

Gender Ideology Harms Children

MAY 29, 2017 BY DR. MICHELLE CRETELLA, M.D.

The American College of Pediatricians urges healthcare professionals, educators and legislators to reject all policies that condition children to accept as normal a life of chemical and surgical impersonation of the opposite sex. Facts—not ideology—determine reality. The following 8 points and clarifications are herewith provided in order to help priests and curators of souls some guidelines with which to counsel people properly. An earlier version of this statement was published by the American College of Pediatricians (the College) on its website in August, 2016. The College is a national organization of child health professionals that is rooted in science and natural law. Fr. David Meconi, S.J., received permission from the College to reissue it in HPR. Please keep the American College of Pediatricians and its good work in your prayers.

1. Human sexuality is an objective biological binary trait: “XY” and “XX” are genetic markers of male and female, respectively—not genetic markers of a disorder. The norm for human design is to be conceived either male or female. Human sexuality is binary by design with the obvious purpose being the reproduction and flourishing of our species. This principle is self-evident. The exceedingly rare disorders of sex development (DSDs), including but not limited to testicular feminization and congenital adrenal hyperplasia, are all medically identifiable deviations from the sexual binary norm, and are rightly recognized as disorders of human design. Individuals with DSDs (also referred to as “intersex”) do not constitute a third sex.¹

2. No one is born with a gender. Everyone is born with a biological sex. Gender (an awareness and sense of oneself as male or female) is a sociological and psychological concept; not an objective biological one. No one is born with an awareness of themselves as male or female; this awareness develops over time and, like all developmental processes, may be derailed by a child’s subjective perceptions, relationships, and adverse experiences from infancy forward. People who identify as “feeling like the opposite sex” or “somewhere in between” do not comprise a third sex. They remain biological men or biological women.^{2 3 4}

3. A person’s belief that he or she is something they are not is, at best, a sign of confused thinking. When an otherwise healthy biological boy believes he is a girl, or an otherwise healthy biological girl believes she is a boy, an objective psychological problem exists that lies in the mind not the body, and it should be treated as such. These children suffer from gender dysphoria. Gender dysphoria (GD), formerly listed as Gender Identity Disorder (GID), is a recognized mental disorder in the most recent edition of the Diagnostic and Statistical

Manual of the American Psychiatric Association (DSM-V).⁵ The psychodynamic and social learning theories of GD/GID have never been disproved.^{6 7 8}

4. Puberty is not a disease and puberty-blocking hormones can be dangerous. Reversible or not, puberty-blocking hormones induce a state of disease—the absence of puberty—and inhibit growth and fertility in a previously biologically healthy child.⁹

5. According to the DSM-V, as many as 98% of gender confused boys, and 88% of gender confused girls, eventually accept their biological sex after naturally passing through puberty.¹⁰

6. Children in the earliest stages of puberty, who use puberty blockers to impersonate the opposite sex, will require cross-sex hormones by age 16. This combination leads to permanent sterility. These children will never be able to conceive any genetically related children, even via artificial reproductive technology. In addition, cross-sex hormones (testosterone and estrogen) are associated with dangerous health risks including but not limited to cardiac disease, high blood pressure, blood clots, stroke, diabetes, and cancer.^{11 12 13 14 15}

7. Rates of suicide are nearly twenty times greater among adults who use cross-sex hormones and undergo sex reassignment surgery, even in Sweden which is among the most LGBTQ—affirming countries.¹⁶ What compassionate and reasonable person would condemn young children to this fate knowing that after puberty as many as 88% of girls, and 98% of boys, will eventually accept reality and achieve a state of mental and physical health?

8. Conditioning children into believing a lifetime of chemical and surgical impersonation of the opposite sex is normal and healthful is child abuse. Endorsing gender discordance as normal via public education, and legal policies, will confuse children and parents, leading more children to present to “gender clinics” where they will be given puberty-blocking drugs. This, in turn, virtually ensures that they will “choose” a lifetime of carcinogenic, and otherwise toxic, cross-sex hormones, and likely consider unnecessary surgical mutilation of their healthy body parts as young adults.

A link to this statement is found at: www.acped.org/the-college-speaks/position-statements/gender-ideology-harms-children

Clarifications in response to FAQs regarding points 3 & 5:

Regarding Point 3: “Where does the APA or DSM-V indicate that Gender Dysphoria is a mental disorder?”

The APA (American Psychiatric Association) is the author of the *Diagnostic and Statistical Manual of*

Mental Disorders, 5th edition. The APA states that those distressed and impaired by their GD meet the definition of a disorder. The College is unaware of any medical literature that documents a gender dysphoric child seeking puberty blocking hormones who is not significantly distressed by the thought of passing through the normal and healthful process of puberty.

