"Referral for 'conversion' or 'reparative therapy' is never indicated," the AAP declares. Such "therapy is not effective and may be harmful to LGBTQ individuals by increasing internalized stigma, distress, and depression."

This stigma — the result of "homophobia and heterosexism" — is at the root of the many increased health risks that LGBTQ youths face, according to the AAP. "Being a member of this group of teenagers is not in itself a risk factor," the statement claims. Then it goes on to list the numerous risks that these

Pediatricians' Group Urges Doctors to Promote Gay Agenda

As if pediatricians weren't busy enough taking care of all the sniffles, scrapes, and other ailments of childhood, the American Academy of Pediatricians (AAP) has just assigned them another job: combating "homophobia."

According to a new <u>AAP policy statement</u>, pediatricians need to assure lesbian, gay, bisexual, transgender, and questioning (LGBTQ) adolescents that "being LGBTQ is normal, just different." They should never suggest that LGBTQ adolescents change their sexual orientations. They should keep parents in the dark about their children's "different" sexual predilections. And they should do their best to further the homosexual agenda in schools.

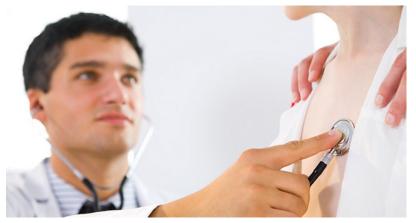
This is just the latest in a series of announcements by the nation's largest pediatricians' group aimed at normalizing homosexuality and other deviant lifestyles. In 2002, the AAP endorsed adoptions of children by homosexual couples, and earlier this year it came out (no pun intended) in favor of the <u>legalization of same-sex marriage</u>.

same-sex marriage. "Sexual minority youth," reads the June 24 policy statement, "should not be considered abnormal." Pediatricians are therefore to affirm that these lifestyles are perfectly acceptable and healthful, the AAP implies. Their "offices should be welcoming to all adolescents, regardless of sexual orientation and behavior." They should take a "gender-neutral approach" and ensure that "office forms do not presume

behavior." They should take a "gender-neutral approach" and ensure that "office forms do not presume heterosexuality of patients (or parents)." An accompanying table suggests, for example, that staff should not ask a boy about his girlfriend but about his "partner."

"Pediatricians and their office staff should encourage teenagers to feel comfortable talking with them about their emerging sexual identities and concerns about their sexual activities," writes the AAP. However, "it is not the role of the pediatrician to inform parents/guardians about the teenager's sexual identity or behavior; doing so could expose the youth to harm." A doctor is expected to tell a mother her son has, say, bronchitis and advise her on how to treat it, but he dare not tell her the boy is attracted to other boys — and he certainly must not suggest that this is an ailment in need of treatment.







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New American

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individuals face: depression, suicidal thoughts, substance abuse, pregnancy (rates of teenage pregnancy are actually higher among females who claim to be attracted to other females than among those who don't), and sexually transmitted diseases (on the rise among adolescent males who claim attraction to other males — HIV/AIDS is of particular concern here — but on the decline among other adolescents). Despite the fact that many of these problems are the direct results of risky behavior, as far as the AAP is concerned, they are almost solely caused by social stigmas, not LGBTQ teens' actions.

To combat this, besides affirming LGBTQ youths' sexual preferences, pediatricians "should support or create gay-straight alliances at schools and support the development and enforcement of zero-tolerance policies for homophobic teasing, bullying, harassment, and violence," the AAP recommends. Doctors should also "educate themselves about organizations that serve sexual minority youth and families," though presumably not those that attempt to dissuade teenagers from their chosen lifestyles. Promoting the radical homosexual agenda, not teens' health and well-being, is the objective.

While most, if not all, doctors agree that LGBTQ youths deserve treatment equal to that given to heterosexual youths, not all of them agree with the AAP's approach.

"It's wrong for anyone to be bullied or mocked or stigmatized," Dr. Jerry A Miller, Jr., chairman of the pediatric section of the Christian Medical and Dental Associations, told the <u>Washington Times</u>. "At the same time — and I know this is heresy to the lesbian and gay community — I do not think we should normalize these kinds of behaviors and orientations."

The paper continues: "Teens can get involved in so many risky behaviors, especially regarding drugs, alcohol and sex, said Dr. Miller. As caring physicians, 'we want our patients to thrive, and we just don't think that is going to occur in that [LGBTQ] lifestyle.'"

The American College of Pediatricians (ACP), an organization founded in 2002 in response to the AAP's endorsement of adoption by homosexuals, takes issue with many of the larger group's assertions.

In a <u>press release</u>, the ACP "applauds raising awareness of the health disparities among youth who claim a non-heterosexual identity, and is committed to promoting the best for all children." However, it adds:

In its call to affirm LGBTQ ... youth, the AAP overlooks the best interest of these adolescents. Despite the AAP claim to the contrary, *there is no evidence* that the grave health risks, selfdestructive behaviors, and struggles with self-image associated with the LGBTQ lifestyle are caused primarily by social stigmatization; the same elevated rates exist in countries long accepting of these lifestyles. Delaying all sexual activity and delaying "coming out" during adolescence is [sic] the best way to avoid these negative consequences. [Emphasis in original.]

Sexual orientation is quite fluid during adolescent years, says the ACP, with one study finding that three-fourths of adolescents who once claimed some same-sex attraction eventually became exclusively heterosexual. For a doctor to affirm a teenager's declared non-heterosexual identity might be to send the youth down that path permanently when he would otherwise abandon it.

The ACP also contests the AAP's claim that therapy to change sexual orientation is both ineffective and harmful. "Rates of success and negative effects of psychotherapy aimed at changing homosexual attractions are on par with those of therapy aimed at other behavioral challenges," argues the ACP. "Not only is psychotherapy therefore appropriate to offer any questioning adolescent but it is *unethical* to withhold it." (Emphasis in original.)



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"In many cases, youth experience sexual confusion," ACP president Dr. Den Trumbull said in the press release. "They need the private counsel of their parents, and sometimes the assistance of a therapist. They do not need persons of authority affirming that these feelings of same-sex attraction are inherent or fixed for life."

That, however, is clearly what the AAP, allied with the radical LGBTQ lobby, wants. After all, the more LGBTQ Americans there are, the more political power their self-proclaimed leaders can command — and the smaller their opposition will be.



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