

Transgenderism's – So-Called Gender-Affirming Care: Exposing the Lies of the Media and Medical Organization. (A Response to the Billings Gazette Article)

Dick Pence – Coordinator, Big Sky Worldview Forum (*) **Endnote references.**

How We Got Here:

One of the biggest political issues in America today is transgenderism. It has become a weapon for Progressives. It is in the media, government schools, the military, and in medical ideology. Many of these activists' care nothing for confused youth who are the victims of the cultural experiment – or for the facts. They are using it as a tool to destroy accepted norms of male and female and what it means to be human.

Back in 2016, Dr. Ryan T. Anderson wrote a key article for the Heritage Foundation, [*Almost Everything the Media Tells You About Sexual Orientation and Gender Identity is Wrong.*](#) **(1)** Looking back seven years, **Ryan's article is prophetic.** Dr. Anderson is one of the most respected authorities on these matters. In the intro., of this article, he lists four points that leading authorities on mental and sexuality have concluded. Just a couple of those take-aways:

*Only a **minority** of children who express gender-atypical thoughts or behavior will continue to do so into adolescence **or adulthood.** **There is no evidence** that all such children should be encouraged to become transgender, much less subjected to hormone treatments or surgery.*

*... transgender people have **higher rates of mental health problems** (autism, anxiety, depression, suicide), as well as behavioral and social problems (substance abuse, intimate partner violence), than the general population.*

It has been said that [politics is downstream from culture](#). Whoever, in culture, is the most influential will set the direction of politics. Transgenderism is political because Progressives have advocated for it and institutions that used to stand for ethical and moral issues have not. **Issues like abortion, same-sex marriage and**

now transgenderism became political because orthodox moral influencers have refused to be influential. If you don't believe that, go on your church's website and see if you can find a LINK to a full teaching on this subject, from the pulpit, on Sunday morning.

What you will find in this article and the order of comments:

- **First, we must recognize that the TRANS Movement is a cult.** If you think this is rhetoric, read the article. But this cult is not dependent upon a few people walking doors to advance its cause. **It has the [full weight of the Federal Government](#)**, most of [Corporate America](#) (See [500 organizations Companies](#) supporting the Equality Act), the teacher's unions, and much of the medical community - aggressively pushing it.
- This article is a **response to a national article** also picked up by Lee Enterprise's Billings Gazette. It is written by a **medical group** (MedCap-Today) that claims to be top-notch. It is just an **example** of media bias.
- Immediately below are the pictures in these two article titles. After the pictures are **comments this medical organization** makes about itself on their webpage.
- Following this, you will find **my pertinent comments** relative to the issue of transgenderism.
- **Then you will find the article** with my comments **imbedded** in the article. My comments will be in **light blue**. The article is in **black** type starting on page 8. Here are the titles and pictures in the Gazette:

Misinformation Obscures Standards Guiding Gender- Affirming Care for Trans Youth

— Misconceptions and misinformation conflate treatments, stripping youth of essential care

by Helen Santoro , KFF Health News July 2, 2023





ANNA MONEYMAKER, GETTY IMAGES NORTH AMERICA/TNS

Montana is one of at least 20 states that have limited gender-affirming treatment for minors.

- The top picture appeared in MEDPAGE 7/02/223 LINKED above. What is MedPage according to their website? “[MedPage Today](#) is a trusted source for clinical news coverage across the medical specialties. We cover all the clinical news, findings, and announcements that we think will directly affect the lives and practices of health care professionals throughout the U.S. [Our reporters](#) are **longtime experts** in their beats; our editors are **top-notch**, and we are **meticulous about fact-checking** and disclosures.” (Emphases added)
- The second picture appeared with this same article in the Billings Gazette, Lee Enterprises July 2, 2023
- **I will expose that this medical group is biased and the people they quote are Trans-activists.**

Defining the Problem:

This article appeared nationally and in the Gazette July 2, 2023. My comments will bring into strong question the objectivity and so-called “expert top-notch” professionalism of the editors of this article. It should trouble us deeply that this medical group is **pushing what is actually disinformation.**

The Transgender movement is problematic on several fronts:

- **First**, in the havoc it is causing our youth. Millions of youths are joining this faddish tribe with the promise of “feeling better” and living as “their authentic selves.” 40,000 girls have Go-Fund-Me accounts raising money for breast removal.

