

IDENTITY CRISIS

The Disjointed Reality in New Mexico

*New Mexico Gender Policies **Clash** With Public Opinion*



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and Inez Stepman**
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 **IndependentWomen®**



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**“Allowing vulnerable,
confused minors to
undergo irreversible
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anything but kind.”**

LETTER FROM A DETRANSITIONER

Public institutions in New Mexico, including the legislature, are failing children by pushing on them a radical gender ideology that says that they can change sexes, drugging and mutilating them in the service of this lie.

I would know: Radical adult activists used the same tactics against me, forever altering my body with testosterone and surgeries in the name of “gender transition.” I was only 16.

*Doctors destroyed my healthy endocrine system with testosterone, and surgeons amputated my healthy breasts, botching the operation while they were at it. They profited from harming me and will continue to profit from me, now that they have left me dependent on them to correct the medical injuries they themselves caused.**

The so-called experts are lying: Gender medicine, as I know too well, is far from safe and effective, and violates the “do no harm” principle of medicine at its best. The medicalization of minors has gone on long enough as is, leaving thousands of people with lasting physical damage that will lead to complications and could lead to deep regret. We must stop this practice before it harms more children than it already has.

Change begins locally. New Mexico is one of the states that has codified gender ideology into law, which means that children in New Mexico are being exposed to the same lies by doctors, educators, and “trusted” adults that I was. Worse, laws and rules are preventing adults from providing information about the dangers of gender medicine, leaving children and their parents misinformed. Unless adults in the state step in to protect children, the problem will only get worse.

This report lays out exactly how New Mexico can better protect and help children. I wish that someone had come along and shown my parents and doctors the kind of information you are about to read. Children should be allowed to be children, without having their healthy body parts amputated or chemically altered.

Radical activists weaponize the general public’s ignorance, preying on the natural kindness of good people who want to be tolerant. But as this report shows, allowing vulnerable, confused minors to undergo irreversible medicalization is anything but kind. My parents and I didn’t have the information with which to combat the doctor’s lies, and I suffered as a result. Information can save your life—or your child’s.

Prisha Mosley
Detransitioner
Independent Women Ambassador

** For Prisha’s full detransition story, see page 19.*



EXECUTIVE SUMMARY

The overwhelming majority of New Mexicans, including Democrats and Hispanics, believe in safeguarding parental rights from efforts to “transition” minors and in protecting minors from irreversible elective medicalization to facilitate so-called “gender transition.” Recent polling confirms this.¹

Nevertheless, House Bill 7, the Reproductive and Gender-Affirming Healthcare Act, passed in 2023, mandates that public bodies—including schools—protect access to gender transition, including social, hormonal, and surgical transition.² The act further penalizes non-compliant bodies with a \$5,000 fine.

Worse, the public has very little awareness that the law is even in place, with only 15% of New Mexicans saying they are very familiar with the law and 54% having never heard of it.³

In short, New Mexico is actively enabling child transition, which is highly experimental and can lead to irreversible iatrogenic (provider-created) harm. The state is exploiting an information deficit about what transition actually entails and what the state is promoting in order to thwart the public’s preferences.

Children can face lifelong damage from gender transition.⁴ Puberty blockers, cross-sex hormones, and sex-trait modification procedures come with immediate health risks, up to and including lifelong sterility and loss of sexual function.

Psychological practices that enable social transition, such as allowing children to change their names and pronouns, are too often assumed to be benign and consequence-free. In fact, they manipulate a child’s psyche and are a gateway to medicalization: When schools and medical professionals actively participate in the social transition of children, they condition children to accept and often pursue puberty blockers, cross-sex hormones, and surgeries as the next logical step.

Because social transition is not treated like the precursor to medicalization and psychological conditioning that it is, schools regularly allow children to transition behind their parents’ backs. Eight school districts in New Mexico have explicit policies allowing children to socially transition without parental knowledge, never mind consent (see pages 15–21 for stories from New Mexico).

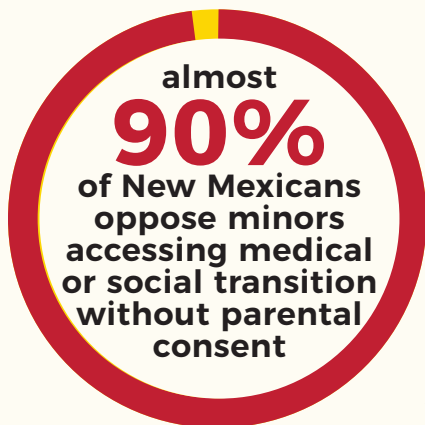
Reproductive and Gender-Affirming Healthcare Act (HB 7)

15%

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Polling shows that almost 90% of New Mexicans oppose minors accessing medical or social transition without parental consent.⁵ Heartbreaking stories from New Mexican families further shed light on the harms and challenges posed by the ideologically driven and highly experimental gender medicine that has invaded schools and stripped parents of their authority to be parents. Yet public institutions in New Mexico—hampered by laws, politicians, and opinion elites who are beholden to gender ideology and the radical activists who promote it—are being forced to ignore the public.

