GENDER IDEOLOGY

STATE OF DISTORTION

In 2023, Minnesota's political leaders enacted some of the world's most extreme laws regarding medicalized treatment for gender-distressed young people.

BY KATHERINE KERSTEN

The idea that it's possible to change one's biological sex was virtually unheard of until little more than a decade ago. Yet today, in many public schools, Minnesota students are being instructed in "gender-fluidity" and urged to "state their pronouns." A skyrocketing number of our state's young people are irreversibly altering their bodies through puberty blockers, hormones and surgeries in hopes of living as the opposite sex.

Elsewhere in the world, however, gender ideology's harms are rapidly becoming apparent. Europe's most "progressive" countries — Sweden, Finland, Denmark, Norway — are decisively rejecting so-called "gender-affirming care" as dangerous and non-evidence-based. At least 20 other American states are banning or restricting it.

Nevertheless, in 2023, Minnesota's Democratic "trifecta" moved to hardwire extremist gender ideology into our state's public policy landscape. They enacted a "trans refuge" law that will make medicalized treatment available to all young people who ask for it, and simultaneously banned psychological counseling to help gender-confused children become comfortable with their natal sex.

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And in a chilling, unprecedented assault on parental rights, lawmakers authorized courts to take "emergency jurisdiction" over children whose parents resist invasive gender-affirming care. In so doing, they legally equated these youngsters with those who need "protection or services" because of parental abuse or mistreatment.

In signing the new "trans refuge" law, Gov. Tim Walz accused states that are restricting medicalized gender interventions of "bigotry and hate." In Minnesota, he declared, "compassion is on the march."

The opposite is true. Our state is becoming an outlier just as mounting evidence is revealing that the gender-affirming model of care is one of history's greatest medical scandals.

The "trans" phenomenon

Until recent years, the number of young Americans who expressed severe distress about their biological sex was vanishingly small — about .01 percent. But in the last decade or so, gender dysphoria has surged by over 1,000 percent in the United States. In 2007, there were no pediatric gender clinics in the U.S. Today, there are more than 100.

Roughly two percent of high school students now identify as transgender, according to the Centers for Disease Control and Prevention (CDC). That number roughly doubled between 2017 and 2021, says the CDC. The shifting sex ratio is of special interest. Until recently, the ratio of transgender identification in the United States was 7:1, boys versus girls. In fact, before 2012, there was no scientific literature on girls ages 11 to 21 ever developing it at all.

But today, in the U.S., the great majority of self-identified transgender youth are girls. In Britain, it's 70 percent. Remarkably, from 2009 to 2019, the U.K. saw an extraordinary, unexplained increase of 4,400 percent in the number of gender-distressed young women.

Young people who experience "gender dysphoria" suffer from real, sometimes debilitating, depression and mental anguish, and deserve our empathy and concern. But transgender activists make a reality claim. They insist people who feel this way don't just have a psychological desire to be the opposite sex. They *really are* the opposite sex. This claim "is starkly, nakedly false," in the words of Dr. Paul McHugh, former psychiatrist-in-chief at Johns Hopkins Hospital in Baltimore.

Until 2008 or so, the standard treatment for youthful gender dysphoria was "watchful waiting." When supported by psychological counseling through

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natural puberty, between 70 to 90 percent of these patients became comfortable with their sex, according to research.

But after 2008, the medicalized "gender-affirming care" model, imported from Holland, began to replace non-invasive talk therapy. The new model seeks to relieve distress by "affirming" a young person's self-expressed gender "identity" — both through "social transition" (adopting a name, pronouns and dress associated with the opposite sex), and medical transition, using drugs and sometimes "sex transition" surgery. This model was widely adopted in Europe and

America without rigorous clinical trials to establish its safety or effectiveness, and relies on "off-label" drugs the FDA never approved for this purpose.

The "gender-affirming" model

Today, in the U.S., medicalization of gender dysphoria often begins with puberty blockers, starting between ages 9 to 12, followed by synthetic cross-sex hormones (testosterone and estrogen) by age 16. Puberty blockers can stunt growth and decrease bone density. Their use, followed by cross-sex hormones, almost always causes lifelong infertility.

