

MEDICAL PROFESSION BOWS TO TRANSGENDERISM

Elites in the medical profession have taken up the cause of transgenderism. They know that what they are promoting cannot be scientifically validated, but their politics overrides such considerations.

Pages 10-11 cover the medical schools; pp. 12-13 cover medical journals.

#1 Harvard Medical School

Mass General is the original and largest teaching hospital of Harvard Medical School. The hospital has a specialized gender-affirming care unit. According to Mass General's website, the unit "performs a variety of highly specialized gender-affirming surgical procedures tailored to meet the needs of transgender and gender-nonconforming patients." These surgical procedures include:

- Vaginoplasty, a surgery used to create a vulva, labia, and vaginal canal
- Orchiectomy, a procedure in which the testicles are surgically removed
- Hysterectomy, a surgery to remove the uterus
- Oophorectomy, a procedure to remove the ovaries
- Phalloplasty, a surgery to create a penis and can include a variety of different procedures, depending on individual goals
- Mastectomy, a surgery to remove breast tissue from the chest
- Breast augmentation, a surgery that uses implants made of silicone or saline to enhance the size of a person's natural breasts
- Facial feminization or masculinization, a surgery to alter facial features—the chin, nose, cheeks, forehead, etc.—to create a more feminine or masculine facial structure
- Vocal feminization or masculinization

Boston Children's Hospital is also a teaching hospital of Harvard Medical School. According to the hospital's website, its "Gender Multispeciality Service" is "the first pediatric and adolescent transgender health program in the United States." It claims to have cared for more than 1,000 families. It also professes its support for "a gender-affirmative model of care, which supports transgender and gender diverse youth in the gender in which they identify. This is a standard of care grounded in scientific evidence, demonstrating its benefits to the health and well-being of transgender and gender diverse youth." To this end, Boston Children's Hospital offers:

- "management of bleeding, pelvic pain, or other gynecologic concerns for people on gender-affirming testosterone therapy"
- "menstrual suppression"
- "contraception counseling"
- "gender-affirming hysterectomies"
- "dilation therapy and care of neovaginas for people who have undergone gender-affirming vaginoplasty"

In a video on Boston Children's website Dr. Kerry McGregor, who is also an instructor in Psychology at Harvard Medical School, said that "a good portion of children do know as early as—seemingly—from the womb...And they will usually express their gender identity as very young children, some as soon as they can talk... kids know very, very early."

#2 Johns Hopkins Medicine

John Hopkins Medicine runs the Emerge Gender and Sexuality Clinic for Children, Adolescents, and Young Adults. This clinic "offers fully integrated and interdisciplinary expertise and clinical services in pediatrics, adolescent and young adult medicine, endocrinology, nursing, social work, child and adolescent psychiatry, and mental health care designed to improve the health and well-being of gender variant, gender diverse and transgender youth and young adults." These clinical services are available for individuals

between the ages of 5 and 25 years “include education, family and individual support, pubertal blockade, cross-hormonal therapy and mental health support and treatment.”

These include:

- Top surgery
- Penile construction
- Vaginoplasty
- Hormone Treatment

#3 Stanford Medicine

Stanford runs a “LGBTQ+ Health Program.” It offers “compassionate, comprehensive, and unparalleled LGBTQ+ focused care to members of the LGBTQ+ community in the San Francisco Bay area and from around the world.” The program also touts its “safe, comfortable, and affirming environment.”

Stanford Children’s Health offers reconstructive chest surgery to adolescents and young adults removing “breast tissue and excess skin to create a masculine-looking chest.”

Stanford Medicine’s Obstetrics and Gynecology claims “to be a leader in providing gender-affirming surgery, including vaginoplasty and orchiectomy.” To provide these procedures, it works “hand-in-hand” with the Stanford LGBTQ+ Health Program.

#4 University of Pennsylvania Perelman School of Medicine

Penn Medicine offers a “Program in LGBTQ Health.” It is one of the only programs in the nation that is dedicated to serving the LGBTQ community by providing “culturally-competent, judgment-free health care.” It works in partnership with Penn’s Office of Inclusion, Diversity and Equity and the Penn Medicine Center for Health Equity Advancement.

The Penn Medicine Program for LGBTQ Health has been recognized by the Human Rights Campaign, one of the most powerful LGBT advocacy groups in the nation, as a “Leader in LGBT Healthcare Equality.”