New Mexicans deserve better. This report offers a way forward for New Mexico to protect its most vulnerable residents and reflect the beliefs of its voters.



INTRODUCTION

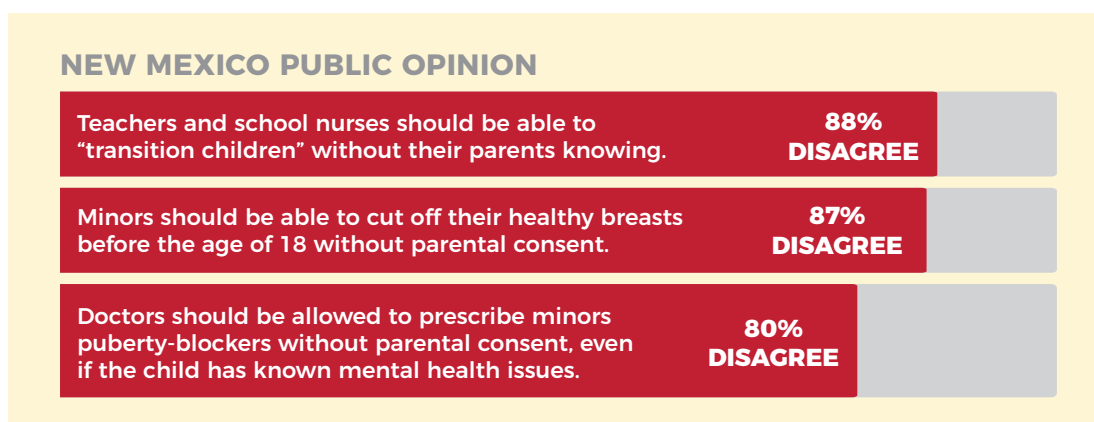
Governor Michelle Lujan Grisham signed the Reproductive and Gender-Affirming Healthcare Act (HB 7) into law on March 16, 2023. The act prohibits public institutions, including K-12 schools, from declining to treat individuals seeking procedures related to gender transitioning. If a public body is found to be in violation of HB 7, it will face a \$5,000 fine plus attorney's fees.

The bill narrowly passed the New Mexico State House⁶ but sailed through the New Mexico State Senate.⁷ It aims to protect access to reproductive health care (defined as contraception, abortion, miscarriage care, etc.) as well as “psychological, behavioral, surgical, pharmaceutical and medical care, services and supplies provided to support a person’s gender identity.” This report will only focus on the second aspect of this act: gender transition medicine.

Words like “health care,” when concerning gender transition (sometimes referred to as “gender-affirming health care,” as in New Mexico), often obscure the serious, long-term implications of pushing people, especially children, toward medical, surgical, and socio-psychological transition.⁸ Indeed, what makes this law most troubling is that it applies to children: When former Representative Ryan Lane (NM-03) asked the bill’s sponsor whether this bill applies “to an 8-year-old,” the bill’s sponsor eventually was forced to admit that it did.⁹


It’s worth noting that America is an extreme outlier when it comes to experimental pediatric gender medicine. In the past five years, the UK,¹⁰ Sweden,¹¹ Finland,¹² Italy,¹³ Norway,¹⁴ and Denmark¹⁵ have all restricted access to puberty blockers and surgeries for minors in most cases.

HB 7 not only harms children, who are incapable of consenting even to simple medical procedures, let alone experimental and irreversible medicalization,¹⁶ but is widely out of step with New Mexican public opinion.¹⁷



Social Transition

While social transition—the change of names and pronouns—does not immediately cause irreversible hormonal or surgical change, it can and often does cause lasting psychosocial harm, and puts children on the track to irreversible medicalization.¹⁸ A child who is encouraged to change her name and present as the opposite sex in school internalizes the idea that switching sexes is not only possible, but desirable, and often moves on to demanding irreversible hormones and surgeries to keep up with an identity to which she might feel increasingly confined. Especially in childhood, when the human brain is so malleable, it's easier to get stuck in a put-on identity and harder to reverse course because, at some point, that identity is all the child knows and remembers.



