

# Wages of Gender Ideology

by Celeste McGovern

Thousands of children attending “affirmative” gender health clinics globally, including in the United States and the United Kingdom, are being given powerful puberty-blocking drugs with a litany of serious side effects — including death — according to Food and Drug Administration data. And the National Health Service (NHS) in England is currently investigating issues surrounding use of the drugs since it registered a 4,500% increase last fall in the number of youths seeking treatments to alter their biological sex in the previous nine years.

The drugs, sometimes referred to as “chemical castrators” because they are used to treat sex offenders, are increasingly used as a first-line treatment for gender-confused children as young as 10 years old when they are referred to counseling. Frequently on their first consultation, children and teens are implanted with hormone-blocker-releasing rods or taught to self-inject the drugs to “pause” their adolescence and prevent developmental changes, like growth of breasts and facial hair while they decide on which sex they would like to identify.

The practice recently gained the endorsement of the Endocrine Society and the American Academy of Pediatrics, but the Food and Drug Administration has not licensed the drugs for transgender medicine due to lack of supportive evidence. They are approved for treating prostate cancer and uterine pain in adults. The agency has recorded more than 41,000 adverse events reported with their use between 2013 and June 30, 2019.

More than 26,000 of the events associated with the two hormone blockers, Leuprolide acetate and triptorelin (which includes Lupron and similar drugs used by clinics), were classified by the federal agency as “serious,” including 6,370 deaths. The drugs, which dramatically lower testosterone and estrogen levels in the body, are linked to life-threatening blood clots and other complaints; include brittle bones and joint pain.

## ‘Inducing Disease’

The recent increase in the number of gender dysphoric youths seeking drug treatments is particularly alarming to experts who see the drugs’ effects as too risky to prescribe in their current form — if at all. Michael Laidlaw, an endocrinologist from Rocklin, California, testified before the British House of Lords on the issue of “transgender health care” in May. Laidlaw told the Register, “These drugs actually induce a known disease in previously hormonally healthy children.”

Puberty blockers, he explained, interfere with normal signals between the brain and the sex organs, thereby creating a disease state called hypogonadotropic hypogonadism in youths. “It’s a serious condition that endocrinologists would normally diagnose and treat because it interferes with development, but in [gender dysphoria] cases they’re inducing this disease state,” Laidlaw said.

Because the drugs are relatively new, their long-term effects have yet to be fully determined, but one 2018 study of long-term risks of puberty blockers from researchers at Boston Children’s Hospital found that while side effects of the drugs are “advertised to resolve three-six months after stopping treatment,” in actuality, “the majority of subjects reported long-term side effects ... while almost one-third reported irreversible side effects that persisted for years after discontinuing treatment.”

In addition to experts, those who have experienced the drugs’ effects are also raising the alarm. On social-media platforms, women describe crippling long-term side effects after taking the drugs as children. One woman on a Facebook page called BAN Lupron said she was given Lupron for years as a young child to stop premature puberty, and now, as a 24-year-old mother of two, “I have [a] herniated disc in my lower lumbar, S-I Joint dysfunction, [a] shredded meniscus in my right knee ... shoulder pain ... ‘tendonitis’ in my left foot, extreme tooth decay and minimal teeth left, TMJ [jaw pain].”

A 25-year-old said on the page that she suffers from osteoporosis and a cracked spine, while a 26-year-old indicated the need for a total hip replacement. Youths who take puberty blockers complain of similar side effects and of menopausal symptoms, including hot flashes, insomnia, fatigue, rapid weight gain and depleted bone density. "I stubbed my toe; it broke. I fell over; my wrist broke. Same with my elbow," an anonymous teen, who was prescribed the drugs by the Tavistock NHS gender center, told the Times newspaper of London. "They promise you that your breasts will disappear, that your voice will be deeper, that I would look and sound more like a boy. For me that was the best thing that could have happened," the teen said about her attitude at the time, but she came to call taking the drugs "the worst decision I've ever made."

### **Evolving Guidelines**

These and similar complaints have come to the attention of some members of the medical community, who urge some kind of government oversight. "Yes, there can be poor or improper treatments by some; thus, governments as well as medical organizations should investigate reports of patient/family complaints in this regard," Michigan State University pediatrician Donald Greydanus told the Register. Greydanus is one of eight authors of a paper, published in the August issue of the journal *Disease-a-Month*, overviewing care of teens who identify as transgender.

Greydanus is not necessarily opposed to the use of castration drugs, but he acknowledges that prudence must still play a role in how they are administered — especially since the drugs have a sketchy safety record. "Adolescents with gender dysphoria should not be started on puberty blockers until at least early adolescence," he said. "Sex-affirming hormone therapy" using high levels of hormones of the opposite sex may start soon after, and surgery by age 18, generally, but he said, "These guidelines continue to evolve and to be debated!"