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Cross-sex hormones launch what is generally a lifelong dependence on the medical system for those who wish to retain the cosmetic resemblance to the opposite sex that they cause. Hormones also increase risk factors for developing cancers, liver damage, diabetes, blood clots, stroke and heart attack. As with blockers, their long-term effects on brain development are unknown.

"Sex reassignment" surgery sometimes follows, including, in the U.S., double mastectomy for females as young as age 13 and sometimes removal of, or attempts to "create," genitalia.

All these interventions, which permanently alter tissues and organs, are performed on healthy bodies in the name of alleviating subjective psychological distress thought to spring from a sense of gender identity. Young people are being asked to make irreversible, life-changing decisions on these matters at an age when many states bar them from using a tanning bed or getting a tattoo.

Here's how Dr. Marcus Evans, formerly a psychiatrist and trustee at the Tavistock Centre gender clinic in London, explains gender ideology's fundamental premise: "This trend is rooted in the faddish idea that everyone — including children — has an innate gender identity, akin to a religious soul, that one discovers and nurtures." This is a fantasy, he writes, at war with biological fact.

Dr. McHugh compares treating the psychological confusion of gender dysphoria with hormones or sex-change surgery to treating anorexia with liposuction. It leaves a patient's underlying psychological problems undiagnosed and unaddressed.

In other words, what's underway here amounts to a massive uncontrolled experiment.

Why is this happening now?

So why are so many young people drawn to the fantasy of transgender identity today, despite its perils?

A primary answer, often overlooked, is that American youth are in the midst of a mental health crisis — struggling with anxiety, depression, alcohol abuse, behavioral challenges, and thoughts of suicide at unprecedented levels. And they report greater loneliness than any generation on record.

Between 2005 and 2014, the number of teens diagnosed with clinical depression grew 37 percent. The worst hit — suffering from depression at three times the rate of boys — were teenage girls. Between 2010 and 2019, self-harm rose 189 percent among girls ages 10 to 14.

In 2020, *Wall Street Journal* writer Abigail Shrier wrote a book entitled *Irreversible Damage: The Transgender Craze Seducing Our Daughters*, which sheds invaluable light on the explosion of what's now called "rapid onset gender dysphoria" in adolescent girls. Shrier traced the extraordinary spike and sex-ratio shift in transgender identification to about 2017, when the first generation of teens who had used smart phones throughout adolescence graduated from high school.

She points out that nearly 70 percent of girls who identify as trans belong to a peer group in which at least one friend has "come out" — in some cases a majority of friends. This suggests that rapid onset gender dysphoria is a so-called "social contagion."

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These girls share a number of characteristics. For example, they feel they don't belong, and struggle with female socialization. A large majority, something like two-thirds, already have one or more psychiatric diagnoses — anxiety, depression, eating disorders, autism — and almost half have engaged in self-harm before diagnosis.

Sixty-five percent of these girls claim to be trans after a social media binge. There they find trans influencers who, in Shrier's words, detail every moment of their "transition" and boast of how their lives have improved, often portraying the pain they have endured in the process as a badge of honor.

The girls find a new online "community," where new "friends" (frequently anonymous) applaud them and encourage them. These individuals generally depict gender dysphoria as a heroic social identity. They often urge the

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girls to isolate themselves from anyone who raises questions, including parents.

Dr. Marcus Evans has observed that parents of gender-dysphoric girls frequently "express concern" that their child is "being groomed by a thicket of online video resources." As in actual cults, he says, these girls are encouraged to believe that all their personal problems can be solved by embracing one overarching dogma.

In the words of one European clinician, hearing girls' formulaic requests for hormones can be like "listening to them read from a Facebook manual."

Today, however, diagnosis of gender dysphoria and referral for body-altering interventions rarely includes careful, nuanced psychological evaluation to investigate the underlying sources of young people's distress. Evans, for example, resigned from England's Tavistock gender clinic because he feared that children were routinely "being fast-tracked into medical solutions for psychological problems."

In the U.S., a 2022 Reuters investigation found that none of the U.S. pediatric gender clinics studied were performing comprehensive mental health assessments or reaching differential diagnoses prior to referring patients for medical "transition." The director of Boston Children's Hospital Gender Multispecialty Service, for example, has acknowledged that puberty-blockers are being handed out "like candy."

