 decision ruled that “the Board’s introduction of the ‘LGBTQ+-inclusive’ storybooks, along with its decision to withhold opt-outs, places an [unconstitutional burden](#) on the parents’ rights to the **free exercise of their religion.**” They clarified that parents’ right “to guide the religious future and education of their children” was “established beyond debate.” [The entire ruling is here.](#)

Justice Thomas wrote further in a concurring opinion that this policy of so-called “inclusion” **“imposes conformity with a view that undermines parents’ religious beliefs and thus interferes with the parents’ right to ‘direct the religious upbringing of their children.’”** [emphasis added] He wrote:

Instead of incorporating materials focused on health and reproduction, for example, the Board chose the storybooks based on factors such as whether they “reinforced or disrupted” “heteronormativity,” “cishnormativity,” and “power hierarchies that uphold the dominant culture.”

The Board further provided teachers with guidance about how to conduct “LGBTQ+-inclusive” instruction, which, among other things, suggested that teachers should “[d]isrupt” their students’ “either/or thinking” about sexuality and gender. App. to Pet. for Cert. 629a, 633a. In the Board’s view, these instructional directives helped advance its objective of “educational equity”—that is, viewing each student’s “[g]ender identity and expression,” “[s]exual orientation,” and other specified “individual characteristics as valuable.”...

The curriculum itself also betrays **an attempt to impose ideological conformity with specific views on sexuality and gender**. The storybooks are, “[l]ike many books targeted at young children, . . . **unmistakably normative.**” ... [Emphasis added.]

The Board’s **exclusion of traditional religious views**, coupled with a curriculum that “pressure[s] students] to conform,” Yoder, 406 U. S., at 211, **constitute an impermissible attempt to “standardize” the views of students** ... [Emphasis added.]

The Board may not insulate itself from First Amendment liability by **“weav[ing]” religiously offensive material throughout its curriculum** and thereby significantly increase the difficulty and complexity of remedying parents’ constitutional injuries. Were it otherwise, the State could nullify

parents' First Amendment rights simply by **saturation public schools' core curricula with material that undermines "family decisions in the area of religious training."** Yoder, 406 U. S., at 231. The "Framers intended" for **"free exercise of religion to flourish."**

Espinoza, 591 U. S., at 497 (THOMAS, J., concurring). **Insofar as schools or boards attempt to employ their curricula to interfere with religious exercise, courts should carefully police such "ingenious defiance of the Constitution" no less than they do in other contexts.** [Emphasis added.]

These SCOTUS rulings are now the law of the land and provide critical support for parents. While Minnesota statute currently provides an opt-out option, parents find it completely inadequate and unsatisfactory, because schools "saturate the core curriculum with material that undermines family decisions in the area of religious training." A recent [Minnesota Public Radio interview with Iman Hassan, the Advocacy Director for Minnesota's radical activist group, Gender Justice](#), recognized this. She called the ruling "a very, very radical change to legal jurisprudence."

It will have a chilling effect on how school districts use books that create affirmative and diverse look[s] into literature for students to prepare themselves to become part of a civil community and become students that are prepared for the real world with diverse family structures.

We also are very nervous about the harm it will have. When we see students opt out, it creates, definitely, an internalization for students that are part of the community-- LGBTQ+ community. What does it say when you don't want to read Uncle Bobby's Wedding...

The SCOTUS ruling in [Mahmoud v. Taylor](#) is about more than books. Parents cannot be forced to have their children exposed to material that violates their religious beliefs, and Gender Justice sees this.

Clearly **the new Minnesota Health standards normalize gender ideological conformity that the SCOTUS ruling prohibits.**

ATTACHMENT 4

ANCHOR STANDARDS, STRANDS AND BENCHMARK COMMENTS

2025 Minnesota K-12 Health Academic Standards Commissioner Approved (12/15/25)

ANCHOR STANDARDS COMMENTS

FAILURE TO SPECIFY “FUNCTIONAL KNOWLEDGE” RENDERS SUPPORTING APPLICATION OF STANDARDS AND CREATION OF SUBSEQUANT BENCHMARKS IMPOSSIBLE

The use of standards and benchmarks in this rulemaking are required in statute. (See Minn. Stat. 120B.018) However, the use of SHAPE America National Health Education Standards and the National Health Consensus Standards are selections MDE has made to embed its Critical Social Justice agenda as mandatory grade advancement requirements.

As described in the SONAR on pages 22-26, the foundation of this rulemaking is establishing what is to be learned, then applying successive methods so the student internalizes that knowledge and later reinforces it in more age-appropriate detail progressing with each grade level.

Unfortunately, the State’s proposed rulemaking almost entirely lacks definition of what is to be learned. Therefore, it cannot reasonably support the application of this process and define supporting benchmarks required for grade advancement. As MDE explains:

“Functional health knowledge (standard 1) provides the content, while the skill standards (2 through 8) provide the behaviors and abilities students need. Standard 1 gives context and purpose to the skills, making them meaningful as students apply them to real-life health issues. ... they learn how to apply them in authentic and relevant health situations.” (See SONAR p. 24, Standard 1)

“Benchmarks are provided to specify developmentally and age -appropriate expectations for knowledge and skills.” (See SONAR ,23) Absent stating the knowledge to be mandated, one lacks something to attach a skill application to provide benchmarks that are not vague but rather clear and actionable.

GENERAL COMMENTS ON STANDARDS

This rulemaking removes from the hands of locally elected officials the education of our children from preschool through graduation. The State’s proposed “standards” are summarized below in groupings for clarity of the intended effect to Minnesota’s farthest corners:

- A. Standard 1 – **State Mandated Knowledge.** In the State’s proposed rule, functional knowledge is left almost wholly undefined and deferred to some future time out of public view. Therefore, the subject matter, cost and scope of implementing this rulemaking cannot be determined, let alone justified.

Mandated Knowledge has 6 undefined and unexplained subject “strands” that are simply listed on page 6 of Draft 3 and then applied throughout that document.

