



Written by [Selwyn Duke](#) on March 16, 2022

Harvard Doctor Professes the “Transgender” Faith

Famed Harvard is our nation’s oldest institution of higher learning, founded in 1636 as a religious college for the training of clergymen. It’s still religious, too.

Its theology has changed a bit, though.

This was evidenced in an article published at Harvard Medical School’s website entitled “The care that transgender youth need and deserve.” It’s more a statement of faith than of science.

Author Claire McCarthy, though a practicing pediatrician and Harvard professor of pediatrics, doesn’t bother us (or herself, apparently) citing any medical evidence to support her assertion that children can be stuck in the body of the “wrong” sex. She does, however, use the word “feel” or “feeling” nine times in her short (594 words) piece. This is neither surprising nor insignificant.



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McCarthy opens by [writing](#), “Some people — including children — feel very strongly that their gender is not the one they were assigned at birth. It’s not even really a feeling; it’s something they know for certain. When families, health care providers, and others ignore or deny this, or try to stop the person from living as the gender they feel is right for them, it’s not only unkind but dangerous.”

Note here that the doctor essentially misuses the already-misused term “gender.” Once applied almost exclusively to words, not people, MUSS (Made-up Sexual Status, a.k.a. “transgender”)-enabling psychologists helped co-opt the term and defined it as “your perception of what you are.” Under this definition, no one is “assigning” a child’s “gender” at birth, which McCarthy claims happens. If we could, we’d assign one that aligned with a baby’s sex and “Voila!” — he’d never have any internal conflict.

Admittedly, however, since words “transition” today even more than people, the term “gender” is itself having an identity crisis. So let’s move on.

Consider the following statement:

Some people — including children — feel very strongly that God is real and created them before birth. It’s not even really a feeling; it’s something they know for certain. When families, health care providers, and others ignore or deny this, or try to stop the person from living the God-oriented life they feel is right for them, it’s not only unkind but dangerous.

This is, of course, a variation on McCarthy’s opening paragraph. It also reflects a fairly common statement of faith; many, such as a certain loved one of mine, will say they *know* God exists.



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As a man of faith myself, I can admire this. But the difference is that these theists, no matter how zealous, never purport to be making a scientific pronouncement. They're making a statement of faith and *they know they're making a statement of faith*.

This just illustrates how there are, more or less, only two kinds of people in the world: those who have faith and know it — and those who have faith and don't know it. McCarthy and other MUSS activists don't know it, but their beliefs amount to faith dressed up (poorly) as science.

This is not opinion. McCarthy peppered her piece with the term “feel” because it relates to precisely what MUSS determinations are based on: feelings — and *only* feelings.

Physicians may diagnose a child with “gender dysphoria” (GD), which, to use psychological jargon, is when you experience “strong and persistent feelings of cross-gender identification that last for more than six months.” But there is no blood test for GD. There is no genetic test for GD. There is no brain scan for GD. There are no physiological markers of any kind that can be identified to prove that GD has, as MUSS activists claim, a biological basis.

Despite this, McCarthy states, “To be clear, the research shows that being gender-nonconforming is not a result of mental health problems....” (Interestingly, while the doctor's piece contains numerous sources, she provides no link to this elusive “research.”) Yet, while making what is supposedly a diagnosis of a biological “reality,” MUSS-enabling health professionals use only *psychological criteria* — feelings.

Furthermore, on this basis they may prescribe a biological “fix,” such as puberty blockers and cross-sex hormones.

It's as if you told your cardiologist that you have irresistible feelings that you have heart disease and he said, without performing any medical tests, “Oh, are they strong and persistent? Have the feelings lasted for at least six months? Yes!?”

“Alright, I'll cut open your chest and do a triple-bypass!”

We should wonder, however, how far McCarthy and her MUSS fellows would take their feelings-as-god faith. Consider another variation on her opening paragraph:

Some people — including children — feel very strongly that their species is not the one they were assigned at birth. It's not even really a feeling; it's something they know for certain. When families, health care providers, and others ignore or deny this, or try to stop the person from living as the species they feel is right for them, it's not only unkind but dangerous.

No, the above wasn't pulled out of thin air. Just as psychologists have defined “gender dysphoria,” so have they defined “species dysphoria”: the strong sense that you're an animal stuck in a human body.

For that matter, there's also something called Body Integrity Identity Disorder (BIID; video below), in which sufferers “have an intense desire to amputate a major limb or severe [sic] the spinal cord in order to become paralyzed,” [writes](#) NIH.gov. The site also informs that with BIID, there “is a mismatch between the mental body image and the physical body.” Sound familiar?

Note, too, that BIID and species dysphoria sufferers have the same “proof” of their conditions' “biological basis” that “gender” dysphoric individuals do: *feelings*.

Someone ought to ask Dr. McCarthy if, under her theology, some feelings are more equal than others. As for me, I need to get some serious body work done. I identify as a three-legged dog named Lucky.



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