While social transition—the change of names and pronouns—does not immediately cause irreversible hormonal or surgical change, it can and often does cause lasting psychosocial harm, and puts children on the track to irreversible medicalization.

We see this in the statistics: While between 61% and 98% of children who are left alone desist from gender dysphoria¹⁹—that is, stop identifying with the opposite sex—98% of children who are socially transitioned early on persist in identifying as transgender.²⁰ For this reason, the difference between parents knowing about their children's identity at school and parents not knowing about what's going on can be the difference between a child being able to form her identity without pressure and a child being fast-tracked to lifelong medicalization.

“The most common fear-mongering tactic used against anyone questioning the growing acceptance of minors transitioning is to tell them the child will commit suicide if they are not allowed to transition,” wrote Pear Joseph, a gay man who was “gender-nonconforming” as a child, in an article called “Not Being Affirmed Saved My Life.”²¹ He continued, “This claim is debatable, and from my personal experience, I believe the only reason I did not end up committing suicide was my mother’s refusal to validate my delusions that I was a girl. Moreover, I would not be in the loving relationship I have enjoyed for the last four years, with my partner, a gay man who is not attracted to transgender women. Instead, I would be stuck as a life-long medical patient, dealing with emotional, physical, and financial burdens from continuous hormone treatments, surgeries, and doctor visits. This scenario would have driven me into deep depression and even suicide.”

Unfortunately, schools in New Mexico and around the country get in the way of the potentially life-saving decisions parents make for their children. Far too frequently, schools choose to undermine parental authority on these matters by letting children go by different names and pronouns than those they use at home and hamstring teachers into forced compliance with an ideology that can lead to lifelong medical harm for the children in their care.

Eighty-eight percent of New Mexicans, including 85% of Democrats, disagree that teachers and school nurses should be able to “transition children” without their parents knowing.²² Additionally, 77% of New Mexicans, including 70% of Hispanics and 66% of Democrats, are concerned that laws like New Mexico’s fast-track children under 18 to life long transgender-related medical treatments without their parents’ consent.

Moreover, children who do not conform to sex stereotypes (especially children who grow into gay adults,²³ as well as tomboys²⁴) are often the ones who are transitioned and medicalized at an early age. Psychologist Trayce Hansen has noted that “[p]rehomosexual youth are easy prey for [gender ideology] activists because they’re often gender nonconforming or confused and distressed by their emerging sexuality.”²⁵ In fact, much of the cited “data” that supports gender transition comes from the UK’s Tavistock Center, which has since been discredited and shuttered by the National Health Service.²⁶

“It feels like conversion therapy for gay children,” a Tavistock clinician told The Times.²⁷ “I frequently had cases where people started identifying as trans after months of horrendous bullying for being gay. Young lesbians considered at the bottom of the heap suddenly found they were really popular when they said they were trans.”

Seventy-four percent of New Mexicans, including 75% of Hispanics and 61% of Democrats, are concerned that children who do not conform to sex stereotypes are being encouraged by schools and health professionals to identify as something other than their birth sex, often without parental notification.²⁸

Parents are right to be concerned. Eight school districts in New Mexico have policies stating school personnel should hide children’s transgender status from their parents: Albuquerque,²⁹ Gadsden Independent,³⁰ Gallup-McKinley,³¹ Las Cruces,³² Los Alamos,³³ Moriarty-Edgewood,³⁴ Rio Rancho,³⁵ and Santa Fe.³⁶ Gallup-McKinley, for instance, uses guidance from the National School Boards Association, which reads, “School staff should privately ask transgender or gender nonconforming students how they want to be addressed in class and in school communication with the student’s parents or guardians, with whom the student may not have shared their gender identity.” In other words, this district, among others, effectively forces school staff to transition children without parental approval, and

Eight school districts in New Mexico have policies stating school personnel should hide children’s transgender status from their parents: Albuquerque, Gadsden Independent, Gallup-McKinley, Las Cruces, Los Alamos, Moriarty-Edgewood, Rio Rancho, and Santa Fe.

not only allows unscrupulous adults to manipulate children's identities, but forces even the best school personnel to act as unlicensed therapists in all but name.

Social transition is in and of itself a form of psychological interference in the child's life, and therefore not distinct from, but a subtype of, medical transition.

among children, experimentation and confusion are natural and, without reinforcement, almost always just a phase.