B. State Approved Good Versus Bad Influences and Information. One can easily foresee the imposition of the Critical Social Justice worldview on children before the age of reason. That is, the state-approved progressive Critical Social Justice influences, information and promoted products and services are “good” but others are “bad.”

Standard 2 – Analyze Influences on Functional Knowledge

Standard 3 – Access Information, Products, and Services the State deems “Valid and Reliable” About Functional Knowledge

C. Demonstrate Knowledge Has Been Internalized. It is not sufficient to know what the state demands you learn, but you must be seen acting in conformity without dissent or objection. These are the tools to conform one’s thinking to the State’s worldview, still mostly kept hidden from the public in this rulemaking.

Standard 4 – Demonstrate communication of functional knowledge

Standard 5 – Demonstrate Decision-Making About Functional Knowledge

Standard 6 – Demonstrate Goal-Setting for Functional Knowledge

Standard 7 – Demonstrate Practices and Behaviors That Affirm Functional Knowledge

D. Standard 8 – **Promote and Advocate** Functional Knowledge. Here the Critical Social Justice worldview is enforced upon one’s peers and society. The potential for abusing this to create an army of political-social foot soldiers is enormous.

STRANDS AND BENCHMARK COMMENTS

FOOD AND NUTRITION STRAND

MISSING: Eating disorders; stress/reward eating; obesity: dangers of obesity, high blood pressure, diabetes, joint harm, limiting lifestyle/activities.

OBSERVATIONS: This strand would benefit from the professional input of a practicing pediatric nutritionist. This strand should be about the types and quantities of food needed to properly fuel our bodies and supportive eating habits. It should not be a place to embed political-social dogma about CO2 reduction; the use of water, energy, or transportation; packaging; land or processing facility ownership; or other aspects of “privileged” and “marginalized” Critical Social Justice dogma. It should both acknowledge the idea of norms, and of individual variations.

KINDERGARTEN - Food and Nutrition Strand

Page 13, Codes 0.1.1.1 The State will require as a condition of grade advancement that every 5-year old will “**Identify foods for each food group and connect them to personal, community or**

cultural traditions.” This is not likely age appropriate as expert reviewers of Draft 2 repeatedly pointed out in the previous draft’s pre-middle school benchmarks. The problem has not been resolved. For the reader, attempt to do this for your lunch today. Now apply that to the other standards. Now imagine doing this with a 5 year old.

Similar problem exists for code 0.1.1.2 – 0.1.1.4

Consider instead: “Try a variety of foods from different food groups and associate some with personal communities or cultures.”

GRADE 1-Food and Nutrition Strand

Page 15, Code 1.1.1.3 **“Describe why it’s important to eat breakfast.”** Donuts everyone? *Rewrite as “Describe examples of what foods at breakfast will best fuel our bodies at the start of our day and why that is important.”*

GRADE 2- Food and Nutrition Strand

Generally positive but need underpinning “Knowledge” in Standard 1 defined.

GRADE 3-Food and Nutrition Strand

Page 21 Code 3.1.1.1 **“Identify body signals for hunger and fullness.”** Is the intent to wait until you are hungry, stop eating before you are full, or something else? *Consider instead: “Identify ways you can tell if you have eaten enough, but not too much food.”*

GRADE 4-Food and Nutrition Strand

Page 24, Code 4.1.1.1 Requires 9 year olds to **“Plan a balanced meal using foods from different food groups, and explain how carbohydrates, protein, fats, vitamins, minerals, and water support the body and locate them on food labels.”** *Move to 5th grade or consider instead: “Plan a balanced mean using foods from different food groups.”*

GRADE 5- Food and Nutrition Strand

What is there is fine.

GRADES 6-8-Food and Nutrition Strand

Page 31, Code 6.1.1.1 **“Analyze various dietary guidelines that meet the needs of various cultures and communities.”** This is too vague to be actionable. What are “various dietary

guidelines” Are these government guidelines from other nations? Does this presume that nutritional needs themselves differ among groups of humans? *Consider instead: “Analyze how dietary needs are met using different foods among different cultures.”*

Page 31, Code 6.1.1.2 **“Analyze food labels and marketing claims to make informed personal dietary decisions.”** *Strike “personal” unless this is opposed to making decisions for others.*

Page 32, Code 6.1.1.4 **“Plan and design meals and snacks using nutrition facts to identify foods that fuel physical activity and explain how sugary or salty foods affect energy and health.”** *Consider instead: “Plan one day’s meals and snacks to provide the proper nutrition and amount of energy (calories) for a person of your age, sex, and activity level.”*

Page 32, Code 6.1.1.5 **“Describe how cultural traditions, community efforts, and food sovereignty initiatives increased access to healthy foods and support well-being.”** If the intent is to teach something relevant to the child of Norwegian ancestry in Spring Grove Minnesota, this should be more specific. I presume it does not refer their immigrant farmer ancestors banding together in townships to plant and harvest and to the benefits of that continuing cooperation in their community. *Instead, consider: “Describe how tribes now present in Minnesota make use of their lands to harvest plants and animals in pre-and post-industrial methods and how the tribal members benefit.”*

GRADES 9-12 -Food and Nutrition Strand

Page 42, Code 9.2.1.1 **“Design a nutrition plan that meets personal needs and preferences.”** Meeting your preferences is not the point. Proper nutrition is. *Consider instead: “Design a nutrition plan you would follow that provides the proper nutrition and amount of energy (calories) for a person of your age, sex, and activity levels for one week.”*

Page 42, Code 9.1.1.3 **“Evaluate personal beverage choices using evidence about hydration, sugar, and caffeine content to maintain overall wellness.”** *Consider instead: “Evaluate the sugar, caffeine and other ingredients in beverages and their role in your hydration and nutritional needs.”*

Page 42, Code 9.1.1.4 – redundant to 9.2.1.1 alternative provided.

