

Critical Race Theory & Gender Ideology

for both, the Chaos is the point

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Social conservatives are often asked to justify why they have decided to “target” the issue of transgender youth, as if they picked this issue because it polls well or some such nonsense. Let me make it very clear why this has “suddenly” become my concern. It is because in America, in 2007, there was one gender clinic. **One.** Anyone care to guess how many exist today? **Three hundred.**

So there are now hundreds of pediatric gender clinics in the U.S., and Planned Parenthood gives out testosterone on a first visit; depending on the state. It absolutely gives testosterone to minors. Planned Parenthood in Oregon gives it to fifteen year olds on their own recognizance. Kaiser dispenses it. So, for today’s teens – whether they have real or typical gender dysphoria or not – testosterone is easily available. Double mastectomy known as “top surgery” is readily available. No, they do not necessarily need even parent approval, depending on the state, and they definitely don’t need a therapist’s note.

Okay, so let’s talk about the Transgender Phenomenon. I’m going to start by walking you through the major issues and claims about youth and adolescent gender transition. And we’ll work our way to the big question, which is: How did we get here? How did we get to a place in which we’re all supposed to pretend that the only way you know I’m a woman is if I give you my pronouns? How did we get to an America in which a 15 year old in Oregon can begin a course of testosterone without her parents’ permission? And a lot of the answer, of course, comes from the hard Left. But at least one part of the answer is conservative squeamishness about an issue it would rather not deal with at all. So let’s begin by dealing with it.

What is gender dysphoria? Gender dysphoria – the severe discomfort in one’s biological sex - is absolutely real. It’s also exceedingly rare – typically afflicting roughly .01% of the population, overwhelmingly males. And it typically began in early childhood - ages 2-4. Little boys saying, “No mommy, I’m not a boy, I’m a girl.” Boys who were insistent, consistent, persistent in feeling that they’re in the wrong body.

It is by all accounts excruciating. I've talked to many transgender adults – most of them, biological males – and they describe the relentless chafe of a body that feels all wrong.

There are at least three separate issues I'm going to talk about:

- 1) There are the **young kids** who may have this classic presentation of gender dysphoria – some of whom would naturally outgrow this condition; others of whom will become transgender adults.
- 2) There is the **social contagion currently spreading among adolescent girls** – many of whom do not have typical gender dysphoria at all.
- 3) There are the **activists and biological men who exploit our confusion** and our sympathies in order to *invade women's protective spaces and destroy women's sports*.

They are all very different.

So, the young kids. Now, traditionally, as I said, these were overwhelmingly little boys. And, if left alone – meaning no with no intervention either to change their name and pronouns – so called “social transition” and no medical intervention – over 70% of these kids would outgrow the gender dysphoria on their own. Most would end up as gay men. Some would not outgrow it and many of those who did not, would transition as adults, after years of therapy. And we used to call those people “transsexuals.” These were not people who pretended they were somehow *really* women or *always truly female*. These were and are just people who felt most comfortable presenting as female. I've talked to a lot of transgender adults, and they'll tell you – they know that people can tell that their biology is different, but the goal isn't so much to fool other people as to achieve a level of comfort with themselves. For many, this involves hormonal intervention and surgeries. And I have talked to several who will say that the hormones they took and surgeries they underwent brought them a measure of peace. I can also tell you that they are generally holding down steady jobs and are leading good, productive lives.

But today, we don't just leave kids alone, and let the chips fall – letting some kids outgrow this gender dysphoria and others to transition as adults.

Today, we decide the moment a child seems not perfectly feminine or masculine, today we say — I know what this is! *This is a trans kid!*

We take them to a therapist or doctor, nearly all of whom practice so-called “affirmative care” – that is, nearly all of whom have accepted that it is their job to immediately affirm or agree with the patient's self-diagnosis – and to help them medically transition.

Teachers affirm young children in school – both by teaching the class that only they, the children, know their true genders and encouraging kids to reintroduce themselves to the class according to a new name and gender. Therapists affirm and encourage minors down this path; even pediatricians do. And the typical next step for these kids – after changing their name and pronouns to their friends and classmates – is puberty blockers.

Puberty blockers shut down the part of the pituitary that directs the release of hormones catalyzing puberty. The most common of these is a drug called Lupron, originally used in the chemical castration of sex offenders. To this day, it has never been FDA-approved for use in kids to halt healthy puberty.

Now you might ask: why would any parent or doctor do this? Why would anyone stop the puberty in a child – even a child with genuine gender dysphoria – when that child would be highly likely to outgrow the gender dysphoria on his or her own? Some say, because it's traumatizing to let a child go through the puberty of the sex to which they don't want to belong.