- **Second**, it is a thinly veiled attempt to **destroy womanhood**. And, in the end, what it means to be human as male and female. Ironically, it was [radical Feminists who sowed the seeds of our Transgender movement](#). (2) Now, these same feminists are seeing this movement destroy what it means to be female.
- **Finally, it is a Cult** - as Don Johnson points out in his documentary *Dysconnected* (see below.) Ultimately all such issues are spiritual in nature. The entire movement is built on a [new Gnostic](#) ideology (3) belief that there is a mind-body split. We are like gods and we are not created in His Image. Gnosticism also assumes a group who has **special, private information** that average people could not know or understand.

In Montana, when [Senate Bill 99](#) was presented that read in part: “AN ACT PROVIDING FOR A YOUTH HEALTH PROTECTION ACT; PROHIBITING CERTAIN MEDICAL AND SURGICAL TREATMENTS TO TREAT MINORS WITH GENDER DYSPHORIA...” When presented at the Senate Judiciary Committee, for four hours, **every medical organization you can imagine vilified this bill**. A lesbian lawyer with ACLU threatened that if it passed, they would fight it in the courts. As I sat and watched, it became apparent that these “medical professionals” testifying were **more interested** in their LGBTQ+ **ideology** than the welfare of youth.

As far back as 2017, doctors were talking about how [Transgender Ideology Has Infiltrated My Field and Produced Large-Scale Child Abuse](#).(4) This same doctor talks about the [suppression of debate](#) on these issues. Not many sound-minded doctors showed up to testify. The TRANS Train is rolling down the track and if you get in its way, it will destroy you.

One vocal legislator became prominent. Rep. Zoey Zephyr’s true identity is of interest to this discussion. So [who is this TRANS man from Missoula?](#)(5) What kind of character is Zachary Raasch (alias Zoey Zephyr)? While you’re at it, **read about the man he has now married**, Anthony “Erin” Reed. Once married with a child and now divorced. This nationally known TRANS activist, really is a felon – a former convicted drug dealer - also with a disturbing background. In his spare time, Reed maintains an **“informed consent” map of the many clinics in America where you can get cross-sex hormones just on your own say-so without any previous therapy or confirmed gender dysphoria required, four such clinics exist**

even in Montana.” When we get to the Gazette article, you will see multiple times their claims don’t match reality as we see here with Anthony letting the cat out of the bag that child treatments are much looser than the advocates claim. These two men are troubled to say the least. **“Neither Raasch nor his boyfriend Anthony believe that parents should have any right to know if a child is transitioning at school.”**

An article in the Manhattan Institute exposes [America as the Exporter of the Gender Revolution](#). (6) Most of this has occurred during the Biden administration. In this August 2022 article we see:

“The U.S. State Department is about to classify Sweden, Finland, and the U.K. as human rights abusers? According to Secretary Antony Blinken... The problem, for countries like Sweden, Finland, and the U.K., is that medical authorities in these places have concluded over the past two years that the evidence for pediatric “gender affirming care” is extremely weak... hormonal and surgical interventions are (as Finland’s COHERE put it) “experimental.” Sweden and Finland are now instructing clinicians... to utilize an approach that emphasizes talk therapy as the first line of defense and “affirming” drugs only in extreme situations.”

Like all things Biden, if someone is pointing to **real fact or truth, we must destroy** them. Not content to ravage America with this evil, these Biden-Globalists are exporting it worldwide.

But the research goes back further as we see in this February 2020 *Public Discourse* article.

In Paul Dirks’ [Public Discourse article](#), (7) **“Transition as Treatment: The Best Studies Show the Worst Outcomes”**... **“A pattern begins to emerge as we survey some of the best and longest outcome studies on gender transition: the longer the studies and the better the methods, the more negative the results...”**

For those who express caution or concern there is a familiar retort: “Trust the experts.” If you don’t, “you’re a bigot...”

Most importantly a huge admission is significant here by a transition enthusiast... **findings, “in relation to suicide, none of the studies**

undertaken to date has yet established whether gender-reassignment actually lowers the risk of completed suicide as it is generally assumed to do.” (p.5)

This flies in the face of almost EVERY Progressive medical group’s statement at the legislature and almost everything you read from LGBTQ+ TRANS activists.

To be clear, the best studies, carried out over longer time frames, using sound, recognized statistical procedures - **cast serious doubt on so-called “gender-affirming-care.”** The deeper you read into this article, the more you realize the TRANS movement is **lying to us and harming our kids.**

What, in Biblical Terms, is the TRANS Movement?

