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Profits Over Progeny

FIRST DO HARM: DOCTORS MUTILATE MINORS

by Jane Robbins, an attorney and a retired senior fellow with the American Principles Project.

In the competition for the most hard-left doctor treating children who are confused about their sex (“transgender” kids), Dr. Johanna Olson-Kennedy of Children’s Hospital Los Angeles has maintained a strong lead. Olson-Kennedy promotes medicalizing sex-confused children with puberty blockers, cross-sex hormones, and surgery.

How radical is she? Radical enough to airily reject the idea that all such children should at least receive psychological counseling (“I don’t send someone to a therapist when I’m going to start them on insulin”) and to minimize the seriousness of removing healthy but currently unwanted organs (“if you want breasts at a later point in life, you can go and get them”). Olson-Kennedy is now using federal research dollars to administer sterility-inducing cross-sex hormones to children as young as eight years old to see what happens.

It does not get more politicized at children’s expense than that. Or does it?

Stanford pediatric endocrinologist Tandy Aye is determined to try. While Olson-Kennedy is injecting powerful hormones into physically

healthy children, Aye isn’t satisfied with merely medical interventions. She wants to allow (and encourage) surgeons to perform mutilating surgery on children (“older adolescents,” she says) who are under 18 and therefore currently unable to agree to such permanent and life-altering procedures.

Aye’s recent TED talk is illuminating. One is her slavish adherence to the new grammatical mandates of the transgender orthodoxy. She consistently refers with female pronouns to a boy who identifies as a girl.

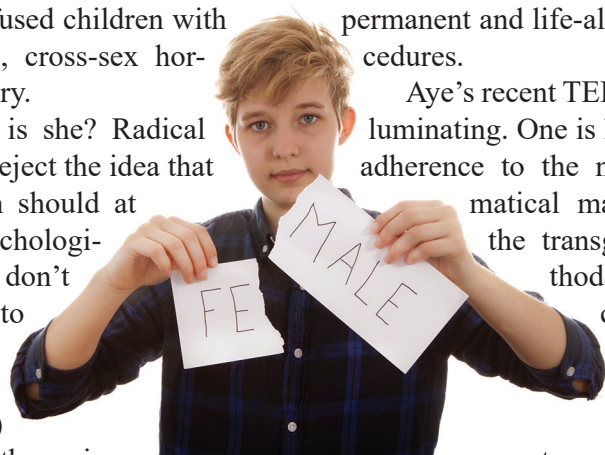
His parents realize they have “a daughter with a penis”. He was “assigned” a sex at birth. His treatment isn’t gender “reassignment” therapy, but gender “affirmation” therapy. Surgery to remove healthy organs is “gender-affirming surgery”. She smoothly strings together these misleading terms as though they are inarguably correct, thus suggesting that people should ignore the jarring dissonance between what they are hearing and what they know to be true.

Aye also acknowledges but dismisses the obvious reason that states have set 18 as the age of consent: that minors are too immature to make life-altering medical decisions. Not to worry, Aye says, because all transgender minors know exactly what they are doing: “The transgender patient may be one of the most well-informed patients. Who else has had years of psychological evaluation, months of medical therapy, and has thought of this one procedure for so long?”

Perhaps Aye should have a chat with Olson-Kennedy, whose patients may very well have avoided any psychological evaluation. Perhaps she should read the stories of frantic parents who helplessly watched their children get herded into medical treatment with little or no exploration of what might underlie that fixation on “this one procedure.”

The most noteworthy aspect of Aye’s discussion is her concession that the doctors who administer Gender Affirming Therapy are sterilizing these children. The GAT crowd tends to shy away from this admission, preferring not to dwell on the fact they may be ruining lives.

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Minor children clearly cannot grasp the full extent of problems caused by infertility. Adults who struggle with this condition suffer significant psychological distress. Rather than acknowledge this bleak future for their patients, GAT doctors ignore the physical and emotional ramifications of what they are doing.

Aye is more forthcoming. Her argument in favor of GAS for minors is that puberty blockers and cross-sex hormones have destroyed the child's future reproductive capacity anyway, so why not remove the now useless organs? She explains, "[A]s soon as puberty blockers were added and then estrogen was added to [the boy's] therapy, [his] testes never developed. In fact, she [sic] does not make any sperm. And her [sic] reproductive capability to be a biological parent has been eliminated." (Emphasis mine.)

Having blithely announced that she and her fellow practitioners have robbed this child of one of the most profound and meaningful experiences of human life, Aye concludes: "And in medicine, don't we often recommend the removal of non-functional organs, like an appendix? So does it make sense for [the minor patient] to wait until she's [sic] 18, or should older adolescents be allowed to have surgery before the age of 18?"

We've already destroyed the organ, Aye is saying, so we might as well lop it off. This passes as medical practice in the 21st century. Hippocrates indeed.

