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May 27, 2016

Mr. Paul Carlson
Superintendent of Schools
Spicer-New London, MN

Dear Mr. Carlson,

My name is Dr. Michelle A. Cretella, President of the American College of Pediatricians, a national organization of pediatricians and other health professionals dedicated to promoting policies that will foster the optimal physical and emotional health of all children. I am joined by Dr. Jane Orient, Executive Director of the Association of American Physicians and Surgeons (AAPS), a non-partisan professional association of physicians in all types of specialties across the country, Dr. David Stevens, CEO of the Christian Medical and Dental Associations, and Dr. Les Ruppersberger, President of the Catholic Medical Association. Together we represent over 20 thousand physicians and health professionals. We commend you and the School Board for tabling the proposed transgender school policy this past month. The tabled policy would have threatened the health, privacy, safety and learning experience of all students because it promoted the myth that gender fluidity is an innate trait, normalized the impersonation of the opposite sex by gender confused youth, and eliminated sex-segregated restrooms and locker rooms. We urge you and your board members to stand firm in this decision for the reasons noted below.

Affirmation of gender dysphoria has no basis in science and is highly controversial among experts.
Gender dysphoria (GD) describes the mental condition in which an individual experiences discordance between his gender identity and his biological sex.[1] Experts agree that 80-95% of pre-pubertal youth with gender dysphoria will come to accept their biological sex by late adolescence.[2] Consequently, affirmation of pre-pubertal children in their belief that they are the opposite sex is considered by many to be cooperating with a child's mental confusion and to be shepherding him along the path to a mental disorder. Recently, over 500 physicians and mental health professionals, many of them foremost experts in gender development and gay rights advocates, signed a petition to protest the termination of Dr. Kenneth Zucker and the closure of his world renowned gender identity clinic for children. Dr. Zucker has been recognized as the world's foremost expert on gender dysphoria and gender identity issues in children for decades.[3] Over the last 40 years Dr. Zucker and his colleagues effectively administered psychotherapy to families of pre-pubertal children with gender dysphoria. A fierce supporter of lesbian, gay, bisexual and adult transgender rights, Dr. Zucker nevertheless believed it best to aid young children with bringing their gender identity in line with biological reality. For this reason, he was fiercely maligned and his clinic vigorously protested by transgender activists which ultimately led to a sham evaluation, his termination and closure of the clinic. The petition on Dr. Zucker's behalf reads in part:

American College of Pediatricians is a not-for-profit corporation organized for scientific and educational purposes, exempt from income tax under Section 501(c) (3) of the U.S. Internal Revenue Code.

> *We, the undersigned, are professional clinicians and academics who work in the areas of human sexuality, gender identity, and related fields. We are writing to express our dismay and disapproval of recent actions of Toronto's Centre for Addiction and Mental Health (CAMH), specifically, the closure of the Child and Adolescent Gender Identity Clinic and the apparent firing of its Clinical Lead, Kenneth J. Zucker, Ph.D. We object to these actions because they appear primarily politically motivated and to have been rationalized and justified, after the fact, by public statements extremely damaging to Dr. Zucker's professional reputation. We further object to the indifference towards research and scholarship implied by the CAMH's closure of a 40-year-old clinic that had been a world-leader in the field of childhood gender identity disorder. We are also very concerned about the welfare of many Canadian children and families who were served by this Clinic, whose mental health needs have essentially been dismissed by CAMH through its actions.*[4]

A growing online community of similarly liberal physicians, mental health professionals and academics who are critical of the youth transgender movement is found here: https://youthtranscriticalprofessionals.org/. They write:

> *We are concerned about the current trend to quickly diagnose and affirm young people as transgender, often setting them down a path toward medical transition. Our concern is with medical transition for children and youth. We feel that unnecessary surgeries and/or hormonal treatments which have not been proven safe in the long-term represent significant risks for young people. Policies that encourage — either directly or indirectly — such medical treatment for young people who may not be able to evaluate the risks and benefits are highly suspect, in our opinion.*[5]

The belief that transgenderism is innate has no basis in science.

Dr. J. Michael Bailey is an American psychologist and professor at Northwestern University. He is a longtime gay rights advocate and expert in gender dysphoria and transgenderism. In 2007 he wrote:

> *Currently the predominant cultural understanding of male-to-female transsexualism is that all male-to-female (MtF) transsexuals are, essentially, women trapped in men's bodies. This understanding has little scientific basis, however, and is inconsistent with clinical observations. Ray Blanchard has shown that there are two distinct subtypes of MtF transsexuals. Members of one subtype, homosexual transsexuals, are best understood as a type of homosexual male. The other subtype, autogynephilic transsexuals, are motivated by the erotic desire to become women. The persistence of the predominant cultural understanding, while explicable, is damaging to science and to many transsexuals.*[6]

Despite the aforementioned scientific objections, one increasingly hears the fanciful claim that a child with gender dysphoria is born with a brain that is of the opposite sex of his body. This is biologically impossible. Every cell of the human body contains identical copies of a person's sex chromosomes and the brains of biologically normal infants are imprinted prenatally by their own endogenous sex hormones at 8 weeks' gestation.[7] Every

infant boy is born with a brain imprinted by testosterone; every infant girl is born with a brain imprinted by estrogen. Brain studies of transgender adults that purport to show differences in brain microstructures are of notoriously poor quality and more than likely reflect the fact that long-term transgender behavior alters brain microstructures.[8] This latter phenomenon of behavior altering the chemical and physical structure of the brain is known as neuroplasticity, and is well established.[9]

