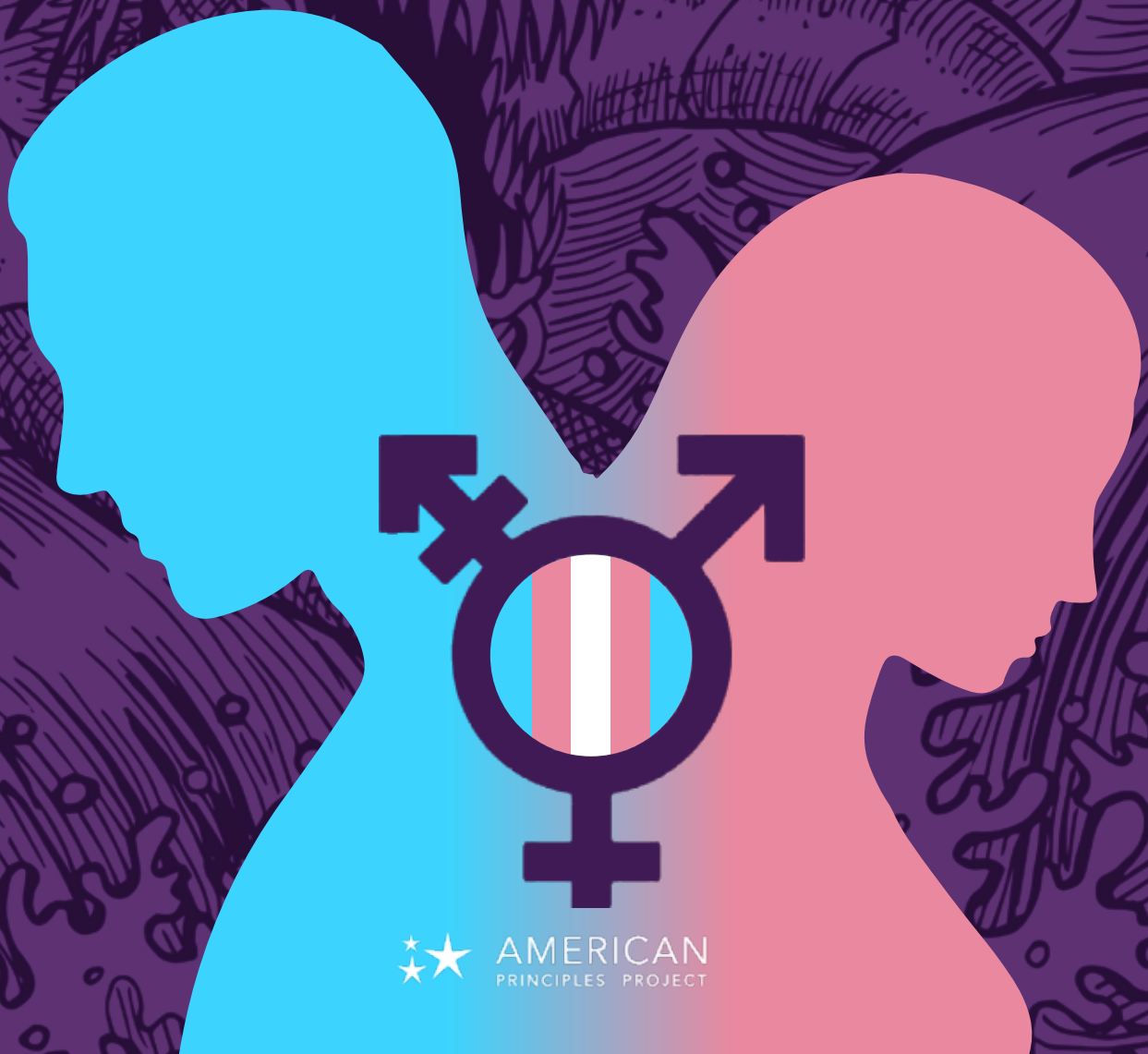


THE TRANSGENDER LEVIATHAN



A NOTE FROM THE PRESIDENT

Americans are inundated with information around the transgenderism issue, but we only get one side of the story. Unfortunately, that version of the story is fiction – loaded with misinformation, falsehoods, and even deliberate distortions. There have been many terrible medical experiments in America, but none of them have had the deadly and destructive combination of ideology, politics, and profits propelling them into the culture. Lobotomies had profits, but no ideology or political movement supporting the procedure. Eugenics had an ideology and a political movement, but no profits that could be reinvested in lobbying for protective legislation. Transgenderism has the winning trifecta, and it makes the movement much more difficult to defeat, despite its obvious harm to people and the lack of any legitimate science or data to back up its central tenets.

What makes this even more difficult is that it's impossible to compromise between the opposing arguments. One side is right, and one side is horribly wrong. Either people who suffer from gender dysphoria need cosmetic surgeries and hormone treatments

to prevent self-harm, or those surgeries and hormone treatments cause irreparable mental and physical harm — increasingly to children. Such a cut and dried topic requires extreme candor in debate. That's exactly why we chose Pedro Gonzalez to author this report. Our goal with Transgender Leviathan is to provide a consolidated analysis and understanding of transgenderism with the hope that Americans will do as they have done time and time again in times of cultural crises — to choose the good, to continue to advance human flourishing, and to protect the dignity of the human person.

We hope that by reading this report you are moved to take action to secure justice for all those who are being exploited by malicious politics, a destructive ideology, and a ravenous market — parents, children, and all who suffer from gender dysphoria.

For the Family,



President, American Principles Project Foundation

ABOUT THE AUTHOR



PEDRO L. GONZALEZ

Pedro L. Gonzalez is an associate editor at *Chronicles: A Magazine of American Culture*. His writing has appeared in *The New York Post*, *The Washington Examiner*, *The Spectator*, *The National Interest*, and elsewhere. He is the recipient of a Lincoln Fellowship from the Claremont Institute and a Haggerty-Richardson Fellowship from the Conservative Partnership Institute.

CONTENTS

Introduction.....	4
Patient Zero	6
Bad Medicine	10
Big Medicine	14
Coming for Your Kids	20
The Politics of Transgenderism.....	22
Social Contagion.....	25
The Way Forward.....	28

INTRODUCTION



“Drive Nature off with a pitchfork, she’ll still press back, And secretly burst in triumph through your sad disdain.” —Horace

In our time, the so-called “affirmative care” model toward young people confused about their gender has dominated the intellectual, moral, and cultural climate. Heterodox perspectives on transgenderism invite scathing attacks imbued with religious fervor that, even if well-meant, impede constructive debate over the consequences of transition therapy pushed on younger and younger Americans. Indeed, the model itself is hardly ever interrogated and instead, the discussion centers on to what degree we should affirm and intervene as we attempt to keep up with demand, which has grown exponentially over the last decade.

In 2013, “gender identity disorder” was dropped from the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, considered by many “U.S. psychiatry’s bible for diagnosing

mental illness,” and replaced with “gender dysphoria.” The former described a pathology—something unacceptable to diversity and inclusion commissars—while the latter is more benign and “refers to the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender.”¹ The *DSM-5* also noted that adult gender dysphoria occurred at a rare rate of 2 to 14 in 100,000.² Last year, however, a study published by the American Academy of Pediatrics suggested that the rate of transgender identification among America’s *youth* may now be as high as 9 in 100.³ Further still, an analysis published in June 2022 by the Williams Institute at the UCLA School of Law using federal data found that nearly one in five people ages 13 to 17 identify as transgender today.⁴ In terms of national and re-

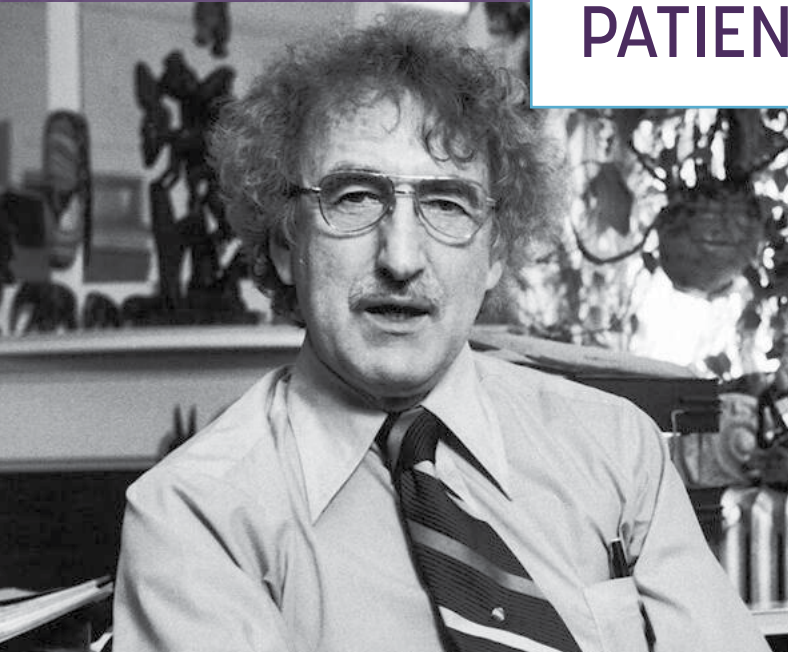
gional distribution, the highest percentage of youth who identify as transgender are in the Northeast, with the lowest percentage in the Midwest. The top five states with the greatest number of youth in this category are California (49,100), New York (34,800), Texas (29,800), Florida (16,200), and Illinois (13,700). While there is national variation, this is happening all over the United States.

But the pendulum has begun to swing in the opposite direction. Public exposure to transgender ideology and its advocates, particularly those in the education system promoting radical ideas about sex and gender to children, often deliberately without parental consent or knowledge, has led to increased public skepticism and outright anger. The attempts to indoctrinate children have personalized the issue for millions of Americans in a way that few issues do.

This report is a broad but concise overview of the issue based on five Ws and one H: who, what, when, where, why, and how. The sheer immensity of what I call the “transgender leviathan” is, in some ways,

unprecedented relative to the size of the group it claims to represent. The amount of money moving through corporations, nongovernmental organizations (NGOs), political action committees (PACs), and governments is staggering; the number of powerful individuals involved is myriad and includes Republicans and Democrats. It would be impossible to exhaustively list all the various entities involved in such a small space. Instead, this report highlights and provides background on key individuals, institutions, and organizations so readers can inform themselves on how we arrived at this point, where it might lead next, and why we must fight back. There are generally two motives driving the normalization of transgenderism: ideology and interest, or those who are true believers and those who merely see transgenderism as an avenue for increased profit and power. The result, however, is the same: a society that lives by lies, the undermining of the family, and a radical reimagining of the relationship between the individual and their body and the citizen and state.

PATIENT ZERO



Dr. John Money



Janet Reimer and her twin sons, Bruce and David.

To understand how we got here, it is helpful to revisit the “John/Joan” case, an experiment by the influential psychologist and sexologist John William Money. Its main subject, David Reimer, was a kind of patient zero for transgender children. Many aspects of this story prefigured things all too familiar in our time: the media’s role in promulgating and popularizing radical ideas,⁵ the involvement of the state—Money received funding from the National Institutes of Health (NIH) throughout his life—and the complicity of the medical establishment and healthcare companies.

An émigré New Zealand, Money received a Ph.D. from Harvard in 1952. By 1966, he had founded the Gender Identity Clinic at Johns Hopkins University, where he would conduct research on, among other things, sex reassignment, something that was still considered taboo then. Though he wrote a dissertation on hermaphroditism and

made his bones researching intersexual conditions, he was mainly concerned with proving a theory about humans: that the primary factors behind psychosexual differentiation are environmental rather than biological—that nurture, not necessarily nature, determines one’s identity in regard to one’s gender. “It was in his first published papers at Johns Hopkins that Money generalized the theory of psychosexual neutrality at birth from hermaphrodites to include *all* children, even those born without genital irregularity,” wrote John Colapinto, who authored a book about the story of David Reimer.⁶ Money was nothing if not consistent with this idea. Modern advocates of transgenderism, on the other hand, simultaneously insist people are simply “born this way” (nature) while demanding that children must be “transitioned” (nurture) at the slightest indicator of confusion by any means necessary, as rapidly as possible. Gender is simultaneously a social

construct and an essential reality that demands absolute affirmation.

As noted by Colapinto, “Money’s reach and influence throughout the academic and scientific world would help to define the scientific landscape for decades to come.”⁷ His followers went on to occupy top spots at leading universities, research institutes, and journals, while his theories became the cornerstone of a whole medical field—pediatric endocrinology. He is even credited with introducing the terms “gender identity”⁸ and “gender role.”⁹ Indeed, Money’s subversive influence over language was profound. He popularized “paraphilia,” meaning abnormal or irregular (para) love or liking (philia), over “perversion,” because the former, in Money’s view, was less stigmatizing.¹⁰ “Sexual preference,” he argued, should replace “sexual orientation,” as it suggests that these are less so matters of taste and choice than they are fixed and involuntary.¹¹ At a TEDx event in 2018, a medical student named Mirjam Heine delivered a talk, “Pedophilia Is a Natural Sexual Orientation,”¹² wherein she cited the tenth revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) for the description of pedophilia as the “sexual preference for preadolescent children.” ICD-10 placed pedophilia in the category of paraphilias.¹³ The road to that point owed much to Money, who had also claimed responsibility for the terminological switch from “sexual deviation” to paraphilia in the *DSM-3*.¹⁴

The case for which Money is best-known involved two identical twin brothers: Brian and David Reimer (born Bruce Peter Reimer). Money called it the John/Joan case

In his book, *Sexual Signatures*, [Money] wrote that “explicit sexual pictures . . . can and should be used as part of a child’s sex education” . . .