(The problem with this, of course, is that in many cases, puberty seems to have helped children overcome their gender dysphoria).

There really is no satisfying answer as to why someone would do this, given that scientists have no way of predicting which children will outgrow the dysphoria on their own and which won't. But the argument that's made is that these kids can't wait. The suicide rates for transgender-identified youth and transgender adults are very high, the argument goes. And so we need to get in there and start fixing them as soon and as dramatically as possible.

But unfortunately there are no long-term studies that indicate puberty blockers cure suicidality or even that they produce better mental health outcomes. There are not even good studies that show they are safe for this population long-term, nor even that they are reversible. There's a big debate right now in the medical community about whether and to what extent the effects of stopping healthy puberty in adolescents is reversible if these kids later stop taking them.

What we do know is that puberty blockers will block all the secondary sex characteristics, sexual maturation and development of bone density from occurring. We do know that because of the inhibition of bone density and other risks, doctors don't like to keep a child on puberty blockers for more than two years. And we know is that once a child's healthy puberty is arrested, placing her entirely out of step with her peers, this seems to guarantee that she will proceed to cross-sex hormones like testosterone. In studies, nearly 100% of kids who are put on puberty blockers proceed to cross-sex hormones. And we know that if a child goes from puberty blockers to cross-sex hormones, that child will be infertile. She may also have permanent sexual dysfunction, given that her sex organs never reached adult maturity, but she will certainly be infertile.

So the claim that puberty blockers are safe and reversible for this population is not well founded. And the claim that it's a neutral intervention, just a "pause button," without serious downsides is simply false. We wouldn't accept that level of glib salesmanship in any other area of medicine.

Okay, so those are the kids who actually have gender dysphoria. For the nearly hundred-year history of gender dysphoria, these little kids were what we were talking about when we talk about gender dysphoria. But in the last decade – thanks, in large part to social media – there's been another population that claims to have gender dysphoria. This is a population that never before had gender dysphoria in any significant numbers; in fact, before 2012, there was no extant scientific literature on their having gender dysphoria at all: **teen girls.**

Not only have the rates of these girls' claiming trans identification risen dramatically in the U.S. and across the West – over 4,400% in teen girls presenting for gender treatment at the UK's national gender clinic, for instance – but teen girls are now the **leading demographic** of those claiming to have gender dysphoria.

What's going on? The answer is social contagion. One more instance of teen girls spreading and sharing their pain. There's a long history of peer contagion with this demographic, of course: we know that anorexia and bulimia are spread this way, for instance. And we know that this demographic – teen girls – is in the midst of the worst mental health crisis on record, with the highest rates of anxiety, self-harm and severe clinical depression. We know that the population who tends to fall into social contagions is the same high-anxiety and depressive group of girls who struggle socially in adolescence and tend to hate their bodies. Add to that a school environment where you can achieve immediate valorization and popularity by declaring a trans identity, and the delicious temptation to stick it to Mom. Add further the great many trans social media influencers who can't wait to convince troubled teen girls that identifying as trans and starting a course of testosterone will cure all of their problems – and you have a very fast-spreading social phenomenon. I've spoken to families at top girls' schools that attest that 15%, 20%, in one case 30%, of the girls in their daughter's 7th grade class now identify as trans. When you see that, you're witnessing social contagion in action. There's no other reasonable explanation.

These teen girls are in a great deal of very real pain. Almost all of them have dealt at some point with eating disorders or cutting or have been diagnosed with other serious mental health comorbidities. And now they're being allowed to self-diagnose with gender dysphoria by a medical establishment that's decided that its job is merely to "affirm" and agree with these girls. A medical establishment that has, with regard to trans-identified adolescents, effectively turned its doctors into life coaches.

Since my book *Irreversible Damage* was published in June of 2020, more evidence than I ever could have imagined has come out indicating that its thesis is correct. You may not know the name Keira Bell – this is a young woman in the UK, very troubled in adolescence, who was rushed to transition in her teen years and came to regret it.

She underwent double mastectomy and years on testosterone, only to realize that her problem had never been gender. She sued the national gender clinic in England. And back in December, the High Court of Justice examined her case, and the claims of similarly situated plaintiffs. The Court examined the medical protocols applied to her – protocols identical to the ones we have in America – and the High Court of Justice was horrified. It was absolutely appalled that a young girl had been allowed to consent to eliminating her future fertility and sexual function at an age when she could not have possibly have appreciated the loss. (She had begun transitioning at 15).