MISSING – Identify the benefits of fresh food relative to processed foods and the hierarchy of making the best choices among imperfect options.

MISSING – Evaluate the benefits of cooking food at home relative to buying it premade from dining establishments.

GROWTH AND DEVELOPMENT STRAND (SEXUAL HEALTH GRADES 6-12)

MISSING: Stunningly, what is missing from this Growth and Development strand is the student’s education in their own body’s growth and development and how that might inform their finding their place in the world. The proposed MDE “health” education fails to include:

1. **Physical development:** One’s own progression of fine and gross motor skills, coordination, strength and endurance as our physical bodies grow. Norms of height, weight and abilities.
2. **Cognitive development:** ability to pay attention and acquire reading and math skills as our brains grow. MDE should apply of basic theories to create appropriate benchmarks: Erickson’s, Piaget, and Kohlberg.
3. **Puberty:** Recognize it is typically a 5-year process. Students should see in themselves the 5 Tanner stages. Onset for girls is at ages 8-13 (with menstruation beginning 2-3 years after onset) and for boys at ages 9-14.
4. **Sleep:** its importance and special teenage challenges (blue light from devices; irregular hours).
5. **Childbearing and family formation:** roles of individuals in the family; roles of the family in the community; conception; fetal development; pregnancy and gestation; birth/delivery; lowering the chance of unwanted conception.
6. Husband and wife **marriage relationships** and the benefits of their mutual support and raising of their children together. The role of marriage and the family in providing a stable and prosperous community.

OBSERVATIONS

The earlier “Sexual Health Strand” that began in kindergarten has been rebranded as Growth and Development K-5 and 6-12 with “Sexual Health” for middle and high school children. Mysteriously, words such as “sex” and “gender” have been removed from present benchmarks.

Previously in Draft 2 the State required 6-year-olds to “demonstrate how to effectively communicate [sexual] needs, wants, and feelings in healthy ways to promote healthy family and peer relationships.” (Code 1.4.4.01) Third graders were required to “Define gender identity and expression” (Code 3.4.1.05); and to “Explain the difference between sex assigned at birth and gender identity and expression” (Code 3.4.1.06) Ten-year-olds were required to “Define sexual orientation including sense of [sexual] identity, [sexual relationships, and related [sexual] behaviors. (Code 5.4.1.04) Eleven-year-olds were required to “Describe the range of dating or sexual relationship structures” (Code 6.4.1.09) and to “Demonstrate giving and receiving verbal consent for all sexual behaviors between partners.” (Code 6.4.4.04) Ninth graders required to “Describe young people’s rights to confidential [sexual] services in their state.” (Code 9.4.1.25)

In fact, “Sexual Health” had 136 specific benchmarks required to advance grade level in Draft 2. In Draft 2 there were 4 specific, mandatory Sexual Health benchmarks for kindergarteners, 3 for Grade

1, 2 for Grade 2, 14 for grade 3, 10 for Grade 4, 8 for Grade 5, 70 benchmarks for Grades 6-8, and another 25 for Grades 9-12. These benchmarks were well “aligned” with the national organizations the State says it will “align” with when filling in the blanks in this rulemaking ... AFTER the rulemaking.

In the present rulemaking, “Sexual Health” has been reduced to a mere 16, notably vague benchmarks in total, which the State is attempting to exclude from public scrutiny and the rulemaking record. This is a vast change from 136 very specific Sexual Health benchmarks in Draft 2 which received over 8,000 public comments (still secret from public view in MDE’s hands).

And in the present rulemaking, with its absent listing of Knowledge to be taught, there are no such references whatsoever. Just the opportunity to add undisclosed Sexual Health requirements in the future, if the MDE’s proposal advances.

Again, the presently disclosed benchmarks make no mention of sex or gender.

One might be forgiven if this appears like subterfuge to enact rule content quietly, without proper public disclosure, only to fill in the blanks just as they were rejected in earlier public feedback. One might especially be forgiven for such ponderings in light of the State excluding from the rulemaking Draft 2 in its entirety, the 80,000 public comments received on it, and the related review and rebranding in the hands of undisclosed consultants and their non-public input. All of this should not only be linked from the MDE website, but put before the presiding Administrative Law Judge and made available for the public.

BENCHMARKS: GROWTH AND DEVELOPMENT

KINDERGARTEN- Growth and Development (2 benchmarks)

MISSING – Content addressing the student’s changing body, psychology and abilities (child development).

Page 14, Codes 0.4.1.1 and 0.4.1.1 adequately address **personal hygiene and exercise**. *Consider moving to “Personal Health and Wellness” strand.*

GRADE - Growth and Development (1 benchmark)

MISSING – Content addressing the student’s changing body, psychology and abilities (child development).

Page 16, Code 1.2.1.1 “**Describe characteristics of a healthy peer relationship.**” *Considering moving to the “Mental and Emotional Health” strand.*

GRADE 2 - Growth and Development (1 benchmark)

MISSING – Content addressing the student’s changing body, psychology and abilities (child development).

Page 18, Code 2.2.1.1 “. **“Identify different types of peer relationships.”** *Considering moving to the “Mental and Emotional Health” strand.*

GRADE 3 -Growth and Development (2 benchmarks)

MISSING – Content addressing the student’s changing body, psychology and abilities (child development) aside from onset of puberty.

Page 21, Code 3.2.1.1 **“Describe the roles of family members and peers and how they contribute to healthy relationships.”** *Move to “Mental and Emotional Health” strand.*

Page 21, Code 3.2.1.2 **“Recognize the stages of puberty and demonstrate how to ask for help to manage with physical and emotional changes.”** Consider role of parents by adding: *“Recognize the stages of puberty and demonstrate how to ask your parents and doctor for help to manage with physical and emotional changes.”*

GRADE 4 - Growth and Development (2 benchmarks)

MISSING – Content addressing the student’s changing body, psychology and abilities (child development) aside from onset of puberty.