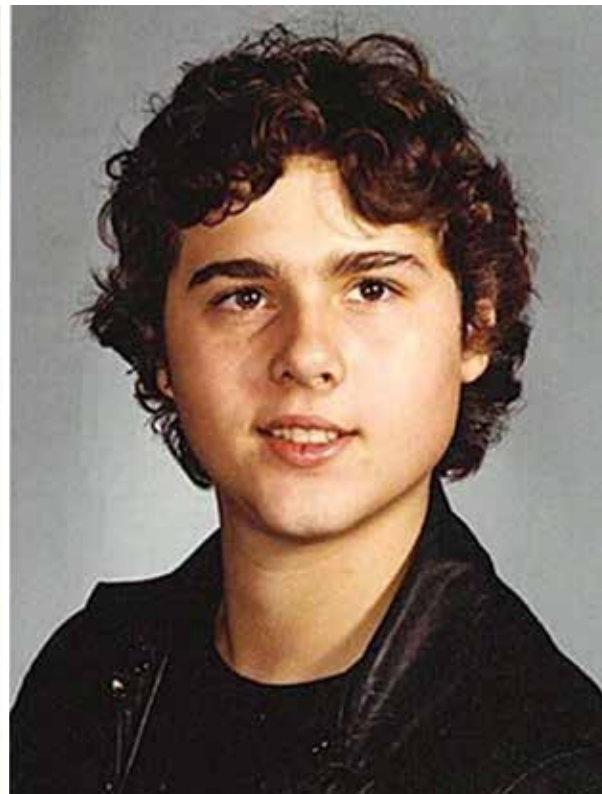
to conceal David’s identity. After a botched circumcision severely damaged his penis, David’s parents brought him to Money at Johns Hopkins Hospital in Baltimore. The Reimers had become aware of Money’s ideas about gender through the media long before he saw their son. Money’s influence stemmed not so much from clinical work but from his ability to promote his theories to a broader audience through his writing and the media.¹⁵ When he first founded the controversial clinic at Johns Hopkins, Money deliberately chose to issue a press release through *The New York Times* alone, counting on benign coverage from the prestigious newspaper to set the tone for the rest of the media.¹⁶ The plan worked.

Upon meeting with the Reimers, Money quickly advocated David be “sex reassigned” into a girl. Though Money and his colleagues at Johns Hopkins had performed sex reassignments on hermaphrodite children, a similar procedure had never been attempted on a child born with normal genitals and nervous system.¹⁷ Desperate and badgered by Money to proceed (he accused the parents of “procrastinating” for taking time to

make up their minds), the Reimers ultimately agreed to move forward.¹⁸ At twenty-two months old, Money's team at Johns Hopkins Hospital removed David's testicles and penis. Rudimentary female genitals were constructed in their place using his remaining scrotal skin. "A rolled piece of gauze covered with telfa was then placed in the midline to effect a midline furrow leaving constructed labia majora on either side," according to operating notes.¹⁹ Money strictly instructed David's parents to hide from him the fact that he was born a male—that he was the subject of a radical experiment. Throughout his adolescence, David was forced to wear girl's clothing and encouraged to engage in female behavior under the name "Brenda." He also received regular doses of ethinyl-estradiol, an estrogen medication. A Dutch study reported a 20-fold increase of venous

thromboembolism—blood clots—in a large cohort of Dutch transsexual subjects, which may have been associated with the medication.²⁰ A follow-up report found "long-term ethinyl estradiol use was independently associated with a threefold increased risk of cardiovascular death."²¹ It is no longer recommended for feminizing hormone therapy today, but there are plenty of other expensive poisons from which to choose.

Money believed that exposing children to pornographic material was an appropriate way to help form their "gender schemas," as he called them. In his book, *Sexual Signatures*, he wrote that "explicit sexual pictures . . . can and should be used as part of a child's sex education"²² by parents and teachers, prefiguring the gender ideologues of our time who stock the libraries of middle schools and high schools with books depict-



David Reimer

ing underage queer sex.²³ He subjected the Reimer boys to this and far worse things during the John/Joan experiment. According to Colapinto, Money forced the twin boys to perform sexual acts and inspect one another's genitals during his regular visits.²⁴ Brian recalled that Money introduced them, at the age of six, to "play at thrusting movements and copulation."²⁵ With Brenda on all fours on his office sofa, Money would make Brian come up behind on his knees and place his crotch against Brenda's buttocks. He would also have Brenda lay down, legs spread, and instruct Brian to lie on top. On at least one occasion, Money "took a Polaroid photograph of them while they were engaged in this part of the therapy," wrote Colapinto, citing Brian.²⁶ Though he was mild-mannered around the parents, if the boys resisted his instructions, Money would become angry with them. Colapinto noted that when Brenda didn't want to hear his talk about "clitorises" and "penises,"²⁷ Money snapped, as he also did when they refused to inspect each other's genitals.²⁸ He called the physical part of the therapy "sexual rehearsal play" and insisted it was critical for a "healthy adult gender identity."²⁹

Money marketed the John/Joan case as a total success. It was praised as such in *Time* magazine and the *New York Times Book Review*, and it was cemented in textbooks ranging from social sciences to pediatric urology and endocrinology.³⁰ Money's findings fit the intellectual zeitgeist of the time, finding enthusiastic support, as Colapinto wrote, in

the women's movement, "which had been arguing against a biological basis for sex differences for decades."³¹ In reality, however, Brenda was miserable and never took to being a girl and struggled with severe academic, emotional, and social difficulties. Money made no meaningful mention of this in his book, *Man & Woman, Boy & Girl*, to which the John/Joan case was central and which, again, portrayed the experiment as a success.³²

At 15, Reimer learned that he had been born a boy and took the name David after the Biblical figure, whose stand against a giant reminded him of his own struggles. He underwent treatment and therapy in an attempt to reverse what Money had done. David even married and adopted children. But he struggled with trauma and depression for the rest of his life, and eventually committed suicide in 2004, when he drove into the parking lot of a grocery store and shot himself in the head with a sawed-off shotgun. David Reimer died at the age of 38, two years after his brother Brian died of an overdose of antidepressants. The truth of the Reimer story had come to light before their deaths, but Money publicly dismissed the criticism as conservative political bias and a conspiracy against him. He enjoyed lifelong funding from the NIH. Not long before the twins died, the institute recommended Money for a grant for a major project: a classification and consolidation of contemporary knowledge of paraphilias or "perversions."³³

BAD MEDICINE



Before the mid-1990s, medical transition was still primarily reserved for adults. The truth about the John/Joan case was revealed in 1997, thanks to the work of Milton Diamond, an academic critic of Money, and Colapinto's journalism.³⁴ But that didn't stop the tide that brought us to where we are today. The medical establishment today proceeds with the same resistance to reason and decency that characterized Money's approach. Diamond said that some believed in the John/Joan case "almost as a religious entity," and nothing would sway them of its success.³⁵ No evidence could ever be sufficiently damning to change their minds, and damning evidence would be severely qualified or suppressed. As the political philosopher James Burnham wrote: "An ideologue—one who thinks ideologically—can't lose. He can't lose because his answer, his interpretation and his attitude have been determined in advance of the particular experience or observation. They are derived from the ideology, and not subject to the facts."³⁶ Unfortunately, Burn-

ham's ideologues, shockproof to external stimuli, are now in complete control of the medical establishment.

In 2009, *The Journal of Clinical Endocrinology & Metabolism*, published by the influential Endocrine Society, recommended treating diagnosed "transsexual adolescents" with puberty blockers.³⁷ "There was an attitudinal shift to be able to say that The Endocrine Society supports this," said Norman Spack, a pediatric endocrinologist at Boston Children's Hospital who helped author the study.³⁸ Spack founded the Gender Management Service (GeMS) clinic, America's first clinic for transgender children, in 2007.³⁹ Two years later, puberty blockers started becoming generally available in the United States, partly thanks to the Endocrine Society's endorsement.⁴⁰ What followed was the explosive growth of a new industry. In 2007, GeMS was the only pediatric, hospital-based clinic in the U.S. that offered comprehensive assessment and medical intervention to "transgender youth."⁴¹ Today, there are over 60 such clinics, ac-

The total number of clinics and medical offices that provide hormonal interventions to minors is likely much higher, and is currently estimated at over 300.

—
cording to the Human Rights Campaign.⁴² However, the Society for Evidence-Based Gender Medicine (SEGM) reports that “the total number of clinics and medical offices that provide hormonal interventions to minors is likely much higher, and is currently estimated at over 300.”⁴³ The transgender business is booming.

If the Endocrine Society’s endorsement contributed to the attitudinal shift, a single study from the Netherlands of 55 adolescent subjects published in 2014 pushed the consensus into radical new waters and provided the basis for the affirmative care model.⁴⁴ In short, a Dutch team developed a protocol for diagnosing and treating children who would, in theory, benefit from medical intervention—the sequence of blocking puberty, administering cross-sex hormones, and surgeries—thus improving their physical and mental health outcomes. The study saw a postsurgical death from infection, several new diagnoses of metabolic illness, and had multiple patients drop

out. Nevertheless, the liberal West enthusiastically embraced the early-intervention model based on its findings. But an attempt to replicate the Dutch protocol outside the Netherlands did not show any functional psychological improvements in patients.⁴⁵ Nor are long-term outcome data available for the Dutch subjects and, as noted by William Malone, an assistant professor of endocrinology and an advisor to SEGM, the study is not even applicable to the current populations of gender-dysphoric youth.⁴⁶ Caution, in other words, has been thrown to the wind, and a flimsy study has become the grounds for reckless medical practices in populations to whom it was never intended to apply in the first place. For example, patients in the Dutch study younger than 18 were not eligible for surgeries. But in the United States, an NIH-funded study recommended minors as young as 13 for mastectomies.⁴⁷ The World Professional Association for Transgender Health (WPATH), an advocacy group based in Illinois, states that adolescents are allowed to start puberty suppression from Tanner stage 2 to stage 4—or as early as age nine.⁴⁸

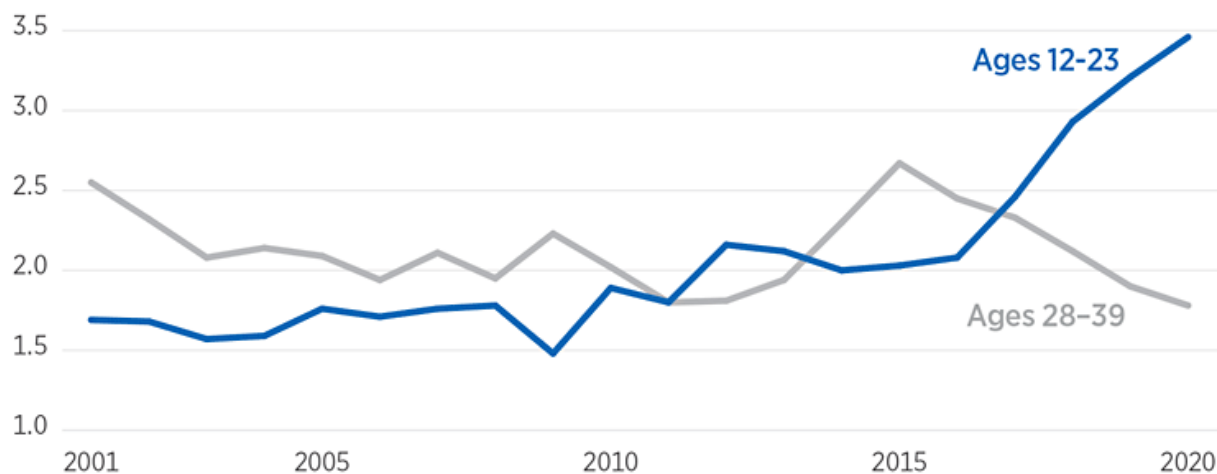
Even some advocates of transition therapy are now having second thoughts. In 2021, Laura Edwards-Leeper, a psychologist who helped found GeMS in Boston, said to *The Economist* that “too few teens undergo crucial mental-health assessments before starting treatment.”⁴⁹ She added that “some doctors are responding by talking about how they might control or slow treatment, without mentioning the role mental-health professionals should play in all this.” But Edwards-Leeper should know the transgenderism train isn’t going to slow down.

Formally, the drugs and medical services being pushed on younger and young-

States with Minor Access Provisions See Spike in Youth Suicides after Cross-Sex Treatments Become Available

Suicide rates among those ages 12 to 23 rose in states with provisions that allow minors to access health care without parental consent, after cross-sex treatments became available.

UNADJUSTED ADDITIONAL SUICIDES PER 100,000, 3-YEAR ROLLING AVERAGE



“Additional suicides” refers to the increase in suicide rates in states with a minor access provision relative to states that have no such health care provision.

SOURCE: Authors’ calculations based on data from Centers for Disease Control and Prevention, WISQARS, <https://www.cdc.gov/injury/wisqars/index.html> (accessed April 20, 2022), and “State Laws on Minor Consent for Routine Medical Care,” September 3, 2021, <https://schoolhouseconnection.org/state-laws-on-minor-consent-for-routine-medical-care/> (accessed April 20, 2022).

BG3712 📄 heritage.org

er people are merely part of honoring the affirmative care model. Withholding immediate treatment, we’re told, is not only mean-spirited but gravely dangerous to gender-distressed youth. In this framing, the villains are those who would impede pediatric medical transition—which most often means that protective parents become the bad guy. But the formal argument doesn’t hold water, and the central claim, reducing suicidality, with which its proponents paint opponents as not only cruel but negligent, falls apart upon closer inspection. In October 2019, the *American Journal*

of Psychiatry (AJP) published a study by the Karolinska Institute in Sweden and the Yale School of Public Health that initially claimed “gender-affirming” surgeries are associated with improved mental health outcomes.⁵⁰ *Reuters*, *ABC News*, and the whole host of mass media helped popularize its findings.⁵¹ The Association of Schools and Programs of Public Health, which bills itself as the “voice of academic public health, representing schools and programs accredited by the Council on Education for Public Health (CEPH),” promoted the study’s findings to its member public health programs.⁵²

However, nine months after the study's publication, serious concerns raised by researchers and scientists over methodology forced the AJP to request an independent statistical review of the data. The reanalysis led to the AJP issuing a correction of its conclusion: "the results [of the reanalysis] demonstrated no advantage of surgery in relation to subsequent mood or anxiety disorder-related health care visits or prescriptions or hospitalizations following suicide attempts."⁵³ In other words, a second look found that surgery did not improve mental health outcomes. By the time that the AJP published that statement, though, several medical journals had already cited and promulgated the study's initial conclusion.⁵⁴ Moreover, a new study published by the Heritage Foundation found that increased access to puberty blockers and cross-sex hormones has *increased* suicide rates among some young people.⁵⁵ That's not surprising, considering the high prevalence of psychiatric comorbidities, such as mood and anxiety disorders, trauma, eating disorders, and autism, in children suffering from confusion or distress about their gender.⁵⁶ Indeed, a study published by the *Journal of Health and Social Behavior* in March found that women whose sexual identity changed in a same-sex-oriented direction reported *more* psychological distress compared to women whose sexual identity remained the same.⁵⁷ On the other hand, women whose sexual identity changed in a less same-sex-oriented direction reported *less* psychological distress compared to women

whose sexual identity remained the same.⁵⁸ Recklessly pushing drugs on people of any age as a solution for psychological distress could only be expected to exacerbate mental health issues.