Indeed, social transition is in and of itself a form of psychological interference in the child's life, and therefore not distinct from, but a subtype of, medical transition. Social transition has been linked to the persistence of gender dysphoria and is usually the first step before hormones and surgeries.³⁷ This is not only a problem because of the stated risks associated with hormonal and surgical transition, but also because,

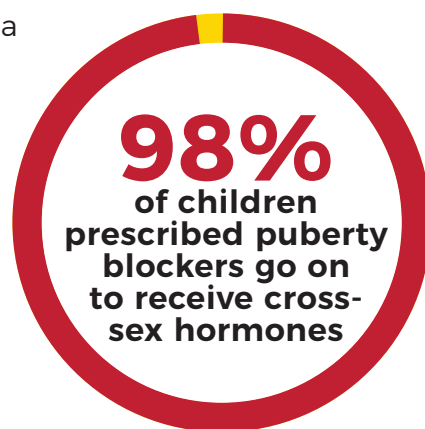
Medical research has found that the overwhelming majority of children who experience confusion about their sex eventually grow out of it,³⁸ but social transition—not to mention hormonal and surgical transition—can get in the way of this natural process by making a child feel wedded to an identity pushed on him or her by those promoting and encouraging social transition.

Medical Transition

The second form of gender transition is medical transition, sometimes known as “gender-affirming care.”

Puberty blockers and cross-sex hormone prescriptions, depending on how long they have been taken, can have lasting consequences. Puberty blockers are marketed as “pausing” puberty, but in reality, often prevent growth associated with puberty entirely. Children prescribed puberty blockers at the onset of puberty will fail to fully develop adult sex glands, usually leading to sterility and permanent sexual dysfunction, including the inability to have an orgasm or (in men) an erection.³⁹ Even Dr. Marci Bowers, a prominent transgender-identifying surgeon in the experimental field of gender medicine, has noted that the penises and scrotums of puberty-blocked males are so small that there is not enough skin to use for the creation of a “neo-vagina.”⁴⁰ Additionally, puberty blockers can get in the way of brain development⁴¹ and can lead to brittle bones and decreased height.⁴²

And puberty blockers are just the first stage of medical transition—few youths stop there: 98% of children prescribed puberty blockers go on to receive cross-sex hormones, which can cause even more serious damage.⁴³ In females who are prescribed testosterone, common side



effects include vaginal atrophy,⁴⁴ vaginal lacerations,⁴⁵ clitoral enlargement,⁴⁶ facial hair growth,⁴⁷ vocal hoarseness,⁴⁸ menstrual irregularity and suppression,⁴⁹ as well as suppression of ovulation,⁵⁰ which can lead to sterility. Males who are prescribed estrogen are at higher risk of blood clotting and may also become sterile as a result.⁵¹ Many of these side effects—including sterility—can continue even after transgender-identifying people stop taking cross-sex hormones.

Surgical procedures in the service of gender transition are even more permanent. While these surgeries are often called “sex change” or “sex reassignment” surgeries in common parlance, that term is inaccurate: While sex traits can be modified, sex cannot be changed (e.g., a male can receive facial-feminization surgery to approximate the appearance of a female face, but the male’s chromosomes will remain XY regardless of surgery). Therefore, this report will refer to such surgeries and procedures as sex-trait modification surgeries and procedures, which are usually irreversible.

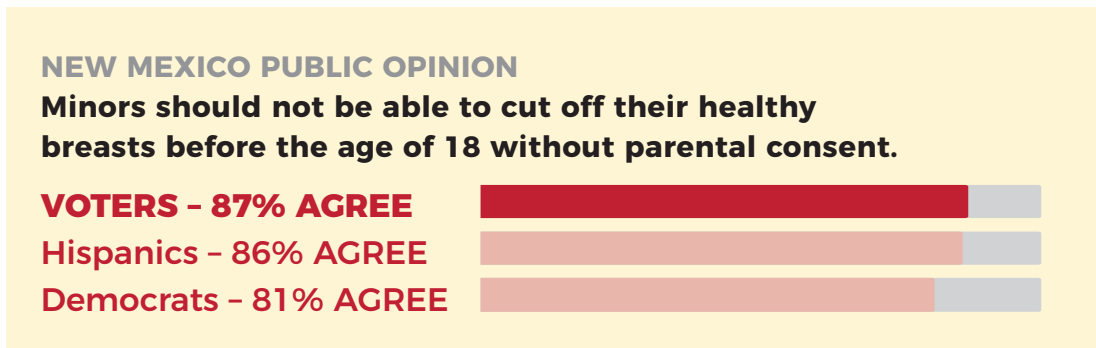
For instance, when a woman undergoes a mastectomy, whether as a sex-trait modification surgery or for medical concerns like cancer, she cannot get her breasts back. While proponents of transition sometimes claim that she can simply get plastic breast implants if she regrets the surgery later, plastic breast implants are not real breasts, do not contain real breast tissue, and will not allow her to breastfeed if she ever has a child.⁵² When a woman who has been on testosterone stops taking testosterone, she is usually left with many, if not most, of the side effects. Post-testosterone clitoral growth—which can be up to 4 inches and lead to painful chafing and sexual dysfunction—doesn’t go away even when the testosterone prescription does, as female detransitioners have reported.⁵³