Penn Plastic Surgery provides a number of gender-affirming procedures, including:

- Facial feminization and facial masculinization surgeries
- “Top” surgery
- Voice Gender Reassignment Surgery
- Hysterectomy
- Orchiectomy

Perelman School of Medicine promulgates standards for professionalism that it expects all students, staff, and faculty to follow. These standards emphasize diversity, equity, and inclusion. For instance, the code of conduct forbids “refusing to use the name or pronouns with which a person self-identifies.” Further, the standards prohibit “refusing to allow people to use single-gender facilities or programs most closely aligned with their gender identity.”

#5 Columbia University’s Vagelos College of Physicians & Surgeons

Columbia’s website claims that “Everyone Has a Role in Gender-Affirming Care.” It goes into great detail about “medically necessary, evidence-based, gender-affirming care,” and the active role society must play in helping people realize their “gender identity.” It extols people to recognize “a person’s gender identity and using their correct pronouns,” avoid “making assumptions about a person’s sexual orientation or sexual activity,” and demands the use of “gender inclusive language.” Further, it insists medical professionals should display “medical office signs and health information that lets people know they are safe.”

Columbia’s website offers a “Gender Identity Glossary.” Its definitions include:

- Gender affirmation: Medical, social, and legal changes a person makes to support their gender identity; can mean switching to a new gender from gender assigned at birth.

- Gender expansive: Beyond perceived societal norms for gender, this term describes people who expand notions of gender expression and identity.
- Gender identity: The gender a person identifies with regardless of their assigned sex at birth. The only way to know someone else's gender identity is for them to tell you.
- Gender diverse: Beyond the binary (male-female) framework. This term describes people who do not identify with or wish to be defined by one gender or do not have a gender identity.
- Gender dysphoria: A condition in which a person experiences discomfort or distress because their gender identity is not their gender assigned at birth, and their gender identity is not being affirmed or recognized.
- Sex assigned at birth (AKA assigned sex at birth): The label a medical professional gives a newborn baby, usually based on external anatomy or chromosomes.
- Sexual orientation: A person's enduring physical, romantic, and/or emotional attraction to another person. Sexual orientation is not determined by gender identity.

Columbia's website also has a section on youth and gender-affirming care. It notes the importance for "children as young as 4 years of age to have a stable sense of their gender identity."

#6 The David Geffen School of Medicine at UCLA

The UCLA Division of Plastic and Reconstructive Surgery offers "a one-year fellowship focused on Facial Gender-Affirming Surgery." It also gives these fellows some experience in chest and genital "reconstruction." In addition to providing UCLA medical students with hands-on-experience, the program aims "to generate leaders in gender-affirming care. As such, the fellowship includes time with gender health primary care physicians, endocrinology, behavioral health, urology, as well as collaborative projects with the Williams Institute at the UCLA School of Law."

#7 Yale Medicine

Yale Medicine offers reproductive health services to transgender individuals. These services primarily focus on allowing men and women who have irrevocably damaged their bodies in their forlorn pursuit of changing their sex to continue to live out their fantasies to become fathers and mothers. To this end, these services utilize freezing reproductive cells prior to undergoing medical procedures.

Since 2018, Yale has offered a Gender Affirming Surgery Program. The program provides training for all levels of medical professionals. Ranging from clinical receptionists up to attending physicians, the goal is to train health care providers in creating a welcoming environment for transgender patients.

On August 12, 2022, professors from the Yale Law School, Yale School of Medicine, Yale Child Study Center, and several other academic institutions filed an amicus brief opposing Alabama's legislative ban on gender-affirming care for adolescents under age 19.

#8 Duke University School of Medicine

Duke University has a "Sexual and Gender Diversity Advisory Council (SAGDAC)." It promotes LGBT initiatives at Duke. SAGDAC has representation from clinical specialties within the School of Medicine, across Duke Health entities, as well as other organizations such as the Office of Institutional Equity, DukeMed Pride, Nursing, the Duke Center for Sexual and Gender Diversity along with other LGBT stakeholders at the university.

Duke Health provides gender-affirming hormone therapy for children 16 and older. For younger children, Duke Health offers therapies to "delay puberty."

In promotional material for why students should consider Duke's School of Medicine, the university promises students an opportunity to "work with a plastic surgeon experienced in

gender-affirmation surgery.” It also highlights that the surgeon is a member of the World Professional Association for Transgender Health, one of the leading advocacy groups promoting transgenderism in medicine.