While the efficacy of medical intervention for improved outcomes is dubious, we do know there are serious consequences that include, among other things, reduced growth in height and bone strength⁵⁹ and impaired cognitive function and development.⁶⁰ One study found that drugs used for suppressing puberty in transitioning adolescents impaired long-term spatial reference memory in animals.⁶¹ For all these reasons and more, as SEGM has noted, England, Finland, and Sweden's leading hospital, the Karolinska, "have all stopped or sharply curtailed medical transition of minors" recently. "They cited the results of systematic reviews of evidence that showed very low certainty of the benefit, the potential for harm, and an unclear risk/benefit assessment of the interventions."⁶² In July, the United Kingdom's "only dedicated gender identity clinic for children and young people" was ordered to be shut after it was criticized by an independent review.⁶³ In an interim report commissioned earlier this year by NHS England and NHS Improvement, many doctors said they felt "nervous" about treating transgender patients, "partly because of the lack of formal clinical guidance, and partly due to the broader societal context."⁶⁴ The United States is unique in its adherence to and zealous enthusiasm for the most radical iterations of ideologies.

BIG MEDICINE



When the formalism—the supposedly supporting “facts” of the matter—in which ideologues shroud the affirmative care model melts away, the very real world of power and profit remains. In a video from 2018 surfaced by journalist Matt Walsh, Dr. Shayne Taylor, a university professor and a physician at the Vanderbilt Clinic for Transgender Health, explained during a lecture how she convinced Nashville to get progressive on the issue. She highlighted that transgenderism is a “big money maker,” especially because the surgeries require a lot of “follow ups.”⁶⁵ Taylor delivered these remarks the same year the clinic opened its doors. “These surgeries make a lot of money,” she said in the video. “So female-to-male chest reconstruction can bring in \$40,000. A patient just on routine hormone treatment who I’m only seeing a few times a year can bring in several thousand dollars. . . It actually makes money for the hospital.”

In a since-deleted tweet, the Vanderbilt University Hospital selected Taylor for a “#WomenInMedicine spotlight,” highlighting

that she helped grow the transgender clinic from 1 to over 2,000 patients in four years since it opened in 2018.

Taylor is right: there is a lot of money to be made from transgender patients, who are, in fact, repeat customers by necessity. Consider the case of Elle Bradford, who wrote an article for *Teen Vogue* in 2015 called “You Won’t Believe How Much It Costs to Be Transgender in America.”⁶⁶ It provides a snapshot of how expensive transitioning can be.

Bradford began male-to-female transition as a teen and, notably, was encouraged by YouTube videos to undergo the process. Bradford paid around \$30,000 for “gender confirmation surgery” and roughly the same amount for facial feminization surgery, plus a breast augmentation surgery that runs between \$5,000 and \$10,000. Hormone therapy costs at least \$1,500 per year, in Bradford’s experience, who plans to be a lifelong user, as is common with transgender people. Given that the average life expectancy of a biological male in the United States is roughly 78 years, that comes out

to hundreds of thousands of dollars just for hormone therapy. However, the mortality rate among transgender people is generally much higher than in the average population, meaning a shorter life expectancy.

As an aside, it is worth noting that the debate over suicidality completely overshadows other things contributing to heightened transgender mortality rates. A Dutch study recently found “transgender women were 2.6 times as likely to die of cardiovascular disease, 3.1 times as likely to die from lung cancer, 8.7 times as likely to die from infection, and 6.1 times as likely to die from non-natural causes as cis women.”⁶⁷ For those suffering from cardiovascular disease, heart attacks were 3 times higher in “transgender women.” The mortality risk from HIV was also 47.6 times higher for “transgender women” in comparison to “cis women.” Similarly, a recent survey of seven cities—Atlanta, Los Angeles, New Orleans, New York City, Philadelphia, San Francisco, and Seattle—by the CDC found 42 percent of “transgender women” had HIV.⁶⁸ Contrary to popular belief, sex work and poverty do not account for this alone. A driving factor behind this is obvious if politically incorrect: the world of transgenderism, of unrestrained sexual gratification, features higher rates of risky behavior, like condomless receptive anal intercourse, which is especially prevalent among “transgender women.”⁶⁹ The CDC has reported that although the annual number and rate of diagnoses of HIV infection decreased between 2014 to 2018, the number *increased* in transgender adults and adolescents, with the largest percentage in 2018 found among male-to-female individuals.⁷⁰ The recent monkeypox outbreak has disproportionately affected men who have sex with men and “transgender women” for similar reasons.⁷¹



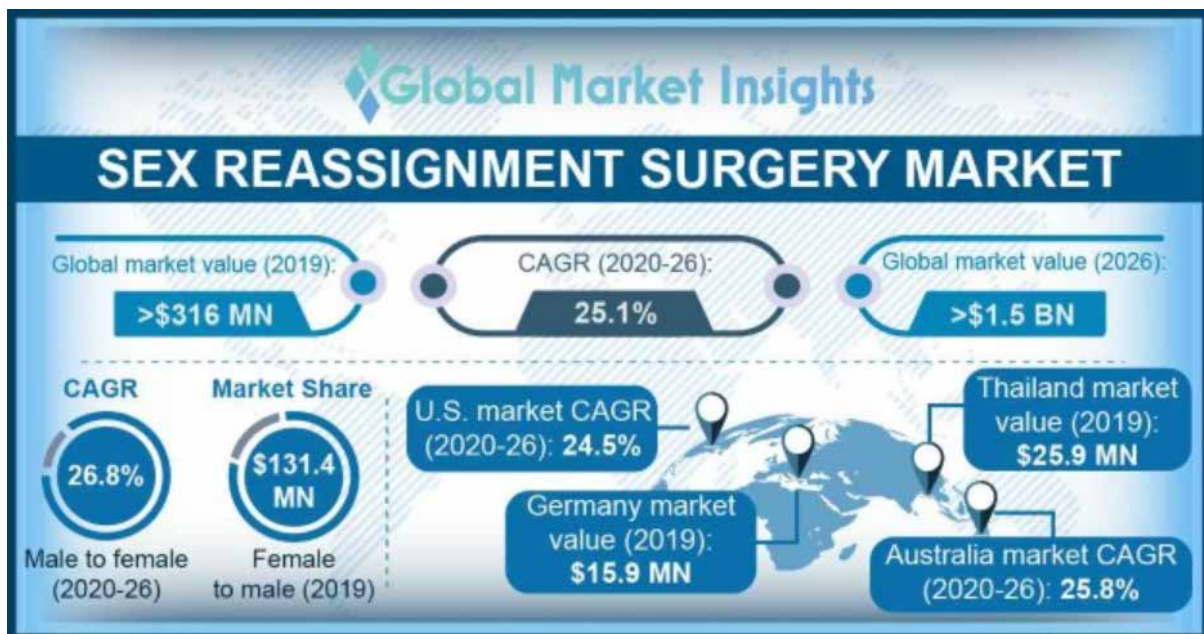
Is the affirmative care model directly or indirectly contributing to increased mortality rates? Martin den Heijer of Amsterdam UMC, the doctor who led the aforementioned Dutch study, said that though gender-affirming hormone treatment is thought to be safe, “and most causes of death in the cohort were not related to this,” there is nevertheless “insufficient evidence at present to determine their long-term safety,” and “more research is needed to fully establish whether they in any way affect mortality risk for transgender people.”⁷² But there’s no desire to press pause, in part, because transitioning has created an extremely profitable market with lifetime consumers. The global market valuation for sex reassignment surgery is expected to exceed \$1.5 billion by 2026, according to an analysis by Global Market Insights.⁷³ The information Bradford provided, then, scratches only the surface. Leuprorelin, sold under the brand name Lupron among others, offers a better picture of the much larger problem, and the interplay between the healthcare companies, NGOs, and politics.

Originally developed by Abbott Laboratories in a joint venture, today Lupron is sold by AbbVie. It is a synthetic gonadotropin-releasing hormone (GnRH) agonist that works by initially stimulating the release of gonadal hormones—testosterone and estradiol—to trigger a surge that eventually suppresses these hormones. It is used to treat symptoms of prostate cancer in men and symptoms of endometriosis in women and early-onset puberty in both male and female children by blocking sexual development. It's also one of the drugs used to chemically castrate sexual deviants, "reserved for patients with a paraphilic disorder and the highest risk of sexual offending because of their extensive side effects," according to *The Journal of Sexual Medicine*.⁷⁴

Lupron has been plagued by problems from the very beginning. An investigation by Kaiser Health News and The Center for Investigative Reporting found federal records that show Dr. Alexander Fleming, the Food and Drug Administration (FDA) official who led the drug approval process decades ago, was dis-

turbed by two of the studies he reviewed.⁷⁵ In a 1993 letter obtained under the Freedom of Information Act, Fleming wrote in a memo for the drug approval file that it was "regrettable" that the panel approved the drug after insufficient study. The report also noted that a follow-up study about Lupron being used on children submitted to the FDA in 2010 omitted two serious side effects: a bone disorder and a disease-caused fracture.⁷⁶ The 2010 study was authored by Dr. Peter A. Lee of the Penn State College of Medicine and sponsored by Abbott Laboratories. Ironically, in 2009, Lee told the *Chicago Tribune* about the benefits of puberty that Lupron deprives users of: "In women, you are talking about bone density, and in both sexes, cardio health in addition to sexuality and reproduction."⁷⁷ The FDA currently shows over 30,000 adverse event reports for Lupron products, including more than 2,500 deaths.⁷⁸

Nevertheless, Lupron is now commonly administered to delay puberty in children before they are old enough to begin hormone replacement therapy, even though it has not



Map of the sex reassignment surgery market, gmiinsights.com.



Lupron adverse events reports, FDA.gov.

been approved by the FDA for that purpose.⁷⁹ Puberty blockers are “gateway drugs” in the truest sense: study after study shows that virtually all children who use them will proceed to cross-sex hormones and surgeries,⁸⁰ despite unconvincing evidence of their doing more good than harm, and even though most cases of gender dysphoria in children self-resolve.⁸¹ In practice, puberty blockers are really more like transition accelerators.⁸² One might even call it the first phase of lucrative transgender “conversion therapy.”

Each monthly injection of Lupron can cost between \$1,100 to \$2,500 for patients without insurance.⁸³ The estimated cost out of pocket for a three-month kit of Lupron is about \$9,500.⁸⁴ Financial records show that Lupron has generated more than \$5 billion in domestic net revenues since 2013. It’s hard to say how much of that can be attributed to transgenderism alone, but Lupron Depot Pediatric is the puberty blocker most widely used on children for the early stages of gender transition, and AbbVie has aggressively promoted the drug. In general, AbbVie spends enormous sums on lobbying: \$59,630,000 on the federal level

between 2013 through the present, based on data from the Senate Office of Public Records compiled by Open Secrets.⁸⁵ It is difficult to track state-level lobbying given the byzantine way the money moves and is accounted for, but it is likely that significant sums are spent there as well. According to the National Institute on Money in Politics, AbbVie has hired 169 different lobbyists in the last decade across 31 states.⁸⁶ Among its top payees is Ballard Partners, a lobbying firm with close ties to the Republican Party⁸⁷ and former President Donald Trump.⁸⁸

In terms of state politics, in California, AbbVie has donated⁸⁹ to candidates like State Sen. Scott Wiener, a San Francisco Democrat who publicly promotes BDSM⁹⁰ and suggested as an idea for a bill: “Offering Drag Queen 101 as part of the K-12 curriculum. Attending Drag Queen Story Time will satisfy the requirement.”⁹¹ Wiener also introduced legislation (SB 145) “to end blatant discrimination against LGBT people regarding California’s sex offender registry,”⁹² and co-authored another bill (SB 239)⁹³ to reduce from a felony to a misdemeanor the penalty for exposing someone to HIV with-

out their knowledge and consent—both of which were signed into law. In Texas, among AbbVie’s top recipients for donations from 2015 until now are two Republicans: Gov. Greg Abbott and Lt. Gov. Dan Patrick,⁹⁴ who have also taken money from PACs connected to pediatric gender-modification clinics.⁹⁵ But it’s not just politicians getting paid.

ProPublica’s Dollars for Docs database—which tracked payments to doctors and teaching hospitals from pharmaceutical and medical device companies—shows Lee, who authored the 2010 study, received \$322,469 between 2013 to 2018 from AbbVie to travel around the U.S. to talk about Lupron.⁹⁶ Newer data from the Centers for Medicare and Medicaid Services Open Payments site show that between 2019 and 2020, Lee received \$86,544 specifically in connection to Lupron Depot Pediatric.⁹⁷ It’s worth noting that in 2001, TAP Pharmaceuticals, the joint venture that initially produced Lupron,⁹⁸ paid \$875 million to settle a fraud case in which the company was accused of scheming to provide doctors with kickbacks for prescribing the drug.⁹⁹

Of course, AbbVie isn’t the only player in the game and Lupron isn’t the only product pushed on young people. Histrelin acetate is another common GnRH sold under the brand names Vantas and Supprelin LA, produced by Endo Pharmaceuticals.¹⁰⁰ Like Lupron, it is used off-label to suppress puberty in children as part of the transition sequence, but it is delivered via a surgically inserted implant. The normalization of transgender ideology has contributed to a dramatic increase in the utilization of histrelin acetate implants among children. Between 2004 and 2016, the annual number of these implants placed for a transgender-related diagnosis in children increased from 0 to 63.¹⁰¹ Corporate

TAP Pharmaceuticals paid \$875 million to settle a fraud case in which the company was accused of scheming to provide doctors with kickbacks for prescribing the drug.

records show that sales of Supprelin LA were just \$27.8 million in 2009 compared to \$114 million in 2021.¹⁰²

The cost of a Supprelin LA implant out of pocket is significantly higher than Lupron—around \$45,000, while the Vantas implant is around \$5,400.¹⁰³ Anecdotally, in 2020, NPR reported that a hospital quoted a father with health insurance \$95,000 for Supprelin LA, plus the cost of implantation.¹⁰⁴ In this case, his daughter needed the drug to treat central precocious puberty, for which the FDA has approved its use. “There’s sort of a predation on parents who have that sense of vulnerability,” the father said, “who will do anything within their means to help their children and who will sacrifice for themselves or their family, for their children’s physical well-being.” That is even truer regarding gender transition therapy: parents who refuse to go along are portrayed as not only endangering their children’s lives but as backward and bigoted.

As with Lupron, high-profile doctors are paid to travel around the country and speak about Supprelin LA. To be sure, many or even most of these people, being true

believers, would likely proselytize *pro bono*. Nevertheless, their relationship with corporations demonstrates the intersection of interest groups and ideologues, like Dr. Stephen M. Rosenthal, who is the co-founder and medical director of the UCSF Child and Adolescent Gender Center, where he sees young transgender patients.