Page 25, Code 4.2.1.1 **“Explain how to manage conflicts respectfully across individuals and cultures.”** *Move to “Personal Safety and Violence Prevention” strand rewritten as “Explain how to manage conflicts respectfully with others having different personalities and/or cultural behavioral traditions.”*

Page 25, Code 4.2.1.2 **“Describe the changes that occur during puberty, recognizing it as a life state that is observed in some cultures, including indigenous communities.”** *Reword to, “Describe the changes that occur during puberty and how different cultures acknowledge these changes.”*

GRADE 5 - Growth and Development (2 benchmarks)

MISSING – Content addressing the student’s changing body, psychology and abilities (child development) aside from onset of puberty.

Page 28, Code 5.2.1.1 **“Explain how family and peer relationships can influence feelings, behavior, and decision-making.”** Consider moving to “Mental and Emotional Health” strand and/or “Personal Safety and Violence Prevention” strands.

Page 28, Code 5.2.1.2 **“Demonstrate how to tell a trusted adult when you or someone you know has a health concern or question.”** Acknowledge the primary role of parents in the health care lives of 10-year-old children. Further, “trusted” is not the same as deserving of that trust, as abuse groomers well know. Move to “Personal Health and Wellness” strand and rewrite as “Demonstrate asking your parent, doctor, or nurse about a health concern of your own, or another.”

GRADES 6-8 - Growth and Development and Sexual Health (7 benchmarks)

MISSING – Content addressing the student’s changing body, psychology and abilities (child development) aside from onset of puberty.

OBSERVATION: One can only wonder why not only the MDE’s proposed rule is silent on human sexuality, but so are its Sexual Health benchmarks. Instead, MDE offers poorly defined milestones focusing only on undefined relationships.

Page 32, Codes 6.2.1.1 **“Describe a variety of relationship structures and how they can vary across individuals and cultures.”** What is the intended meaning of “relationship structures”? Family units? Tribal societies? Work acquaintances, on-line friends, or close personal confidants? Teammates? Or is the intent to explore sexual possibilities outside of the binary heteronormative as the history of this MDE initiative might suggest? If so, it should be stated directly so parents are aware of what their children are being taught and so the politicians may garner the adulation of the LGBTQIA+ community. Consider rewriting as: “Describe the role of the family in the community and the roles of husband and wife in different cultures.”

Page 32, Codes 6.2.1.2 **“Describe characteristics of healthy and unhealthy relationships across family, peer, and romantic relationships.”** This is broad and vague. Breaking this down into 3 benchmarks would be more appropriate and add to the romantic relationship item the words “... and how what is appropriate in romantic relationships changes as we mature into adulthood and form families.”

Page 32, Codes 6.2.1.3 **“Analyze when and how to seek help from family, knowledge keepers, or healthcare providers about relationships, development, or personal health.”** As written, this benchmark spans 3 strands. Make it specific. Recommended: move “Personal Health” to “Personal Health and Wellness” Strand and “relationships” to “Mental and Emotional Health” strand leaving this to simply address “development” here in the “Growth and Development” strand.

Page 33, Codes 6.2.1.4 **“Describe how adolescents can access comprehensive health care.”** Vague wording suggests the MDE is trying to say “How adolescents can get things they don’t want their parents to know about.” Most 13 year olds access health care in association with their parents. If the intent is to say “without their parents” say so. If the intent is to 13-year-olds’ options, gender

affirming care, birth control, mental health counseling, drug or alcohol abuse treatment” then say so. This appears to be another instance of trying to hide intent in vagueness ... until later changes are made “to align with” advocacy groups that parents may not support.

Page 33, Codes 6.2.1.5 **“Identify how STIs, including HIV, are transmitted, common signs and symptoms, and which can be treated or cured. Explain ways to help protect against STIs and unintended pregnancy.”** This treats pregnancy as an infliction one “catches” and should prevent. For many, perhaps most students, they will want to become parents later in life. *Therefore; strike “unintended pregnancy” and address conception, gestation, birth, and avoiding unwanted conception together in a different benchmark.*

Page 33, Codes 6.2.1.6 **“Explain how access to healthcare information and services can vary across communities and cultures and can affect whether people seek services. Identify strategies to reduce barriers.”** ✚ # What is the intent of “strategies to reduce barriers”? Does this mean “get medical insurance”, or “make this a factor in selecting where you live” or does it mean “become a political advocate”? What “cultures”? Irish, Cambodian, Mexican or something else? Irish living in rural Minnesota versus those living in Minneapolis? *Recommend: Strike “and cultures” and strike, or separate and clarify “Identify strategies to reduce barriers.”*

Page 33, Codes 6.2.1.7 **“Explain the importance of setting personal boundaries to support healthy relationships and decision-making, drawing on cultural values of respect, responsibility, and balance.”** Which culture(s)? Balancing what? For clarity and to make this actionable *strike ...”drawing on cultural values of respect, responsibility and balance.”*

GRADES 9-12 - Growth and Development and Sexual Health (9 benchmarks)

MISSING – Content addressing the student’s changing body, psychology and abilities (child development) aside from onset of puberty.

OBSERVATION: One can only wonder why not only the MDE’s proposed rule is silent on human sexuality, but so are its Sexual Health benchmarks. Instead, MDE offers poorly defined milestones focusing only on undefined “relationships.” Given MDE’s aggressive promotion of LGBTQIA+ worldviews in Draft 2, one can only wonder how the Committee could have misplaced its Sexual Health Functional Health information and left such a vacuum in Draft 3. Perhaps the Committee anticipates finding that material back at a later time?