From the DSM-V fact sheet:

“The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition.”

“This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.”

Regarding Point 5: “Where does the DSM-V list rates of resolution for Gender Dysphoria?”

On page 455 of the DSM-V under “Gender Dysphoria without a disorder of sex development” it states: “Rates of persistence of gender dysphoria from childhood into adolescence or adulthood vary. In natal males, persistence has ranged from 2.2% to 30%. In natal females, persistence has ranged from 12% to 50%.” Simple math allows one to calculate that for natal boys: resolution occurs in **as many as** $100\% - 2.2\% = 97.8\%$ (approx. 98% of gender-confused boys). Similarly, for natal girls: resolution occurs in **as many as** $100\% - 12\% = 88\%$ gender-confused girls.

The bottom line is this: Our opponents advocate a new scientifically baseless standard of care for children with a psychological condition (GD) that would otherwise resolve after puberty for the vast majority of patients concerned. Specifically, they advise: affirmation of children’s thoughts which are contrary to physical reality; the chemical castration of these children prior to puberty with GnRH agonists (puberty blockers which cause infertility, stunted growth, low bone density, and an unknown impact upon their brain development), and, finally, the permanent sterilization of these children prior to age 18 via cross-sex hormones. There is an obvious self-fulfilling nature to encouraging young GD children to impersonate the opposite sex and then institute pubertal suppression. If a boy who questions whether or not he is a boy (who is meant to grow into a man) is treated as a girl, then has his natural pubertal progression to manhood suppressed, have we not set in motion an inevitable outcome? All of his same sex peers develop into young men, his opposite sex friends develop into young women, but he remains a pre-pubertal boy. He will be left psychosocially isolated and alone. He will be left with the psychological impression that something is wrong. He will be less able to identify with his same-sex peers and being male, and thus be more likely to self identify as “non-male” or female. Moreover, neuroscience reveals that the pre-frontal cortex of the brain which is responsible for judgment and risk

assessment is not mature until the mid-twenties. Never has it been more scientifically clear that children and adolescents are incapable of making informed decisions regarding permanent, irreversible and life-altering medical interventions. For this reason, the College maintains it is abusive to promote this ideology, first and foremost for the well-being of the gender dysphoric children themselves, and secondly, for all of their non-gender-discordant peers, many of whom will subsequently question their own gender identity, and face violations of their right to bodily privacy and safety.

Michelle A. Cretella, M.D. is the President of the American College of Pediatricians, and this statement was written in consultation with *Quentin Van Meter, M.D.*, Vice President of the American College of Pediatricians and a Pediatric Endocrinologist, along with *Paul McHugh, M.D.*, University Distinguished Service Professor of Psychiatry at Johns Hopkins Medical School and the former psychiatrist in chief at Johns Hopkins Hospital.

About Dr. Michelle Cretella, M.D.

Dr. Cretella is President of the American College of Pediatricians (College), a board certified pediatrician and member of the CMA. She was elected to the College’s Board of Directors in 2005. Prior to being elected President in 2015, Dr. Cretella chaired the Adolescent Sexuality Committee, Pediatric Psychosocial Development Committee, and Scientific Policy Committee. In these roles she became one of the College’s chief researchers, writers and spokespersons on issues of pediatric mental and sexual health. She is regularly consulted by Breitbart News, FRC, One News Now, Relevant Radio and many others. Her article Gender Dysphoria in Children and Suppression of Debate was published in the 2016 summer issue of Journal of American Physicians and Surgeons.

Dr. Cretella serves on the Medical Committee of the Alliance for Therapeutic Choice and Scientific Integrity (a national organization of health professionals who advocate for psychotherapy for ego-dystonic homosexuality and gender dysphoria). Dr. Cretella served on the Board of Directors of the National Association for Research and Therapy for Homosexuality (NARTH) from 2010-2015.

Dr. Cretella received her medical degree in 1994 from the University of Connecticut School of Medicine. She completed her internship and residency in pediatrics in 1997 at the Connecticut Children’s Medical Center in Hartford, Connecticut. She completed a fellowship in College Health through the University of Virginia in 1999. After 15 years of group practice in rural Connecticut and Rhode Island, she left clinical practice to devote more time to family and the College. Dr. Cretella and her husband have three sons and a daughter between the ages of 12 and 19.

See: <http://www.hprweb.com/2017/05/gender-ideology-harms-children/>

Parking Lot and Office Closed on Tuesday, June 13

The parking lot and office will be closed on Tuesday, June 13, as there will be repairs done. So there will be **no Mass at OLS on Tuesday.**

Mass at St. Peter on Friday, June 16, at 10 a.m.