Pushback is beginning

But as medical harms have become more apparent, pushback is gaining steam. Minnesota's neighboring states — including South Dakota, North Dakota and Iowa — have banned or restricted gender-affirming care. Whistleblowers are coming forward, and detransitioners who regret their decision are raising public awareness of medical negligence and filing lawsuits against their medical providers.

One such whistleblower is Jamie Reed, a former case manager at Washington University's Transgender Center in St. Louis. Reed — a self-described "queer" woman married to a "trans man" — is hardly a conservative. But in January 2023, she went public with alarming revelations. What is happening to children at her clinic, she declared, is "medically and morally appalling."

Reed detailed the gender clinic's lack of formal treatment protocols, its "false assertions" to families about safety, and how vulnerable and deeply troubled young people are pushed to begin medicalized interventions. She came to recognize, she said, that adolescents are incapable of "grasping" the "profound impacts" these interventions will have "on their bodies and minds," and "what it means to make the decision to become infertile while still a minor."

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Reed's descriptions of the painful, sometimes debilitating, side effects of the surgeries adolescents undergo are particularly disturbing. In rare cases, she said, infants are "born with atypical genitalia," which calls for "sophisticated care and compassion."

> *But clinics like the one where I worked are* creating *a whole cohort of kids with atypical genitals — and most of these teens haven't even had sex…. Yet all it took for them to permanently transform themselves was one or two short conversations with a therapist* (emphasis in original).

In June 2023, following Reed's revelations, Missouri lawmakers severely restricted minors' access to puberty blockers, hormones and surgeries.

How has Minnesota's Democratic "trifecta" responded to the attempts of states like Missouri to erect guardrails to protect vulnerable children? Our state leaders adopted a "trans refuge" law that will prevent courts or officials here from complying, in a child custody action, with removal requests, extradition orders or subpoenas regarding children who come from other states for "gender-affirming care."

Minnesota education policymakers have engaged in a similar wholesale embrace of gender ideology. For a decade, the Minnesota Department of Education (MDE) has fueled the "school to clinic pipeline," as the Manhattan Institute's Leor Sapir has called it, by portraying gender confusion as a normal part of growing up and celebrating young people who adopt a "trans" identity as the "new Rosa Parks."

For example, MDE's 2017 "transgender toolkit" instructed schools to allow students to use the bathrooms and locker rooms, and join the athletic teams, that aligned with their gender identity. In 2019, the agency's "Minnesota Student Survey" — administered to ninth- and 11th-graders every three years — began asking 15-year-olds to specify if they are "transgender," "genderqueer," "genderfluid," "nonbinary," "pansexual," "trans male" or "trans female," or "questioning."

This year, Minnesota lawmakers ventured into even more bizarre territory. They required public schools to stock menstrual products in bathrooms for boys in grades 4 to 12, since "not all menstruators are female." And new teacher licensing rules will require teachers to "affirm" students' self-proclaimed gender identities.

Yet such "affirmation" is not a "neutral" act, according to pediatric gender experts like Britain's Dr. Hilary Cass. On the contrary, it amounts to "active intervention" in a child's psychosocial development, which can cement an identity (and lead to additional interventions) that typically result in sterility and loss of sexual function, as well as heightened risk of cancer and heart disease.

Europe is doing an about-face on medicalized interventions

Minnesota Democrats insist their new policy regime will significantly reduce the risk of suicide, anxiety, and depression, and claim it is vital to

the well-being of young people with gender distress. Rep. Leigh Finke, who sponsored the "trans refuge" legislation, describes blockers, hormones and surgery as "life-saving."

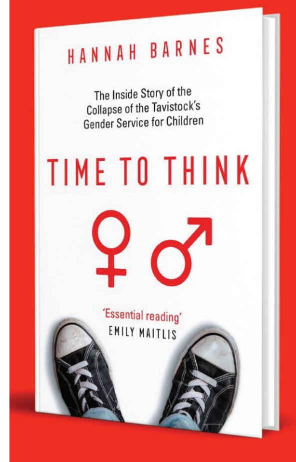
In taking this position, however, Minnesota leaders have turned a blind eye to developments in Europe, where Scandinavian countries — long liberals' lodestar of progressive thinking — are now decisively rejecting the medicalized model in favor of a holistic focus on psychotherapy and counseling.