Greydanus added that proper informed consent should let all parties know the drug's risks before they are given. "All drugs have side effects," he told the Register, "and some can be worse in some patients versus others." However, Laidlaw called the hormone-blocking drugs "untested" and "unsafe" for adolescent children. He referred to them as "development blockers" because their results are systemic and block normal brain development and a host of other body functions as well as sexual maturation.

"Development is so stunted," he said. "If you take these long-term, you wind up with an adult with child-like sex organs. If they are taken at a very early stage, they won't develop sperm." Permanent infertility is a possible outcome for those who use the drugs, he said. "Puberty is a time of tremendous growth and not just in the gonads," he said, noting that bone formation is also taking place at this time. "They are lengthening as well as strengthening. The effects of the drugs on bone density are well-documented," Laidlaw said. "By the end of two years — the bone density of the girls [taking puberty blockers] is down in the lowest 3%."

### **Mental-Health Concerns**

According to guidelines from the World Professional Association for Transgender Health, children must be screened for underlying mental issues. Yet a Freedom of Information request filed by Oxford sociologist Michael Biggs revealed that nearly one-third of the children treated at one clinic in Britain had been diagnosed with autism spectrum disorder. Besides putting patients with pre-existing mental conditions at risk, the drugs also seem to be having a deleterious effect on young patients' developing mental capacities, studies have shown.

Puberty is also a time of tremendous brain changes, when gray matter becomes denser — which may explain why puberty blockers have been found to lower IQ. One 2016 study found that girls treated with puberty blockers had an eight-point lower IQ score than controls who did not receive the treatment. This was similar to the seven-point IQ drop from 100 to 93 reported among 25 girls who took puberty blockers for two years for early puberty and a nine-point IQ drop in a study of a 12-year-old boy 28 months after taking the blockers.

“Proponents of the drugs claim the effects are reversible, but we don’t know what will happen in all the cases,” Laidlaw said. But the mental damage may be even more serious than a drop in IQ for patients. Concerns about the impact of puberty-blocking drugs on the mental health of youths were raised in England when Biggs uncovered the unpublished results of a study by the Tavistock and Portman NHS Trust’s Gender Identity Development Service (GIDS).

Although the results for using puberty blockers had been reported to the public as positive, Biggs found that for all but one yardstick (that of parents’ perspective) the outcomes were negative and that a significant increase was found in the number of drug-treated youths who agreed with the statement: “I deliberately try to hurt or kill self.”

### **Transgender Censorship**

But even scientific evidence pointing to the risks of castration drugs doesn’t seem to matter to the cultural gatekeepers who wish to see transgenderism normalized in society. Demand for the drugs as puberty blockers has skyrocketed with government-sponsored and cultural transgender programming, including television shows like *I Am Jazz*, an American reality TV following Florida teen Jazz Jennings, who was born male but took hormones and was surgically castrated to appear female. And the market for the drug has a potential to expand further, as gender science is extending to “transgender preschool children.”

With such positive reinforcement of transgenderism in culture, criticism of treatment for gender dysphoria is increasingly banned as “harmful” and “transphobic.” The same tendency toward censorship also surfaced recently in state legislation. Last month, North Carolina became the 18th state to ban the use of taxpayer dollars for any “conversion therapy practices” that seek to help transgender children overcome their confusion without drugs and surgery.

Experts in the field are also not immune to such censorship. Laidlaw told the Register that as an endocrinologist, he tweeted on July 21 about the dangers of puberty blockers — but his tweet was deleted by Twitter last month, and he has been unable to post on the platform since. Likewise, when Biggs revealed the unpublished GIDS report to the British press, the Oxford professor’s Twitter account was reportedly suspended for “transphobic” statements.

### **Catholic Teaching**

Aside from the medical risks involved with castration drugs, the principle driving their promotion flies in the face of Catholic teaching on human sexuality. Pope Francis addressed the issue of transgenderism in his 2015 encyclical *Laudato Si* (Care for Our Common Home), citing the words of his predecessor, Benedict XVI, that “man too has a nature that he must respect and that he cannot manipulate at will.” Man, Benedict said in his September 2011 address to the German Parliament, “does not create himself. He is intellect and will, but he is also nature, and his will is rightly ordered if he respects his nature, listens to it and accepts himself for who he is, as one who did not create himself.”

“[V]aluing one’s own body in its femininity or masculinity is necessary if I am going to be able to recognize myself in an encounter with someone who is different,” Pope Francis added. “In this way we can joyfully accept the specific gifts of another man or woman, the work of God the Creator, and find mutual enrichment.”

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