From: Gina Libby
To: ClerkoftheBoard
Subject: Submit to Public Record for VC BOS Meeting, June 27, 2023, Agenda Item 8: Public Comments
Date: Monday, June 26, 2023 11:22:34 AM
Attachments: 06 23 2023 - PERK, Trojan Horse Bills Heard in California Legislature.docx
06 27 2023 - Gender References for BOS Presentation.docx

Dear Clerk of the Board,

Please submit the attached two documents to the public record for the June 27, 2023, VC BOS Meeting, Agenda Item 8: Public Comments.

I'll call in during public comments to discuss.

1. I'd like to request that the Board reschedule the Public Comments agenda item to the time slot before the Consent Agenda so the public can better gauge when they're able to participate.

2. Please see the attached documents which highlight the legislature's current proposed bills related to gender identity, and the second document provides references, interviews, news articles, and Congressional testimony related to gender.

It is imperative that our elected officials are aware of the current legislative landscape in California impacting youth and their families. I am deeply concerned about the "wellness centers" that Dr. Morales promises to be available at every middle and high school in CVUSD. The government counselors and social workers staffing the centers are bound by law not to disclose a student's gender identity to their parents, and the standard of care in California is to affirm gender dysmorphia. I believe these centers will function as family separation centers. One look at the proposed bills being heard in committee this week will reveal everything you need to know about our legislators' intention. Representative Wilk, Santa Clarita, just warned parents that if they love their children, they should flee this state.

Thank you,

Gina Libby

PERK
Protection of the Educational Rights of Kids

CALL TO ACTION: Trojan horse bills are on Senate Floor!

June 23, 2023

Trojan horse bills (AB 223, AB 665, AB 957) will be eligible for a vote on the Senate floor as early as June 26th.

Under the guise of gender affirmation for minors, **Several Bills That Remove Parental Rights** have been steamrolling through the legislature.

It's time to take action now. CALL, TEXT, TWEET all weekend and Monday until the floor vote. They need to know parents will not stand for their authority to be stripped away.

AB 665 (Asm. Wendy Carrillo, Senator Scott Wiener)

Will allow children as young as 12 to run away from home and into a government "residential shelter" without their parents'/guardians' knowledge or consent, and would strip parents from their right to care for their child, without any allegations – let alone proof – of abuse, incest, or dangers, as is currently required by law.

Action Steps:

1. Contact the Senate Members
2. To oppose use the AB 655 One Click Action Link
3. Submit your letter of opposition to legislative portal today.
4. Call the Senate members.

Sample script: *AB 665 intentionally removes the "danger guardrails" of Family Code 6924, which require an allegation of danger to a minor before the minor may consent without parental consent to residential shelter. What facts or public policy support the removal of those specific danger guardrails from Family Code 6924, enacted in 1979? I urge you to either vote no or have the author gut and amend AB 665. Leave Family Code 6924 alone. Instead, amend Welfare & Institutions 14029.8 to remove the word "not." This will immediately enable Medi-Cal benefits for disadvantaged kids to receive counseling for any reason under Health & Safety Code 124260. You can preserve your goal without removing safety guardrails.*

Oppose AB 665

AB 957 (Asm. Lori Wilson, Senator Scott Wiener)

Codifies (makes law) that affirming a child's self-selected gender identity is always part of a child's health, safety and welfare. AB957 would compel courts, in deciding custody awards, to view affirming the child's gender identity is in the best interests of the child.

Action Steps:

1. Contact the Senate Members.
2. To oppose use the AB 957 One Click Action Link
3. Submit your letter of opposition to legislative portal today.
4. Call the Senate Members

   Sample Script: Please oppose or abstain on AB 957. What if the child is not prepared to publicly announce his or her transition? What if the child is not able to do so in a court or during an official judicial proceeding? How is this in the best interests of the child, especially when this bill applies to children of all ages, not just, e.g. 12 and up?

