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Gender Ideology Run Amok

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The following is adapted from a speech delivered on April 27, 2021, in Franklin, Tennessee, at a Hillsdale College National Leadership Seminar.

In 2007, America had one pediatric gender clinic; today there are hundreds. Testosterone is readily available to adolescents from places like Planned Parenthood and Kaiser, often on a first visit—without even a therapist’s note.

How did we get to this point? How is it that we are all supposed to pretend that the only way you can know I’m a woman is if I tell you my pronouns? How did we get to an America in which a 13-year-old in the State of Washington can begin “gender affirming” therapy without her parents’ consent? How did we get to an America

in which a 15-year-old in Oregon can undergo “top surgery”—elective double mastectomy—without her parents’ permission? And what can we do about it?

To understand how we got to this point, it is useful to begin by considering gender dysphoria—the feeling of severe discomfort in a person’s biological sex. Gender dysphoria is certainly real. It is also exceedingly rare. It afflicts about 0.01 percent of the population, most of whom are male.

For nearly 100 years of diagnostic history, gender dysphoria typically began in early childhood, between the ages of two and four, and usually involved a boy who insisted that he was not a boy but a girl. Children afflicted are insistent, consistent, and persistent in the feeling that they are in the wrong body. It is by all accounts excruciating—I’ve talked to many transgender adults, most of them biological males, who describe the relentless chafe of a body that feels all wrong.

Historically, this has been the classic presentation of gender dysphoria. When these children were left alone—when no one intervened medically or encouraged what we today call “social transition”—over 70 percent of them naturally outgrew their gender dysphoria. Most of those who outgrew it became gay men. Those who did not outgrow it became what used to be known as transsexuals. They did not believe they were women, but they felt most comfortable presenting themselves as females.

Today, however, we don’t leave these children alone. Instead, the moment children seem not to be perfectly feminine or perfectly masculine, we label them as “trans kids.” Teachers encourage them to reintroduce themselves to

their classes with new names and new pronouns. We take them to therapists or doctors, nearly all of whom practice so-called affirmative care—meaning they think it is their job to affirm the diagnosis of gender dysphoria and help the children medically transition.

The typical first step in treatment administered to these kids is puberty blockers, which shut down the part of the pituitary gland that directs the release of hormones catalyzing puberty. The most common of these drugs is Lupron, whose original purpose was the chemical castration of sex offenders. To this day, the FDA has never approved this drug for halting healthy puberty.

One has to wonder why a parent or a doctor would take measures to stop a child’s puberty, given that even a child with genuine gender dysphoria would most likely outgrow that condition if left alone. Some argue that it is traumatizing to let children go through the puberty of the sex to which they do not wish to belong. But in many cases, puberty seems to have helped children overcome gender dysphoria. The truth is that there is no satisfying answer, given that scientists have no way of predicting which children will outgrow the dysphoria on their own and which won’t.

Proponents of “affirmative care” also argue that allowing puberty to occur is dangerous, because suicide rates for trans-identified youth and trans adults are very high. Therefore, they say, we need to start treating children with gender dysphoria as soon and as dramatically as possible.

Yet there are no good long-term studies indicating that puberty blockers cure suicidality or even improve mental health. Nor are there studies that show puberty blockers are safe or reversible when used in this manner.

Imprimis (im-pri-mis), [Latin]: in the first place

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What we do know is that puberty blockers prevent the development of secondary sex characteristics, sexual maturation, and bone density. Indeed, because of the inhibition of bone density and other risks, doctors don't like to keep children on puberty blockers for more than two years.

We also know that in almost every case when a child's healthy puberty is medically arrested, placing the child out of step with his or her peers, that child proceeds to cross-sex hormones. And when puberty blockers *and* cross-sex hormones are administered to a girl, she becomes infertile. She may also have permanent sexual dysfunction given that her sex organs never reach adult maturity.

Given this, the claims made by so many doctors and gender activists today that these medical transition measures for children are safe and reversible—that they are a “pause button,” without serious downsides—are not only dishonest, but destructive. We would not accept this sort of glib salesmanship in any other area of medicine.

TRANS IDENTIFICATION AMONG TEENAGE GIRLS

As I mentioned, for the nearly 100-year history of scientific study of gender dysphoria, it has been diagnosed almost exclusively in young children, and mostly in boys. But over the last decade, large numbers of teenage girls have begun to claim they have gender dysphoria.

Prior to 2012, in fact, there was no scientific literature on gender dysphoria arising in teenage girls. Dr. Lisa Littman, then a Brown University public health researcher, used the phrase “rapid onset gender dysphoria” to refer to the subsequent sudden spike

in transgender identification among teenage girls with no childhood history of gender dysphoria.

This spike is not unique to America—we see it across the Western world. To offer just one statistic, there has been a decade-to-decade increase of over 4,400 percent in the number of teenage girls seeking treatment at the United Kingdom's national gender clinic. Across the West, teen girls are now the leading demographic claiming to have gender dysphoria.