All of this should cause us to pause and ask what is the ***source of this dis-information?*** Is this first a spiritual battle?

The late Dr. Walter Martin said this: ***“Cults are the unpaid bills of the church.”*** Dr. Martin was internationally recognized as an authority on the cults and for his prime work, [*Kingdom of the Cults*](#).

Recently, I attended the film [*The Sound of Freedom*](#), a story of human trafficking of children. ***America is not only the exporter of the Gender Revolution; it is also a leader in human trafficking of children.*** A really bad report card! Joy Pullmann calls transing our children what it is - [*child abuse*](#) (8) that should be punished. **Are the people** pushing these two sources of child abuse **evil and demonically** inspired or are they **so deceived** that they can not recognize truth from error?

What is this Gender Ideology Movement and What is a Cult?

In his documentary [*Dysconneted, the Real Story Behind the Transgender Explosion*](#), (8) Don Johnson exposes the movement for what it really is. **Gender Ideology and the entire TRANS movement is a demonic Cult.**

Gender Dysphoria is real in about one-third of one percentage of the population. However, [Up to 98% of children \(9\)](#) who struggle with their sex as a boy or girl, come to accept their sex by adulthood if well parented. It ought to alarm us that *gender affirming care* has become a financial “growth industry” for the medical establishment. Money is a huge part of this equation.

Why would Johnson call Gender Ideology and the Transgender Movement a cult? Does it have cult-like tendencies?

- **It promotes Tribalism.** Belonging is a huge draw for those being recruited.
- **It preys upon people** with emotional, psychological, or social issues.
- **It uses the “Love Bomb” approach** - the potential recruit is descended upon with lavish attention – just as the cults operate.
- **Proselytizing is intense**, promising relief from pain and support.
- **Leaving the Tribe (De- transitioning)** is frightening and these will be pressured, ostracized, and attacked.
- **Cultural-Shifting is promoted** – distancing from parents or traditional support group is emphasized.
- **Truth, facts, or reality are marginalized.** History, supportive data, or information is unverifiable and invented.
- **The BIG LIE** is that those who transition enjoy a better life and are less **inclined towards suicide.**

This cult is global - being promoted by the Federal Government, the majority of Corporate America, media, the majority of the medical community, many public schools, the Progressives in the **Democratic Party, and the Neo-Orthodox Christian Church.**

MedPage Today and the Gazette Articles – A Critique:

Below, you will see the original article in **normal black type**. I interrupt the article numerous times to comment and give evidence of the “disinformation”- **those comments will be in blue**.

Misinformation Obscures Standards Guiding Gender- Affirming Care for Trans

Youth

— Misconceptions and misinformation conflate treatments, stripping youth of essential care.

(MedPage Today and Billings Gazette – July2, 2023)

Republican governor, Ron DeSantis, signed a bill making it a felony for doctors to provide gender-affirming care to transgender minors, a judge issued a preliminary injunction preventing enforcement of the law for 3 children whose parents are part of an ongoing lawsuit.

Florida is one of at least 20 states that have limited gender-affirming treatment for minors [\[This link is from MAP, an LGBTQ advocacy group\]](#). The legislators sponsoring some of these bills say their intent is to protect children and families from pressure "to receive harmful, experimental **puberty blockers** and **cross-sex hormones** and to undergo irreversible, **life-altering** surgical procedures," as a new Montana law puts it.

"Gender transitions involving major surgeries not only result in **sterility, but other irreversible negative biological effects**," said Montana State Sen. John Fuller, the Republican who introduced the bill.

Such laws and policies, and statements - such as Fuller's - used to justify them, reflect **misconceptions and misinformation** that conflate treatments and strip trans youth of essential care. **[Note I have bolded key words that you will also see referenced in my comments.]**

[In a March issue of the Journal of Clinical Endocrinology and Metabolism, \(10\) in the introduction they state:](#)

*“Childhood gender dysphoria (GD) is not an endocrine condition, but it **becomes** one through iatrogenic **puberty blockade (PB)** and high-dose **cross-sex (HDCS) hormones**. The consequences of this gender-affirmative therapy (GAT) are **not trivial and include potential sterility, sexual dysfunction, thromboembolic and cardiovascular disease, and malignancy**” [cancer] (1, 2).*

But there is more...