   Talking points:

   - ***California would become the first state in the nation to criminalize and penalize parents who do not affirm their children.***
   - ***Changes the Family Law creating a path for CPS (Child Protective Services), law enforcement, and the courts to award custody to the parent who affirms gender identity.***
   - ***If a parent does not affirm their child's gender it may be considered abusive, cutting off this parent from all ties with the child and no control to change this.***
   - ***There is NO age limit for which this bill applies. If a 5-year-old believes he or she is in the wrong body, this law will make it child abuse not to affirm the child's gender identity.***
   - ***The bill redefines and amends the Family Code Family Code, section 3011, exploiting custody battles to redefine "health, welfare, and safety."***

- ***This bill essentially makes it illegal to NOT give minors sex changes, gender affirming treatment, and surgeries in California making it so that parents would lose custody if they don't go along.***

Oppose AB 957

AB 223 (Asm. Christopher Ward, Senator Scott Wiener)

Will allow any adult in custody of a minor child to change the child's name, sex identifier, and/or gender in secret.

Action Steps:

1. Contact the Senate Members.
2. Submit your letter of opposition to legislative portal today.
3. To oppose use the one click action link AB 223

   Sample Script: *Please oppose or abstain on AB 223 Change of gender and sex identifier bill. By removing due process of sealing minor's records. This opens the doorway to child trafficking by allowing* ***any adult to file the petition to erase minors legal identifiers.***

Oppose AB 223

CONTACT

These **Senate members** now

Allen	916-651-4024	**McGuire**	916-651-4002
Alvarado-Gil	916-651-4004	**Menjivar**	916-651-4020
Archuleta	916-651-4030	**Newman**	916 651 4029
Ashby	916-651-4008	**Nguyen, Janet**	916-651-4036
Atkins	916-651-4039	**Niello**	916-651-4006
Blakespear	916-651-4038	**Ochoa Bogh**	916 651 4023
Caballero	916-651-4014	**Roth**	916-651-4031
Dahle, Brian	916-651-4001	**Rubio, Susan**	916-651-4022
Dodd	916 651-4003	**Seyarto**	916-651-4032
Glazer	916-651-4007	**Stern**	916-651-4027
Grove	916-651-4012	**Umberg**	916-651-4034
Hurtado	916-651-4016	**Wahab**	916-651-4410
Jones	916-651-4040	**Wilk**	916-651-4021

PERK

Protection of the Educational Rights of Kids

SB407 (Senators Wiener, Low, Lee) - going to Assembly Appropriations

Will disqualify over 60% of eligible foster families due to their religious beliefs, which preclude

them from affirming a child's gender dysmorphia.

Action Steps:

Contact Assembly Appropriations

1. Submit your letter of opposition to legislative portal today.
2. To oppose use the AB 407 One Click Action Link
3. Call Assembly Human Services Committee

Sample Script:

SB407 is a bill that would make affirmation of a self-selected gender a determining factor regarding foster care placement. With limited availability of candidates to provide foster care and with the overwhelming rate of foster children being people of color and at risk youth, limiting the pool of candidates who can foster a child will have negative consequences for these children. Please oppose SB407.

Oppose AB 407

View original post

WED, JUN 21

AB 659- Cancer Prevention Act will be heard June 28th. Take action now!

AB 659- Cancer Prevention Act is misleading parents to think that HPV vaccine will be required for attendance in schools and colleges.

Status: Sen Health Committee Hearing

Date: 06/28/23

Read More

WED, JUN 21

AB 665 passed Judicial Committee on June 20th.

AB-665 Minors: consent to mental health services goes to the Senate floor for vote. View voting results here.