Sweden, Finland, and the United Kingdom began to rethink gender-affirming care around 2019. They did so using the standards of "evidence-based medicine," which holds that interventions should be based on the best available research. Health authorities in each of these nations carried out a "systematic review" of all available studies on the medicalized model's effectiveness. Rigorous analyses of this kind are the gold standard of evidence-based medicine because they don't just summarize individual studies' conclusions, but assess their methodological strengths and weaknesses to determine the reliability of their findings.

The European research reviews flatly contradict Minnesota policymakers' claim that blockers, hormones, and surgery are medically necessary and life-saving for gender-distressed young people. In July 2023, 21 clinicians and researchers from nine countries summarized these findings in a letter to the *Wall Street Journal*. The "claim that gender transition reduces suicides is contradicted by every systematic review," they wrote, while evidence that hormones yield mental health benefits is of "low or very low certainty."

Medicalized treatment for gender dysphoria also creates "significant" risks, including "sterility, lifelong dependence on medication and the anguish of regret," the clinicians observed.

This evidence-based confirmation that blockers and hormones do not reduce suicidal thoughts or attempts is of pivotal importance. Advocates of gender-affirming care routinely pressure wavering parents to acquiesce to medicalized interventions by asking, "Would you rather have a dead daughter or a live son?" But the claim that withholding gender affirmation will provoke suicides is "purposeful disinformation," according to Dr. Riittakerttu Kaltiala, Finland's top expert on pediatric gender medicine, and spreading it is "irresponsible."



Barnes' book chronicles Tavistock's Gender Identity Development Service clinic scandal in which ideology was prioritized over medical care and clinical practice.

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Today, Scandinavian countries and the U.K. are labeling blockers and hormones as "experimental" and limiting their use to rigorously regulated clinical trials. (Gender surgery for minors is generally prohibited in Europe.) Increasingly, other countries, such as France, are following their lead.

If adopted in the U.S., this approach would deny puberty blockers and cross-sex hormones to the vast majority of American teens currently receiving them.

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Britain's abrupt about-face on gender-affirming care reveals what can happen when courageous medical providers and journalists break the code of silence that characterizes many gender clinics. In 2019, five clinicians at London's Tavistock Centre — then the nation's only National Health Service (NHS) pediatric gender-identity clinic — resigned as a "matter of conscience," bringing the number to 35 in three years.

Their revelations echoed those of Jamie Reed at Washington University in St. Louis. "I felt for the last two years what kept me in the job was a sense there was a huge number of children in danger and I was there to protect them from the service, from the inside," one clinician told the *Times of London*. "The Tavistock clinicians fear they have played a part in a huge medical scandal," says journalist Hannah Barnes, author of the 2023 bombshell book, *Time to Think: The Inside Story of the Collapse of the Tavistock's Gender Service for Children*.

In 2021, the NHS commissioned pediatrician Hilary Cass to carry out an independent review of the Tavistock service. Her devastating report concluded that the type of treatment provided there "was not safe or viable as a long-term option for the care of young people with gender-related distress." In 2022, NHS ordered Tavistock to be closed.

The U.K., like other European countries, is now reorienting care for gender dysphoria around psychotherapy and counseling. Its new "holistic model" is mindful of the risks of even non-medicalized "social transition." According to the NHS, for most young patients, gender dysphoria will be a "transient phase" best treated with psychological support.

Minnesota Democrats ignore developments in Europe

How do Minnesota policymakers justify their continued support for medicalized treatment of pediatric gender distress in the face of decisive European rejection? They rely, not on evidence-based

medicine, but on the policy statements and guidelines of professional medical societies such as the American Academy of Pediatrics (AAP), which prefer the medicalized model to non-invasive "watchful waiting."

Minnesota advocates of gender-affirming care persist in "seeing no evil." In this, they echo Dr. Rachel Levine, the Biden administration's assistant secretary for health, who recently asserted that in America, no children are receiving drugs or hormones for gender care who shouldn't.