The United Kingdom's High Court of Justice examined the medical protocols applied to Keira Bell—*protocols identical to the ones we have in the United States*—and was horrified that a young girl had been allowed to consent to begin a process of eliminating her future fertility and sexual function at an age, 15, when she could not possibly have gauged that loss.

What is behind this is social contagion—the spread of ideas, emotions, and behaviors through peer influence, one more instance of teenage girls sharing and spreading their pain. There is a long history of social contagion with this demographic—*anorexia and bulimia* are also spread this way. And we know that teen girls today are in the midst of the worst mental health crisis on record, with the highest rates of anxiety, self-harm, and clinical depression.

The teen girls susceptible to this social contagion are the same high-anxiety, depressive girls who struggle socially in adolescence and tend to hate their bodies. Add to that a school environment where you can achieve status and popularity by declaring a trans identity. Add to that the teenage temptation to stick it to mom. Also add the intoxicating influence of social media, where trans activists push the idea that identifying as trans and starting a course of testosterone will cure a girl's problems. Put those together, and you have a fast-spreading social phenomenon.

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I've spoken to families at top girls' schools who attest that 15, 20, or in one case 30 percent of the girls in their daughter's seventh grade class identify as trans. When you see figures like that, you're witnessing a social contagion in action. There is no other reasonable explanation.

These teen girls are in a great deal of pain. Almost all of them have at some point dealt with an eating disorder, engaged in cutting, or been diagnosed with other mental health comorbidities. And now they're being allowed to self-diagnose gender dysphoria by a medical establishment that has decided that its job is to affirm and agree with trans-identified adolescents.

TURNING A BLIND EYE

You may not know the name Keira Bell. She is a young woman in the U.K., very troubled in adolescence, who was rushed to transition in her teen years and came to regret it. She underwent

double mastectomy and spent years on testosterone, only to realize that her problem had never been gender dysphoria. She sued the U.K.'s national gender clinic, and last December, after the High Court of Justice examined her case and the claims of similarly situated plaintiffs, she won.

The Court examined the medical protocols applied to Keira Bell—*protocols identical to the ones we have in the United States*—and was horrified that a young girl had been allowed to consent to begin a process of eliminating her future fertility and sexual function at an age, 15, when she could not possibly have gauged that loss.

Hailed as a "landmark case" by *The Times* of London, *The Economist*, and even *The Guardian*, Bell's victory was widely viewed as a serious condemnation of the effort to fast-track teen girls to gender transition. One of the appalling things the Court noted was that the national gender clinic had been unable to show any psychological

improvement in the adolescents it had treated with transitioning hormones.

If, as I suspect, you haven't read or heard about the Keira Bell case, that's because America's legacy media decided to pretend the case didn't happen. Similarly, they continue to ignore or dismiss the stories of the thousands of "detransitioners"—young women who underwent medical transition, later regretted it, and attempt to reverse course. A lot of the treatments these girls have undergone are permanent, but they do what they can to try to reverse some of the effects.

Lies are told about the risks of the transition treatments administered to children, both to play down the dangers and to exaggerate the degree to which these treatments are known to be helpful. Lies are told about those who attempt to report on the crisis of social contagion among teenage girls undergoing transition treatments. And lies are told about the movement to eradicate women's protective spaces.

Thus it is that in the United States, this crisis among teenage girls gets treated as a political issue—a conservative issue—rather than a medical one. And so perhaps the greatest medical scandal of our time is dismissed as a conservative preoccupation.

THE ASSAULT ON WOMEN'S SPORTS AND SAFE SPACES

No discussion of gender ideology can ignore the ongoing movement to eradicate girls' and women's sports and protective spaces. Many or most of the people pushing this are not transgender themselves. But they are activists, they are energized, and they seem to be winning.

This movement promotes dangerous bills like the Equality Act, which would make it illegal ever to distinguish between biological men

and women—and thus to exclude a biological male from a girls' sports team or a women's protective space, whether it be a restroom, locker room, or prison. We have these laws now in California and in the State of Washington—and as you might imagine, one result is that hundreds of biological male prisoners, many of them violent felons, have applied to transfer to women's units.

For activists pushing this, it is not enough to create unisex bathrooms, a separate category for trans-identified athletes, or separate safe zones in prisons for trans-identified biological

men. No, they are working to abolish all women's-only spaces and they want to abolish them now.

The common thread running through these topics is that the truth is being obscured by gender ideology. Lies are told