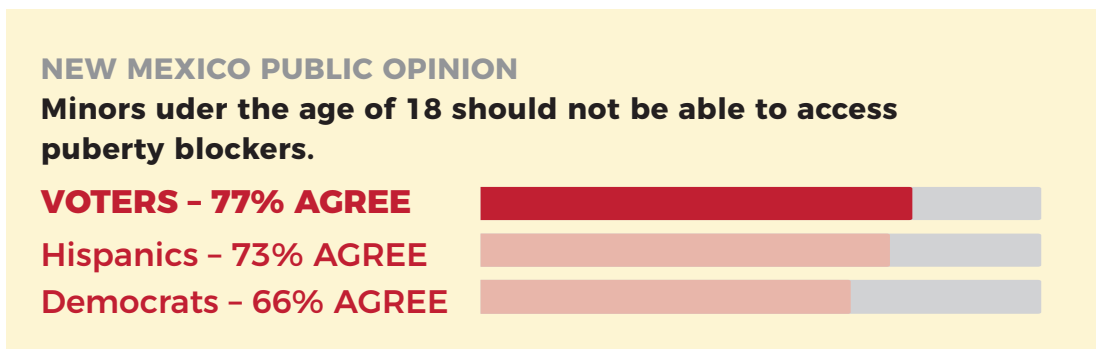
A man who undergoes orchiectomy (removal of the testicles, otherwise known as castration) or vaginoplasty (the creation of a “neo-vagina,” or a penile-inversion cavity), which involves the removal of the penis, can never get back his testicles or penis—and if he has not preserved his sperm, his fertility. Vaginoplasty in particular is often rife with serious complications, including fistula, stenosis, tissue necrosis, and prolapse.⁵⁴ Even the most “successful” vaginoplasty requires frequent dilation, lest the penile-inversion cavity close up, as, unlike a real vagina, it is ultimately a wound and the human body seeks to shut any wounds, whether or not they are created on purpose.⁵⁵ Furthermore, vaginoplasties are difficult to perform on puberty-blocked males, as their penises and scrotums are too small to use for the creation of a penile-inversion cavity.

Of course, this leads to more complications, as the case of Jazz Jennings, the subject of TLC’s “I Am Jazz,” goes to show: At the age of 17, Jennings was given a vaginoplasty on television.⁵⁶ Jennings had an artificially small penis and scrotum due to being placed on puberty blockers at the age of 11, so the surgeon added tissue from Jennings’ stomach

lining to create a penile-inversion cavity. But Jennings immediately began experiencing blood blisters and wound separation, landing Jennings in the hospital: “The whole thing had split open,” said Jennings’ surgeon, referring to the penile-inversion cavity. Jennings has since gone on to receive three corrective surgeries.



New Mexican public opinion on such surgeries is unambiguous: 87% of residents, including 86% of Hispanics and 81% of Democrats, do not believe that minors should be able to cut off their healthy breasts before the age of 18 without parental consent.⁵⁷



The fact that HB 7 forces public institutions and their employees to enable the irreversible medicalization of minors is wildly untethered from where most New Mexicans stand. Seventy-seven percent of New Mexicans, including 73% of Hispanics and 66% of Democrats, do not believe that minors under the age of 18 should be able to access puberty blockers. Moreover, 78% of New Mexicans, including 76% of Hispanics and 69% of Democrats, are concerned that some children regret their gender transitions after interventions have already happened and decide to detransition, causing complications needing lifelong medical treatments.⁵⁸

Public Opinion is Clear: This Cannot Continue

The majority of New Mexicans have serious concerns about the experimental field of pediatric gender medicine. Unfortunately, New Mexican lawmakers have taken an extreme position in favor of these experimental medical and psychological practices and have placed the bodies and minds of some of the most vulnerable New Mexicans at risk of irreparable harm. Laws like HB 7 also mislead New Mexicans who may be on the fence, especially parents of children who identify as transgender, into thinking that gender transition is safe and effective because it is state-sanctioned, when in fact, all evidence points to the opposite conclusion.