AB 665 Removes the requirement that children must be a danger to themselves or others, or

Read More

FRI, JUN 16

FIGHT FOR PARENTAL RIGHTS REACHES BOILING POINT IN CA - Highwire segment

As schools across the nation continue to push LGBTQ+ curriculum, conflicts between parents and school staff escalate. President and Co-founder of PERK

Advocacy (Protection of the Educational Rights of

Read More

Please consider donating to PERK, so that we can continue bringing you vital information, education and defending you via litigation and legislation

DONATE

Interviews, Videos, Articles, and References on Gender Identity

Submitted to: Ventura County Board of Supervisors, June 27, 2023

1. **Dr. Jordan Peterson's interview with Dr. Miriam Grossman,** Psychiatrist and Practicing Adolescent and Adult Psychologist, revealing the falsehoods being told about gender:

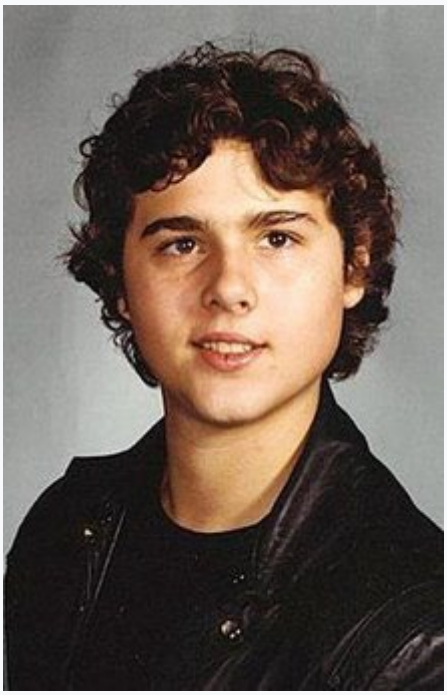
` https://www.youtube.com/watch?v=Su2Z4_iQHz4

2. David Reimer –From Wikipedia

☑

For the Canadian politician, see David J. Reimer. For the American diplomat, see David Dale Reimer.

David Reimer



Born	Bruce Peter Reimer
	22 August 1965
	Winnipeg, Manitoba, Canada

Died	4 May 2004 (aged 38) Winnipeg, Manitoba, Canada
Cause of death	Suicide by shotgun
Resting place	St. Vital Cemetery, Winnipeg
Other names	• Brenda Reimer
Spouse	Jane Fontane (m. 1990)

David Reimer (born **Bruce Peter Reimer**; 22 August 1965 – 4 May 2004) was a Canadian man born male but raised as a girl following medical advice and intervention after his penis was severely injured during a botched circumcision in infancy.[1]

The psychologist John Money oversaw the case and reported the reassignment as successful and as evidence that gender identity is primarily learned. The academic sexologist Milton Diamond later reported that Reimer's realization that he was not a girl crystallized between the ages of 9 and 11 years[2] and that he was living as a male by age 15. Well known in medical circles for years anonymously as the "John/Joan" case, Reimer later went public with his story to help discourage similar medical practices. At age 38, he committed suicide after suffering severe depression.

Life[edit]

Infancy[edit]

David Reimer was born in Winnipeg, Manitoba, on 22 August 1965, the elder of identical twin boys.[3] He was originally named Bruce, and his identical twin was named Brian.[4] Their parents were Janet and Ron Reimer, a couple of Mennonite descent who had married the previous December.[4] At the age of six months, after concern was raised about how both of them urinated, the boys were diagnosed with phimosis.[5] They were referred for circumcision at the age of seven months. General practitioner Dr. Jean-Marie Huot performed the operation using the unconventional method of electrocauterization,[6][7] but the procedure did not go as doctors had planned, and David's penis was burned beyond surgical repair.[8] The doctors chose not to operate on Brian, whose phimosis soon cleared without surgical intervention.[9]

The parents, concerned about their son's prospects for future happiness and sexual function without a penis, took him to Johns Hopkins Hospital in Baltimore in early 1967 to see John Money,[10] a psychologist who was developing a reputation as a pioneer in the field of sexual development and gender identity, based on his work with intersex patients.[11] Money was a prominent proponent of the "theory of gender neutrality"—that gender identity developed primarily as a result of social learning from early childhood and that it could be changed with the appropriate behavioural interventions.[12] The Reimers had seen Money being interviewed in February 1967 on the Canadian news program *This Hour Has Seven Days*, during which he discussed his theories about gender.[13] Reimer was raised under the "optimum gender rearing model" which was the common model for sex and gender socialization/medicalization for intersex youth, the model was heavily criticized for being sexist.[14]