Rosenthal recently co-authored an article for the *San Francisco Chronicle* condemning a bill in Idaho that, if it had been signed into law, would have banned surgeries, puberty blockers, and hormone therapy for minors.¹⁰⁵ Rosenthal argued that “decades of scientific research show that gender-affirming care is nothing short of lifesaving for the people who need it.” That research, much of which has proven seriously flawed and outright wrong, has been accompanied by no shortage of boosters. Data contained in Open Payments show Rosenthal has received money in connection to both Lupron and Supprelin LA.¹⁰⁶ Moreover, a repository of NIH-funded projects shows Rosenthal’s research into early medical intervention in “transgender children and adolescents”¹⁰⁷ received a \$5.7 million award.¹⁰⁸ Simply

put, there are monetary incentives to push these drugs and the research that enables their use.

Another doctor who has received payment in connection to traveling and speaking about Supprelin LA¹⁰⁹ is Joshua Safer, the executive director of the Mount Sinai Center for Transgender Medicine and Surgery in New York.¹¹⁰ Safer is also the president of the United States Professional Association for Transgender Health (USPATH), an affiliate of WPATH. In 2018, the year Safer was receiving money from Endo Pharmaceuticals related to Supprelin LA, he delivered a presentation entitled “An Evidence-Based Approach to Understanding Transgender Medicine,” in which he argued that it is a kind of injustice for people experiencing confusion about their gender to first consult with mental health providers, a system he called the “gatekeeper model.”¹¹¹ Instead, Safer argued, the patient should be able to bypass that step altogether.¹¹² Safer said it is imperative that we overcome “all our hang-ups” and that we stop “torturing trans people” to this end.¹¹³ Indeed, perhaps the state needs to get involved.

COMING FOR YOUR KIDS



At USPATH's inaugural conference in February 2017,¹¹⁴ audio recorded by an attendee and uploaded to the 4thWaveNow website reveals that a group of presenters argued for the necessity of setting the justice system upon parents who don't want to go along with the transgender program after LGBT commissars have given them "every chance to learn, to grow, and they're continuing to be part of the problem."¹¹⁵

Johanna Olson-Kennedy, a physician who authored the NIH-funded study that recommended minors as young as 13 for mastectomies,¹¹⁶ said that while it is not her first choice, she has no qualms about bringing the courts to bear on "recalcitrant" parents. At one point, a psychologist in the audience who said she works for the Gender Pathway Services Clinic at Children's Mercy in Kansas City, Missouri, asked Olson-Kennedy if it is possible to legally "force parents" to comply with a recommendation from a provider to administer puberty blockers via court order. Olson-Kennedy said: ". . . it's

not my first line to go to court to get somebody what they need. But it is my second line, and I will do it. But we've been pretty successful in 5 or 6 situations where . . . we really had a recalcitrant parent that we just could not bring along."¹¹⁷ Michelle Forcier, an associate professor of pediatrics and assistant dean of admissions at the Brown University Alpert Medical School, seconded Olson-Kennedy's answer and affirmed that providers can "work with the child protection team for medical neglect" to overcome parental obstacles. It makes it easier to defeat especially stubborn parents, according to Forcier, if activists "educate" the courts beforehand. "We did education with judges in Rhode Island," she said. "So, we spent a half day with family court judges, basically telling them this is what gender and transgender is and it's been hugely helpful in terms of our DCFS and our trans population that are in state care." In the most recent Standards of Care guidelines published this September by USPATH's parent organization, WPATH,

“They’re learning about this ideology of gender before they even have classes on the actual biologies of males and females.”

the authors argued that when parents reject a “child’s gender needs,” it necessitates “the engagement of larger systems of advocacy and support to move forward with the necessary support and care.”¹¹⁸ That is an academic way of saying: “parents can’t stop us from coming for their kids.”

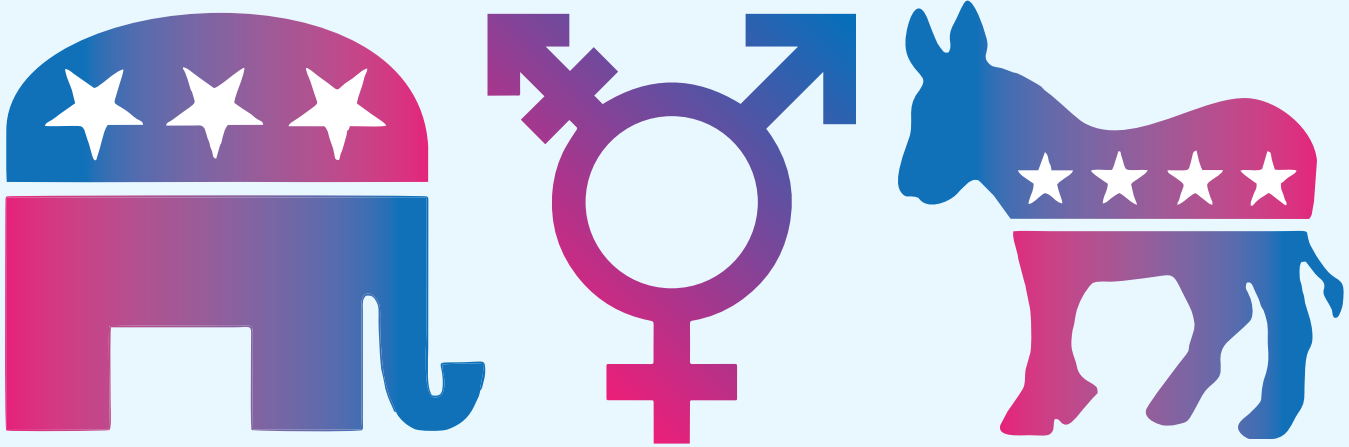
There are already numerous examples of hospitals and social workers forcibly facilitating or attempting to facilitate the transition of a child over parental concerns, as documented by journalist Abigail Shrier and others.¹¹⁹ However, the starting point is often the classroom, where children are exposed to transgenderism or even transitioned behind their parents’ backs.

In Florida, one family filed a lawsuit against a school district after discovering that the staff of a middle school had secretly met with their 13-year-old daughter to develop a transgender “support plan.”¹²⁰ They allege the district was involved in “training district staff to conceal from parents information regarding their children’s assertion of a discordant gender identity, including, inter alia, assumption of a new name, use of different pronouns, use of opposite sex privacy facilities and use of opposite sex lodging on off

campus trips.” Similarly, a California mother filed a lawsuit against the Spreckels Union School District and teachers who she said manipulated her daughter into thinking she was bisexual in sixth grade and then introduced the notion she was transgender.¹²¹ In New Jersey, without notifying parents, a public middle school forced students to watch a video about a “transgender man’s” hormone treatment. “I felt as if I was blindsided,” Loren Malfitano, whose two sons watched the video, told the *Washington Free Beacon*.¹²² “They’re learning about this ideology of gender before they even have classes on the actual biologies of males and females.” And if they decide they want to begin the process of transitioning against the protestations of their parents, there is an army of activists waiting in the wings for whom transgenderism is a one-way street.

A survey sent to all surgeons who registered for the WPATH conference in 2016 and USPATH conference in 2017 found 91 percent of respondents stated they would require a mental health evaluation prior to *detransition*.¹²³ The same people, of course, refer to requiring a mental health evaluation prior to *transition* as the odious “gatekeeper model.” Thus, the “gatekeeper” has not been eliminated; it has merely been redesigned to lock young people into transitioning once they’ve been pushed through the door and onto the operating table by teachers, social workers, and physicians. There is no opting out. In the words of Dr. Ellen Clayton, a professor of pediatrics and ethics at Vanderbilt, “conscientious objections” to transgenderism are “problematic.” Anyone, she said during a 2019 lecture, who decides not to be involved in these procedures due to “religious beliefs” will face “consequences.”¹²⁴

THE POLITICS OF TRANSGENDERISM



The advocates of transgenderism like to present themselves as scrappy underdogs, fighting for the marginalized, but the amount of institutional support behind them is immensely well-funded and far-reaching.

In January, Sam Brinton was appointed deputy assistant secretary of Spent Fuel and Waste Disposition in the Office of Nuclear Energy. Before that, Brinton served as head of advocacy and government affairs at the Trevor Project, an LGBT nonprofit advocacy group. His appointment made waves when it was revealed that he has a history of publicly promoting deviant sexual behavior related to animal-role playing and BDSM.¹²⁵ More importantly, the Biden administration cited research from the Trevor Project to support medical intervention for minors to change their gender.¹²⁶ Setting aside the problems with the study itself, the AbbVie Foundation's Form 990 from 2019, the latest year on file, shows a donation of \$50,000 to the Trevor Project.¹²⁷ So the

White House cited a study produced by a nonprofit which has received thousands of dollars from companies that make drugs and medical products used in the gender transition process to argue in support of puberty blockers, hormone therapy, and sex-reassignment surgeries for children. No conflict of interest here, of course.

Overall, the Democratic Party is the biggest political beneficiary of giving related to LGBT rights and issues, the banner under which transgender ideology is advanced. In the 2020 election cycle, Open Secrets data show groups in this space spent \$6.9 million supporting Democrats and only \$79,800 on Republicans.¹²⁸ On average, donations to Democrat candidates were larger than those received by Republicans: \$7,274 to \$1,765 in the House, and \$47,118 to \$291 in the Senate, respectively.¹²⁹ Fully \$1.8 million of that sum was given in support of President Joe Biden. The Trevor Project, which AbbVie financially supports, was among the top contributors in this category.¹³⁰ Still, all

this is just a small part of the astoundingly large and influential leviathan imposing its will in a top-down manner that belies the narrative of transgenderism ascending on the spontaneous winds of progress.

Funders for Lesbian and Gay Issues (a.k.a. Funders for LGBTQ Issues) is a non-profit that acts as the collaborative nexus of 75 foundations, corporations, and funding institutions. Collectively, it awards more

than \$1 billion annually, of which about \$100 million specifically goes toward supporting LGBT issues and includes on its roster financial giants like JP Morgan Chase,¹³¹ whose managing director, Ken Janssens, exhorted companies to lead the “LGBT equality” revolution in 2017.¹³² According to its 2018 tracking report, the latest year on file, the top 10 funders of LGBT issues by total dollar amount are as follows:

TOP 10 FUNDERS OF LGBTQ ISSUES, BY TOTAL DOLLAR AMOUNT

Open Society Foundations	\$8,959,448
Arcus Foundation	\$6,355,500
Ford Foundation	\$4,904,300
MAC AIDS Fund	\$4,179,650
Tides Foundation	\$4,176,910
Astraea Lesbian Foundation for Justice	\$2,358,369
Foundation for a Just Society	\$2,095,000
American Jewish World Service	\$1,757,065
Gilead Sciences	\$1,696,346
Bill & Melinda Gates Foundation	\$1,453,341

Most of these groups have deep ties to the Democratic Party and the progressive movement. Political scientist Michael Lind has aptly characterized the Ford Foundation and the Open Society Institute as key pillars in the “Foundation-NGO complex” “on which most progressive media, think tanks, and advocacy groups depend for funding.”¹³³ Arcus Foundation president and founder Jon Stryker was among former President Barack Obama’s top five donors.¹³⁴ The MAC AIDS fund (rebranded into the “MAC Viva Glam Fund” in 2019¹³⁵) donated millions to the Clinton Foundation and pledged millions more to the Clinton Global Initiative,¹³⁶ plus former board member Geeta Rao Gupta is currently Biden’s nominee for Ambassador

at Large for Global Women’s Issues.¹³⁷ Tides Foundation, as *The Washington Free Beacon* reported, raised \$800 million across its nonprofit network in 2019, most of which went to “get out the vote” campaigns in the 2020 election cycle, “including the Voter Registration Project, Rock the Vote, and the Voter Participation Center, which exploit IRS nonprofit rules to register new voters in Democratic-leaning areas that helped deliver key battleground states to President Joe Biden.”¹³⁸ But Republicans, too, are part of this machine, as evidenced by the case of Caitlyn Jenner.

Jenner’s 2021 California gubernatorial candidacy was largely the product of the connection between the American Unity

Fund, a GOP nonprofit for LGBT issues backed by Republican megadonor Paul Singer, and elements within Donald Trump's political camp. Recall that Jenner attended Trump's inauguration as a guest of the American Unity Fund.¹³⁹ Then in April 2021, *Axios* confirmed that a group of former Trump administration and campaign personnel were laying the groundwork for and forming the core of Jenner's team.¹⁴⁰ But Jenner isn't the only project of the self-described "conservative LGBTQ advocacy organization."¹⁴¹ The American Unity Fund's tax forms from 2018 show it gave a total of \$540,000 to two nonprofits to "promote freedom for LGBT Americans": Freedom for All Americans and EQTX Equality Texas.¹⁴² The same year, the former awarded a total of \$113,270 to the American Civil Liberties Union Foundation of New Hampshire and Freedom for All Massachusetts to provide "legislative support" and "ballot support" for "transgender rights" in those two states.¹⁴³ Also in 2018, when Equality Texas received \$30,000 from the American Unity Fund, the group said in a statement that the Supreme Court's ruling in favor of the baker in the Masterpiece Cakeshop case highlighted

whether the First Amendment is "a license to discriminate against LGBTQ people."¹⁴⁴ It urged "Congress to pass the Equality Act," which would radically enhance the federal government's ability to infringe on individual liberties in the name of anti-discrimination, and concluded that no one should be "turned away from a business simply because of who they are."

Further illustrating both the bipartisan nature of the issue and the linkages between corporations, lobbying, and NGOs is Ballard Partners. In 2021, the firm signed a lobbying agreement with Freedom for All Americans, a Washington-based nonprofit pushing for the passage of the Equality Act.¹⁴⁵ Kasey Suffredini, the president and national campaign manager at Freedom for All Americans, successfully led the first statewide referendum on a transgender "antidiscrimination law" in 2018.¹⁴⁶ Trent Morse, who served as President Trump's liaison to the Department of Health and Human Services, also works at Freedom for All Americans. Ballard Partners dramatically expanded its footprint under Trump's tenure due to founder Brian Ballard's close connection to the former president.¹⁴⁷

SOCIAL CONTAGION



Transgenderism’s endorsement across the spectrum among political leaders varies only by degree. And on top of the tremendous corporate and nonprofit backing it receives, it also enjoys full support from the culture—by which I mean the institutions that create and support and spread our common understanding of moral and legal rules and social codes of conduct, like schools, which have proven a vanguard of transgender ideology. In New York, for example, Drag Story Hour NYC—a nonprofit whose cross-dressing performers are invited to engage with children as young as three—has received \$207,000 in taxpayer dollars since 2018 from city contracts for appearances at public schools, street festivals, and libraries.¹⁴⁸ Nowhere is spared from this—from California to Texas and Wisconsin to Florida and Arkansas,¹⁴⁹ staff in public and private schools all over the country expose children to LGBT ideology in general and transgenderism specifically.¹⁵⁰ This often happens without parental con-

sent or knowledge, as shown in the endless stream of videos and images republished from various social media sites by researcher Chaya Raichik, who operates the “Libs of TikTok” Twitter account. So effective have her efforts been at alerting parents to what goes on with their kids at school that Twitter employees have considered banning the account, according to leaked internal messages obtained by Raichik.¹⁵¹ The work of Raichik and others is important because it has highlighted that transgenderism in young people is, in fact, a social contagion.

