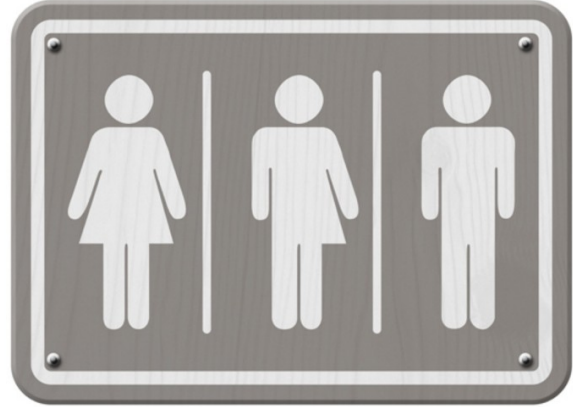




Written by [Selwyn Duke](#) on March 21, 2016

American College of Pediatricians: Transgender Agenda Hurts Children

Educators and legislators should “reject all policies that condition children to accept as normal a life of chemical and surgical impersonation of the opposite sex. Facts — not ideology — determine reality.” The preceding is not the opinion of a talk-show host or pundit, but the opening sentence of a [position statement](#) put out by the American College of Pediatricians, on March 21. Entitled “Gender Ideology Harms Children,” it will be “followed by a peer-reviewed statement on the subject that’s expected to be released by summer,” [reports](#) CNSNews.com. The American College of Pediatricians (ACPed) is a socially-conservative association of pediatricians and other healthcare professionals founded in 2002, primarily in opposition to the American Academy of Pediatrics and its current policies such as support for adoption by same-sex couples.



“Gender ideology” has taken hold in recent years. Its proponents claim your “gender” can be whatever you *feel* it is; in fact, the ever-growing list of “genders” now includes literally scores of options, [ranging](#) from the somewhat stale “Androgynous” to the bizarre and esoteric “Cis Man” and “Neutrois.” Note that “gender” is not synonymous with “sex,” as many suppose. While “sex” is a biological fact, “gender” — which in the past was [used almost exclusively in reference to grammatical gender of words](#) until it was co-opted by gender ideologists — refers to a person’s *perception of what he is*. And perception is not reality.

Despite this, great concessions have been made to the gender ideologists in recent years. It’s now not uncommon for a school to have a boy or girl who claims to “identify” with, and dresses as, the opposite sex. Schools have made special bathroom arrangements for them and increasingly are allowing them to [use the facilities](#) reserved for the sex they fancy themselves to be ([boys in girls’ bathrooms](#), in other words). Educators have also subjected whole student bodies to “sensitivity training” in deference to a lone “transgender” student. Legislators have made “gender identity” a protected class (as opposed to unprotected classes — i.e., the rest of us), and sports governing bodies have allowed men masquerading as women to [compete in women’s competitions](#). And children have been given puberty-blocking hormones to prevent sexual development not congruent with their “self-image.”

All this is done despite their being no sound science whatsoever behind the gender agenda. The ACPeds addresses this in its statement, which is “written by Dr. Michelle A. Cretella, president of the American College of Pediatricians, Dr. Quentin Van Meter, vice president of the American College of Pediatricians



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and a pediatric endocrinologist, and Dr. Paul McHugh, university distinguished service professor of psychiatry at Johns Hopkins Medical School and the former psychiatrist in chief at Johns Hopkins Hospital,” writes CNS News. The authors make eight basic points (only the quoted sections are from the ACPeds statement):

- **“1. Human sexuality is an objective biological binary trait: “XY” and “XX” are genetic markers of health — not genetic markers of a disorder.** The norm for human design is to be conceived either male or female.” The ACP goes on to explain that it is deviations from this that are the abnormalities — psychological ones.
- **“2. No one is born with a gender. Everyone is born with a biological sex. Gender (an awareness and sense of oneself as male or female) is a sociological and psychological concept; not an objective biological one.”** The physicians explain that we aren’t born with an awareness of our sex; it develops over time and can be distorted by various influences.
- **“3. A person’s belief that he ... is something [he is] not is, at best, a sign of confused thinking.”** There are many examples of this. At issue here is a boy or girl believing he’s a member of the opposite sex, a problem known as “gender dysphoria.” But there are also those who believe they were born the wrong species, such as “Nano,” a Norwegian woman [who claims](#) she’s a cat trapped in a human’s body; this is known as “species dysphoria.” There’s also “Body Integrity Identity Disorder,” whose sufferers strongly feel that a healthy body part — such as their legs or eyes — don’t belong on/in their bodies. They sometimes self-amputate as a result. And, of course, mental institutions house people insisting they’re Napoleon or the Queen of England. Such dislocation from reality requires psychological alteration, not physical alteration or that of the wider society’s norms.
- **“4. Puberty is not a disease and puberty-blocking hormones can be dangerous.”** This is a serious type of meddling with normalcy.
- **“5. According to the DSM-V, as many as 98% of gender confused boys and 88% of gender confused girls eventually accept their biological sex after naturally passing through puberty.”** Going through phases is part of childhood. A good parent wouldn’t let a five-year-old choose his diet, bedtime, or study habits. Why would anyone let him “choose” his sex?
- **“6. Children who use puberty blockers to impersonate the opposite sex will require cross-sex hormones in late adolescence. Cross-sex hormones (testosterone and estrogen) are associated with dangerous health risks including but not limited to high blood pressure, blood clots, stroke and cancer.”** As the serious health consequences suffered by steroid-using athletes indicate, hormones are powerful substances — and dangerous when misused.
- **“7. Rates of suicide are twenty times greater among adults who use cross-sex hormones and undergo sex reassignment surgery, even in Sweden which is among the most LGBTQ-affirming countries.”** This is no surprise. Much as with scratching an itchy rash and not remedying its cause, attempting to satisfy the “feelings” (symptoms) related to a psychological problem without treating the problem itself cannot yield happiness.
- **“8. Conditioning children into believing a lifetime of chemical and surgical impersonation of the opposite sex is normal and healthful is child abuse.** Endorsing gender discordance as normal via public education and legal policies will confuse children and parents.”

And people already are confused. It is striking how many Americans believe, as a respondent under a



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February [piece](#) I wrote put it, that “a transgender woman [meaning, a man who thinks he’s female] can certainly be born with a non-masculinized brain and a male body ... [is] a fact of biology.” Not only did a late 2015 [study](#) question the notion of “male and female brains,” but the reality is that there are no “biological facts” at all behind the transgender agenda. There is only ideology.

Consider that there’s no evidence whatsoever that gender dysphoria is anything but a psychological problem; there’s nothing to prove that the associated feelings reflect a person’s “true self,” no blood test, no identifiable genetic marker, no medical exam at all. Rather, a psychiatrist will label such a sexually confused person as having a legitimate alternative “gender identity” — which can lead to so-called sexual reassignment surgery — based simply on what PsychCentral.com [calls](#) “strong and persistent cross-gender identification.” In other words, if strong and persistent *feelings* that you actually are a member of the opposite sex persist for more than six months, that life-rending judgment can be made.

Yet such a diagnostic standard would constitute malpractice in any other branch of medicine. Could you imagine a patient telling a cardiologist that he has a strong and persistent feeling he has heart disease and the doctor, on that basis alone, performing bypass surgery?

Perception is not reality. It is not science. It can, though, create fashions. And, sadly, fashions so often are mistaken for facts.



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