This was called a “landmark” case in England, by the Telegraph, the Times of London, and even the Guardian. The ruling was seen as a clear condemnation of the effort to fast-track so many young girls to transition. And one of the things the court noted was that the clinic had been unable to show *any psychological improvement* in the girls it had treated with transitioning hormones.

If you didn’t read about the landmark Keira Bell case in the American legacy media, well, that’s because they largely decided to pretend it didn’t happen. Just as they continue to ignore or dismiss the stories of thousands of “detransitioners” --- these are young women who regret their medical transition and attempt to reverse course. So in America, the teen trans phenomenon gets treated as a ‘conservative issue’ – that is a political issue – rather than a medical one. And so perhaps the greatest medical scandal of this decade is dismissed as a conservative preoccupation.

Finally, there’s a **third group of people** we talk about when we talk about the “transgender phenomenon,” and this is the group that seems to want to eradicate girls and women’s sports and protective spaces. Many or most of these proponents are not transgender themselves. But they are activist, and they are energized. And they do seem to be winning. They promote dangerous bills like the Equality Act now before the U.S. Senate, which would make it impossible ever to exclude a biological male from a girls’ sports team or scholarship or a woman’s protective space like locker rooms and prisons. And they would do this based entirely on a man’s self-identification.

All a violent male felon needs to do is announce his new pronouns and identity and he becomes eligible to transfer into women's prison wherever such laws are found. We have these laws now in California and Washington and as you might imagine, hundreds of biological male prisoners have applied to transfer in.

For this third group it is not enough that we create a separate, unisex bathroom, while preserving a women's room for women. It is not enough to have an "open category" for those trans-identified athletes who do not wish to be stigmatized, while preserving the "girls team" for high school aged biological girls. And it is not enough to keep a separate safe-zone in a prison for those trans-identified biological men who may be at risk in a male prison. No, they are working to abolish all women-only spaces. They want all men to be able to self-identify their way into them, and they want to do it right now.

So these three groups are very different: You have young children, some of whom do suffer with gender dysphoria; you have the adolescent girls, many of whom are caught in a social contagion; and you have the activists, who are using the other two groups to attack women and to advance their goal of chaos and social upheaval.

What these three have in common has nothing to do with real gender dysphoria. What they have in common is that they are all shrouded in Gender Ideology. Put another way, what they have in common is that they are all soaked in lies.

Lies are told about the risks of the treatments we administer to young children – both to play down the real dangers and to wildly exaggerate the degree to which we know medical transition to be a cure. Lies are told about the researchers and journalists who try to report on the social contagion among teen girls, in order to discredit that hypothesis or stifle its revelation. Lies are told about both the inherent dangers of eradicating women's protective spaces and rights and the degree to which this is the only way to save a community from suicide.

The way to think about Gender Ideology is that it is the sibling of Critical Race Theory. Critical Race Theory goes into schools to convince white kids that they bear the original sin of their skin color. Gender Ideology marches into those same schools and tells kindergarteners – yes, they do this throughout the public school system of my state, California – to tell preschool children that there are a great many genders and, while someone may have guessed that they are a girl or a boy, **only they know their true gender.**

Critical Race Theory postulates both that race is the most important feature of any person and that white people, existing as they do in a state of racial privilege, are not able to participate in a wide variety of discussions about our democracy. Gender Ideology tells women – which it calls “cis-women” - that they are not entitled to their fear or their sense of unfairness as biological men enter their protective spaces and claim their trophies and records and scholarships. In fact, women and girls can’t even use the English language to describe their problem, since calling a transwoman “biologically male” is an act of transphobic bigotry.

These invidious dogmas have corrupted our schools, our universities, almost all of our legacy newspapers and magazines, the medical accrediting organizations – American Academy of Pediatrics, American Medical Association, American Psychiatric Association, Pediatric Endocrine Society – and even our scientific journals.

Just to give you a sense of how far things have gone, I was contacted about eight months ago by a member of the National Association of Science Writers. The NASW is an association of journalists with science backgrounds tasked with explaining scientific phenomena to the public. This person sent me emails showing me that a member of the NASW online forum had been *expelled for mentioning* my book. I talked to Sean Scott, who had been expelled from the NASW online forum. He hadn’t even read my book; he merely wrote that it sounded interesting to him and mentioned Lisa Littman’s research. He was immediately banned from the forum and labeled transphobic.

And I’ve heard the same thing from endocrinologists and psychiatrists and pediatricians and scientific researchers who write around these issues.

If they point out risks of transgender interventions, they struggle to get research into journals and very often their letters to the editor, pointing out flaws in the studies touting all these interventions — those letters aren't published. The funding goes to research that promotes gender transition and downplays risks.