In 2018, Dr. Lisa Littman, assistant professor of the practice of behavioral and social sciences at Brown University, published a study in the *PLOS ONE* scientific journal that convincingly established the concept of “rapid onset gender dysphoria.”¹⁵² Littman noted that parents have described “that the onset of gender dysphoria seemed to occur in the context of belonging to a peer group where one, multiple, or even all of the friends have become gender dysphoric

and transgender-identified during the same timeframe.” Parents have also reported “that their children exhibited an increase in social media/internet use prior to disclosure of a transgender identity.” The impact of peers and other social influences on an individual’s development are, as Littman wrote, described with the terms peer contagion and social contagion, respectively. The former refers to the process by which an individual and peer “mutually influence each other in a way that promotes emotions and behaviors that can potentially have negative effects on their development.” An example that most are familiar with is anorexia in young girls, in which social pressures and an unhealthy fixation on body image contribute to an eating disorder, and this process is spread and reinforced by peer interactions and social media, all of which are influenced by and reflections of what social critic René Girard called the “authoritative voice.”¹⁵³ That voice, Girard wrote, “emanates from the people who really count in our adolescence and who are our peers and contemporaries . . .” Though Girard was specifically referring to eating disorders, the concept applies broadly because the source of the “authoritative voice” is essentially always the same: “The individual models of young people reinforce the authority of the collective models which are the media, Hollywood, and television. The message is always the same: we have to get thinner, regardless of the cost.” In our case, one must modify their gender or believe it is modifiable to conform, whatever the cost. But doctors and teachers never encouraged adolescents to maximize their self-harm— anorexia was never explicitly glorified and was always understood as a *disorder* that

“... the onset of gender dysphoria seemed to occur in the context of belonging to a peer group where one, multiple, or even all of the friends have become gender dysphoric and transgender-identified during the same timeframe.”

required compassionate care rather than enabling. Moreover, linguistically, thin became synonymous with disease—to say a person looks “anorexic”—whereas “trans” has become synonymous, in the current culture, with individual freedom, self-actualization, and courageousness. This is the narrative of transgenderism today in the hands of virtually every institution responsible for producing and shaping culture, from schools to entertainment and news media and even churches. Thus, not only is transgenderism spread by all the same peer and social contagion processes as disorders like anorexia, but it enjoys an unprecedented level of cultural support that fuels mimesis.

While all this is ultimately bad for the individual and society at large, from a business perspective, it is a perfect recipe for “compensatory consumption.” Chinese

professor Zheng Xiaoying explains: “Compensatory consumption refers to the consumption behavior which aims at coping with psychological deficit or threat. A core theme of consumer behavior research is that people consume product or service not only for its functionality, but also for its signaling value.”¹⁵⁴ Compensatory consumers are not merely buying a product—they are signaling their virtue, standing against injustice, announcing their rejection of “assigned gender.” Every purchase is an act of liberation and rebellion against perceived threats to the self-concept. The hysterical rhetoric about transgender people being “endangered” by dissenting views actually fuels compensatory consumerism. Marketing surveys have shown that companies promoting their products with “LGBT advertising” experience an uptick in sales. One *Forbes* analysis found that companies with ads that contain LGBT messaging can increase sales by 40 percent.¹⁵⁵ Similarly, a May 2019 survey by YouGov showed that while a plurality of Americans (44 percent)

say a company’s perceived LGBT friendliness doesn’t affect their purchasing decisions, gay/lesbian people (58 percent) and bisexual people (38 percent) are considerably more likely than the general population (13 percent) to consider buying a product if the ad for it features a same-sex couple.¹⁵⁶ This dynamic also appears in people who identify as transgender. The *Business Insider* reported last year that since Citi launched its “True Name”¹⁵⁷ cards—which allow transgender and “non-binary” people to use their chosen names—it has seen more than 10,000 people update their cards to correspond with their new identities.¹⁵⁸ The *Insider* also noted that Benefit Cosmetic’s 2020 marketing campaign “Love Archually,” featuring the trans influencer Nikita Dragun, produced more than \$600,000 in online sales at Sephora. Transgenderism and consumerism naturally go hand in hand because transgenderism—the notion that one can pick their gender like a glittering new fragrance from the shelf—is the ultimate form of consumerism.

THE WAY FORWARD



Many critics of transgender ideology associate its rise with postmodernism, a word that evokes bitter feelings. But perhaps it is possible to use postmodern social theory—specifically, the ideas of the French philosopher Michel Foucault—to better understand the moment. Foucault is considered one of the founders of queer theory. He was also a sexual deviant. But his conceptualization of power is nevertheless insightful and can be used constructively. Namely, it is his ideas of biopower and biopolitics which are most relevant.

In *The History of Sexuality, Vol. 1*, Foucault begins by presenting the conceptualization of power as understood by theorists of classical liberalism: power primarily operates through official institutions by “deduction,” that is, by subtracting things, like taxes, freedom, and even life itself.¹⁵⁹ In this sense, it is a *negative* power over life in that it works by taking things away, punishing, prohibiting, and excising. However, according to

Foucault, the West had since “undergone a very profound transformation of these mechanisms of power” such that saw the emergence of what he called “biopower.” No longer does power merely subtract; it actively *fosters* a particular way of life by “endeavoring to administer, optimize, and multiply it, subjecting it to precise controls and comprehensive regulations.”¹⁶⁰ In the era of biopower, society took for itself the biopolitical task of managing populations and normalizing certain behavior while stigmatizing social transgressors. In this view, institutions of authority and consensus-making, according to Foucault, inculcate the norms by which people are expected to conform.¹⁶¹ Biopower is ultimately the regulation of human life itself, “effected through an entire series of interventions and *regulatory controls: a biopolitics of the population.*”¹⁶²

In our time, those who have made it their mission to dismantle these purported

systems of oppression have done no such thing. Instead, as evidenced by the normalization of transgenderism, new norms have merely replaced the old and have been inculcated through the same disciplinary institutions. It is now the cultural standard and official U.S. policy to foster—actively promote in the population and the individual—acceptance of transgenderism and disallow dissidence, which is on the cusp of criminalization. Indeed, the Biden administration is attempting to dramatically expand the federal government's regulatory powers by forcing transgender ideology on state agencies and operators receiving financial assistance through the U.S. Department of Agriculture under the pretext of fighting “sex discrimination” related to gender identity.¹⁶³ Schools that do not comply risk losing federal funding for student lunches.

At least in the past, norms served something that resembled a social good. The same cannot be said today. Ideologues work to “liberate” the most vulnerable among us from all guardrails by downplaying consequences, subverting language, and suppressing dissent. These people are urged on by the culture, which is not capable of or interested in cultivating any of the things needed for the flourishing or even maintenance of a healthy society. And all this is caught up in a web of unbounded greed and interest. Transgenderism is a dystopian nightmare unlike anything before. The proliferation and normalization of transgender ideology has been accompanied by a whole host of new techniques for achieving the exploitation of individuals and the subjugation of populations by radically redefining relations between the citizen and the state,

Biopower is ultimately the regulation of human life itself, “effected through an entire series of interventions and regulatory controls: a biopolitics of the population.”

parent and child, the individual and their body. It is, fundamentally, about power and control. Now every apparatus and institution in society is fostering a way of life contrary to life itself, subjecting more people and individuals to regulatory controls, who are simultaneously encouraged by modern liberalism to engage in a self-destructive culture of narcissism that annihilates the possibility of meaning and identity grounded in anything more than one's own most immediate and carnal appetites. It permeates everything down to the most minute social interactions, such as the use of pronouns and “chosen names”—the very act of having to distinguish between “biological male” and “transgender male” in conversation—which in their subversion of language inflict on our minds the lie of transgenderism. And when dissent is pathologized, as it has been, under what the Hungarian-American academic Thomas Szasz called the “therapeutic state,” any degree of coercion becomes possible with the imprimatur of

the “psychiatric theologians” in our time. “If people believe that health values justify coercion, but that moral and political do not, then those who wish to coerce others will tend to enlarge the category of health values at the expense of moral values,” Szasz wrote.¹⁶⁴ Thus, the wildest fever dreams of ideologues pass from private political opinions into unshakable “scientific” truths that only the defective could deny. “Ethics” as health values are merely a justification for coercion.

Setting America on a better path, one in which the vulnerable are not encouraged to self-destruct and sickness does not subvert health, requires challenging key institutions that act as the engines of transgender ideology. For a long time, politics have been perceived as downstream of culture. But the fact that transgenderism and like ideologies have been imposed by a manifestly *top-down* approach shows that it is possible to change the culture through political action. It is possible, in other words, to do more than merely slow the tide.

First and foremost, gender-affirming medical treatments—puberty blockers, cross-sex hormones, and surgeries—should be outlawed for minors; sex reassignments, in general, should be considered dangerous quackery. Hospitals, clinics, and physicians administering these procedures must face fines and have their medical licenses revoked. On the federal level, the NIH must refuse to fund research and award grants to institutions that condone or facilitate hormone therapies or genital mutilation as best practices or appropriate standards of care. There must also be a push for creating liability for the entities promoting products and services associated with the “affirma-

Setting America on a better path, one in which the vulnerable are not encouraged to self-destruct and sickness does not subvert health, requires challenging key institutions that act as the engines of transgender ideology.

tive care” treatment. In a word, it must be impossible to conduct or advertise these procedures anywhere in America.

Some examples in Texas and Florida could provide the other planks for a broader national strategy.

Texas Attorney General Ken Paxton is investigating AbbVie and Endo Pharmaceuticals under the Texas Deceptive Trade Practices Act to determine whether they marketed and promoted Lupron Depot and Supprelin LA, respectively, to transgender youth despite not being approved for that use.¹⁶⁵ “These drugs were approved for very different purposes and can have detrimental and even irreversible side effects,” Paxton said in a statement.¹⁶⁶ He’s right, and every available opportunity and avenue should be taken to undermine and, again, ultimately prevent corporations from marketing and promoting these drugs to children.

“The manufacture, sale, prescription, and use of puberty blockers on young teens and minors is dangerous and reckless,” Attorney General Ken Paxton said. “These drugs were approved for very different purposes and can have detrimental and even irreversible side effects. I will not allow pharmaceutical companies to take advantage of Texas children.”

In Florida, Gov. Ron DeSantis’ new Parental Rights in Education law prohibits classroom instruction on sexual orientation and gender identity topics to young children, which is a good start. Going further, it is imperative to decouple schools from “social emotional learning” (SEL) educational programs, which parents’ rights activists have described as a “Trojan horse” for everything from critical race theory to transgender ideology.¹⁶⁷ SEL is supported by NGOs like the Committee for Children, which receives significant funding from other progressive nonprofits like the Bill & Melinda Gates Foundation and is itself an advocate for transgenderism in children.¹⁶⁸ Dr. Tia Kim, vice president of research and impact at the Committee for Children, said in May this year: “The best way to support a child in expressing themselves fully is by tak-

ing the time to first understand the variety of terms surrounding gender. A person’s assigned sex at birth, gender identity, gender expression, and sexual orientation are all different and separate things and are not dependent on each other.”¹⁶⁹ In 2021, the committee reported that its SEL programs reach more than 16.5 million children annually and are used in 34 percent of U.S. elementary schools.¹⁷⁰ Turning the tide will require more than legislation and investigations. It will require a total approach to regain control of institutions big and small, from governors’ offices to school boards and local libraries, to wrest the levers of bureaucracy and power from dangerous hands. Above all, it will necessitate an alternative vision of a country and a culture capable of fostering life and the will to prosecute it.