At the time, surgical construction of the vagina was more advanced than construction of the penis, and Money believed that Reimer would be happiest in adulthood living as a woman with functioning genitalia.[15][16] Additionally, for Money, a case where identical twin boys were involved where one could be raised as a girl provided a perfect test of his theories.[17][18]

Money and the Hopkins family team persuaded the baby's parents that sex reassignment surgery would be in Reimer's best interest.[19] At the age of 22 months, David underwent a bilateral orchidectomy, in which his testes were surgically removed and a rudimentary vulva was fashioned.[20] David was reassigned to be raised as female and given the name Brenda (similar to his birth name, "Bruce").[21] Psychological support for the reassignment and surgery was provided by[22] John Money, who continued to see Reimer annually[23] for consultations and to assess the outcome.[24] This reassignment was considered an especially important test case[25] of the social learning concept of gender identity for two reasons: first, Reimer's identical twin brother, Brian, made an ideal control because the brothers shared genes, family environments, and the intrauterine environment; second, this was reputed to be the first reassignment and reconstruction performed on a male infant who had no abnormality of prenatal or early postnatal sexual differentiation.[1]

Forced "sexual rehearsal"[edit]

Money continued to supervise and report on the twins' gender development as the "John/Joan case" until the twins were 13 years old.[*citation needed*]

According to John Colapinto, who published a biography of Reimer in 2001, the sessions with Money included what Money called "childhood sexual rehearsal play":[26] Money theorized that reproductive behaviour formed the foundation of gender, and that "play at thrusting movements and copulation" was a key aspect of gender development in all primates. Starting at age six, according to Brian, the twins were forced to act out sexual acts, with David playing the female role—Money made Reimer get down on all fours, and Brian was forced to "come up behind [him] and place his crotch against [his] buttocks". Money also forced Reimer, in another sexual position, to have his "legs spread" with Brian on top. On "at least one occasion" Money took a photograph of the two children doing these activities.[26]

When either child resisted these activities, Money would get angry. Both Reimer and Brian recall that Money was mild-mannered around their parents, but ill-tempered when alone with them. When they resisted inspecting each other's genitals, Money got very aggressive. Reimer says, "He told me to take my clothes off, and I just did not do it. I just stood there. And he screamed, 'Now!' Louder than that. I thought he was going to give me a whupping. So I took my clothes off and stood there shaking."[26]

Money's rationale for these various treatments was his belief that "childhood 'sexual rehearsal play'" was important for a "healthy adult gender identity".[26]

Both Reimer and Brian were traumatized by the therapy,[26][27] with Brian speaking about it "only with the greatest emotional turmoil", and Reimer unwilling to speak about the details publicly, although his wife, Jane Fontane, stated that Reimer had privately told her the same story.[26] Brian was found dead of a drug overdose at 36, and Reimer died by suicide at age 38. Reimer's parents state that Money's methodology was responsible for both deaths.[28]

Puberty and adolescence[edit]

Estrogen was given to David during adolescence, inducing breast development.[29]

For several years, Money reported on Reimer's progress as the "John/Joan case". Money wrote, "The child's behavior is so clearly that of an active little girl and so different from the boyish ways of her twin brother."[30]

The twins attended Glenwood School in Winnipeg, with David then attending R.B. Russell Vocational High School, from the age of 14. He eventually ceased attending the school and was tutored privately.[15]

By the age of 13 years, Reimer was experiencing suicidal depression and he told his parents he would take his own life if they made him see Money again.[31] Finally, on 14 March 1980, Reimer's parents told him the truth about his gender reassignment,[32] following advice from Reimer's endocrinologist and psychiatrist. At 14, having been informed of his past by his father, Reimer decided to assume a male gender identity, calling himself David. He underwent treatment to reverse the reassignment, including testosterone injections, a double mastectomy, and phalloplasty operations.[33][34]

Adulthood[edit]

Reimer worked in a slaughterhouse and then worked doing odd jobs.[35][36] On 22 September 1990, he married Jane Fontane and would adopt her three children.[37][38] His hobbies included camping, fishing, antiques and collecting old coins.[39]