What's Happening in Our Community?

*Stories of **Real Lived** Experiences*



PARENTS WANT TO BE THE PARENTS

New Mexico Mom Blows the Whistle on Gender Madness Inside Schools⁵⁹



Mom-of-two Layla Carter is blowing the whistle on the realities that parents face inside New Mexico public schools. Carter's two sons are students in the Las Cruces School District. One is in preschool, and the other is in middle school, but even at such young ages, gender ideology is everywhere.

Despite the district's notoriously poor educational outcomes, Carter noted, it has plenty of taxpayer dollars—earmarked by the state—to spend on matters related to gender and sexuality.

Taxpayer dollars are also going toward helping students secretly present as the opposite sex at school. Las Cruces schools are providing pubescent female students who wish to appear more masculine state-funded chest binders, which are strips of fabric that constrict and flatten the breasts and can cause damage to the ribs, breathing problems, and general breast disfigurement. Funding is also going to after-school clubs where students can dress as the opposite sex and “explore their gender identity” in secret.

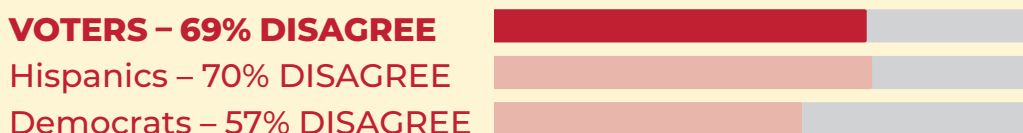
“If my story helps those parents to have a better understanding of what’s happening in the public schools, I’ll be thrilled,” Carter said. “They need to know what’s really going on.”

NEW MEXICO PUBLIC OPINION

Teachers and school nurses should be able to “transition children” without their parents knowing.



Children 18 years and under should be allowed to access gender-affirming care, despite the known harms of irreversible damage to their reproductive health.



Mom and Teacher Sounds Alarm on ‘Cult-Like’ Gender Ideology in New Mexico that Captured Her Son⁶⁰



Lydia Smith* felt blindsided by her teenage son’s sudden identity crisis. At 15, Alex* concluded he was “non-binary” because he took a gender identity survey that told him he had a higher percentage of “female traits” than male. Three months later, Alex began demanding cross-sex hormones and eventually started identifying as transgender.

Soon after Smith and her husband refused to put Alex on cross-sex hormones, New Mexico police arrived at the Smith family home to take Alex to a psychiatric hospital because Alex had reportedly threatened self-harm online. At the facility, the transgender-identifying psychiatrist to whom Alex was assigned attempted to pressure Smith and her husband into putting Alex on cross-sex hormones—despite knowing that Alex has a hormonal condition that could result in fatality if prescribed estrogen.

Socially transitioned by medical professionals as a minor, Alex continues to identify as transgender as an adult. This underscores the harm of socially transitioning children, as it often encloses in them an identity during their formative years that they might otherwise have grown out of.

Smith knows that there are more children like Alex who are being sold a lie. While teaching in Albuquerque Public Schools, Smith said she watched the number of students adopting alternative gender identities explode. As many as 35% of Alex’s peers identified with a gender incongruent to their sex, she said.

What happened to Alex, Smith says, is nothing short of evil. “If we don’t call out evil when we see it, what kind of a society are we living in?” she asked.

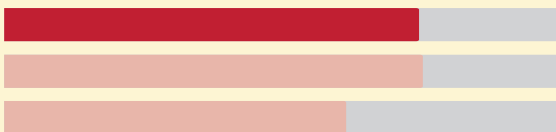
NEW MEXICO PUBLIC OPINION

Children who do not conform to sex stereotypes are being encouraged by schools and health professionals to identify as something other than their birth sex, often without parental notification.

VOTERS – 74% AGREE

Hispanics – 75% AGREE

Democrats – 61% AGREE

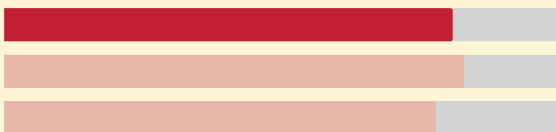


Doctors should be allowed to prescribe minors puberty-blockers without parental consent, even if the child has known mental health issues.