There are phalanxes of young doctors — many of them in pediatrics or child psychiatry — who believe their primary job is “social justice.” And they don't hide this — they brag about it nonstop online. And you're starting to see this kind of thing put into practice. Perhaps America's most prestigious hospital, Brigham and Women's Hospital, recently announced it would offer preferential care to patients based on race. And on questions of gender, we're seeing it with the mass celebration of transitioning treatments provided to young people by doctors who show an inexcusable complacency about the risks of these treatments. The Washington Post recently quoted some of these young doctors, and claimed that it was a factual matter that “puberty blockers are fully reversible.” That's not something anyone can claim to know yet — they're certainly not psychologically reversible, and perhaps not physically either; we simply don't have the data yet. So you're seeing this startlingly quick corruption of medicine and science. And it is a symptom of a larger Woke corruption of American society.

Transgender Adults vs Transgender Activists

There's something I say every time I am asked to speak, and I say this for the simple reason that it is true: Transgender adults are some of the nicest, soberest and kindest people I have met in my work as a journalist and writer. They have good jobs, they have stable associations, and they are leading admirable, productive lives. They have absolutely no desire to harm women or to push transition *en masse* on children. The activists do not represent them.

I have met adult transgender people who seem to have been helped by transition. But also, a belief in freedom absolutely requires allowing adults to make really consequential decisions for their own lives. Adulthood in a free society means you can change your religion, you can change your name, you can take a dangerous job — such as Andy Ngo and I have — and yes, you can choose to undergo sex reassignment surgery.

And whenever I am in conversation with a transgender adult, I *always* use their chosen name and pronouns, and I believe it speaks well of conservatives who extend this courtesy.

BUT – and this is a big but – I never lie. So I never say, and will never say – “Transwomen are women.” That is a dangerous lie. It’s a lie which, when promoted in public, leads to unjust and even dangerous consequences for women and girls. When we lie in public, we usher in all kinds of consequences – the obliteration of women’s protective spaces (battered women’s shelters, locker rooms, and prisons) and the destruction of women’s and girls’ athletics. Reciting these lies is not mere courtesy, whatever the proponents say – it is the cowardly surrender of women’s welfare as sacrifice to the Woke gods. And it’s wrong.

In the public sphere, the lie is the harm. It does damage to our ability to communicate, to comprehend each other, and makes it impossible to object in the face of unfairness and cruelty. If a “trans girl really is just a kind of girl,” after all, there is no basis for objecting to the 17 year old boy who handily beat all the girls on the track team.

I’m often asked, why are the trans activists doing this?

Why would a teacher tell her class of Kindergarteners that only *they* know their true gender? What could possibly be the justification for telling small boys that they might really be girls and small girls that they might really be boys?

The biggest hint I got to the answer came from the population of detransitioners – young women who underwent medical transition and regretted it. Again and again they told me that while they were transitioning they were **angry**, they were **sullen**, and they were **politically radical**.

They very often cut off their families — they were coached in this by transgender influencers online — and they rushed toward their new, “glitter families.” You’ll often see gender-confused people among the ranks of Antifa or at Black Lives Matter rallies. Having turned against their families of origin, they are easy prey for those who recruit revolutionaries.

Put another way: the chaos is the point.

Just as the point of Critical Race Theory is to turn the American people against one another, so the point of Gender Ideology is to stop the formation of stable families, the building blocks of American life. Let me say again: this is not the goal of transgender adults. But it *is* the goal of the Gender Ideology and the transgender movement – namely, *the creation of a new victim class*, eager to join the revolution.

How do we push back on the onslaught of Gender Ideology?

First, we must oppose the indoctrination of children in Gender Ideology. There is absolutely no good reason for it and it does real harm. You can absolutely insist that all children treat each other kindly without indoctrinating an entire generation in gender confusion.

Second, in public, we must speak up, and we must speak the truth. Always, wherever we find ourselves — at work, whatever we do. We must refuse to recite the lies.

We must clearly distinguish between, for instance, transgender Americans, many of whom are wonderful – and an ideological movement, which seeks to warp our children and wreck our families. This is a movement that would turn our children against themselves because its advocates know there is no greater horror to a parent – there is no quicker way to bring America to its knees – than by prompting our children to do irreversible harm to themselves.

The people who've been pushing this ideology, they got a big head start on us – perhaps by a decade. But they have awakened a sleeping giant. The success of my book and the fact that state legislatures are debating these issues testify that a cultural battle is at last being fought.

We cannot afford to lose. These are our kids and grandkids. Our future *literally* depends on our winning this.