ENDNOTES

- ¹ Francine Russo, "Where Transgender Is No Longer a Diagnosis," *Scientific American*, January 6, 2017, <https://www.scientificamerican.com/article/where-transgender-is-no-longer-a-diagnosis/>.
- ² American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed., 2013, <https://doi.org/10.1176/appi.books.9780890425596>.
- ³ Kacie M. Kidd et al., "Prevalence of Gender-Diverse Youth in an Urban School District," *Pediatrics* 147, no. 6 (2021), <https://doi.org/10.1542/peds.2020-049823>.
- ⁴ Jody L. Herman, Andrew R. Flores, and Kathryn K. O'Neil, "How Many Adults and Youth Identify as Transgender in the United States?," *The Williams Institute*, June 2022, <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Jun-2022.pdf>.
- ⁵ After the *New York Times* ran a favorable front-page story on Money's gender clinic, Colapinto writes: "Similarly approving stories followed in all three news weeklies, *Time*, *Newsweek*, and *U.S. News & World Report*. In April 1967 *Esquire* magazine published an exhaustive feature on the Johns Hopkins clinic, in which Money was admirably quoted," *Ibid.*, 37.
- ⁶ John Colapinto, *As Nature Made Him: The Boy Who Was Raised as a Girl* (New York: Harper Perennial, 2006), 33.
- ⁷ Colapinto, *As Nature Made Him: The Boy Who Was Raised as a Girl*, 39.
- ⁸ *Ibid.*, 25.
- ⁹ Anke A. Ehrhardt, "John Money, Ph.D.," *Journal of Sex Research* 44, no. 3 (2007): 223-224, <https://doi.org/10.1080/00224490701580741>.
- ¹⁰ Ehrhardt, "John Money, Ph.D."
- ¹¹ *Ibid.*
- ¹² Bailey Vogt, "TEDx speaker argues that pedophilia should be accepted as 'an unchangeable sexual orientation,'" *Metro Weekly*, July 26, 2018, <https://www.metroweekly.com/2018/07/tedx-speaker-argues-that-pedophilia-should-be-accepted-as-an-unchangeable-sexual-orientation/>.
- ¹³ World Health Organization, "Paedophilia," *International Statistical Classification of Diseases and Related Health Problems*, 10th rev., 2019, <https://icd.who.int/browse10/2019/en#/F65.4>.
- ¹⁴ Diederik F. Janssen, "'Chronophilia': Entries of Erotic Age Preference into Descriptive Psychopathology," *Medical History* 59, no. 4 (2015): 575-98, <https://doi.org/10.1017/mdh.2015.47>; Renee Sorrentino, "DSM-5 and Paraphilias: What Psychiatrists Need to Know," *Psychiatric Times* 33, no. 11, <https://www.psychiatrictimes.com/view/dsm-5-and-paraphilias-what-psychiatrists-need-know>; Ehrhardt, "John Money, Ph.D."
- ¹⁵ Terry Goldie, *The Man Who Invented Gender: Engaging the Ideas of John Money* (Vancouver: UBC Press, 2014).
- ¹⁶ Colapinto, *As Nature Made Him: The Boy Who Was Raised as a Girl*, 37.
- ¹⁷ *Ibid.*, 50.
- ¹⁸ *Ibid.*, 51.
- ¹⁹ *Ibid.*, 54.
- ²⁰ Paul J.M. van Kesteren, et al., "Mortality and morbidity in transsexual subjects treated with cross-sex hormones," *Clinical Endocrinology* 47, no. 3 (1997): 337, 339, 341, <https://doi.org/10.1046/j.1365-2265.1997.2601068.x>; Wylie C. Hembree, et al., "Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline," *The Journal of Clinical Endocrinology & Metabolism* 94, no. 9 (2009): 3144, <https://doi.org/10.1210/jc.2009-0345>.
- ²¹ Henk Asscheman, et al., "A long-term follow-up study of mortality in transsexuals receiving treatment with cross-sex hormones," *European journal of Endocrinology* 164, no. 4 (2011): 640, <https://doi.org/10.1530/EJE-10-1038>.
- ²² John Money, *Sexual Signatures* (Boston: Little, Brown and Company, 1975), 134.
- ²³ Pedro Gonzalez, "Welcome to the Texas GOP's Potemkin Village of Conservatism," *Chronicles*, November 11, 2021, <https://chroniclesmagazine.org/web/welcome-to-the-texas-gops-potemkin-village-of-conservatism/>.
- ²⁴ Colapinto, *As Nature Made Him: The Boy Who Was Raised as a Girl*, 86-87.
- ²⁵ *Ibid.*, 87.
- ²⁶ *Ibid.*
- ²⁷ *Ibid.*, 139.
- ²⁸ *Ibid.*, 86-87.
- ²⁹ *Ibid.*, 87-89.
- ³⁰ *Ibid.*, 69-70.
- ³¹ *Ibid.*, 69.
- ³² *Ibid.*, 68.
- ³³ *Ibid.*, 248-249.
- ³⁴ Milton Diamond and H. Keith Sigmundson, "Sex Reassignment at Birth: A Long Term Review and Clinical Implications," *Archives of Pediatrics and Adolescent Medicine* 151, no. 3 (1997): 298-304. doi:10.1001/archpedi.1997.02170400084015; John Colapinto, "The True Story of John/Joan," *Rolling Stone*, December 11, 1997, 54-97.
- ³⁵ Colapinto, *As Nature Made Him: The Boy Who Was Raised as a Girl*, 174.
- ³⁶ James Burnham, *Suicide of the West: An Essay on the Meaning and Destiny of Liberalism* (New York: Encounter Books, 2014), 108.
- ³⁷ Wylie C. Hembree, et al., "Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline," *The Journal of Clinical Endocrinology & Metabolism* 94, no. 9 (2009): 3132, <https://doi.org/10.1210/jc.2009-0345>.
- ³⁸ Jacqueline Ruttimann, "Blocking puberty in transgender youth," *Endocrine News*, January 2013, <https://endocrinenews.endocrine.org/blocking-puberty-in-transgender-youth/>.
- ³⁹ Boston Children's Hospital, "New clinic addresses intersex and gender issues," *Pediatric Views*, April 2007, https://web.archive.org/web/20081011081138/http://www.childrenshospital.org/views/april07/new_clinic_addresses_intersex_and_gender_issues_p.html.
- ⁴⁰ Michael Biggs, "Puberty Blockers and Suicidality in Adolescents Suffering from Gender Dysphoria," *Archives of Sexual Behavior* 49 (2020): 2228, <https://doi.org/10.1007/s10508-020-01743-6>.

- ⁴¹ "About," Dr. Laura Edwards-Leeper, accessed June 3, 2022, <http://www.dr.lauraedwardsleeper.com/new-page-1>.
- ⁴² Human Rights Campaign, "Interactive Map: Clinical Care Programs for Gender-Expansive Children and Adolescents," accessed June 3, 2022, <https://www.hrc.org/resources/interactive-map-clinical-care-programs-for-gender-nonconforming-childr>.
- ⁴³ Society for Evidence-Based Gender Medicine, "'Gender-affirming' Hormones and Surgeries for Gender-Dysphoric US Youth," May 28, 2021, https://segm.org/ease_of_obtaining_hormones_surgeries_GD_US.
- ⁴⁴ Annelou L.C. de Vries et al., "Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment," *Pediatrics* 134, no. 4 (2014): 696-704, <https://doi.org/10.1542/peds.2013-2958>.
- ⁴⁵ Polly Carmichael et al., "Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK," *PLOS ONE* 16, no. 2 (2021): e0243894, <https://doi.org/10.1371/journal.pone.0243894>.
- ⁴⁶ William Malone, "Time to Hit Pause on 'Pausing' Puberty in Gender-Dysphoric Youth," *Medscape*, Sep 17, 2021, https://www.medscape.com/viewarticle/958742?reg=1#vp_4.
- ⁴⁷ Johanna Olson-Kennedy et al., "Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults," *JAMA Pediatrics* 172, no. 5 (2018): 431, <https://doi.org/10.1001/jamapediatrics.2017.5440>.
- ⁴⁸ World Professional Association for Transgender Health, "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People," 7th ed., 2012, <https://www.wpath.org/publications/soc>.
- ⁴⁹ "Anatomy of a Scandal," *The Economist*, October 15, 2021, <https://www.economist.com/united-states/2021/10/16/opinion-on-the-use-of-puberty-blockers-in-america-is-turning>.
- ⁵⁰ Richard Bränström and John E. Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study," *American Journal of Psychiatry* 177, no. 8 (2019): 727, <https://doi.org/10.1176/appi.ajp.2019.19010080>.
- ⁵¹ Vishwadha Chander, "Sex-change operations yield long-term mental health benefits for transgender people," *Reuters*, November 8, 2019, <https://www.reuters.com/article/us-health-transgender/sex-change-operations-yield-long-term-mental-health-benefits-for-transgender-people-idUSKBN1X12GN>; Kashmira Gander, "Transgender People Who Have Gender-Affirming Surgery Less Likely to Need Mental Health Treatment," *Newsweek*, October 4, 2019, <https://www.newsweek.com/transgender-affirming-surgery-mental-health-1463135>; Danielle Weitzer, "Transgender surgery linked with better long-term mental health, study shows," *ABC News*, October 8, 2019, <https://abcnews.go.com/Health/transgender-surgery-linked-long-term-mental-health-study/story?id=66125676>; Meera Jagannathan, "The financial costs and mental-health benefits of gender-affirming surgery for transgender people," *MarketWatch*, October 11, 2019, <https://www.marketwatch.com/story/the-difference-gender-affirming-surgery-can-make-in-a-transgender-persons-life-2019-10-07>.
- ⁵² Association of Schools and Programs of Public Health, "Yale: Research Indicates Mental Health Outcomes Improve for Transgender Individuals After Surgery," October 24, 2019, <https://aspgh.org/yale-research-indicates-mental-health-outcomes-improve-for-transgender-individuals-after-surgery/>.
- ⁵³ "Correction to Bränström and Pachankis," *American Journal of Psychiatry* 177, no. 8 (2019): 734, <https://doi.org/10.1176/appi.ajp.2020.1778correction>.
- ⁵⁴ Society for Evidence-Based Gender Medicine, "Correction of a Key Study: No Evidence of 'Gender-Affirming' Surgeries Improving Mental Health," Table 1: Publications Found Citing Bränström & Pachankis (2019), August 30, 2020, https://segm.org/ajp_correction_2020.
- ⁵⁵ Jay Greene, "Puberty Blockers, Cross-Sex Hormones, and Youth Suicide," *The Heritage Foundation*, June 13, 2022, <https://www.heritage.org/gender/report/puberty-blockers-cross-sex-hormones-and-youth-suicide>.
- ⁵⁶ Tabitha Frew, Clare Watsford, and Iain Walker, "Gender dysphoria and psychiatric comorbidities in childhood: a systematic review," *Australian Journal of Psychology* 73, no. 3 (2021): 255, <https://doi.org/10.1080/00049530.2021.1900747>.
- ⁵⁷ Alice Campbell, "Sexual Fluidity and Psychological Distress: What Happens When Young Women's Sexual Identities Change?" *Journal of Health and Social Behavior* (2022), <https://doi.org/10.1177/00221465221086335>.
- ⁵⁸ Eric W. Dolan, "Young women's psychological distress increases when they change their identity away from the heterosexual norm," *PsyPost*, June 22, 2022, <https://www.psypost.org/2022/06/young-womens-psychological-distress-increases-when-they-change-their-identity-away-from-the-heterosexual-norm-63361>.
- ⁵⁹ Polly Carmichael et al., "Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK," *PLOS ONE* 16, no. 2 (2021): e0243894, <https://doi.org/10.1371/journal.pone.0243894>; Lucy Bannerman, "Puberty blockers 'stunt bone growth of children,'" *The Times*, February 3, 2021, <https://www.thetimes.co.uk/article/puberty-blockers-stunt-bone-growth-of-children-tlv8qmdcd>; Clare Dyer, "Puberty blockers do not alleviate negative thoughts in children with gender dysphoria, finds study," *BMJ*, February 8, 2021, <https://doi.org/10.1136/bmj.n356>.
- ⁶⁰ Peter Hayes, "Cognitive, Emotional, and Psychosocial Functioning of Girls Treated with Pharmacological Puberty Blockage for Idiopathic Central Precocious Puberty," *Frontiers in Psychology* 7 (2016): 1053, <https://doi.org/10.3389/fpsyg.2016.01053>; Maiko A. Schneider et al., "Brain Maturation, Cognition and Voice Pattern in a Gender Dysphoria Case under Pubertal Suppression," *Frontiers in Human Neuroscience* 11 (2017): 528, doi: 10.3389/fnhum.2017.00528.
- ⁶¹ D. Hough et al., "Spatial Memory Is Impaired by Peripubertal GnRH Agonist Treatment and Testosterone Replacement in Sheep," *Psychoneuroendocrinology* 75 (2017): 181, <https://doi.org/10.1016/j.psyneuen.2016.10.016>.

- ⁶² Society for Evidence-Based Gender Medicine, “Gender-affirming” Hormones and Surgeries for Gender-Dysphoric US Youth.”
- ⁶³ Jasmine Andersson & Andre Rhoden-Paul, “NHS to close Tavistock child gender identity clinic,” BBC, July 28, 2022, <https://www.bbc.com/news/uk-62335665>.
- ⁶⁴ Gabriella Swerling, “Doctors treating gender dysphoria feel ‘pressured to adopt unquestioning approach,’” The Telegraph, March 10, 2022, <https://www.telegraph.co.uk/news/2022/03/10/doctors-treating-gender-dysphoria-feel-pressured-adopt-unquestioning/>.
- ⁶⁵ Joe Bukuras and Edie Heipel, “Tennessee Governor Urges Investigation of Vanderbilt Pediatric Transgender Clinic,” National Catholic Registry, September 22, 2022, <https://www.ncregister.com/cna/tennessee-governor-urges-investigation-of-vanderbilt-pediatric-transgender-clinic>.
- ⁶⁶ Elle Bradford, “You Won’t Believe How Much It Costs to Be Transgender in America,” Teen Vogue, November 24, 2015, <https://www.teenvogue.com/story/transgender-operations-hormone-therapy-costs>.
- ⁶⁷ Kenny Walter, “Mortality Rate Much Higher for Transgender People,” HCPLive, September 3, 2021, <https://www.hcplive.com/view/mortality-rate-higher-transgender-people>; see also remarks by Michaela Seiber, a health scientist and Bush Fellowship recipient who said, “LGBTQ people are more likely to smoke and abuse drugs and alcohol. And mental health cases and STDs (sexually transmitted diseases) are also elevated in that community as well,” source: SHN Staff, “Bush Fellowship goes to Sanford Health researcher,” Sanford Health, April 8, 2019, <https://news.sanfordhealth.org/research/bush-fellowship-seiber/>.
- ⁶⁸ Centers for Disease Control and Prevention, “HIV Infection, Risk, Prevention, and Testing Behaviors Among Transgender Women—National HIV Behavioral Surveillance, 7 U.S. Cities, 2019–2020,” *HIV Surveillance Special Report*, special report no. 27, April 2021, <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-27.pdf>.
- ⁶⁹ Nella Green et al., “Risk Behavior and Sexually Transmitted Infections Among Transgender Women and Men Undergoing Community-Based Screening for Acute and Early HIV Infection in San Diego,” *Medicine* 94, no. 41 (2015): e1830, doi: 10.1097/MD.0000000000001830.
- ⁷⁰ Centers for Disease Control and Prevention, “Diagnoses of HIV Infection in the United States and Dependent Areas, 2018: Transgender Persons,” *HIV Surveillance Special Report* 31, 2018, <https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-31/content/transgender.html#data>.
- ⁷¹ Randolph D. Hubach and Christopher Owens, “Findings on the Monkeypox Exposure Mitigation Strategies Employed by Men Who Have Sex with Men and Transgender Women in the United States,” *Archives of Sexual Behavior*, (2022): <https://doi.org/10.1007/s10508-022-02423-3>.
- ⁷² Walter, “Mortality Rate Much Higher for Transgender People.”
- ⁷³ “Sex Reassignment Surgery Market to hit USD 1.5 Bn by 2026: Global Market Insights, Inc.,” Global Market Insights, Inc., March 31, 2020, <https://www.globenewswire.com/news-release/2020/03/31/2009112/0/en/Sex-Reassignment-Surgery-Market-to-hit-USD-1-5-Bn-by-2026-Global-Market-Insights-Inc.html>.
- ⁷⁴ Daniel Turner and Peer Briken, “Treatment of Paraphilic Disorders in Sexual Offenders or Men with a Risk of Sexual Offending with Luteinizing Hormone-Releasing Hormone Agonists: An Updated Systematic Review,” *The Journal of Sexual Medicine* 15, no. 1 (2018): 77, <https://doi.org/10.1016/j.jsxm.2017.11.013>.
- ⁷⁵ Christina Jewett, “Women Fear Drug They Used To Halt Puberty Led To Health Problems,” Kaiser Health News and The Center for Investigative Reporting, February 2, 2017, <https://khn.org/news/women-fear-drug-they-used-to-halt-puberty-led-to-health-problems/>.
- ⁷⁶ National Library of Medicine, “Study of Lupron Depot In The Treatment of Central Precocious Puberty,” *ClinicalTrials.gov*, July 20, 2010, <https://clinicaltrials.gov/ct2/show/results/NCT00660010?term=leuprolide+and+central+precocious+puberty&view=results#evt>.
- ⁷⁷ Trine Tsouderos, “Miracle drug’ called junk science,” *Chicago Tribune*, May 21, 2009, <https://www.chicagotribune.com/lifestyles/health/chi-autism-lupron-may21-story.html>.
- ⁷⁸ “Lupron (P); Lupron Depot (P), Lupron Depot-Ped (P),” FDA Adverse Events Reporting System (FAERS) Public Dashboard, U.S. Food and Drug Administration, accessed June 14, 2022, <https://fis.fda.gov/sense/app/95239e26-e0be-42d9-a960-9a5f7f1c25ee/sheet/45beeb74-30ab-46be-8267-5756582633b4/state/analysis>.
- ⁷⁹ Alice Dreger, “Gender Identity Disorder in Childhood: Inconclusive Advice to Parents,” *The Hastings Center Report* 39, no. 1 (2009): 29. <https://doi.org/10.1353/hcr.0.0102>.
- ⁸⁰ Tessa Brik et al., “Trajectories of Adolescents Treated with Gonadotropin-Releasing Hormone Analogues for Gender Dysphoria,” *Archives of Sexual Behavior* 49, no. 7 (2020): 2615–2616, <https://doi.org/10.1007/s10508-020-01660-8>; Polly Carmichael et al., “Short-Term Outcomes of Pubertal Suppression in a Selected Cohort of 12 to 15 Year Old Young People with Persistent Gender Dysphoria in the UK,” *PLOS ONE* 16, no. 2 (2021): e0243894, <https://doi.org/10.1371/journal.pone.0243894>.
- ⁸¹ Jiska Ristori and Thomas D. Steensma, “Gender dysphoria in childhood,” *International Review of Psychiatry* 28, no. 1 (2016): 18, <https://doi.org/10.3109/09540261.2015.1115754>; Kenneth J. Zucker, “The myth of persistence: Response to ‘A critical commentary on follow-up studies and ‘desistance’ theories about transgender and gender non-conforming children” by Temple Newhook et al., *International Journal of Transgenderism* 19, no. 2 (2018): 234–235, <https://doi.org/10.1080/15532739.2018.1468293>.
- ⁸² Devita Singh, Susan J. Bradley, and Kenneth J. Zucker, “A Follow-up Study of Boys with Gender Identity Disorder,” *Frontiers in Psychiatry* 12 (2021): 632784, <https://www.frontiersin.org/articles/10.3389/fpsy.2021.632784/full>.
- ⁸³ Corinne Segal, “NY will soon make it easier for trans youths to delay puberty,” PBS, November 27, 2016, <https://www.pbs.org/newshour/health/transgender-youth-puberty-blockers>.
- ⁸⁴ Caroline Salas-Humara et al., “Gender Affirming Medical Care of Transgender Youth,” *Current Problems in Pediat-*