Page 42, Code 9.2.1.1 **“Explain the characteristics of healthy relationships and how to handle challenges, including conflict or pressure.”** ✚ # Does the “tribal” symbol suggest that tribal members would address this differently than all of the rest of humanity? That would be inappropriate. One might consider rewriting as *“Explain what constitutes a good relationship, how to handle changes, including conflict or pressure. Account for differences in culture.”*

Page 42, Code 9.2.1.3 **Describe how to show dignity and compassion for all people in a range of situations and relationships.** Phrasing sounds like another demand to affirm Critical Social Justice sexuality. This appears to share the mission of those selling “All Are Welcome Here” signs. The sign does not really mean “all” but rather means those in mutual affirmation among critical social justice allies. That excludes and stigmatizes students who have not submitted to the demands of this movement. This benchmark can be more directly rewritten as *“Describe how to be nice to everybody.”*

Page 43, Code 9.2.1.4 **“Evaluate how guidance from family members, trusted adults, and culturally safe healthcare providers can influence decisions about a health and relationships.”** “✚ Noting that MDE educator continuing education requirements define LGBTQIA as a “culture” parents may prudently wonder who the “culturally safe” healthcare providers are. One might note that predators are “trusted adults” and this bullet asks minors to discern trustworthiness. The word “parents” is missing. Rewrite as *“Evaluate the health guidance we get from parents, caregivers, and others and how that influences our decisions.”*

Page 43, Code 9.2.1.5 **“Examine adolescents’ rights to access a range of healthcare services and identify what to expect from youth-friendly providers.”** Is this explicitly a “get around your parents” benchmark? It is worth stating that it is not our school’s business to explain to unemancipated teenagers how to dodge their parents. Rewrite as, *“What questions might you ask your healthcare provider in private during your visit? How would you talk to your parents about your desire for privacy?”*

Page 43, Code 9.2.1.6 **“Analyze how stereotypes, bias, myths, stigma, and prejudice can affect relationships, behaviors, and health, including and access to prevention and cultural safety within healthcare.”** In the present climate of MDE’s active promotion of LGBTQIA+ as “cultural” this appears to be another instance of MDE equating “good” with progressive Critical Social Justice worldviews and “bad” with other worldviews. *There is no suitable rewriting of this benchmark. Delete it.*

Page 43, Code 9.2.1.7 **“Summarize STI prevention, treatment, and health outcomes, while using culturally safe and respectful approaches in a variety of relationship types.”** What “relationship types” need sexually transmitted infection prevention? What “culture” is referred to? No mention of testing is made. Phrasing again appears to promote MDE’s broader philosophy that teens will discover their “authentic selves” through unlimited sexual exploration. Rewrite for clarity as *“Summarize STI prevention, testing, treatment and health outcomes. What are the consequences of not being treated? Which STI’s require lifelong treatment?”*

PERSONAL HEALTH AND WELLNESS STRAND


MISSING: Bathing, grooming, clean cloths, dental care (brushing teeth, floss or pick), deodorant, menstruation ... all the basics of personal hygiene.

OBSERVATIONS: Not one benchmark says “brush your teeth twice a day.”

This strand should emphasize personal hygiene but does not, which is understandable given that the proposed rule it implements lacks a statement that personal hygiene will be included in the functional knowledge addressed.

Instead, many of the 26 total Personal Health and Wellness benchmarks for all of the grades combined dwell on “traditional knowledge” or “cultural” or “community” practices. (See Code 3.4.1.1) It is unclear what culture or traditions will impart special personal health knowledge. Perhaps the Roman Empire’s Cultural use of flowing fresh water as a city utility or the “scientific community’s” discovery of germs and viruses?

On page 23 benchmark Code 3.4.1.3. says “**Explain how cultural traditions and community practices prevent the spread of germs and explain why these practices are effective.**” Aside from its vagueness, this benchmark fails to focus on traditions and practices we have (or should) adopt because the work on an objective basis.

Page 35, Code 6.4.1.1 “**Analyze how cultural traditions, community practices, and social conditions influence sleep patterns and arrangements.**”  # Few benchmarks illustrate MDE’s Critical Social Justice philosophy that things outside of my self and my control are the source of my problems. No, teens sleep crisis is caused by decisions to stay up late, altering biorhythms which they need to be individually aware of and accommodate, and late-day blue light exposure from phones and other screens. Rewrite as “*Analyze how my changing biorhythms, staying up late, and blue light exposure degrade my sleep quality and quantity.*”

Page 45, Code 9.4.1.1 “**Evaluate how personal care practices, including sleep and rest, influence lifelong health, and assess how cultural traditions, community practices, social conditions, and access to resources shape these practices and create health disparities.**”..Personal health is closely correlated with personal responsibility for my own choices. Unfortunately, this benchmark illustrates the all-too-common thread throughout this rulemaking that my health problems are not because of me, but because of forces outside of me. The rallying cry is “It’s not my fault, its society’s fault!” Rewrite as: “*Evaluate how personal care choices and practices, including sleep and rest, influence lifelong health.*”

MENTAL AND EMOTIONAL HEALTH STRAND

MISSING: When MDE turns to the task of telling the Minnesota public what content it intends to mandate for this strand, it would be well advised to start with its publication “Mental Health Education in Schools” by NAMI and MDE, published in October of 2025. There the statutory

requirements are summarized; the COPE2Thrive materials are discussed (a 7-session manual for ages 7-11; more extensive materials for ages 11-18); and available curriculum for de-stigmatizing mental health care reviewed. I will note, however, that publication does not advocate undefined “indigenous” or “traditional” practices, including spiritualism, as routes to universal mental health.

OBSERVATIONS (WHAT SHOULD BE MISSING) The Mental and Emotional Health Strand makes extensive appeals to “traditional culture” and “traditional practices” including “indigenous approaches such as restorative justice, consensus-building, and community-led healing” and “Indigenous or traditional healing that emphasize balance of emotional, spiritual, physical, and mental health.”

What does that mean? Is a Lakota tribal member who is a Roman Catholic receiving the Sacrament of the Sick or Sacrament of Confession applying a 1500 year old “traditional practice”? Is that what Minnesota will schools will now be teaching? That would be an inappropriate State-mandate; the unconstitutional promotion of spiritual/religious faith by the government. Just because MDA appears to favor some spiritual beliefs and practices over others for good Mental and Emotional Health, does not make it constitutional.