*There are no laboratory, imaging, or **other objective tests to diagnose a “true transgender” child**. Children with GD will outgrow this condition in 61% to 98% of cases by adulthood (3). There is currently no way to predict who will desist and who will remain dysphoric. The **degree** to which GAT has contributed to the rapidly increasing prevalence of GD in children is unknown. The recent phenomenon of **teenage girls suddenly developing GD (rapid onset GD)** without prior history through social contagion is particularly concerning (4). **And there is more...***

*Studies show that **less than 5% of adolescents receiving GAT even attempt fertility preservation** (6). **NOTE** how the Media failed to mention that, even de-transitioners, often lose the ability to have children. **And there is much more...***

*The health consequences of GAT are **highly detrimental**, the stated quality of evidence in the guidelines is low, and diagnostic certainty is poor. Furthermore, limited long-term outcome **data fail to demonstrate long-term success in suicide prevention** (7). How can a child, adolescent, or even parent provide genuine consent to such a treatment? How can the physician ethically administer GAT knowing that a significant number of patients will be irreversibly harmed?*

Now, go back and read what the Gazette accused (last two paragraphs) ...you be the judge of who is spreading misinformation. This highlights the fact that there is a significant segment of the medical community that is NOT interested in medicine, just ideology.

[The Whole Transgender Industry is Founded on Two Faulty Studies.](#) **(11)** This Feb.1, 2023 article in the Federalist, essentially destroys this Gazette-MedPage article. Here we see that the TRANS movement is based on very faulty Dutch studies.

[“the Society for Evidence-Based Gender Medicine \(SEGM\) report that reads in part:](#)

[“The Myth of ‘Reliable Research’ in Pediatric Gender Medicine”](#) **(12)**
*researchers describe how the 2011 and 2014 **studies that formed the foundation of the transgender industry in the U.S. should never have been accepted by the professional community, falling “unacceptably” short of modern research standards. The studies led to a global movement of **wrongly named “gender-affirming care,”** resulting in hormone **experimentation on youth and, in some cases, irreversible mutilation.*****

The Dutch studies had several major flaws, according to the report. Study **authors only recorded the cases with the best outcomes,** concluded **without evidence** that gender dysphoria disappeared solely as a result of puberty blockers and cross-sex hormones, and failed to properly examine the risks of the interventions, with disastrous effects.

While liberals claim SEGM is a religious based anti-Trans group, here is what the American College of Pediatricians (Aced) had to say about the report:

[ACPeds Call on Organizations to Scrap Current Transgender Protocols Based on Newly Published Critique.](#) **(13) (Jan. 25, 2023 – keep this date in mind)**

The American College of Pediatricians responded to the report in a [press release](#) **ACPeds (American College of Pediatrics) Calls on Organizations to Scrap Current Transgender Protocols Based on Newly Published Critique** on Jan. 25,2023 calling on organizations to **“reconsider current protocols for gender dysphoric children.”**

Respond to this report (["The Myth of 'Reliable Research' in Pediatric Gender Medicine: A critical evaluation of the Dutch Studies- and research that has followed,"](#)) Here is what these ACPed leaders had to say in part:

Dr. Quentin Van Meter, endocrinologist and **Past President** of ACPeds stated in response: *"ACPeds has long held that efforts to socially, medically and surgically interfere with the biological integrity of children and adolescents are **not appropriate** because of the very well documented **harms and questionable benefits** of such interventions.*

Dr. Andre Van Mol, board-certified family physician and **Co-chair, Committee on Adolescent Sexuality** for ACPeds stated: *"ACPeds' motto, 'Best for Children,' is predicated on the avoidance of any policy that harms children. **Andre calls on WPATH, the Endocrine Society, the Pediatric Endocrine Society, and the American Academy of Pediatrics to join with the enlightened clinicians in Sweden, the UK, and Finland, to take down their published guidelines and to shutter their gender clinics immediately.**"*

The published critique stated: "...no other pediatric intervention of similarly drastic nature has ever been delivered at a scale based on such low quality of evidence..."

These recent medical articles are devastating to the Progressive argument we heard from the *MedPage Today and the Gazette* July 2nd and at the Senate Judiciary hearing on SB99.

Did the Montana medical associations pay any attention to the ACPed report and reconsider? Apparently not, their testimony **against** Senate Bill 99 on **March 3, 2023** in front of the **House Judiciary committee was long**. Obviously, *MedPage Today* and the *Gazette* **did not do their homework on the latest argument sighted above either. It didn't conform to their worldview.**

The *Gazette* article continues...