- ric and Adolescent Health Care 49, no. 9 (2019): 100683, <https://doi.org/10.1016/j.cppeds.2019.100683>.
- ⁸⁵ “Client Profile: AbbVie Inc,” Open Secrets, accessed June 8, 2022, <https://www.opensecrets.org/federal-lobbying/clients/summary?cycle=2013&id=D000066804>.
- ⁸⁶ National Institute on Money in State Politics, <https://www.followthemoney.org/entity-details?eid=18929519>, accessed September 27, 2020.
- ⁸⁷ Open Secrets, “Ballard Partners,” accessed September 27, 2022, <https://www.opensecrets.org/orgs/ballard-partners/recipients?id=D000037635>.
- ⁸⁸ Theodoric Meyer, “The Most Powerful Lobbyist in Trump’s Washington,” Politico, April 2, 2018, <https://www.politico.com/magazine/story/2018/04/02/most-powerful-lobbyist-in-trump-washington-217759/>.
- ⁸⁹ “AbbVie Federal PAC,” Transparency USA, accessed June 7, 2022, <https://www.transparencysusa.org/ca/donor/abbvie-federal-pac/?cycle=2017-to-now&page=2>.
- ⁹⁰ Scott Wiener, Twitter post, July 31, 2016, 6:03 p.m., https://twitter.com/Scott_Wiener/status/759872134365663232?s=20&t=FVSJxue5HwfHzvyFOTVIOW.
- ⁹¹ Scott Wiener, Twitter post, June 7, 2022, 1:23 p.m., https://twitter.com/Scott_Wiener/status/153422462050455520?s=20&t=FVSJxue5HwfHzvyFOTVIOW.
- ⁹² “Senator Wiener Introduces Legislation to End Discrimination Against LGBT People Regarding Sex Offender Registration,” Senator Scott Wiener, January 22, 2019, <https://sd11.senate.ca.gov/news/20190122-senator-wiener-introduces-legislation-end-discrimination-against-lgbt-people-regarding>.
- ⁹³ Senator Scott Wiener, “SB-239 Infectious and communicable diseases: HIV and AIDS: criminal penalties.” California Legislative Information, accessed June 16, 2022, https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB239.
- ⁹⁴ “AbbVie Political Action Committee,” Transparency USA, accessed June 8, 2022, <https://www.transparencysusa.org/tx/donor/abbvie-political-action-committee-federal?cycle=2015-to-now>.
- ⁹⁵ Joseph Menslage, “Abbott, Patrick and Phelan Shut Down Child Protection Bills After Taking \$2.47 Million from PACS Affiliated with Pediatric Gender Modification Clinics,” Katy Christian Magazine, February 16, 2022, <https://katychristianmagazine.com/2022/02/16/abbott-patrick-and-phelan-shut-down-child-protection-bills-after-taking-2-47-million-from-pacs-affiliated-with-pediatric-gender-modification-clinics/>.
- ⁹⁶ “Dollars for Docs,” ProPublica, accessed June 7, 2020, <https://projects.propublica.org/docdollars/doctors/pid/270205/>.
- ⁹⁷ “Peter Allen Lee,” Open Payments, accessed June 6, 2020, <https://openpaymentsdata.cms.gov/physician/270205>.
- ⁹⁸ Andrew Jack, “Takeda ends joint venture with Abbott,” Financial Times, March 20, 2008, <https://www.ft.com/content/9c7078de-f608-11dc-8d3d-000077b07658?mhq5j=e1>.
- ⁹⁹ Jennifer Kastner, “Exclusive: San Diego women speak out about highly controversial drug injection,” ABC 10 News, January 24, 2019, <https://www.10news.com/news/team-10/exclusive-san-diego-women-speak-out-about-highly-controversial-drug-injection>.
- ¹⁰⁰ “Our Products,” Endo Pharmaceuticals, accessed June 6, 2022, <https://www.endo.com/endopharma/our-products>.
- ¹⁰¹ Carla Marisa Lopez et al., “Trends in the use of puberty blockers among transgender children in the United States,” Journal of Pediatric Endocrinology & Metabolism 31, no. 6 (2018): 665, <https://doi.org/10.1515/jpem-2018-0048>.
- ¹⁰² Endo Pharmaceuticals Holdings Inc., Form 10-K 2010, accessed June 10, 2022, <https://www.sec.gov/Archives/edgar/data/1100962/000119312511050171/d10k.htm>; Endo Pharmaceuticals Inc., “Endo Reports Fourth-Quarter and Full-Year 2021 Financial Results,” February 28, 2022, <https://investor.endo.com/news-releases/news-release-details/endo-reports-fourth-quarter-and-full-year-2021-financial-results>.
- ¹⁰³ Johanna Olson-Kennedy et al., “Histrelin Implants for Suppression of Puberty in Youth with Gender Dysphoria: A Comparison of 50 MCG/Day (Vantas) and 65 MCG/Day (SUPPRELINLA),” Transgender Health 6, no. 1 (2021): 37, <https://doi.org/10.1089/trgh.2020.0055>.
- ¹⁰⁴ Sydney Lupkin, “Hormone Blocker Sticker Shock: Kids Drug Costs 8 Times More Than One For Adults,” NPR, February 24, 2020, <https://www.npr.org/sections/health-shots/2020/02/24/808049526/hormone-blocker-sticker-shock-kids-drug-costs-8-times-more-than-one-for-adults>.
- ¹⁰⁵ Stephen M. Rosenthal and Diane Ehrensaft, “Politics wrecked America’s response to COVID. Don’t let it put transgender kids in danger, too,” San Francisco Chronicle, March 10, 2022, <https://www.sfchronicle.com/opinion/openforum/article/Politics-wrecked-America-s-response-to-COVID-16990528.php>; Keith Ridler, “Idaho Senate kills bill on gender reassignment for minors,” Associated Press, March 15, 2022, <https://apnews.com/article/business-health-parental-rights-ida-health-care-reform-722ab40d9d18b1eacae2f97bd56dc504>.
- ¹⁰⁶ “Steve M. Rosenthal,” Open Payments, accessed June 6, 2022, <https://openpaymentsdata.cms.gov/physician/1004717>; “Stephen M. Rosenthal,” ProPublica, accessed June 6, 2022, <https://projects.propublica.org/docdollars/doctors/pid/1004717>.
- ¹⁰⁷ “The Impact of Early Medical Treatment in Transgender Youth,” NIH RePORT, accessed June 6, 2022, <https://reporter.nih.gov/search/KNJ8QQ79SkafnRy3BALTIA/project-details/10401756#description>.
- ¹⁰⁸ Juliana Bunim, “First U.S. Study of Transgender Youth Funded by NIH,” UCSF, August 17, 2015, <https://www.ucsf.edu/news/2015/08/131301/first-us-study-transgender-youth-funded-nih#:~:text=The%20National%20Institutes%20of%20Health,medical%20treatment%20for%20transgender%20youth>.
- ¹⁰⁹ “Joshua David Safer,” Open Payments, accessed June 8, 2022, <https://openpaymentsdata.cms.gov/physician/1251744>.
- ¹¹⁰ “Joshua D. Safer, MD,” Endocrine Society, accessed June 8, 2022, <https://www.endocrine.org/our-community/profiles/safer-joshua#:~:text=Center%20in%20Boston.-,Dr.,research%20strategy%20in%20transgender%20medicine>.