But Dr. Gordon Guyatt of Canada's McMaster University, a founder of evidence-based medicine, dismisses U.S. medical societies' guidelines for managing youth gender dysphoria as "untrustworthy." For example, an unrebutted, peer-reviewed "fact check" in 2019 found that the AAP's 2018 statement seriously "misrepresented" the studies cited, which "repeatedly said the very opposite of what AAP attributed to them."

It seems clear that treatment protocols for, say, cancer patients would never be based on such low-quality evidence. Why is this tolerated in the U.S. for children experiencing gender distress?

There are three primary reasons. First, pediatric gender care in America has become politicized, say the European authors of the *Wall Street Journal* letter. As a result, they explain, prestigious U.S. medical societies are "exaggerating the benefits and minimizing the risks."

Ideological capture of this kind has occurred at the U.S. Endocrine Society, according to endocrinologist Roy Eappen of "Do No Harm," a group that opposes extreme identity politics in medicine. Most endocrinologists "rue" the "elevation of transgender activism over medical expertise and patient needs," he wrote in the *Wall Street Journal* in June 2023. But they are "cowed into silence" by activists who equate questioning the gender-affirming model with attacking the troubled young people who express distress.

The second reason for the medicalized model's proliferation is that, in 2016, the Obama administration prohibited insurers from limiting health care coverage on the basis of gender identity. Subsequently, public and private insurance coverage for such care expanded exponentially. Today, more than half of states pay for gender transition treatment through Medicaid for low-income families. The Biden administration has proposed an expansion of Obama-era policies.

One detransitioner summarized the paradoxical situation this way: "These interventions are mind-bendingly expensive, entirely cosmetic and medically unnecessary, yet are covered by insurance."

If adopted in the U.S., this approach would deny puberty blockers and cross-sex hormones to the vast majority of American teens currently receiving them.

The third reason that "gender care" is expanding so rapidly is that the medicalization of gender distress has become a big business. Puberty blockers can cost tens of thousands of dollars a year. Synthetic cross-sex hormones generally run between $100 and $500 a month. For most patients, this will be a lifelong cost.

Surgeries too, are exploding. Between 2016 and 2019, nearly 4,000 young people between the ages of 12 and 18 underwent gender-related procedures, according to a 2023 Columbia University study. About 87 percent were breast or chest surgeries, which can cost between $5,000 and $10,000. Since 2019, the pressure to medically transition children has dramatically increased. Genital surgeries cost between $25,000 and $75,000 and often result in complications. (These can include internal pressure sores, urinary obstructions, severe and recurrent bladder stones — and worse.) Young people are hurrying to complete as many cosmetic modifications as possible before they are dropped from their parents' policy at age 26.

Tragically, detransitioners who regret their earlier actions — like California 19-year-old Chloe Cole, whose breasts were removed at age 15 — generally don't qualify for insurance coverage, and often have difficulty even finding a physician who will see them. Ironically, they can't get coverage because they no longer have a diagnosed medical condition — gender dysphoria.

Americans don't know what is really happening

What's underway in Minnesota, and across America, is a medical scandal of huge proportions. Democrats who rely on politicized medical societies' recommendations should be mindful of a monstrous precedent — the eugenics movement of the 1920s and '30s — when many in the medical establishment were complicit in the state-approved sterilization of vulnerable populations, primarily black, disabled, or mentally ill.

Minnesota policymakers claim the effort to restrict "gender-affirming care" is motivated by hatred. In fact, opposition is not about impugning an "identity," but supporting and protecting fragile, troubled children. Significantly, in Denmark, opposition to medicalized interventions is led by a mainstream LGBT organization, the Danish Rainbow Council.

"As adults, we must dare to step up and say stop this madness," which involves "castrat[ing] and steriliz[ing] children and physically destroy[ing] their otherwise healthy bodies," the council declared in 2022.

Minnesota's new trans refuge law poses real danger to at-risk children and their families. At the same time that European nations are embracing holistic care centered on counseling, a new state law banning "conversion therapy" for gender identity will essentially bar Minnesota youngsters from receiving such care.

And parents who resist condemning their children to invasive puberty blockers and lifelong hormones will live in fear that the state, through its courts, will order this to be done.

Gov. Walz may regard this as "compassion." Real compassion and care for these vulnerable young people would be following the science. ★