



Written by [Selwyn Duke](#) on August 26, 2019

Obama Judge: Medicaid Must Pay for “Sex Change”

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If you're on Medicaid, the program won't cover your root canal or a nose job that could make you feel better about yourself. But if you want the body alteration known as “gender-reassignment surgery” so you can feel better about yourself, taxpayers must now foot the bill — according to an Obama-appointed judge.



As Judicial Watch [reports](#):

In a recently issued ruling U.S. District Judge William M. Conley writes that Medicaid, the publicly funded insurance that covers 65.7 million poor people, cannot deny the medical treatment needs of those suffering from “gender dysphoria.” Officials estimate it will cost up to \$1.2 million annually to provide transgender Medicaid recipients in the Badger State with treatments such as “gender confirmation” surgery, including elective mastectomies, hysterectomies, genital reconstruction and breast augmentation. The intricate operations are typically done by plastic surgeons.

The ruling culminates a lawsuit filed more than a year ago by two transgender Wisconsinites, who accuse the federal and state-funded insurance program of providing them with disparate and inferior health care on the basis of sex. Cody Flack of Green Bay and Sara Makenzie of Baraboo say they suffer from severe gender dysphoria that requires costly surgery. Flack, a woman, claims to be ashamed of her breasts and wants to have them surgically removed as she transitions into a man's body. To make a case for the government to pay for her surgery, she claims that she engages in “binding,” which flattens her breasts and causes sores, skin irritation and respiratory distress. Flack also has difficulty binding her breasts due to a disability, according to court documents. Makenzie, a man who legally changed his name to Sara and wears women's clothing, says his “male-appearing genitalia” causes him “great distress” and negatively affects his sexuality and social life. Showering and seeing his body in a mirror is “painful,” court records state, and Makenzie fears someone will be able to see his “male genitals” through his clothing

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Ultimately, taxpayers were forced to finance Flack's and Makenzie's elective surgeries. This can be expensive, too. Though the cost varies depending on the procedures chosen, the Philadelphia Center for Transgender Surgery's “price list mentions estimates of \$140,450 to transition from male to female, and \$124,400 to transition from female to male,” [reported](#) CNN in 2015.

The tragedy is that, as I [often point out](#), the sexual devolutionaries' claim that “gender dysphoria” (GD) is a biological condition — requiring a biological fix — is without scientific foundation. All evidence indicates that it's what it appears to be: a psychological problem.



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This is why Dr. Paul McHugh, former chief of psychiatry at Johns Hopkins Hospital, [said long ago](#), “We psychiatrists ... would do better to concentrate on trying to fix their [GD sufferers’] minds and not their genitalia.”

In other words, mandating a “fix” that breaks what isn’t broken, Judge Conley is out of his depth. This ineptitude was also apparent in his ruling’s claim that “gender dysphoria” “can have serious psychological consequences for those who suffer from it, including suicide,” as the *State Journal* [relates it](#).

In reality, as Dr. McHugh [wrote](#), the “most thorough follow-up of sex-reassigned people — extending over thirty years and conducted in Sweden, where the culture is strongly supportive of the transgendered — documents their lifelong mental unrest. Ten to fifteen years after surgical reassignment, the suicide rate of those who had undergone sex-reassignment surgery rose to twenty times that of comparable peers.”

The truth is that you can’t be “transgender” any more than “trans-species”; it is a Made-up Sexual Status (MUSS) defined not by science, but ideology. Yet it has favored political status currently — ergo the outrageous policy double standards relating to it.

It’s not just that Medicaid may have to cover MUSS-oriented surgery, but not root canals, elective cosmetic surgery, or procedures and services to reverse sterilization. Also consider that in the debate over MUSS individuals in the military, seldom mentioned is that [more than 100 conditions](#) will bar you from the service, including relatively minor issues such as persistent anal fissures, hemorrhoids, and severe ingrown toenails. Yet the sexual devolutionaries would have the military pay for and deal with complex MUSS-oriented surgery and the continual follow-up treatments necessary.

Then there’s Body Integrity Identity Disorder (BIID), in which sufferers have strong and persistent feelings that a certain body part (or more than one) doesn’t belong in/on their bodies or that they should be paralyzed. Some thus afflicted become so desperate that they will actually self-amputate/remove a leg, arm, eye, etc. (video below).

Should Medicaid cover their desired procedures? Why not? As with MUSS individuals, their physical body’s incongruence with their identity — their conception of what they should be — causes them intense psychological distress. Why do taxpayers not have to fund the elective removal of legs, but may have to pay for the elective removal of what’s between them? Both desires are based, after all, on nothing but feelings.

The answer is that as with the [Soviet Union’s Lysenkoism](#), the MUSS agenda is a fashionable pseudo-scientific lie. The real issue, however, is that our pseudo-elites long ago had a common sense-ectomy and now are cut off from reality.

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