KINDERGARTEN – Mental and Emotional Health Strand

Page 13, Code 0.3.1.1 “**Recognize and name one’s feelings**”. Redundant with Code 0.3.1.3. Rewrite as “*Recognize and name one’s feelings and different emotions.* Code 0.3.1.3 **Name and label different emotions. “Recognize that sometimes people may feel sad, worried, or upset for a long time.”** Strike the redundancy.

Page 13, 0.3.1.2 “**Identify situations that may cause strong or uncomfortable feelings and explain how to ask for help from a trusted adult.**” For 5-year-olds, the primary caregiver is their parent or guardian. Rewrite as: “*Identify situations that may cause strong or uncomfortable feelings and explain how to ask for help from your parents or caregiver.*”

Page 14, Code 0.3.1.4 “**Name ways to show kindness and be a good friend. Identify kind and unkind behaviors, including actions that make others feel included or left out.**” Depending on the word definitions applied, this is an appropriate or inappropriate benchmark. Application of this benchmark should not define “kind” and “included” as conforming to Critical Social Justice beliefs.

GRADES 1 (Selected comments) - Mental and Emotional Health Strand

Page 16, Code 1.3.1.1 “**Identify your feelings and explain why talking about feelings is important, while acknowledging cultural practices for support.**” This is confused by the phrase “while acknowledging cultural practices and support” ❖ What practices and support? Who’s culture? Catholic sacramental confession? Austrian talk therapy? British Isles pub culture? Various religious traditions? One cannot discern the meaning of this step as written. Importantly, who one shares emotional intimacy with, and who one does not is an important distinction. Some adults use intimacy building as a dangerous manipulation tool. Parents should be emphasized at this age.

Rewrite as *“Identify your feelings and explain why talking about feelings with parents, family and special friends is import.”*

GRADES 2 (Selected comments) - Mental and Emotional Health Strand

Page 18, Code 2.3.1.1 **“Describe strategies to cope with challenges and support well-being, noting cultural practices such as storytelling and ceremony.”** ❖ # The phrase “noting cultural practices such as storytelling and ceremony” makes this benchmark unclear. Almost all classic children’s stories from “The Jungle Book” to “Cinderella” and many modern classics teach lessons of getting along in life. Successful movies, and video games do so as well. So, who’s culture is being promoted here to every 7-year-old in Minnesota? It is not clear. Who’s ceremonies? Family rituals for deer camp each fall and the putting up of winter venison? Religious ceremonies? Ceremonies convey belief in action. It is not the place of the State to proselytize one belief system’s ceremonies on the children of other belief systems. Rewrite as: *“Describe strategies to deal with challenges and difficulties life presents us.”*

Page 19, Code 2.3.1.3 **“Identify and describe healthy ways to handle conflict or to manage and express struggling with emotions or stress and share feelings with trusted adults.”** ❖ Trusted adults may not deserve that trust. Parents are a 7 year olds primary caregiver so lets say so. Rewrite as *“Identify and describe healthy ways to handle conflict”* and move to Personal Safety and Violence Prevention thread. Rewrite and keep second half as *“Describe how to share with your parents or caregivers your struggles with managing emotions, stress or sharing feelings.”*

GRADES 4 (Selected comments) - Mental and Emotional Health Strand

Page 25, Code 4.3.1.1 **“Describe and evaluate how cultural practices and self-regulation benefit mental health.”** ❖ # Move cultural benefits for mental health to Code 4.3.1.2 Rewrite as, *“Describe and evaluate how various methods for self-regulation benefits mental health.”*

Page 25, Code 4.3.1.2 **“Identify cultural practices and various methods for self-regulation.”** ❖ # As written this is too vague to be acted upon. Although the term “cultural practices” is wholly undefined, if MDE believes it must keep mentioning it MDE might consider rewriting this code to read simply *“Explain why certain practices of certain cultures are good for mental health.”*

Page 25, Code 4.3.1.4 **“Describe and demonstrate healthy and safe ways to respond when experiencing or witnessing teasing, exclusion, disagreements, bullying, unfair treatment, bias, and prejudice.”** Move to Personal Safety and Violence Prevention strand.

GRADES 5 (Selected comments) - Mental and Emotional Health Strand

Page 29, Code 5.3.1.3 **“Demonstrate ways to include and support others to promote equity and belonging.”** This benchmark requires all 5th grade children in Minnesota to endorse Critical Social

Justice worldview, culture and beliefs in order to advance in grade level. This is one of the clearly remaining elements of Draft 2 saying embracing progressivism or Critical Social Justice is “healthy” and all else is not. “Equity” is the process by which declaring membership in one or more victim groups, one gets more resources, voice, opportunity and the power to take those things from those accused of “privilege.” This is a cruel, divisive, guild-inducing social-political belief system that no child should have inflicted on them. ***MDE must strike this benchmark!***

Page 29, Code 5.3.1.5 **“Analyze how individual actions and bystander behaviors can prevent or reduce bullying, fighting, and violence.”** The word “bullying” has been corrupted by MDE to mean not affirming progressive worldviews. That is, “safety” has been corrupted by MDE to mean, “Safe from encountering non-progressive (Critical Social Justice) worldviews, culture and beliefs. Strike “bullying”, move to the Personal Safety and Violence Prevention Strand rewritten as, *“Analyze how individual actions and bystander behaviors can prevent or reduce inappropriate behaviors, including fighting, and violence.”*

GRADES 6-8 (Selected comments) - Mental and Emotional Health Strand


Page 33, Code 6.3.1.2 **“Identify personal stressors at home, in school, and with friends, and examine strategies and restorative practices to balance them.”** ❖ # The key failing here is the demand that highly personal information on the student and their family be given to the state as a condition of grade advancement. Further, the presumptive application of “restorative” practices may not result in “balance.” Stressors upon us originating with others may represent a true victimization that should not presume engagement with the aggressor. Rewrite this as *“Identify stressors that can originate with others at home, in school, and with friends, and examine strategies to best manage or mitigate them.”* ❖ #