Following this perverse reasoning, Aye proposes that age of consent be replaced with the number of years the patient has lived in imitation of the opposite sex (although she does not phrase it quite that honestly). If a young boy begins wearing dresses and is "affirmed" in this behavior by his family, his teachers, and his therapists, and so is not surprisingly still

confused in adolescence, he should be allowed to undergo surgical sterilization and painful reconstructive procedures while he is still a minor.

Aye doesn't specify how many years of charade would be required. We can only assume that whatever number is chosen will steadily fall as the GAS surgeons tap greater patient pools for greater insurance payments. She is seemingly insouciant about this outcome. Preparation for and recovery from this surgery is difficult, she concedes, so doesn't it make sense to have the child undergo it while he or she is still at home under parental care? Win-win.

But what about the irreversibility of these procedures? Aye doesn't mention that. What about the fact that thousands of patients who have endured surgical alteration, even as adults, have come to regret it? What about the stubborn persistence of

high suicide rates among people who have undergone the surgery? What of the disturbing statistics showing the sudden and enormous increase in the number of children and adolescents claiming to be the opposite sex lately? Shouldn't we investigate this phenomenon before putting children under the knife? Aye is apparently unconcerned.

That such reckless recommendations are coming from a licensed physician at a formerly respected medical institution shows the depth of the rot that has infected the medical profession. Lives of children and their families are being destroyed, while the people and organizations who should be policing this mutilation are either asleep at the switch or craven cowards. But Aye and her fellow practitioners will make lots of money and get invited to present TED talks to the enlightened. 

"TEENSCREEN" HORROR

by Karen R. Effrem, MD, a trained pediatrician, and her husband have three children. She serves as Education Issues chairman for Eagle Forum and president of Education Liberty Watch.

A push for more school-based mental health interventions has increased after recent high profile school shootings. One controversial and inaccurate mental health screening instrument is, "TeenScreen", which is a 14-question computerized survey.

The vague and subjective questions in TeenScreen yield an astronomically high false-positive rate of 84 percent, as admitted by Dr. David Schaffer, who said the prediction "would result in 84 nonsuicidal [sic] teens being referred for further evaluation for every 16 youths correctly identified."

In 2016, Stanford University acquired the rights to the TeenScreen

test, and it was used in some school districts in 2018. Dr. Mark Olfson, the current scientific director of TeenScreen at Columbia University, testified before the federal

School Safety Commission in July calling for expansion of "voluntary mental health screening" in an effort to prevent mass shootings, despite other parts of his testimony that contradicted his recommendation:

There are concerns that many young people are being unnecessarily treated with these medications because approximately two-thirds of the increase, the overall increase in psychotropic medication use in



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youth has occurred among those with less severe or no impairment.

These concerns have focused most intensively on anti-psychotic medications, particularly their use in very young children and children in the foster care system.

He does not realize — or will not admit — that the reason the overall prescription rate increase has occurred in youth with “less severe or no impairment” is due to the use of mental screening instruments like TeenScreen. Olfson does, however, admit some of the dangerous side effects of the medications:

In addition to uncertainty over the long-term effects on the developing brain, side effects of anti-psychotic medications include weight gain, high cholesterol levels and increased risk of diabetes.

Other severe effects associated with the antipsychotics include brain damage, movement disorders, suicide, and a 25-year shortened life span.

Psychiatric experts readily admit that their efforts to predict which patients will become violent are only slightly better than chance. A psychologist involved in violence-prediction research told the *Washington Post*, “There is no instrument that is specifically useful or validated for identifying potential school shooters or mass murderers.” Another said in that same article that doing so would endanger both public safety and civil liberties.

A psychiatrist who extensively studied the Sandy Hook shooter told the *Los Angeles Times*, “But unfortunately, it’s impossible for any of us to predict who is going to go from being troubled and isolated to actually harming others...It really means we can’t rely on prediction and identifying the bad guys. Because we’ll misidentify some who aren’t bad guys, and we’ll fail to identify others who may become bad guys.”

The New Freedom Commission on Mental Health promoted the Tex-

as Medication Algorithm Project that strongly recommended the use of new antipsychotic drugs that have extremely dangerous side effects and have been no more effective than the older cheaper drugs they sought to replace.

TMAP was exported to many states across the nation, and the drugs were heavily prescribed to those receiving Medicaid benefits, including those in the foster care system. To have these most vulner-

able children prescribed such potent and dangerous drugs in the pursuit of profits instead of for real medical need is a tragedy.

Parents and school administrators should be extremely wary of the expansion of mental health screening. Please send your comments about this to the federal School Safety Commission at safety@ed.gov and to your state legislators if your state is pursuing these programs. 

ATTACK OF THE CYBER CENSORS

by Paul Driessen, author of *Cracking Big Green and Eco-Imperialism: Green Power – Black Death*. Article used with permission.

The Green New Dealers and their allies have effective ways of reducing dissension by constraining and suppressing citizens in their thought, speech, and access to information as they pursue the total elimination of fossil fuel production and use, and their desire to control how much we can drive and fly, heat and cool our homes, eat meat, and live our lives.