Duke’s medical facilities have earned a perfect score by the LGBTQ+ group within the Human Rights Campaign. It received high marks for patient care, support services and health insurance policies for LGBTQ+ patients.

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Scientific American/Nature

Scientific American and Nature are two of the most prominent scientific journals in the world. Both publications are owned by the same parent company.

August 29, 2017: *Scientific American* featured an article claiming that “sex, gender, and sexuality are all distinct from one another (although they are often related), and each exists on its own spectrum. Moreover, sex cannot be depicted as a simple, one-dimensional scale.”

September 1, 2017: *Scientific American* featured an article claiming that “as science looks more closely, however, it becomes increasingly clear that a pair of chromosomes do not always suffice to distinguish girl/boy—either from the standpoint of sex (biological traits) or of gender (social identity).”

October 30, 2018: *Nature* featured an article claiming that “biology is not as straightforward...by some estimates, as many as one in 100 people have differences or disorders of sex development, such as hormonal conditions, genetic changes or anatomical ambiguities, some of which mean that their genitalia cannot clearly be classified as male or female.”

June 13, 2019: *Scientific American* featured an article claiming that “the science is clear and conclusive: sex is not binary, transgender people are real. It is time that we acknowledge this. Defining a person’s sex identity using decontextualized ‘facts’ is unscientific and dehumanizing.”

October 24, 2023: *Scientific American* featured an article claiming that “both among the general public and in academia, the core argument boils down to the question of how many sexes exist. The tricky thing is that the answer to this question differs depending on the context.”

New England Journal of Medicine (NEJM)

December 2019: A NEJM study found that “as part of their gender affirmation, some nonbinary people may pursue body modification through surgical procedures, hormone therapy, or both. For nonbinary patients, it’s more appropriate for discussion of these procedures to focus on achieving specific features than on ‘feminization’ or ‘masculinization.’”

January 19, 2023: A NEJM study found that “increasingly, transgender and nonbinary youth receive medical care to alleviate gender dysphoria, including gonadotropin-releasing hormone (GnRH) agonists to suppress gender-incongruent puberty and gender-affirming hormones (GAH; testosterone or estradiol) to foster gender-congruent secondary sex characteristics. An important goal of such treatment is to attenuate gender dysphoria by increasing appearance congruence—that is, the degree to which youth experience alignment between their gender and their physical appearance.”

January 19, 2023: A NEJM study found that “In this 2-year study involving transgender and nonbinary youth, [gender-affirming hormones] improved appearance congruence and psychosocial functioning.”

American Medical Association (AMA)/JAMA (*Journal of the American Medical Association*)

June 15, 2021: AMA Board Member Michael Suk, MD, JD, MPH, MBA stated that “the AMA opposes the dangerous intrusion of government into the practice of medicine and the criminalization of health care decision-making. Gender-affirming care is medically-necessary, evidence-based care that improves the physical and mental health of transgender and gender-diverse people.”

June 15, 2021: AMA issued a statement claiming that “the majority of transgender and diverse-gender patients report improved mental health and lower rates of suicide after receipt of gender-affirming care.”

February 25, 2022: A JAMA study found that “in this prospective cohort of 104 [trans non-binary] youths aged 13 to 20 years, receipt of gender-affirming care, including puberty blockers and gender affirming hormones, was associated with 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over a 12-month follow-up...these data suggest that access to pharmacological interventions may be associated with improved mental health among [trans non-binary] youths over a short period.”

February, 25 2022: A JAMA study found that “specifically, [puberty blockers, gender-affirming hormones], and gender-affirming surgeries have all been found to be independently associated with decreased rates of depression, anxiety, and other adverse mental health outcomes. Access to these interventions is also associated with a decreased lifetime incidence of suicidal ideation among adults who had access to [puberty blockers] during adolescence.”

Endocrine Society

September 1, 2017: The Endocrine Society declared that “gender-dysphoric/gender-incongruent persons should receive a safe and effective hormone regimen that will suppress the body’s sex hormone secretion, determined at birth and manifested at puberty, and maintain levels of sex steroids

within the normal range for the person's affirmed gender."

June 12, 2023: The Endocrine Society issued a statement on AMA House of Delegates passing its "resolution to protect access to evidence-based gender-affirming care for transgender and gender-diverse individuals...In the resolution, the AMA committed to opposing any criminal and legal penalties against patients seeking gender-affirming care, family members or guardians who support them in seeking medical care, and health care facilities and clinicians who provide gender-affirming care."