Gender-affirming care is a broad term for many distinct treatments provided to children, teens, and adults. Puberty blockers, for example, are medications that inhibit puberty by suppressing the body's production of sex hormones, while hormone therapy is the administration of testosterone or estrogen to alter secondary sex characteristics.

One **common misbelief** heard when legislation is discussed is that gender-affirming medical interventions are provided **immediately** to any trans or nonbinary kid who walks into a gender clinic.

The reality is that the process informing these treatments is a **long and intensive** one. Before any medical or surgical interventions, kids must first be [diagnosed with gender dysphoria](#), [This is from the Boston Children's Hospital – note the words they use are typically (giving lots of room for play) not MUST as stated here.] which, for prepubescent youth, involves experiencing significant distress for **at least 6 months** from at least six of a set of causes, including a strong desire to be of the other gender and a strong dislike of one's sexual anatomy. Youth who have gone through puberty must meet two of the criteria for a diagnosis.

Providers also abide by the standards of care set by the World Professional Association for Transgender Health [[WPATH – an LGBTQ+ advocacy medical group](#)]. [These standards encourage healthcare professionals](#) to perform a comprehensive assessment of a child's or teen's "strengths, vulnerabilities, diagnostic profile, and unique needs" **before providing any medical** or surgical interventions. Without this assessment, other mental health issues "that need to be prioritized and treated may not be detected."

These so-called journalists display their partiality again:

[Planned Parenthood is prescribing cross-sex hormones, commonly, on the child's FIRST visit.](#) (14) Planned Parenthood of Texas says on their webpage:

*"At your **initial visit**, your clinician will discuss with you the **informed consent process**... Based on the results of this visit, **most patients are prescribed***

hormones that day...” Some transgender identifying patients are being prescribed cross-sex hormones on their first visit.

Planned Parenthood kind of let the cat out of the bag in terms of this being a long process.

Also, you will recall that earlier, I referred to Zoey Zephyr’s partner Anthony “Erin” Reed:

*“In his spare time Reed maintains an **“informed consent” map of the many clinics in America where you can get cross-sex hormones just on your own say-so without any previous therapy or confirmed gender dysphoria required, four such clinics exist even in Montana.**”*

So many holes in their story. What about puberty blockers and cross-sex hormones, do they lead to anything?

The article in the National Library of Medicine, [Puberty suppression in adolescent with gender identity disorder: a prospective follow-up study.](#) (15) In the abstract we read under results:

“No adolescent withdrew from puberty suppression, and all started cross-sex hormone treatment, the first step of actual gender reassignment.”

Translation? **100%** of children who use puberty blockers **will go on** to use cross sex hormones, often leaving them sterile.

The Gazette article continues:

The time it takes to perform this assessment varies from patient to patient, said **Jack Turban**, MD, MHS, an assistant professor of child and adolescent psychiatry at the University of California San Francisco. **Turban** may see someone who is age 12 and asking for puberty blockers. This hypothetical patient **has known they are Trans since they were age 5 and has already adopted a new name and pronouns that match their gender identity.**

Who is Dr. Jack L. Turban who these authors quote profusely? He is a **TRANS advocate** we read in [*Advocate Rather than Scientist: The Compromised Research of Child Gender- Transition Doctor Jack Turban*](#) in National Review, Aug. 6, 2022. **(16)** This guy is an all-out TRANS activist. He has a belief system. He is ambitious and has been successful in gaining national recognition,” Levine said. Check out where he gets his funding from Big Pharma. **And who is Dr. Mandy Coles**, the other doctor these journalists quote? It is obvious that Dr. Coles is a LGBTQ activist who sees not doing “gender affirming care” as bad as you see [here](#).

The Gazette article continues

"That's going to be a much shorter assessment to know that they are ready for treatment when compared to somebody who has only understood their trans identity for 6 months" and has other complex mental health conditions like schizophrenia, **Turban said**.

To receive puberty blockers, kids must also have experienced the onset of puberty, or Stage 2 on the Tanner scale of developmental change. This is marked by physical changes, like the development of breast buds or testicle growth, and tends to happen from the ages of 9 to 14 in kids with testes and 8 to 13 in those with ovaries. **By pausing puberty, these drugs buy children more** time to explore their gender identity before undergoing permanent and potentially unwanted pubertal changes. [Pausing puberty? The problem is, you don't just STOP and START human development like a conveyer belt. The normal development during that time is lost forever.]