Page 34, Code 6.3.1.3 **“Analyze warning signs of emotional distress or mental health challenges in yourself or others, and identify strategies and supports, including cultural practices and trusted adults, to respond safely and respectfully.”** ❖ # The key failing here is the demand that highly personal information on the student and others be given to the State as a condition of grade advancement. Strike “in yourself or others” Further, “trusted” adults may not be deserving of that trust and this presumes that 11 year olds will be sufficiently discerning so as to not be prey. Current use of the words “trusted adults who respond safely” can easily be interpreted as meaning “more affirming of certain progressive beliefs than the student’s non-affirming parents.” Rewrite this benchmark as *“Analyze warning signs of emotional distress or mental health challenges, and identify strategies and supports, including cultural practices and family and caregivers who will respond in a helpful manner.”*

Page 34, Code 6.3.1.5 **“Examine ways to manage emotions and identify which strategies are most effective in different situations, including approaches from Indigenous or traditional healing that emphasize balance of emotional, spiritual, physical, and mental health.”** ❖ # The State is prohibited from proselytizing one set of religious/spiritual practices over others. Middle

schoolers do not, must not, will not get their spiritual training from the government. Schools are prohibited from pushing any State-approved rival worldview especially those that are a rival faith system to the student's own religion and that of their family. Whether shamanistic practices, or those based on eastern or New Age "energy healing" or the Franciscan Order's Christian integration of body, mind, spirit – this is not the State's business. Or perhaps the State is proposing as "traditional" thousand year old Christian sacramental practices of Christian tribal members – which I doubt – that would still NOT be the role of the State to promote. Rewrite this strand as, simply, *"Examine ways to manage emotions and identify which strategies are most effective in different situations."*

Page 34, Code 6.3.1.7 **"Analyze how positive media representations of mental health support understanding, reduce stigma, and encourage care and connection in the community."** As written, this suggests that depicting "health" in media removes some stigma that "health" might carry. Given Draft 2's promotion of LGBTQIA+ beginning in preschool, this likely means "Analyze how media promotion of behaviors promoted by LGBTQIA+ movement, long-thought unhealthy and perverse, are now best embraced and celebrated by our children!" In my Stillwater Area Schools (ISD834) this begins with pre-K picture books depicting near-naked adults in bondage gear and pornography in later grades to encourage interest in reading. Rewrite as *"Analyze how positive media representations of those managing or overcoming mental health challenges promotes understanding, and encourage others to seek care when needed."*

Page 35, Code 6.4.1.1 **"Analyze how cultural traditions, community practices, and social conditions influence sleep patterns and arrangements."**  # Few benchmarks illustrate MDE's Critical Social Justice philosophy that things outside of my self and my control are the source of my problems. No, teens sleep crisis is caused by decisions to stay up late, altering biorhythms which they need to be individually aware of and accommodate, and late-day blue light exposure from phones and other screens. Rewrite as *"Analyze how my changing biorhythms, staying up late, and blue light exposure degrade my sleep quality and quantity."*

GRADES 9-12 (Selected comments) - Mental and Emotional Health Strand

Page 44, Code 9.3.1.4 **"Analyze how empathy and communication foster healthy relationships and support nonviolent conflict resolution, drawing on a range of cultural practices, including Indigenous approaches such as restorative justice, consensus-building, and community-led healing."** Strike mandating for every school district in Minnesota what may or may not be universal beliefs among tribal communities. Rewrite this benchmark as, *"Analyze how empathy and communication foster healthy relationships and support nonviolent conflict resolution."*

Page 45, Code 9.3.1.5 **"Evaluate strategies for managing emotions and explain how they support intrapersonal and interpersonal wellbeing, drawing on a variety of cultural teachings and practices, including Indigenous approaches that guide balance, healthy relationships, and lifeways."** Why would the State mandate that in order to graduate that every Minnesota child

must learn of special “indigenous approaches ... that guide... our lifeways.” Will the State mandate Islam to guide our pathways? Buddhism? One of the Christian sects over the others? Rewrite this benchmark as a mental health benchmark rather than a politically favored religious gate to graduation as follows: *“Evaluate strategies for managing emotions and explain how they support intrapersonal and interpersonal wellbeing.”*

Page 45, Code 9.3.1.6 **“Design and evaluate strategies to foster a supportive and inclusive environment that addresses the harm caused by exclusion, bullying, stereotyping, prejudice, discrimination, entitlement, and intolerance.”** Embrace progressivism (Critical Social Justice) or you will not graduate. Unless this means MDE will now, for example, stop stereotyping, excluding/discriminating (for “equity”) and despising the conservative, white, Christian, heterosexual, monogamous males – the infamous “privileged” oppressor of the victim classes in the Critical Social Justice model; and tolerating those professing that there are only two sexes, which are fixed at birth, and those who do not vote for the education union-endorsed candidates. No prudent person would believe that. *Delete it. This is a social-political loyalty pledge requirement for graduation!*

PERSONAL SAFETY AND VIOLENCE PREVENTION

MISSING: Mandated “safety” education should focus on reducing the statistically highest causes of childhood injury and accidental deaths. MDE’s proposal does not. The following is only a representative listing of what is neglected; it is not comprehensive:

- distracted driving (accounts for 1/3 of teen deaths),
- water safety (including winter ice, boating and drowning prevention),
- fire safety,
- food safety,
- roadway/pedestrian safety (including crosswalks and biking),
- household poisoning,
- fall safety (window falls kill a child a month and injure 3,000/year),
- sports safety (concussions, equipment use, refereeing),
- weather safety (lightening, heat, cold, tornados),
- firearm safety (storage, transport and handling),
- disaster readiness (see FEMA and Homeland security websites), and playground safety,
- basic first aid