American Academy of Pediatrics (AAP)/*Pediatrics* (AAP Journal)
September 17, 2018: AAP releases its first policy statement to provide guidance for parents and clinicians through a gender-affirming approach. Additionally, AAP recommended "providing youth with access to comprehensive gender-affirming and developmentally appropriate health care. Supporting insurance plans that offer coverage specific to the needs of youth who identify as transgender, including coverage for medical, psychological and, when appropriate, surgical interventions."

October 1, 2018: A *Pediatrics* study found that "gonadotrophin-releasing hormones have been used to delay puberty since the 1980s for central precocious puberty. These reversible treatments can also be used in adolescents who experience gender dysphoria to prevent development of secondary sex characteristics and provide time up until 16 years of age for the individual and the family to explore gender identity, access psychosocial supports, develop coping skills, and further define appropriate treatment goals. If pubertal suppression treatment is suspended, then endogenous puberty will resume. Often, pubertal suppression creates an opportunity to reduce distress that may occur with the development of secondary sexual characteristics and allow for gender-affirming care, including mental health support for the adolescent and the family."

February 1, 2020: A *Pediatrics* study found “there is a significant inverse association between treatment with pubertal suppression during adolescence and lifetime suicidal ideation among transgender adults who ever wanted this treatment. These results align with past literature, suggesting that pubertal suppression for transgender adolescents who want this treatment is associated with favorable mental health outcomes.”

October 1, 2020: A *Pediatrics* study found that “late pubertal stage and older age are associated with worse mental health among [gender-incongruent] youth presenting to [gender-affirming medical care], suggesting that this group may be particularly vulnerable and in need of appropriate care.”

August 3, 2023: The *New York Times* reported that “the American Academy of Pediatrics renewed its support of gender care for minors while commissioning a fresh look at the evidence.”

Journal of Adolescent Health

December 2021: *Journal of Adolescent Health* issued findings supporting “a relationship between access to [Gender-affirming hormone therapy] and lower rates of depression and suicidality among transgender and nonbinary youth.”

American College of Physicians (ACP)/*Annals of Internal Medicine*(ACP Journal)

July 2019: A study by *Annals of Internal Medicine* found that “transgender persons are a diverse group whose gender identity differs from their sex recorded at birth. Some choose to undergo medical treatment to align their physical appearance with their gender identity. Barriers to accessing appropriate and culturally competent care contribute to health disparities in transgender persons, such as increased rates of certain types of cancer, substance abuse, mental health conditions, infections, and chronic diseases.”

May 19, 2023: ACP declared that it “firmly believes that

gender-affirming care is an important component of comprehensive health care services for transgender and nonbinary patients. The College has long had policy affirming that public and private health benefit plans include comprehensive transgender health care services and provide all covered services to transgender persons as they would all other beneficiaries, including gender-affirming care.”

May 19, 2023: ACP declared that “for individuals with gender dysphoria, gender-affirming care seeks to support them in exploring and living their life in a way that aligns with their gender identity. It includes medical interventions that facilitate the alignment of one’s physiology with their gender identity, such as the use of puberty blockers and other forms of hormone therapy, combined with other social, psychological and behavioral interventions.”

American College of Obstetricians and Gynecologists

December 2011: American College of Obstetricians and Gynecologists released a statement claiming that “although the care for [transgender] patients is often managed by a specialty team, obstetrician–gynecologists should be prepared to assist or refer transgender individuals with routine treatment and screening as well as hormonal and surgical therapies.”

January 2017: American College of Obstetricians and Gynecologists issued consensus guidelines “initiating medical therapy after an adolescent has an established diagnosis of transgender identity and has reached Tanner stage II development. Medical management involves the suppression of puberty (typically in the form of gonadotropin-releasing hormone agonists) followed by cross-sex hormone therapy to induce puberty at age 16 years. A variety of surgical options are available, including bilateral mastectomy, hysterectomy with bilateral salpingo-oophorectomy or salpingectomy, and possible neophallus creation.”

March 2021: American College of Obstetricians and Gynecologists released a statement claiming that “The majority of medications used for gender transition are common and can be safely prescribed by a wide variety of health care professionals with appropriate training and education, including, but not limited to, obstetrician–gynecologists, family or internal medicine physicians, endocrinologists, advanced practice clinicians, and psychiatrists.”