VOTERS – 80% DISAGREE

Hispanics – 82% DISAGREE

Democrats – 77% DISAGREE



New Mexico High School Purchases Chest Binders and Pro-Gender Ideology Books With \$10,000 Grant⁶¹



Rachael Hein took her family out of New Mexico, hoping to escape the state's failed public school system. The final nail in the coffin was discovering that Centennial High School, which her daughter would have attended had they remained in the state, had received a \$10,000 grant to build a "transgender closet," where students would be able to change clothes—and, by extension, identities—without parental knowledge.

It gets worse: \$8,370 of the \$10,000 grant was spent on chest binders, which are used to flatten women's breasts to achieve a masculine appearance, and which can cause lasting damage to girls' breasts, ribs, and breathing.

The remaining funds were used to purchase a large collection of new books for the school's library, which promoted gender ideology. The New Mexico Freedoms Alliance obtained a full list of these books, which includes "Felix Ever After,"⁶² featuring a teenage protagonist who identifies as transgender, undermines a father who does not use the protagonist's preferred name and pronouns, and contains "psychological guidance" for young readers, according to one reviewer from The Horn Book Magazine.⁶³

NEW MEXICO PUBLIC OPINION

Minors should be able to cut off their healthy breasts before the age of 18 without parental consent.

VOTERS - 87% DISAGREE



Hispanics - 86% DISAGREE



Democrats - 81% DISAGREE



Prisha Mosley's Detransition Story⁶⁴



Being a teenager is hard enough as is. But for Prisha Mosley, now 27, it was harder than for most. On top of various mental health conditions, including anorexia, depression, and anxiety, she was sexually assaulted at the age of 14 and was subsequently hospitalized several times for suicide attempts.

In her vulnerable, traumatized state, she became an easy target for adult activists online, who convinced her that she was born in the wrong body when she was just 15 years old. She began to identify as transgender, and by 17, received a high-dose testosterone prescription and a surgical consultation for mastectomy. When Prisha turned 18, a North Carolina plastic surgeon cut off her healthy breasts for \$7,100.

Online activists preyed on her further, convincing her that her parents didn't love her because they didn't enable her gender identity, and that the activists would be her new "glitter family."⁶⁵ She moved states to live with them, only to suffer sexual, mental, and physical abuse at their hands instead of love. Eventually, she quit testosterone, left the "glitter family," and got back in contact with her parents.

No amount of surgery, drugs, or "affirmation" could ever make her male, nor could it heal her wounds—in fact, "transition" only created more wounds, both psychological and physical. Doctors and activists left her with endocrine and sexual dysfunction, as well as chronic pain.

Thankfully, Prisha was not rendered infertile by the medical experimentation to which doctors subjected her (although many people in her position sadly are). She is now the mother of a beautiful baby boy.⁶⁶ But because of the double mastectomy, she has not been able to breastfeed him, or even to hug him properly, due to numbness in her chest. She also had milk trapped in her chest postpartum that couldn't get to her nipples because the surgeon had grafted her nipples during her mastectomy and sewn them into the wrong spot.

She told Independent Women, "I mutilated my body just to not be suicidal, and it didn't work, and now I have horrible scars and traumatic memories on top of the traumatic memories."

NEW MEXICO PUBLIC OPINION

Some children regret their "gender transitions" after interventions have already happened and decide to detransition, causing complications needing lifelong medical treatments.

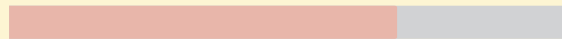
VOTERS - 78% CONCERNED



Hispanics - 76% CONCERNED



Democrats - 69% CONCERNED



New Mexico Parents Call Out Schools For Exposing 11-Year-Olds to Topics of STDs, Rape⁶⁷



Gender ideology in schools is a symptom, not a cause, when it comes to age-inappropriate materials infiltrating children's lives.

Eight years ago, a Malawian girl's fight to end the African country's horrific practice of child molestation and rape made the pages of Time Magazine. The story, with its explicit content and adult themes, was an appropriate fit for Time's serious adult readership—but certainly not for children. Still, the New Mexico Public Education Department (NMPED) placed the article on a 2024 summer reading list for seventh graders in need of literacy tutoring.

The article, titled "Girls Around the World Are Standing Up For Their Rights," was originally published by Dr. Jill Biden. In it, Biden tells the story of Memory Banda, a 19-year-old who refused to participate in a Malawian "initiation camp." These initiation camps, which Biden's article refers to as a twisted "coming-of-age ritual," teach girls as young as nine years old how to "please their future husbands" by forcing them to have sex with adult men, some of whom intentionally infect the girls with HIV and other diseases.