Moreover, behavior geneticists have known for decades that while genes and hormones influence behavior, they do not hard-wire a person to think, feel, or behave in a particular way. The science of epigenetics has established that genes are not analogous to rigid "blueprints" for behavior. Rather, humans "develop traits through the dynamic process of gene-environment interaction. ... [genes alone] don't determine who we are."[10] Regarding transgenderism, twin studies of adults prove definitively that prenatal genetic and hormone influence is minimal. The largest twin study of transgender adults found that only 20% of identical twins were both transgender-identified.[11] Since identical twins contain 100% of the same DNA from conception, and develop in exactly the same prenatal environment (therefore they are exposed to the same prenatal hormones), if genes and/or prenatal hormones contributed to a significant degree to transgenderism, the concordance rates would be close to 100%. Instead, 80% of identical twin pairs were discordant. In light of epigenetics, this means that at least 80% of what contributes to transgenderism as an adult in one co-twin consists of one or more non-shared post-natal experiences. This is consistent with the dramatic rates of resolution of gender dysphoria documented among children when they are not allowed to impersonate the opposite sex.

The claim that gender identity is the equivalent of sex as codified in Title IX has no basis in science.
Human sexuality is an objective biological binary trait: "XY" and "XX" are genetic markers of sex – not genetic markers of a disordered body. The norm for human design is to be conceived either male or female. Human sexuality is binary by design with the obvious purpose being the reproduction and flourishing of our species. This principle is self-evident. The exceedingly rare disorders of sex development (DSDs), including but not limited to testicular feminization and congenital adrenal hyperplasia, are all medically identifiable deviations from the sexual binary norm, and are rightly recognized as disorders of human design. Individuals with DSDs do not constitute a third sex. Additionally, a developmental bio-psycho-social model for gender dysphoria has not been disproved. This means that it is entirely possible that a child's gender identity could be derailed by his subjective perceptions, relationships, and adverse experiences from infancy forward. Children who identify as "feeling like the opposite sex" or "somewhere in between" do not comprise a third sex. They remain biological boys or biological girls.

Gender ideology has no basis in science and harms all children.
First, actively affirming gender-variant students harms them because it impairs their chances of aligning their gender-identity with physical reality and propels them down the path of medical transition. The one study that has tracked pre-pubertal children with gender dysphoria who were affirmed as the opposite sex and treated with puberty-blocking hormones found that 100% went on to use cross-sex hormones by late adolescence.[12] Medical transition of pre-pubertal children in this fashion results in sterility and the life-time use of toxic hormones that are fraught with serious potential physical and mental health risks. Additionally, research among

transgender adults indicates that medical transition may not alleviate the elevated suicide rates in the long-term.[13]

Second, normalizing the myth of innate gender fluidity will cause psychological trauma to youth who are not presently confused about their gender identity. As psychiatrist Keith Ablow has stated, "[Gender ideology] shak[es] the certain knowledge in boys and girls of whether they can count on not being seen naked by the opposite gender, not to mention whether they are themselves actually the gender they thought they were."[14] He goes on to characterize the promotion of this ideology as "a powerful, devious and pathological way to weaken [children] by making them question their sense of safety, security and certainty about anything and everything."[15]

Finally, to eliminate sex-segregated private spaces in public schools violates all students' fundamental rights to privacy, safety and a secure learning environment. School locker rooms and restrooms exist for the utilitarian purpose of hygiene, not to affirm the self-identified gender of certain individuals. These facilities are traditionally restricted to persons of the same sex for the sound and self-evident reason that the separation protects the bodily privacy of all students as well as shields girls and women from offensive, criminal, or dangerous behavior by voyeurs, exhibitionists, and rapists. In view of adolescent development, it is inevitable that some male students will feign gender variance in order to gain access to girls' bathrooms and locker rooms.

Also consistent with child and adolescent development, these proposed policies will cause anxiety for the vast majority of female students, and potentially trigger symptoms of post-traumatic stress disorder for the tens of thousands of girls who are survivors of sexual abuse and/or sexual assault. Indeed, according to the National Sexual Violence Resource Center, 1 in 4 girls will be sexually abused before the age of 18.[16] We are likewise concerned for the well-being of biological females who are gender-discordant, who will be at risk for bullying and/or assault behind the closed doors of the men's room by male students who will feel duped and/or angered over having their own privacy violated. There are many individuals who are uncomfortable in public facilities for a variety of reasons, including religious beliefs, disability, deformity, or discomfort with their body, as well as gender dysphoria. A reasonable accommodation is a single-occupancy restroom available for all students who are uncomfortable with the standard arrangement of sex-segregated bathrooms or locker rooms.

No child should be harassed for his or her unique characteristics.

Schools should encourage an environment of respectful self-expression for all students. Parental involvement should be a school's primary method of resolution for particular cases with programs emphasizing general respectfulness serving to set the tone in the classrooms. It is both in keeping with this spirit of respectfulness and imperative for the optimal health of all students, to avoid all curricula, books and other media, and policies, that promote and normalize the scientifically baseless gender fluid ideology. This includes maintaining restrooms and other private spaces that are segregated according to biological sex.

Sincerely,

Michelle Cretella, MD, FCP, President
American College of Pediatricians

Jane Orient, MD, Executive Director
American Association of Physicians & Surgeons (AAPS)

David Stevens, MD, CEO
Christian Medical & Dental Associations

Les Ruppersberger, MD, President
Catholic Medical Association

cc: School Board members and Principals

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