The age at which trans minors receive gender-affirming hormone therapy depends on the patient's ability to provide **informed consent** for the treatment, which can happen when they're as young as age 12 or 13. The Endocrine Society notes that most adolescents have "sufficient mental capacity" to consent by the time they're 16.

Informed Consent changes direction like the wind. While these medical people use the term **informed consent**, this statement is extremely problematic. In reality, these

kids are “self-diagnosing. This is disingenuous! How can these medical people claim that at age 16 or younger they have developed the mental capacity to do this? The idea of **so-called Informed Consent** is very problematic. From the Journal of Sex & Marriage Therapy we read this article. [Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults](#). (17) (March 1, 2022)

*“The risks of gender-affirmative care are ethically managed through a properly conducted **informed consent process**. Its elements—deliberate sharing of the hoped-for benefits, known risks and long-term outcomes, and alternative treatments—must be delivered in a manner that **promotes comprehension**. The process is limited by: **erroneous professional assumptions**; poor quality of the initial evaluations; and inaccurate and incomplete information shared with patients and their parents...”*

*“To respond to **growing demand**, an **innovative informed consent** model of care has been developed. Under this model, **mental health evaluations are not required, and hormones can be provided after just one visit** following the collection of a patient’s or guardian’s consent signature...”*

*“The provision of transition services under this model of care is available not just to those over 18, but for **younger patients** as well...”*

The Gazette article continues:

"We offer hormones to patients who are experiencing gender incongruence when patients and families are ready. This may be at an earlier age so that patients can go through puberty alongside their cisgender peers, or later, if they choose to," said **Mandy Coles**, MD, MPH, co-director of the Child and Adolescent Transgender Center for Health at Boston Medical Center. "If someone says, 'I'm interested in estrogen,' I say, 'Great. What are the things that you are hoping to get out of that?' Because it's incredibly important to speak to patients and families about what medications can do, and what they can't do."

Coles said she also **makes sure** to talk continuously about consent with both the child and parents throughout the treatment process and lets her patients know they can stop taking hormones at any time.

Some physical changes brought about by gender-affirming hormone therapy are reversible. For example, decreased muscle strength and body fat redistribution caused by estrogen can reverse once a person stops taking the hormone -- though **these changes become more fixed the longer** someone stays on the hormone. However, breast growth from estrogen or a deepening of the voice caused by testosterone are **not reversible**.

If a trans person decides to receive gender-affirming surgery, clinics require that the individual receive letters from one or more providers stating they have persistent and well-documented gender dysphoria, **any significant mental health concerns they have are sufficiently controlled,**

[TIME OUT, we just read that *“innovative informed consent model of care has been developed. Under this model, mental health evaluations are not required, and hormones can be provided after just one visit.”* They just got done saying that in the new **“innovative informed consent, mental health evaluations are not required?”**]

and they can consent to the surgery. For genital, or "bottom," surgery, the letter may also need to state that the individual has been living full-time in their "identified gender" for at least 12 months.

Most medical centers require individuals to be at least age 18 for bottom surgery and chest, or "top," surgery, though **some** do perform top surgery on younger teens if the **patient**, their **parents**, and healthcare providers **agree** the procedure is appropriate.

Much of the confusion is over puberty blockers, drugs that have been used for decades for children who enter puberty too early. A common assertion anti-trans groups and legislators make is that puberty **blockers are dangerous and lead to infertility**. This is not the case, said **Coles**. "Puberty blockers are **fully reversible** medications. They work like a **pause button on puberty**." [Is this woman a liar or just stupid? You can't pause puberty!]

Fertility may be impaired, however, in those who go straight from puberty blockers to hormone therapy, which is why the current medical guidelines require fertility **counseling prior to any gender-affirming** medical care, **said Turban.**

The FDA has not approved the use of puberty blockers for gender-affirming care. However, [10% to 20% of prescriptions](#) across all medications are for "off-label," or unapproved, use -- and the rate is even higher for prescriptions to children. [\[Good to know, all this mutilation of children is OK because we are breaking the law all over the place.\]](#)

"We know that taking away the decision to use blockers from parents and providers leads to poor health outcomes for patients," said **Coles.** [\[She just refuses to look at the recent data, referred to above, that does not match her worldview.\]](#)

A study by Turban and colleagues found that trans adults who received puberty blockers during adolescence were [less likely to have suicidal thoughts](#) than those who wanted puberty blockers, but did not receive them. The same benefits have been found with gender-affirming hormone therapy.

