



Policy Conference

Saturday, 2/1/20

10:15 AM

Speaker: Michelle Cretella, MD – Dr. Cretella is a pediatrician and President of the American College of Pediatricians. 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 practicing as a board-certified pediatrician in Connecticut and Rhode Island, she left clinical practice to engage in full time administration of the College. Dr. Cretella and her husband have three teenage sons and one daughter.

Title: *Gender Ideology Harms Children*

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.

1. Human sexuality is an objective biological binary trait defined by how we as a species reproduce. Males are those members of the species who donate genetic material (sperm); females are those members of the species who produce eggs, and receive the male's sperm in order to conceive and gestate offspring. "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. The exceedingly rare birth defects called disorders of sex development (DSDs) are all diagnosable medical conditions, and are rightly recognized as disorders of human design. Individuals with DSDs (also referred to as "intersex") do not constitute a third sex.

2. There is no medical test for a “gender identity.” No one is born with a “gender identity.”

Gender identity (an awareness and sense of oneself as male or female) is a sociological and psychological concept; not an objective biological one. Gender identity exists in the mind; not in the body. 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 males or biological females.

3. People who believe they are something they are not are, at best, confused. 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.

4. Puberty is not a disease; the absence of puberty is. Puberty is a critical window of development that, once closed, cannot be reopened. In physically healthy children, puberty-blocking drugs like Lupron induce a state of disease – the absence of puberty – and inhibit physical, emotional and cognitive growth, and fertility in a previously biologically healthy child.

5. The vast majority of very young children with gender incongruence will outgrow it when supported through natural puberty. In other words, blocking puberty robs these children of the natural developmental period necessary for most to come to accept their bodies.

6. Most gender-distressed teens are ordinary girls and boys who are anxious, depressed, traumatized, and uncomfortable with their bodies, and struggling with their identity.

Several studies show that teens can embrace their bodies through counseling alone without high-risk chemical or surgical sex-change interventions. Instead, in accordance with the irresponsible “guidelines” from AAP and other groups, gender-distressed teens are being prescribed disease-inducing chemicals, sterilized, and surgically maimed by doctors.

7. There is no evidence that puberty blockers are reversible as is claimed. To the contrary, when normal puberty is artificially arrested, valuable time is forever stolen from these children, time that should be spent in normal development. This time period, during which highly significant and irreplaceable advances in bone, brain, and sexual development occur, is time that can never be given back.

8. Puberty blockers also have very harmful side effects. All puberty blockers, including Lupron, act on the brain to stop sexual development. Boys are chemically castrated and girls chemically driven into premature menopause for as long as the puberty blockers are used. This developmental arrest may result in permanent sexual dysfunction, infertility, bone loss, and altered brain development. Dr. Michael Biggs, a whistle-blower in the UK, found data indicating that gender-distressed girls exhibited more behavioral and emotional problems, and greater body dissatisfaction while taking puberty blockers.

9. Pediatric pathway to permanent sterility. Gender incongruent children may be given puberty blockers as young as age eight and will require cross-sex hormones in later adolescence to continue impersonating the opposite sex. This combination of drugs may lead to permanent sterility. These children will never be able to conceive any genetically related children even via

artificial reproductive technology. The same is true, obviously, for minors who have their surgical organs removed. 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, strokes, diabetes, and cancers.

10. Rates of suicide are 19 times greater among adults who undergo sex reassignment in Sweden - which is among the most LGBTQ – affirming countries. What compassionate and reasonable person would condemn young children to this fate knowing that if they were instead supported through natural puberty as many as 88% of girls and 98% of boys will eventually accept reality?

11. 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 they will “choose” a lifetime of disease and even cancer-causing cross-sex hormones, and likely consider unnecessary surgical mutilation of their healthy body parts as young adults.

ACTION STEP: “First Do No Harm” Campaign

<https://www.kelseycoalition.org/our-projects>