- ¹¹¹ Icahn School of Medicine, “An Evidence-Based Approach to Understanding Transgender Medicine,” YouTube video, 56:18, Aug 7, 2018, <https://youtu.be/o4QM8xkEO6k?t=165>.
- ¹¹² Ibid., <https://youtu.be/o4QM8xkEO6k?t=1239>.
- ¹¹³ Ibid., <https://youtu.be/o4QM8xkEO6k?t=1381>.
- ¹¹⁴ “WPATH Presents: The Inaugural USPATCH Scientific Conference,” World Professional Association for Transgender Health (UCLA Luskin Conference Center, Los Angeles, CA, February 2-5, 2017), accessed June 10, 2022. <http://web.archive.org/web/20170129131741/http://uspatch2017.conferencespot.org/>.
- ¹¹⁵ “Addressing Suicidality in Transgender Youth: A Multi-Dimensional Approach,” accessed June 9, 2022, [https://archive.org/details/atranskidislikeastrawberrypoptartinthewrongpackage/Suicidality+symposium+USPATH+2017+\(excerpt\).mp4; “Reportable trauma? US gender docs ‘train’ judges & call CPS on balking parents,” 4thWaveNow, February 25, 2017, <https://4thwavenow.com/2017/02/25/reportable-trauma-us-gender-docs-train-judges-call-cps-on-balking-parents/>.](https://archive.org/details/atranskidislikeastrawberrypoptartinthewrongpackage/Suicidality+symposium+USPATH+2017+(excerpt).mp4;“Reportable%20trauma%20USgender%20docs%20train%20judges%20&%20call%20CPS%20on%20balking%20parents%204thWaveNow,February%2025,2017,https://4thwavenow.com/2017/02/25/reportable-trauma-us-gender-docs-train-judges-call-cps-on-balking-parents/)
- ¹¹⁶ Johanna Olson-Kennedy et al., “Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults,” *JAMA Pediatrics* 172, no. 5 (2018): 431, <https://doi.org/10.1001/jamapediatrics.2017.5440>.
- ¹¹⁷ “Addressing Suicidality in Transgender Youth: A Multi-Dimensional Approach,” accessed June 9, 2022, [https://archive.org/details/atranskidislikeastrawberrypoptartinthewrongpackage/Puberty+suppression+symposium%2C+USPATH+2017+\(excerpt\).mp4](https://archive.org/details/atranskidislikeastrawberrypoptartinthewrongpackage/Puberty+suppression+symposium%2C+USPATH+2017+(excerpt).mp4).
- ¹¹⁸ “Standards of Care for the Health of Transgender and Gender Diverse People,” Version 8, *International Journal of Transgender Health*, 23:sup1, S1-S259, DOI: <https://doi.org/10.1080/26895269.2022.2100644>.
- ¹¹⁹ Abigail Shrier, “When the State Comes for Your Kids,” *City Journal*, June 8, 2021, <https://www.city-journal.org/transgender-identifying-adolescents-threats-to-parental-rights>.
- ¹²⁰ January Littlejohn and Jeffrey Littlejohn v. School Board of Leon County, U.S. District Court for the Northern District of Florida (Tallahassee Division), October 18, 2021, <https://tallahasseeareports.com/wp-content/uploads/2021/10/Complaint-As-Filed-101821.pdf>.
- ¹²¹ Brian Melley, “Mother: teachers manipulated child to change gender identity,” *Associated Press*, January 21, 2022, [https://apnews.com/article/business-california-gender-identity-cdb790cc3059e71e22d86b8e7b445361; Marjorie Hernandez, “California mother claims teachers manipulated her daughter to change her gender identity,” *The New York Post*, January 24, 2022, <https://nypost.com/2022/01/24/mother-sues-teachers-for-brainwashing-student-to-identify-as-transgender/>.](https://apnews.com/article/business-california-gender-identity-cdb790cc3059e71e22d86b8e7b445361;MarjorieHernandez,“California%20mother%20claims%20teachers%20manipulated%20her%20daughter%20to%20change%20her%20gender%20identity,”The%20New%20York%20Post,January%2024,2022,https://nypost.com/2022/01/24/mother-sues-teachers-for-brainwashing-student-to-identify-as-transgender/)
- ¹²² Patrick Hauf, “Without Notifying Parents, New Jersey Middle School Forces Students To Learn About Transgender Hormone Therapy,” *The Washington Free Beacon*, March 28, 2022, <https://freebeacon.com/campus/without-notifying-parents-new-jersey-middle-school-forces-students-to-learn-about-transgender-hormone-therapy/>.
- ¹²³ Sara Danker et al, “Abstract: A Survey Study of Surgeons’ Experience with Regret and/or Reversal of Gender-Confirmation Surgeries,” *Plastic and Reconstructive Surgery*—*Global Open* 6, no. 8S (2018): 189, doi: 10.1097/01.GOX.0000547077.23299.00.
- ¹²⁴ Bukuras and Heipel, “Tennessee Governor Urges Investigation of Vanderbilt Pediatric Transgender Clinic,” *National Catholic Registry*.
- ¹²⁵ Jeremiah Poff, “Biden unleashes dog-role-playing fetishist on key nuclear post,” *The Washington Examiner*, February 11, 2022, <https://www.washingtonexaminer.com/policy/biden-administration-installs-dog-role-playing-fetish-advocate-to-nuclear-post>.
- ¹²⁶ Chuck Ross, “The White House Is Pushing Puberty Blockers for ‘Trans Kids.’ It’s Relying on a Problematic Study.,” *The Washington Free Beacon*, April 5, 2022, <https://freebeacon.com/biden-administration/white-house-pushes-puberty-blockers-for-trans-kids/>.
- ¹²⁷ U.S. Department of the Treasury, Internal Revenue Service, Form 990 (2019), https://apps.irs.gov/pub/epostcard/cor/460827839_201912_990PF_2021060918303083.pdf.
- ¹²⁸ Open Secrets, accessed June 8, 2022, <https://www.opensecrets.org/industries/indus.php?ind=J7300&cycle=2020>.
- ¹²⁹ “Money to Congress,” Open Secrets, accessed June 16, 2022, <https://www.opensecrets.org/industries/summary.php?cycle=2020&ind=J7300>.
- ¹³⁰ “LGBTQIA Rights & Issues: Top Contributors to Federal Candidates, Parties, and Outside Groups,” Open Secrets, accessed June 8, 2022, <https://www.opensecrets.org/industries/contrib.php?cycle=2020&ind=J7300>.
- ¹³¹ “About & Mission,” Funders for LGBTQ Issues, accessed June 10, 2022, <https://lgbtfunders.org/about/about-mission/>; “2021 Year in Review,” Funders for LGBTQ Issues, accessed June 10, 2022, <https://lgbtfunders.org/2021-year-in-review/>.
- ¹³² Selisse Berry and Ken Janssens, “Should Companies Lead the LGBT Equality Revolution?,” *Newsweek*, May 3, 2017, <https://www.newsweek.com/should-companies-lead-lgbt-equality-revolution-592254>.
- ¹³³ Michael Lind, “The End of Progressive Intellectual Life,” *Tablet*, April 12, 2022, <https://www.tabletmag.com/sections/news/articles/the-end-of-progressive-intellectual-life>.
- ¹³⁴ Fritz Klug, “Kalamazoo billionaire Jon Stryker one of top 5 donors to President Barack Obama,” *Mlive.com*, October 9, 2012, https://www.mlive.com/news/kalamazoo/2012/10/jon_stryker_one_of_top_5_dono.html.
- ¹³⁵ Devin Thorpe, “Rebranding At M:A:C Viva Glam Fund Explicitly Focuses On LGBTQ Equality To Boost HIV Fight,” *Forbes*, June 28, 2019, <https://www.forbes.com/sites/devinthorpe/2019/06/28/rebranding-at-m%C2%B7a%C2%B7c-viva-glam-fund-explicitly-focuses-on-lgbtq-equality-to-boost-hiv-fight/?sh=1e869301f8eb>.
- ¹³⁶ Stephen Braun and Eileen Sullivan, “Clinton Foundation donors got face time with her at State,” *Associated Press*, August 24, 2016, <https://apnews.com/article/f3fc16ba6ea54639a2528e00cb6b4bc7>.
- ¹³⁷ U.S. Office of the Press Secretary, “President Biden Announces Additional Nominees,” Briefing Room, November 12, 2021, <https://www.whitehouse.gov/briefing-room/statements-releases/2021/11/12/president-biden-announces-additional-nominees/>; “Nominations: United States Senate Committee on Foreign

- Relations,” United States Senate Committee on Foreign Relations, accessed June 16, 2022, <https://www.foreign.senate.gov/hearings/nominations061622>.
- ¹³⁸ Hayden Ludwig, “Megadonors Pour Record Amount of Money Into ‘Get Out the Vote’ Effort for Dems,” *The Washington Free Beacon*, February 2, 2021, <https://freebeacon.com/democrats/megadonors-pour-record-amount-of-money-into-get-out-the-vote-effort-for-dems/>.
- ¹³⁹ Mark Hensch, “Caitlyn Jenner to attend Trump inauguration: report,” *The Hill*, January 18, 2017, <https://thehill.com/blogs/in-the-know/in-the-know/314907-caitlyn-jenner-to-attend-trump-inauguration-report/>.
- ¹⁴⁰ Jonathan Swan and Alayna Treene, “Scoop: Caitlyn Jenner explores run for California governor,” *Axios*, April 6, 2021, <https://www.axios.com/2021/04/06/caitlyn-jenner-california-governor-newsom-recall>.
- ¹⁴¹ American Unity Fund, “American Unity Fund Endorses 6 Pro-Freedom Republicans,” July 19, 2018, <https://www.americanunityfund.com/single-post/2018/07/19/american-unity-fund-endorses-6-pro-freedom-republicans>.
- ¹⁴² U.S. Department of the Treasury, Internal Revenue Service, Form 990 (2018), https://apps.irs.gov/pub/epostcard/cor/461707548_201812_9900_2020020617115444.pdf.
- ¹⁴³ U.S. Department of the Treasury, Internal Revenue Service, Form 990 (2018), https://apps.irs.gov/pub/epostcard/cor/474156415_201812_9900_2019122016970673.pdf.
- ¹⁴⁴ Equality Texas, “EQTX Statement on Masterpiece Cakeshop,” June 4, 2018, <https://www.equalitytexas.org/eqtx-statement-on-masterpiece-cakeshop/>.
- ¹⁴⁵ Drew Wilson, “Ballard Partners to help Freedom for All Americans with Equality Act push,” *Florida Politics*, May 19, 2021, <https://floridapolitics.com/archives/430649-ballard-partners-to-help-freedom-for-all-americans-with-equality-act-push/>.
- ¹⁴⁶ Brian MacQuarrie, “Transgender law defended, hit in debate,” *Boston Globe*, October 16, 2018, <https://www.bostonglobe.com/metro/2018/10/16/debate-held-state-transgender-ballot-question/WLCjQX-Z7AL5srEncY6uc2O/story.html>.
- ¹⁴⁷ Drew Wilson, “Ballard Partners to help Freedom for All Americans with Equality Act push,” *Florida Politics*.
- ¹⁴⁸ Mary Kay Linge and Jon Levine, “Over \$200K being spent on drag queen shows at NYC schools, records show,” *The New York Post*, June 11, 2022, <https://nypost.com/2022/06/11/over-200k-being-spent-on-drag-queen-shows-at-nyc-schools/>.
- ¹⁴⁹ Pedro Gonzalez, “A Skeleton in the ‘Transition Closet,’” *Intellectual Takeout*, February 18, 2022, <https://intellectualtakeout.org/2022/02/a-skeleton-in-the-transition-closet/>.
- ¹⁵⁰ Pedro Gonzalez, “Trans Tyranny in Public Schools,” March 1, 2022, *Chronicles*, <https://chroniclesmagazine.org/theory-of-a-partisan/trans-tyranny-in-public-schools/>.
- ¹⁵¹ “Leaked internal messages show Twitter employees debating whether to ban us,” *Libs of TikTok*, June 13, 2022, <https://www.libsoftiktok.com/p/leaked-internal-messages-show-twitter?s=r>; Ariel Zilber, “Leaked messages allegedly reveal Twitter mulling ban of ‘Libs of TikTok’ account,” *The New York Post*, June 14, 2022, <https://nypost.com/2022/06/14/twitter-mulls-ban-of-libs-of-tiktok-account-report/>.
- ¹⁵² Lisa Littman, “Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria,” *PLOS ONE* 13, no. 8 (2018): e0202330, <https://doi.org/10.1371/journal.pone.0202330>.
- ¹⁵³ René Girard, “Eating Disorders and Mimetic Desire,” *Contagion: Journal of Violence, Mimesis, and Culture* 3 (1996): 3, <https://doi.org/10.1353/ctn.1996.0010>.
- ¹⁵⁴ Zheng Xiaoying, “Consumption as Psychological Compensation: A Review of Compensatory Consumption,” *Advances in Psychological Science* 22, no. 9 (2014): 1513, <https://doi.org/10.3724/SP.J.1042.2014.01513>.
- ¹⁵⁵ John Schneider and David Auten, “Companies With LGBTQ-Inclusive Ads Can Increase Sales By 40%, And Here’s Why,” *Forbes*, March 13, 2018, <https://www.forbes.com/sites/debtfreeguys/2018/03/13/companies-with-lgbtq-inclusive-ads-can-increase-sales-by-40-and-heres-why/?sh=4dd135d01160>; see also Brendan Snyder, “LGBT Advertising: How Brands Are Taking a Stance on Issues,” *Think with Google*, March 2015, <https://www.thinkwithgoogle.com/future-of-marketing/management-and-culture/diversity-and-inclusion/lgbt-advertising-brands-taking-stance-on-issues/>.
- ¹⁵⁶ Jamie Ballard, “LGBTQ-inclusive advertising is a win with these consumer groups,” *YouGovAmerica*, January 6, 2019, <https://today.yougov.com/topics/consumer/articles-reports/2019/06/06/lgbtq-inclusive-advertising-branding-consumer>.
- ¹⁵⁷ Citigroup, “Citi Launches ‘True Name’ Feature With Mastercard Across the U.S.,” October 19, 2020, <https://www.citigroup.com/citi/news/2020/201019a.htm>.
- ¹⁵⁸ Tanya Dua, “Trans and non-binary representation is going mainstream in advertising, with brands like e.l.f. Beauty, Mastercard, and Starbucks on board,” *Business Insider*, June 30, 2021, <https://www.businessinsider.com/trans-and-non-binary-representation-is-going-mainstream-in-advertising-2021-6>.
- ¹⁵⁹ Michel Foucault, “The History of Sexuality Volume I: An Introduction,” trans. Robert Hurley (New York City: Pantheon Books, 1978), 136.
- ¹⁶⁰ Michel Foucault, “The History of Sexuality Volume I: An Introduction,” 137.
- ¹⁶¹ Anish Chhibber, “Biopower,” *Global Social Theory*, accessed June 24, 2022, <https://globalsocialtheory.org/concepts/biopower/>.
- ¹⁶² Michel Foucault, “The History of Sexuality Volume I: An Introduction,” 139.
- ¹⁶³ Elizabeth Troutman, *The Washington Free Beacon*, “No Free Lunch: Biden Admin Will Pull Meal Funding for Schools That Don’t Comply With Its LGBT Agenda,” June 1, 2022, <https://freebeacon.com/biden-administration/no-free-lunch-biden-admin-will-pull-meal-funding-for-schools-that-dont-comply-with-its-lgbt-agenda/>.
- ¹⁶⁴ Paul Edward Gottfried, *After Liberalism: Mass Democracy in the Managerial State* (Princeton: Princeton University Press, 1999), 79.
- ¹⁶⁵ Lauren McGaughy, “Texas investigates ‘off-label’ use of puberty blockers amid ongoing fight over transgender care,” *The Dallas Morning News*, March 24, 2022, <https://www.dallasnews.com/news/politics/2022/03/24/texas->

investigates-off-label-use-of-puberty-blockers-amid-on-going-fight-over-transgender-care/.

¹⁶⁶ Texas Attorney General Ken Paxton, "AG Paxton to Investigate Promotion of Puberty Blockers in Children," Press Release, December 13, 2021, <https://www.texasattorneygeneral.gov/news/releases/ag-paxton-investigate-promotion-puberty-blockers-children>.

¹⁶⁷ Jeremiah Poff, "Conservative activists call 'social emotional learning' a Trojan horse for critical race theory," *The Washington Examiner*, November 19, 2021, <https://www.washingtonexaminer.com/restoring-america/community-family/conservative-activists-call-social-emotional-learning-a-trojan-horse-for-critical-race-theory>.

¹⁶⁸ "Committee for Children," Bill & Melinda Gates Foundation, accessed June 23, 2022, <https://www.gatesfoundation.org/about/committed-grants/2021/10/inv034535>.

¹⁶⁹ Carmen Garcia-Shushtari, "My Son Wants to Wear Nail Polish and a Dress—What Do I Do?," *The Everymom*, May 17, 2022, <https://theeverymom.com/gender-identity-children/>.

¹⁷⁰ "Committee for Children Expands Flagship Second Step® Elementary Program with New Digital Offering," Committee for Children, March 16, 2021, <https://www.cfchildren.org/press/press-releases/committee-for-children-expands-second-step-elementary-with-new-digital-offering/#:~:text=Today%20our%20programs%20reach%20more,percent%20of%20U.S.%20elementary%20schools>.

ABOUT

AMERICAN PRINCIPLES PROJECT FOUNDATION

APP Foundation was founded in 2009 with a mission to tackle issues critical to protecting human dignity. As such, we recognize that a flourishing society requires public policy with human dignity at its heart — and that can only happen when we affirm the family as the primary institution of society. Since our founding, we have employed our resources to educate lawmakers and the public at large about the problems facing families and what policy solutions could help strengthen them.

APP Foundation is a small organization but prides itself on being one of the most effective and influential pro-family groups in Washington, DC. Our size enables us to be agile and have laser-like focus on the most urgent issues facing families, especially those issues which may not be receiving adequate attention. We have spent the last few years combating anti-family initiatives that progressives have introduced at both the state and federal level.

For more information about APPF, including how to further support our work, visit our website at

appfdc.org



American Principles Project
FOUNDATION

2800 Shirlington Road, Suite 901
Arlington, VA 22206
202.503.2010

appfdc.org