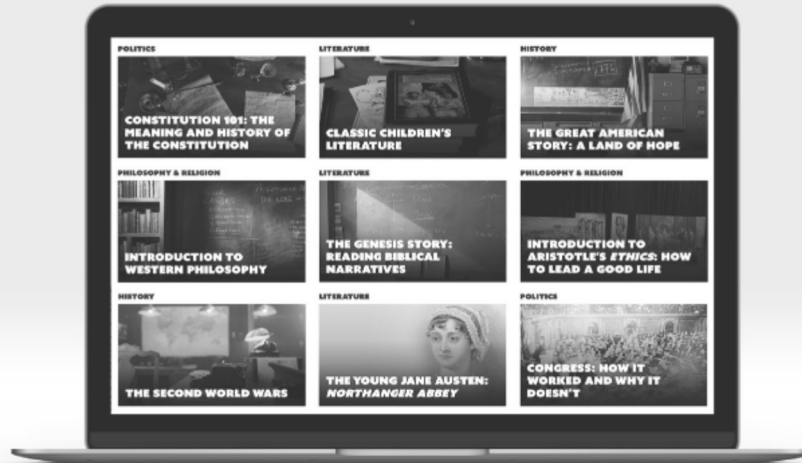
about the risks of the transition treatments administered to young children, both to play down the dangers of those treatments and to exaggerate the degree to which those treatments are known to be helpful. Lies are told about the researchers and journalists who attempt to report on the crisis of social contagion among teenage girls undergoing transition treatments. And lies are told about the movement to eradicate women's protective spaces.

The gender ideology behind these lies is a sibling of critical race theory. While critical race activists are teaching kids that they are largely defined by their skin color, gender activists are teaching kids that there are a great many genders, and that only they know their true gender. And just as families who object to racial indoctrination in schools are told that their denials of racism are proof of racism,

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young women who object to biological males participating in girls' sports are told that their objections are proof of transphobic bigotry.

These mendacious dogmas have corrupted our K-12 schools, our universities, and our legacy media, as well as our scientific journals and our medical accrediting organizations—the American Academy of Pediatrics, the American Medical Association, the American Psychiatric Association, etc. To give you a sense of how far things have gone, I was informed late last year by a member of the National Association of Science Writers—an association of journalists with scientific backgrounds—that a member of the association's online forum had been expelled for mentioning my book on the transgender social contagion among teenage girls. He hadn't even read my book. He just mentioned that

it sounded interesting, and for that he was banned as transphobic.

Similarly, endocrinologists, psychiatrists, pediatricians, and researchers who are concerned about the risks of gender interventions report that they struggle today to get their research published. And public and private funding of research is almost entirely restricted to researchers who promote gender transition and downplay the risks.

There are phalanxes of young doctors now, many of them in pediatrics or child psychiatry, who are open about their belief that their primary job is "social justice." They unreservedly celebrate the increase in transitioning treatment of young people and are inexcusably complacent about the risks of those treatments. *The Washington Post* recently quoted some of these doctors to the effect that puberty blockers

are fully reversible—which is not something that any honest doctor can claim to know. We simply don't have the data to know whether puberty blockers are fully physically reversible when applied to halt healthy puberty—and they are certainly not psychologically reversible. We're seeing a startling politicization of medicine and science, which is symptomatic of a larger woke corruption of American society.

Now, there's something I make a point of saying whenever I speak, and I say it for the simple reason that it is true: transgender adults are some of the soberest and kindest people I have met in my work as a journalist. Many of them seem to have been helped by transition, and they are leading admirable and productive lives. They have no desire to harm women or to push transition on children. The gender ideology activists do not represent them.

My understanding of freedom includes a belief that society should allow adults to make consequential decisions about their lives, which includes choosing to undergo sex reassignment surgery. And whenever I am asked by a transgender adult, I use his or her chosen name and pronouns. This seems to me the courteous and the right thing to do. But—and this is a big but—I never lie. This means I never say, and I will never say, that trans women are women. I think reciting this lie leads, as we are seeing, to unjust and dangerous consequences for women and girls. It is not courteous or right to parrot these lies. It is the cowardly surrender of women's welfare to the woke gods. And it is wrong.

I'm also often asked why it is that the gender ideology activists are doing what they are doing. What possible justification could there be, for instance, for telling small boys that they might be girls and small girls that they might be boys? My best guess at an answer occurred to me while talking to detransitioners.

I heard repeatedly from these young women that while they were transitioning, they were angry and politically radical. They often cut off relations with their families, having been coached to do so online by gender activists. Related to this, if you look, you'll notice a disproportionate number of gender-confused people among the ranks of Antifa in cities like Portland.

In other words, chaos is the point, and these troubled girls become prey for those who seek to recruit revolutionaries. Just as the destructive objective of critical race theory is to divide Americans racially, that of gender ideology is to disrupt the formation of stable families, the building blocks of American life.

So what do we do about it? How do we push back? First and foremost, we must oppose the indoctrination of children in gender ideology. There is no good reason for it, and it does real harm. We can absolutely insist that all children treat each other kindly without indoctrinating an entire generation in gender confusion.

Second, we must overcome our squeamishness and speak the truth in public. Wherever we find ourselves, we must refuse to recite lies. And we must always clearly distinguish between transgender Americans, generally wonderful people, and the ideological transgender movement, which seeks to warp children and weaken families.

This is a movement that would turn our children against themselves because its advocates know there is no greater harm—no quicker way to bring America to its knees—than by driving our children to do themselves irreversible damage. The people pushing this ideology have gotten a head start on us by perhaps a decade. But now I think they have awakened a sleeping giant. The success of my book is one indication. The many state legislatures that are now debating these issues is another.

These are our kids and grandkids. Our future depends on our winning this fight. ■