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] [1213] [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 LGBQT—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.acpeds.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/

Gems of Wisdom from the *Diary* of Saint Faustina

1058. + At three o'clock, I prayed prostrate, in the form of a cross, for the whole world. Jesus' mortal life was coming to an end. I heard His seven words; then He looked at me and said, **Beloved daughter of My Heart, you are My solace amidst terrible torments.**

1059. Jesus is commanding me to make a novena before the Feast of Mercy, and today I am to begin it for the conversion of the whole world and for the recognition of The Divine Mercy... **so that every soul will praise My goodness. I desire trust from My creatures. Encourage souls to place great trust in My fathomless mercy. Let the weak, sinful soul have no fear to approach Me, for even if it had more sins than there are grains of sand in the world, all would be drowned in the unmeasurable depths of My mercy.**

1060. When Jesus had given up His last breath, my soul dissolved from the pain, and for a long time I could not come to myself. I found some relief in tears. The One whom my heart had come to love has died. Will anyone understand my grief?

Church Celebrations

We are in the midst of trying to plan celebrations at all five of our churches on or close to their feast days.

Tentative schedule (all meals are potluck):

June 15, Friday, St. Bernard: Mass at 6 p.m. followed by dinner.

June 29, Friday, St. Peter: Mass at 6 p.m. followed by dinner.

July 26, Thursday, St. Anne: Mass at 5 p.m. followed by dinner

July 29, Sunday, St. Ignatius. Picnic after the 1 p.m. Mass.

August 5, Sunday, Our Lady of the Snow. Mass as usual at 9:30 a.m. with the Musicians of St. Clare, followed by a meal outside or in the basement.

***Totus Tuus* Vacation Bible School; June 17 – 22**

We need help! We especially need help on Wednesday, Thursday, and Friday. Contact Fr. Peter at 970-364-0170.

Our Lady of the Snow. $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.)

Find registration forms on our website.

Recall each year on Wednesday of *Totus Tuus* week at OLS, June 20 this year, there will be a community potluck from 5:30 to 7 p.m. to bring us together and to see what the kids have been doing during the week.

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

Our Lady of Fatima Mass and Rosary Procession at St. Jude in Lakewood on Wednesday, June 13

There is a Mass at 6 p.m. followed by a Rosary Procession at 7 p.m. at St. Jude Church in Lakewood (9405 W. Florida Avenue) on June 13. Come join in the prayers during this 101-year anniversary of the apparitions at Fatima, Portugal.

Sports-Bible Camp; July 19-20

-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** (the best), basketball, soccer, martial arts. Still need a football and cheerleading coaches. **Any volunteers?** -No cost.

Calendar of Events

-Jun 17-22 (Sun-Fri). *Totus Tuus* Vacation Bible School
-Jun 23 (Sat). Mass resumes at StB; 5:30 p.m.
-Jul 19-20 (Thu-Fri). Sports-Bible Camp in Fraser

Mass Collections, June 2 – 3

St. Anne	$ 822
St. Bernard	2472
Our Lady of the Snow	1797
St. Peter	907
St. Ignatius	656
Total	$ 6654

Vocations Prayer Calendar
Please pray for our seminarians every day.
Sat—Juan Rojas & Daniel Wolbach
Sun—Julio Amezcua & Adam Bradshaw
Mon—Christopher Considine & Witold Kaczmarzky
Tue—Josh Meier & Branimir Pavelin
Wed—Thomas Scherer & Deacon Darrick Leier
Thu—Men in our family lines called to the priesthood
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

Weekend Masses
-Sat, Jun 9, StA, 5 p.m., Peter and Kathleen Brownell
-Sun, Jun 10, StB, 7 a.m., People in our region & visitors
-Sun, Jun 10, OLS, 9:30 a.m., +Paul Robertson

Weekday Masses
-Mon, Jun 11, StA, 8:30 a.m., John/Christine Beauchamp
-Tue, Jun 12, OLS, 7:30 a.m., Nancy Kabance
-Wed, Jun 13, StB, 8:30 a.m., Sean Kullman
-**Fri**, Jun 15, **StB**, **6 p.m.**, Dan/Sabrina [Potluck follows]

Mass Intentions and Schedule for StP and StI
KEY: StI = St. Ignatius (Walden); StP = St. Peter

-Sun, Jun 10, StP, 10 a.m., Larry and Janice Gross
-Sun, Jun 10, StI, 1 p.m., People in our region & visitors
-**Thu**, Jun 14, **StP**, **5:30 p.m.**, Peter and Ruth McGinn