In a study of data from nearly 28,000 trans adults who responded to the [2015 U.S. Transgender Survey](#) **Turban** and fellow researchers found that people who received gender-affirming hormone therapy during adolescence had [more favorable mental health outcomes](#) than those who didn't take hormones until they were adults.

Additionally, a study of 104 young trans and nonbinary patients at the Gender Clinic of Seattle Children's Hospital found those who had started on puberty blockers or hormone therapy had [60% lower odds](#) of depression and **73% lower odds of self-harm or suicidal** thoughts than peers who hadn't received those treatments. [\[There are multiple sources that refute this assertion in the strongest possible way. Risk of suicide twenty-fold.\]](#)

There is so much misinformation claiming that providers of gender-affirming care are permanently harming vulnerable children, said **Coles.** "Denying access to care harms transgender and gender-diverse kids," she said. "Gender-affirming care is not new. It's the attacks on care that are new."

[KFF Health News](#) is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs at KFF -- an independent source of health policy research, polling, and journalism. Learn more about [KFF](#).

Other Relevant Information: Data, Articles, and Disagreements:

- After sex-reassignment surgery, transgender identifying people are [nearly 20 times more likely to die from suicide than the general population](#). (324 sex-reassigned persons.)
- Children with autism spectrum disorders are [7 Times more likely to want to be the opposite sex](#) than the general population.
- In just seven years, there has been a [nearly 2,000% increase](#) in children seeking treatment for sexual identity confusion in the UK.
- The [long-term effects](#) of puberty blockers and cross-sex hormones have not been studied. Many of these drugs are being prescribed off-label.
- When a teen announces a transgender identity, [3.5 people](#) in their per group become gender identified.
- [Girls](#) as young as 13 are undergoing double mastectomies and [boys](#) as young as 17 are undergoing full genital sex reassignment surgeries.
- [Responding to the Transgender Issue: Parental Resource Guide](#). Family Policy Alliances, The Heritage Foundation and others. This excellent 45+page guide. Several of my references come from their FAST FACTS on page 5.
- See also [bigskyworldview.org/resources/library](#) Here you will find about 60 articles on this issue related to Transgenderism.

Endnotes:

1. [Almost Everything the Media Tells You About Sexual Orientation and Gender Identity is Wrong](#). Dr. Ryan T. Anderson, Daily Signal, August, 22, 2016.
2. [Scot How Radical Feminism Sowed the Seeds of our Transgender Movement](#). Yenor the Daily Signal, July 18, 2017.
3. [The New Gnosticism of the Homosexual Movement](#). The Catholic World Report, May 12, 215.

4. [*I'm A Pediatrician. How Transgender Ideology Has Infiltrated My Field and Produced Large-Scale Child Abuse.*](#) The Daily Signal, July3, 2017 Michelle Cretella.
5. [*Who Is Zooey Zephyr?*](#) Jeremy Carl, Senior Fellow, Clairmont Institute June, 2023
6. [*America, Exporter of the Gender Revolution.*](#) City Journal, Aust, 31, 2022 Leor Sapir.
7. [*Transition as Treatment: The Best Studies Show the Worst Outcomes*](#) (the good studies do not support transitioning) Public Discourse, Feb. 16, 2020 Paul Dirks.
8. [*Transing Children Is Child Abuse and Should be Punished.*](#) Joy Pullmann, The Federalist, Oct. 23, 2019.
9. [*Dysconnected: The Real Story Behind the Transgender Movement.*](#) Donald Johnson, Runaway Planet Films.
10. [*Letter to the Editor: Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinicals Practice Guide.*](#) Journal of Clinical Endocrinology and Metabolism, Nov. 23, 2018 Michael Laidlaw and four others.
11. [*The Whole Transgender Industry Is Founded On Two Faulty Studies.*](#) Ashley Bateman, The Federalist, Feb. 1, 2023.
12. [*The Myth of "Reliable Research" in Pediatric Gender Medicine: A Critical Evaluation of the Dutch Studies – and research that followed.*](#) *Journal of Sex and Marital Therapy*, Jan. 2, 2023.
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