

# **College President Speaks on Transgender Ideology**

by [ADMIN3](#) on JULY 10, 2017 in [FEATURED](#)

The *Daily Signal* published this article by the American College of Pediatricians President, Dr. Michelle Cretella, on [Transgender Ideology](#) July 3, 2017. The article is summarized below. View this [Fox News clip](#) of Dr. Cretella being interviewed by Tucker Carlson of Fox News on July 24, 2017.

## ***I'm a Pediatrician. How Transgender Ideology Has Infiltrated My Field and Produced Large-Scale Child Abuse***

The transgender movement has gained legs in the medical community and in our culture by offering a deeply flawed narrative. The scientific research and facts tell a different story. Here are some of the basic facts:

- Twin studies prove no one is born "trapped in the body of the wrong sex."

Some brain studies have suggested that some are born with a transgendered brain. But these studies are seriously flawed and prove no such thing.

Virtually everything about human beings is influenced by our DNA, but very few traits are hardwired from birth. All human behavior is a composite of varying degrees for nature and nurture.

Researchers routinely conduct twin studies to discern which factors (biological or nonbiological) contribute more to the expression of a particular trait. The best designed twin studies are those with the greatest number of subjects.

Identical twins contain 100 percent of the same DNA from conception and are exposed to the same prenatal hormones. So if genes and/or prenatal hormones contributed significantly to transgenderism, we should expect both twins to identify as transgender close to 100 percent of the time.

Skin color, for example, is determined by genes alone. Therefore, identical twins have the same skin color 100 percent of the time.

But in the largest study of twin transgender adults, published by Dr. Milton Diamond in 2013, only 28 percent of the identical twins both identified as transgender. Seventy-two

percent of the time, they differed. (Diamond’s study reported 20 percent identifying as transgender, but his actual data demonstrate a 28 percent figure, as I note here in footnote 19.) That 28 percent of identical twins both identified as transgender suggests a minimal biological predisposition, which means transgenderism will not manifest itself without outside nonbiological factors also impacting the individual during his lifetime.

The fact that the identical twins differed 72 percent of the time is highly significant because it means that at least 72 percent of what contributes to transgenderism in one twin consists of nonshared experiences after birth—that is, factors *not* rooted in biology.

Studies like this one prove that the belief in “innate gender identity”—the idea that “feminized” or “masculinized” brains can be trapped in the wrong body from before birth—is a myth that has no basis in science.

- Gender identity is malleable, especially in young children.

Even the American Psychological Association’s Handbook of Sexuality and Psychology admits that prior to the widespread promotion of transition affirmation, 75 to 95 percent of pre-pubertal children who were distressed by their biological sex eventually outgrew that distress. The vast majority came to accept their biological sex by late adolescence after passing naturally through puberty.

But with transition affirmation now increasing in Western society, the number of children claiming distress over their gender—and their persistence over time—has dramatically increased. For example, the Gender Identity Development Service in the United Kingdom alone has seen a 2,000 percent increase in referrals since 2009.

- Puberty blockers for gender dysphoria have not been proven safe.

Puberty blockers have been studied and found safe for the treatment of a medical disorder in children called precocious puberty (caused by the abnormal and unhealthy early secretion of a child’s pubertal hormones).

However, as a groundbreaking paper in *The New Atlantis* points out, we cannot infer from these studies whether or not these blockers are safe in physiologically normal children with gender dysphoria. The authors note that there is some evidence for

decreased bone mineralization, meaning an increased risk of bone fractures as young adults, potential increased risk of obesity and testicular cancer in boys, and an unknown impact upon psychological and cognitive development.

With regard to the latter, while we currently don't have any extensive, long-term studies of children placed on blockers for gender dysphoria, studies conducted on adults from the past decade give cause for concern.

For example, in 2006 and 2007, the journal *Psychoneuroendocrinology* reported brain abnormalities in the area of memory and executive functioning among adult women who received blockers for gynecologic reasons. Similarly, many studies of men treated for prostate cancer with blockers also suggest the possibility of significant cognitive decline.

- There are no cases in the scientific literature of gender-dysphoric children discontinuing blockers.

Most, if not all, children on puberty blockers go on to take cross-sex hormones (estrogen for biological boys, testosterone for biological girls). The only study to date to have followed pre-pubertal children who were socially affirmed and placed on blockers at a young age found that 100 percent of them claimed a transgender identity and chose cross-sex hormones. This suggests that the medical protocol itself may lead children to identify as transgender.

There is an obvious self-fulfilling effect in helping children impersonate the opposite sex both biologically and socially. This is far from benign, since taking puberty blockers at age 12 or younger, followed by cross-sex hormones, sterilizes a child.

- Cross-sex hormones are associated with dangerous health risks.

From studies of adults we know that the risks of cross-sex hormones include, but are not limited to, cardiac disease, high blood pressure, blood clots, strokes, diabetes, and cancers.

- Neuroscience shows that adolescents lack the adult capacity needed for risk assessment.

Scientific data show that people under the age of 21 have less capacity to assess risks. There is a serious ethical problem in allowing irreversible, life-changing procedures to be performed on minors who are too young themselves to give valid consent.

- There is no proof that affirmation prevents suicide in children.

Advocates of the transition-affirming protocol allege that suicide is the direct and inevitable consequence of withholding social affirmation and biological alterations from a gender-dysphoric child. In other words, those who do not endorse the transition-affirming protocol are essentially condemning gender-dysphoric children to suicide.

Yet as noted earlier, prior to the widespread promotion of transition affirmation, 75 to 95 percent of gender-dysphoric youth ended up happy with their biological sex after simply passing through puberty.

In addition, contrary to the claim of activists, there is no evidence that harassment and discrimination, let alone lack of affirmation, are the primary cause of suicide among any minority group. In fact, at least one study from 2008 found perceived discrimination by LGBT-identified individuals not to be causative.

Over 90 percent of people who commit suicide have a diagnosed mental disorder, and there is no evidence that gender-dysphoric children who commit suicide are any different. Many gender dysphoric children simply need therapy to get to the root of their depression, which very well may be the same problem triggering the gender dysphoria.

- Transition-affirming protocol has not solved the problem of transgender suicide.

Adults who undergo sex reassignment—even in Sweden, which is among the most LGBT-affirming countries—have a suicide rate nearly 20 times greater than that of the general population. Clearly, sex reassignment is not the solution to gender dysphoria.

**Bottom Line: The Transition-Affirming Protocol is child abuse.**