OBSERVATIONS: As is the case with all of this rulemaking’s Knowledge strands, MDE would benefit from including a subject matter expert at the table to define “safety” knowledge to be mandated. Even a short review of the National Safety Council’s website would be informative, especially their child safety page “Protecting Kids from Tots to Teens” (See [National Child Safety Council\NCSC is a not-for-profit charitable, federally tax-exempt 501\(c\)\(3\) organization dedicated to the safety of children.](#))

Instead of focusing on accidental injury and death prevention, MDE presents frequently vague benchmarks with an on-going emphasis on: cultural traditions and values; community teachings, behaviors and values; community consequences; “collective actions” and “traditional ways.” Sadly, this is in keeping with the Critical Social Justice philosophy which defines primary threats to “safety” as being injustices at the hands of the “privileged.” Secondary threats are perceived as being from outside of one’s own decision-making, that is, a societal issue. Only as an afterthought is individual knowledge and responsibility addressed. This results in serious oversights.

Finally, as noted elsewhere, Critical Social Justice, and MDE’s, worldview is rooted in subjective reality – “your truth” vs “my truth” – rather than objective reality. Therefore, it is very difficult for MDE on its own to say things objectively like “Ice this thick is *always* objectively unsafe to walk on.” Definitive statements like “always do this” and “never do that” are simply outside of MDE’s institutional frame of reference. This institutional handicap requires outside input anchored in the statistically evaluated real world in order to have a useful outcome.

KINDERGARDEN – Personal Safety and Violence Prevention

Page 14, Code 0.5.1.2 **“Explain how rules and safe behaviors, including those rooted in community and cultural traditions, prevent injuries in the home, school, and community.”**

Simplify so the scope is appropriate to a 5-year-old and behavior oriented. Rewrite as: *“Explain how rules and safe behaviors prevent injuries.”*

GRADE 2 – Personal Safety and Violence Prevention

Page 19, Code 2.5.1.1 **“Identify various technology situations that might be unsafe or make you uncomfortable and describe how to get help from a trusted adult.”** I am sure “technology situations” do not refer to the kitchen garbage disposal or farm tractor power drive. Clarify the subject matter and note the parents are the primary protector of their 7-year-old children. Rewrite as, *“Identify on-screen situations that might be unsafe or make you uncomfortable and describe how to get help from your parent, caregiver or other adult.”*

Page 20, Code 2.5.1.3 **“Identify and explain strategies for staying safe during drills when away from your classroom or teacher.”** The meaning of this benchmark is unclear. Is the intent to differentiate emergency drills from others? Or perhaps from when you are in your classroom or with

your teacher? Consider rewriting as, *“Identify and explain how to stay safe during emergency drills (such as fire drills or tornado drills) at your school.”*

GRADE 3 -- Personal Safety and Violence Prevention

Page 23, Code 3.5.1.2 **“Evaluate personal behaviors to prevent injuries and promote safety across multiple environments.”** This is too vague to be acted on. Identifying the student’s personal behaviors and private circumstances to the State is invasive. *Strike “personal” and rewrite to address some specified scope of activities and associated behavioral choices the student may face.*

Page 23, Code 3.5.1.3 **“Explain how practicing safety procedures and strategies prepares students and staff to respond in real emergency situations and identify trusted adults who can provide help.”** If the point is to understand how drills and practice get us ready for emergencies at school, home, and elsewhere (such as on outings), let’s say so. Rewrite as, *“Explain how practicing procedures like emergency drills, and having strategies ahead of time (e.g., knowing my family gathering point if there is a home fire) help us to worry less and keep us safe. Which adults can help me in different situations?”*

GRADE 4 -- Personal Safety and Violence Prevention

Page 26, Code 4.5.1.1 **“Analyze examples of harmful behavior when utilizing technology and explain the impact on people’s safety and mental health.”** What technology? What uses? If this is about internet use, phones and other digital devices and services, let’s say so. Also, 9-year-olds still need adult discernment, especially from parents, for safety. Rewrite as, *“Analyze examples of using the internet, phones, other digital devices or services that can be unsafe or harm mental health? How can my parents and other adults help me use these technologies safely?”*

Page 26, Code 4.5.1.2 **“Analyze strategies for developing situational awareness, recognizing harmful situations and safely exiting them, and setting boundaries, while considering cultural values, community teachings, and traditional ways of maintaining safety and respect.”** The list of items “while considering” are not exceptions. Things like “traditional ways” and the rest of the list do not add clarity. Rewrite as, *“Analyze strategies for developing situational awareness, recognizing harmful situations and safely exiting them, and setting boundaries.”*

Page 27, Code 4.5.1.4 **“Identify and understand ways others may try to pressure you, and practice strategies to assert your own choices safely.”** Some peer pressure is positive like, “Don’t be stupid, only losers smoke.” Some self-assertion can be deadly, “Run this bag of drug money over to Juan’s if you want to see tomorrow.” Rewrite as, *“Identify and understand ways others may try to pressure you into unsafe, unhealthy or even violent situations, and practice strategies to safely protect yourself.”*

GRADES 6-8 and GRADESS 9-12 -- Personal Safety and Violence Prevention

(4 benchmarks each)

“Safety and Violence Prevention” addresses online safety, relationship consent, and school emergency drills.

SUBSTANCE USE AWARENESS AND PREVENTION

The title of this strand says it all. “Substance Use Awareness” and “Preventing ... [something].” The overall tone is “this is how to use, but be careful.” For too many of us, our last words to our teen children was “be careful.”

Notably missing from this material are the words “addiction”, “death”, and “intoxication.” No mention is made of impaired driving.

There are inappropriate allusions to “cultural” exceptions, while unclear, they likely do not reference the French traditions involving wine, German beer culture, or the history of the Irish with whisky and the “community” lessons to be learned from them.

This strand will greatly benefit from engagement with appropriate subject matter experts.