



Serving the counties of District 2: Fannin, Delta, Hunt, Hopkins, Rains, Rockwall, Kaufman, Van Zandt, and part of Dallas County

Transgenderism: Political Correctness that is Harming Children

Fact: Medical science, NOT feelings, determines a person's sex - male or female.

Genesis 5:2, in announcing the creation, says: "He created them male and female and blessed them. And he named them "Mankind" when they were created."

One of the first questions a pregnant woman is asked is whether the child she is carrying is a girl or a boy. Since the beginning of the human race, there have been only two sexes - male and female - which is determined at the point of conception when the father's sperm containing either an "X" or a "Y" chromosome unites with the mother's egg which carries an "X" chromosome. Every cell in the body of the child will be either XX (female) or XY (male).

How has a fact that has been scripturally and scientifically true since the beginning of time become a topic of dissension? The proponents of the climate change myth point to "science" as their proof while the proponents of an unlimited number of sexes (some try to obfuscate the issue of "sex" identification with the term "gender") point to "feelings."

It's all about feelings.

This newly created "gender identity" or "gender dysphoria" is a fad based on feelings, not on science or facts. "Gender dysphoria involves a conflict between a person's physical or assigned gender and the gender with which he/she/they wish to identify."

Until 2013, "gender identity disorder" (GID) was a mental health diagnosis at which time the term was replaced with "gender dysphoria" in the Diagnostic and Statistical Manual of Mental Disorders (DSM). This determination was reportedly in an effort to remove the stigma associated with the term disorder.

Regardless of what you call it, seeking the diagnosis has taken off like wildfire with a reported increase of nearly 2,000 percent in children or a parent seeking treatment for so-called sexual identity confusion in the United Kingdom[i]. One study showed that when a teen announces a transgender identity to their peer group, the number of friends who also become transgender-identified is 3.5 per group.

According to one expert, up to 98 percent of children who struggle with their sex as a boy or a girl come to accept their biological sex by adulthood[ii]. But rather than taking a "wait and see" approach, many medical professionals are putting children on puberty blocking hormones as early as 8 or 9 years of age. Girls as young as 13 are undergoing double mastectomies and boys as young as 17 are undergoing full genital sex reassignment surgeries[iii]. And, this aggressive treatment is being done with the full knowledge that after sex reassignment surgery, transgender-identified people are still nearly 20 times more likely to die from suicide than the general public[iv].

How have we allowed a social agenda to become so politically correct that we are willing to permanently sterilize, surgically maim, and commit our children to lifelong drug dependency with unknown long-term effects? The procedures we are allowing to be performed on our children are every bit as horrific, if not worse, than the medical experiments done in Nazi concentration camps.





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We have no excuse but that of apathy and ignorance for having allowed it to happen. But, now knowing what is going on, we have no excuse for our inaction which is allowing it to continue.

It is quite ironic that in the 86th Legislative Session the medical community was the driving force behind SB 21, which raised the legal age for smoking tobacco to 21. Their main argument was that it was necessary to **protect the health of children, as an 18-year-old's mind is not yet at the maturity level to comprehend the long term negative medical consequences.**

How could anyone possibly believe that a three-year-old's belief that they are the opposite gender is made with more maturity than the 18-year-old wanting to smoke? Why are we okay with affirming a child as young as three on their decision that they are the wrong gender? Or, with encouraging their use of puberty blockers, future surgical maiming, and life-long dependency on drugs with dangerous side effects? - Just make sure they don't smoke a cigarette.

Or, how could a parent that may be disappointed in the sex of the child God gave them force an unknowing child through years of experimental medical treatments - treatments that render them sterile before the child has a chance to be the sex God intended, causing them to face a life of other medical issues, including premature death?

This politically correct insanity has to be stopped. Texas must pass legislation in the next legislative session to stop the use of these irreversible experimental medical procedures on minor children.

If you have a personal story that you would like to share with me or my staff, feel free to contact me by email (bob.hall@senate.state.tx.us) or call my Austin office at 512.463.0102.

[i] Paul W. Hruz, et al., "Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria," *New Atlantis*, Spring 2017, <https://www.thenewatlantis.com/publications/growing-pains>, ("The Gender Identity Development Service in the United Kingdom, which treats only children under the age of 18, reports that it received 94 referrals of children in 2009/2010 and 1,986 referrals of children in 2016/2017 — a relative increase of 2,000%.")

[ii] Michael K Laidlaw, et al., "Letter to the Editor: 'Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline,'" *The Journal of Clinical Endocrinology & Metabolism*, 104, no. 3 (March, 2019): 686–687, <https://academic.oup.com/jcem/article-abstract/104/3/686/5198654?redirectedFrom=fulltext> ("Children with GD will outgrow this condition in 61-98% of cases by adulthood.")

[iii] Johanna Olson-Kennedy, "Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts," *Journal of the American Medical Association Pediatrics* 172 no. 5, (2018): 431–436, <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2674039>

[iv] Cecilia Dhejne, et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," *PLoS One* 6, no. 2 (2011): e16885, <https://doi.org/10.1371/journal.pone.0016885>.

