## Gender Dysphoria Deserves Better than Transgender Politics

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I have a dear friend who suffers from gender dysphoria. The inner pain he experiences, and the level of struggle he maintains just to function day to day breaks my heart. I will give no identifying details to protect him from bullies. Some goad him to live as the opposite sex. Some ridicule him because he once did. Often the same bully does both.

He is capable and smart. He knows, full-well, that he is a man who can never become a woman. Nor does he claim to know what a woman feels, he only knows his own feelings. They are the feelings of a man who experiences an irrational, yet overwhelming dissociation from his own embodiment.

I can describe it, but I can't imagine what it is like. I do not experience it myself. Neither does the vast majority of the population — including the army of transactivists and social justice warriors who are pushing him to live as a woman. It is important to emphasize this point. Transactivists rarely suffer gender dysphoria themselves, nor do they represent people with gender dysphoria. Activists represent only activists.



Rose McGowen, Transactivist

My friend does not need activists who only imagine they know how he feels. He needs people who care enough to know him personally. He doesn't need psychologists who assert without proof that a "physical transition" will help him, or surgeons who are willing to take his money knowing full-well they can never make him a female. He needs doctors who are competent enough to give him effective and long-term help.

There is more than enough scientific, medical and psychological literature on gender dysphoria, and enough long-term research to know that surgical and chemical attempts to alter the body ultimately fail as treatments. Not only do they fail, they are highly dangerous. Among those who surgically or chemically alter their bodies the suicide rate spikes to 19.1 times the overall population.

That's not a 19% increase, but 1,910% increase. This appallingly high suicide rate cannot be dismissed as the result of societal stigma or disapproval. The study was conducted in Sweden, where cosmetic surgery to conform the body to a more feminine, or masculine, appearance has long been accepted.

We may disagree about almost everything else, but can't we still agree that suicide is a negative outcome that we should all be working to avoid? The fact that there are people desperate enough to cut off perfectly functioning organs and spend tens of thousands of dollars on cosmetic surgeries speaks to how deeply they are hurting. The fact that such surgeries do not decrease the suicide risk, but may actually increase it, speaks to how desperately they need real solutions rather than wishful thinking.



Dr. Paul McHugh, Johns-Hopkins

It is inexpressibly sad that real solutions are being denied my friend. If he had been born a decade earlier, or, likely, a few years in the future he would be benefiting from the scientific studies that caused Johns-Hopkins to offer better solutions than failed attempts at cosmetic surgery and hormones designed for a different body.

But like the lobotomy craze of the 1940s, countless people are being permanently scarred by medical procedures that the next generation will regard as quackery. They will be stunned to find that people as learned as Professor Deanna Adkins of Duke University solemnly swore that, "chromosomes, hormones, internal reproductive organs, [and] external genitalia," are "counter to medical science."

That's akin to saying that rocks, sediments and fossils are counter to geological science. Apart from these, what alternative empirical evidence exists? Adkins never answers this question. Neither does she cite any evidence for her claim. Transactivists dress up their dogma in scientific language, but it's pure ideology.

It was not new scientific discoveries that caused the American Psychiatric Association, in 2013, to remove references to "gender identity disorder" from their basic treatment manual, DSM-5. Rather, it was politicization of the APA and behind-the-scenes power plays that substituted ideology for proven science.



This false ideology is now showing up in Wyoming higher education. Transactivistsproposed to the Board of Trustees at Eastern Wyoming College two new policies which will make it harder for real people with gender dysphoria to get help.

Claiming to create a "work environment free from discrimination," the proposed "Transgender Employment Policy" (Board Policy 3.27), proscribes any speech or action challenging the idea that surgical, chemical or cosmetic alterations to a person's body are the best way to care for those with gender dysphoria.

There are no policies that forbid blasphemy or vulgarity in the work place. But these prescribe pronouns and punish gender-heretics. They deny academic freedom and threaten the careers of any faculty or staff who continue to research, speak or write about the best science available concerning gender identity. Lectures, articles and social media, on- or off-campus, can bring the censure of the HR department. Censorship is real.

The real tragedy is that these measures effectively block people with gender dysphoria from hearing about more effective treatment. A policy that requires the wholesale embrace of radical surgery, hormone blockers, and various non-FDA-approved treatments as a condition for continued employment, creates a hostile working environment for everyone, the very opposite of its stated purpose.

The policy adopts the ideologically driven term "sex assigned at birth." Medicine and science has never thought that sex is "assigned" at birth, or any other time. Sex is a reality from the moment of conception. It is discovered, not assigned. If it were otherwise, Planned Parenthood, NARAL, and the ACLU would not have mobilized in more than a dozen states to defeat legislation protecting females from sex-select abortion prior to birth.

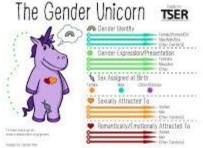


Nevertheless, despite retractions of the infamous "Dear Colleague Letter" by the US Departments of Education and Justice, the EWC policy proposes to allow access to male and female restrooms and locker-room facilities based on something other than maleness of femaleness.

Sex-differentiated restrooms exist to guard modesty and protect bodies. If that's no longer their purpose, we should remove all signs from restroom doors. At least that would maintain truth in advertising.

Women entering non-specified locker-rooms could know ahead of time that men might be inside. But to say one thing on the door and another thing in policy abuses not only language, but women. Sensitivity to gender dysphoria should not be insensitive to the human need for privacy, safety and dignity.

The proposed policy also directs the Human Resources office to "update official personnel records to reflect the employee's new gender and name after a transitioning employee has fully transitioned." But "full transition" is as elusive as a unicorn.



Every medical doctor knows that no matter how many organs are removed from a body, or how many cosmetic alterations are made to a person's appearance, a male cannot become a female, and a female cannot become a male.

Not only is this true from a medical standpoint, but even the policies themselves testify to this fact. Dealing with "Transgender Student Athletic Participation," Board Policy 5.14 discriminates between a "male-to-female (MTF) transgender student-athlete," and a "female-to-male (FTM) transgender student athlete." If a person were truly able to "fully transition," such discrimination would be simultaneously impossible and unjust.

In writing a policy intended to teach that surgical "full transition" is possible, one

wonders if the activists ever considered what they are saying to men and women who have unwillingly lost sexual organs. These people are being taught the false and outrageous message that such surgeries have made them less than men or women.

Confused and self-contradictory transgender policy proposals damage academic freedom, create a hostile work environment and unfairly disadvantage student athletes. Worst of all, they misinform students, staff or faculty who suffer from gender dysphoria and interfere with their rights to find the most effective help. Policy makers would do well to study the latest scholarship on transgenderism, rather than be bullied into adopting an ideology that is rapidly unraveling.

A good place to begin is the comprehensive study by Dr. Ryan Anderson, titled: "When Harry Met Sally: Responding to the Transgender Moment." An informed discussion of these matters would be a step forward for higher education, rather than a return to the outdated notions of the 1970s