Saturday Mass begins at St. Bernard on June 17

Saturday Vigil Mass begins at St. Bernard on June 17 and runs through Labor Day weekend. Recall that Confession is at 4:30 p.m., Mass is at 5:30 p.m.

Our Lady of Fatima Mass and Rosary Procession at St. Joan of Arc (Arvada) on Tuesday

There is a Mass at 6 p.m. followed by a Rosary Procession at 7 p.m. at St. Joan of Arc Church in Arvada on June 13. Come join in the prayers during this 100-year anniversary of the apparitions at Fatima, Portugal.

Gems of Wisdom from the *Diary* of Saint Faustina

967. + When I set to work at underlining the Lord's words and thus was going through everything in sequence, I reached the page where I had marked down Father Andrasz's advice and directions. I did not know what to do, to underline or not to underline, and then I heard these words in my soul: **Underline, because these words are Mine; I have borrowed the lips of the friend of My Heart in order to speak to you and reassure you. You are to observe these directions until your death. It would not please Me at all if you were to disobey these directions. Know that it is I who have placed him between Myself and your soul. I am doing this to set you at peace and so that you may not err.**

Stewardship Pledge

My church is composed of people like me; I help make it what it is.

It will be friendly if I am.

Its pews will be filled if I help fill them.

It will do great work if I work.

It will make generous gifts to many causes if I am a generous giver.

It will bring other people into its worship and fellowship if I invite and bring them.

It will be docile and desire to learn the Bible if I desire.

It will spread the truth of God if I tell it to others and live it.

It will be a church of loyalty and love, of fearlessness and faith, and a church with a noble spirit, if I, who make it what it is, am filled with these same things.

Therefore, with the help of God, I shall dedicate myself to the tasks of being all the things that Jesus wants His Church to be.

Religious Goods will be Sold at StA, StB, and OLS on the First Two Weekends of July. More Details to Come.

Totus Tuus Vacation Bible School; July 23 – 28

Save the date! \$20 donation to offset the cost.
Grades 1-6: Mon – Fri, 9 a.m. – 2:30 p.m.; grades 7-12: Sun – Thur, 7:30 – 9:30 p.m. (Be sure to pack a lunch and snacks for your children.)

Save the Date: Sports-Bible Camp; July 20-21

-Days: Thursday-Friday

-Time: 8:30 a.m. – 2:30 p.m.

-Where: Fraser Valley Sports Complex.

-For boys and girls: kindergarten completed through 6th grade completed.

-Typical sports: volleyball, basketball, soccer, football, cheerleading, martial arts.

-No cost.

Calendar of Events

-Jun 17 (Sat). Mass resumes at StB; new time, 5:30 p.m.

-Jul 1 (Sat). First Saturday Mass at Our Lady, 9:30 a.m.

-Jul 20-21 (Thu-Fri). Sports-Bible Camp in Fraser

-Jul 23-28 (Sun-Fri). Totus Tuus Vacation Bible School

-Aug 13 (Sun). Rosary Procession after Mass at OLS

Mass Collections, June 3 – 4

St. Anne	\$ 1939
St. Bernard	1741
Our Lady of the Snow	2943
St. Peter	476
St. Ignatius	980
Total	\$ 8079

Vocations Prayer Calendar

Please pray for our seminarians every day.

Sat--Miguel Mendoza & Samuel Munson

Sun--Red Braz & Joe Bui & Luis Mendes

Mon--Sean Conroy & Anthony Davis

Tue--Ryan Kent & Sile Kone & Michael Tran

Wed--Carlos Velasquez & Peter Srich

Thu--John Stapleton & Patricio Chuquimarca

Fri--Increase in vocations to priesthood/religious life

Mass Intentions and Schedule for StA, StB, and OLS

KEY: StA = St. Anne; StB = St. Bernard;

OLS = Our Lady of the Snow

-Sat, Jun 10, StA, 5 p.m., Zachary Hayes

-Sun, Jun 11, StB, 7 a.m., +Leo Dolan

-Sun, Jun 11, OLS, 9:30 a.m., Parishioners and visitors

Weekday Masses

-Mon, Jun 12, StA, 8:30 a.m., +Margaret Dolan

-Tue, Jun 13, **No Services**

-Wed, Jun 14, StB, 8:30 a.m., Zachary Hayes

-Thu, Jun 15, **OLS, 8:30 a.m.**, Jasper Kao

Mass Intentions and Schedule for StP and StI

KEY: StP = St. Peter; StI = St. Ignatius (Walden)

-Sun, Jun 11, StP, 10 a.m., Parishioners and visitors

-Sun, Jun 11, StI, 1 p.m., Tim and Barb Lytle

-Fri, Jun 16, **StP, 10 a.m.**, Peter and Ruth McGinn