Thanks to outspoken parents, Biden's article was removed from the summer reading program, but only after the participants had already read it. Now, those children must grapple with the disturbing sexual content they encountered long before they reached the maturity necessary to process it.

Silenced, Shut Out, and Gaslit: One New Mexico Mother's Battle Against School-Sanctioned Gender Indoctrination⁶⁸



Having left communist Poland for the United States, Monika Bialostocka believed she had left government-restricted speech behind. But, decades later, she became privy to a different kind of ideological regime festering in the New Mexico School for the Arts, which her twin daughters were attending.

Bialostocka began asking questions when her daughters came home with school-assigned books that graphically depicted pedophilia and emails to underage students

that solicited donations such as “chest binders”—which are used by transgender-identifying females to flatten their breasts to appear more masculine—for a “transgender closet.” But her questions were met with secrecy and contempt. Administrators refused to remove the books and resisted, before relenting, when she asked for access to the mandatory teacher training on “Ungendering Language.” She felt the language used had come to resemble that of the communist world she had left behind 34 years ago.

“Educators are introducing children to inappropriate things, and kids feel ashamed to talk at home about it,” Bialostocka said. “They are teaching our children to hate this country.”

‘We’re Being Anaesthetized’ By Gender Ideology: Las Cruces Father Pulls Children from Public School⁶⁹



Mateo Cruz*, father of four, pulled his three school-aged children out of Las Cruces Public Schools (LCPS) in New Mexico after witnessing firsthand how progressive gender ideology suddenly caused things to go “downhill.”

Boys were suddenly allowed to use girls’ restrooms or play on girls’ sports teams, his own daughter, Maria*, who hadn’t yet gone through puberty at the time, suddenly knew more about sexual orientation than he had ever taught her, and age-inappropriate material was being offered in public school libraries—including a sexually explicit graphic novel called “Jack of Hearts and Other Parts,” which contains descriptions of pedophilia, BDSM kinks, blackout drinking, and teachers having sexual relations with underaged students.

Cruz wasn’t the only parent feeling dissatisfied by LCPS offering such obscene material to school-aged children. Even after a formal complaint was filed by parents to remove the graphic novel, the district voted almost unanimously in favor of keeping it in the school library.

In an attempt to understand what his daughters were being taught, Cruz contacted administrators at their school. But he said the administrators weren’t able to provide him with any meaningful information.

“While we have a local problem, it is truly a national problem that would require a halt of the current course,” Cruz said. “It is up to parents to decide if they are going to wait for a liberator, demand change, or simply pull their kids out.”

**Have you or someone you know been impacted
by gender affirming policies in New Mexico?**

Share your story at IWFEATURES.COM



THE WAY FORWARD

Helping New Mexico Children and Families

It is untenable for New Mexico to stay so far out of step with public opinion, especially when the laws currently in place are causing lasting damage to New Mexican children. Lawmakers and school districts can take steps to ensure the wishes of New Mexican voters are respected.

Repeal HB 7

Children are, by definition, incapable of consent, and cannot understand the consequences of puberty blockers, hormones, and surgeries that may leave them sterile for life. It is on the state not to enable and encourage pediatric transition even tacitly, as it does via HB 7. By repealing HB 7, New Mexico can protect the safety of children and signal to parents that the state does not encourage pediatric transition.

Repeal School District Policies That Allow Minors to Transition Behind Their Parents' Backs

Children should not be able to change their names and pronouns without parental notification and approval, at a minimum. Additionally, teachers, counselors, and school administrators should not have to fear that failure to enable the social transition of children might lose them their jobs. They should have the ability to exercise judgment about such issues in accordance with a student's parents, rather than being forced to perform what is essentially psychological experimentation on children for whom they are not medically responsible.

Pass Laws Protecting Minors

Children cannot consent to the lifelong implications of medical transition, but the medical industry does little to protect them from making decisions they cannot understand and often understates the harms of transition. It is in children's best interest for lawmakers to go one step further from repealing HB 7 and ban experimental gender medicine for vulnerable minors altogether. At minimum, lawmakers must provide transparency on the effects of irreversible drugs and surgeries, including puberty blockers, cross-sex hormones, and sex-trait modification procedures.

Review Curricula and Make Them Transparently Available to Parents

School districts can review curricula, including books, to make sure that they are age-appropriate and free of partisan ideology. This is a good way for districts to rebuild trust with parents and ensure that schools focus on what they are supposed to teach. Schools should provide transparency, so parents know what their children are being taught.



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Public institutions in New Mexico—hampered by laws, politicians, and opinion elites—are being forced to ignore the public.

**New Mexicans
deserve better.**

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