Replacing fossil fuels that provide 82 percent of our energy and 100 percent of countless plastic products would require biofuels grown on tens of millions of acres. Replacing coal and gas-generated electricity with wind and solar would require millions of turbines and panels, on tens of millions more acres, billions of tons of rare earth and other metals, and hundreds of billions of pounds of lithium-ion batteries. Putting just five million electric cars on California roads would require 5 *billion* pounds of lithium-ion batteries.

China controls all those rare earth metals and most of the lithium, cadmium and cobalt needed for all that pseudo-renewable, pretend-sustainable energy. They are produced in China and Africa, often with child labor and near-

slave labor, and with virtually no health, safety or environmental safeguards.

Meanwhile, Asian, African and European Union nations are building or planning over 2,000 coal and gas-fired power plants. So even U.S. *elimination* of fossil fuels would do absolutely nothing to reduce global CO2 levels. Moreover, citizens are likely to rise up in loud opposition to having millions of noisy wind turbines, solar panels, batteries and biofuel plantations in their backyards and across scenic vistas and wildlife habitats.

Green New Dealers do not want to talk about any of those ethical, social justice or environmental issues — or about the bald assertions of Climate Armageddon that have no basis in real-world evidence. They don’t want anyone else talking about it, either. They want to control what we say and think, even what ideas and information we can find online and in print, television, radio and social media.

They loathe and fear ideas, facts and questions that challenge their views and political power. Free speech and access to other people’s free speech is a clear and present



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danger to their perceived wisdom on fossil fuels, capitalism, man-made climate chaos, Western culture, and who should make policy decisions on energy, economics, jobs, living standards, religion, or civil rights.

Their version of “free speech” demands that their critics have *no* free



speech. On college campuses, social media, search engines, online information libraries, even in the arts, bakeries and K-12 education, thought control and electronic book burning are essential. They “dox” political opponents, revealing their names and home addresses, so that other radicals can harass, intimidate and attack them and thereby “persuading” others to stay silent. Despite having a 12 to 1 ratio of liberal to conservative professors, leftist college faculty, administrators and students still ban, disinvite, disrupt and physically attack conservative speakers and their hosts.

The Big Tech monopoly routinely implements electronic book-burning tactics. Google and other internet search engines systematically employ liberal biases and secret algorithms to send climate realism articles to intellectual Siberia and censor conservative thinking and discussion. Google YouTube blocks access to Prager University videos that its censors decree offer “objectionable content” on current events, history, constitutional principles, and environmental policies.

Google helps the Chinese government deny its citizens access to “dangerous ideas” — and says nothing when China sends a million Uighur Muslims to “re-education camps.” Google’s hard-left employees ostracize any conservatives they still find within their ranks, yet claim that helping the U.S. Defense Depart-

ment with cloud computing or artificial intelligence surveillance would “violate their principles.”

Facebook “shadow banned” an ad promoting a Heartland Institute video that called on millennials to reject socialism and embrace capitalism. Facebook censors told Heartland they “don’t support ads for your business model” (capitalism) and would not reveal “red flags” and trade-secret algorithms they use to “identify violations” of their policies and “help preserve the integrity of our internal processes.” Google suppressed Claremont Institute ads for a talk on multiculturalism and political speech restrictions. Twitter routinely engages in similar cold, calculated censorship of views it opposes.

Wikipedia posts distorted or false bios for climate realist experts and organizations — labeling me an anti-environment lobbyist — and then pops up ads soliciting money for its biased “educational” material. Securing corrections is a long, often fruitless process. The Southern Poverty Law Center has used phony “hate speech” claims to defund and “deplatform” conservative groups by pressuring credit card companies to close off donations to them.

Some state attorneys general and members of Congress even want to prosecute and jail people for “denying the reality” of “man-made climate cataclysms.” Yet, the policies that Big Tech supports cause millions of deaths every year, by denying impoverished nations and families access to the modern energy, insect control, and agricultural technologies that its vocal elements loathe.

Creating conservative competitors or finding ways around these social media and fake information behemoths is vital, but would be stymied by their sheer size, wealth and

dominance. Trust busting by federal agencies, Congress and the courts should certainly be considered.

These cyber-giant social media and information platforms may be private companies, but they wield massive power, especially with younger generations who get almost all their information online. These dominant public forums are essential for discussing and evaluating public policies that affect our lives.

A federal judge has ruled that President Trump may not block hate-filled criticism from his Twitter account. Because it is a public forum, akin to a park or town square, for discussing important policy matters, Twitter is protected by the First Amendment. Blocking unwanted tweets is therefore viewpoint discrimination, she held. Her reasoning should not apply only to the President and his most obnoxious critics.

The right of free speech and free assembly — to participate fully in debates over important political and public policy matters — is the foundation of our other rights and freedoms. Banning, censoring, and deliberately falsifying certain viewpoints deprive major segments of our population and electorate of the right to speak, be heard, become informed, and examine all sides of an issue.

Viewpoint censorship and bullying violate the basic rights of anybody whose views an elite, intolerant, power-hungry few have deemed “inappropriate” or “hurtful” to their sensitivities. It is time to rein in the monopolistic cyber censors. 

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