His case came to international attention in 1997 when he told his story to Milton Diamond, an academic sexologist who persuaded Reimer to allow him to report the outcome in order to dissuade physicians from treating other infants similarly.[2] Soon after, Reimer went public with his story and John Colapinto published a widely disseminated and influential account[40] in *Rolling Stone* magazine in December 1997.[41] The article won the National Magazine Award for Reporting.[42]

This was later expanded into *The New York Times* best-selling biography *As Nature Made Him: The Boy Who Was Raised as a Girl* (2000),[43] in which Colapinto described how—contrary to Money's reports—when living as Brenda, Reimer did not identify as a girl. He was ostracized and bullied by peers (who dubbed him "cavewoman"),[7][44] and neither frilly dresses[45] nor female hormones made him feel female.

Death[edit]

In addition to his difficult lifelong relationship with his parents, Reimer experienced unemployment and the death of his brother Brian from an overdose of antidepressants on 1 July 2002. On 2 May 2004, his wife Jane told him she wanted to separate. On the morning of 4 May 2004, Reimer drove to a grocery store's parking lot in his hometown of Winnipeg[46][47] and shot himself in the head with a sawed-off shotgun.[48] He was 38 years old.[49] He was buried in St. Vital Cemetery in Winnipeg.[50]

Money never commented publicly on Colapinto's book or on Reimer's suicide before his death, although colleagues said he was "mortified" by the case.[51]

Legacy[edit]

For the first 30 years after Money's initial report that the reassignment had been a success, Money's view of the malleability of gender became the dominant viewpoint among physicians and doctors, reassuring them that sexual reassignment was the correct decision in certain instances.[52] Researcher Mary Anne Case argues that Money's view on gender also fuelled the rise of the anti-gender movement.[53]

Diamond's report and Colapinto's subsequent book about Reimer influenced[*clarification needed*] several medical practices, reputations, and even current understanding of the biology of gender. The case accelerated the decline of sex reassignment and surgery for unambiguous XY infants with micropenis, various other rare congenital malformations, or penile loss in infancy.[52][*verification needed*]

Colapinto's book described unpleasant childhood therapy sessions, implying that Money had ignored or concealed the developing evidence that Reimer's reassignment to female was not going well.[27]

The case has also been treated by Judith Butler in their 2004 book *Undoing Gender*,[54] which examines gender, sex, psychoanalysis, and the medical treatment of people with differences in sex development.

Documentaries[edit]

The BBC science series *Horizon* based two episodes on his life. "The Boy Who Was Turned into a Girl" aired in 2000 and "Dr Money and the Boy with No Penis" in 2004.[17][18]

A 2001 episode of the PBS documentary series *Nova* entitled "Sex: Unknown" investigated David's life and the theory behind the decision to raise him as female.[55][56]

An episode of BBC Radio 4 *Mind Changers*, "Case Study: John/Joan—The Boy Who Was Raised as a Girl", discusses the impact on two competing psychological theories of nature vs. nurture.[57]

References[edit]

Footnotes[edit]

1. ^ Jump up to:[a] [b] Colapinto 2001a.
2. ^ Jump up to:[a] [b] Diamond & Sigmundson 1997.
3. ^ Harper 2007, p. 43; Rolls 2015, p. 133.
4. ^ Jump up to:[a] [b] Rolls 2015, p. 133.
5. ^ Colapinto 2001a, p. 10; Mann 2016, pp. 183–184.
6. ^ Colapinto 2001a, pp. 11–13.
7. ^ Jump up to:[a] [b] *"Health Check: The Boy Who Was Raised a Girl"*. *BBC News. 23 November 2010. Archived from the original on 31 December 2014. Retrieved 19 December 2014.*
8. ^ Rolls 2015, p. 134.
9. ^ *"David Reimer: The Boy Who Lived as a Girl"*. *CBC News. 10 May 2004. Archived from the original on 7 August 2012. Retrieved 5 July 2015.*
10. ^ Colapinto 2001a, p. 49.
11. ^ Mann 2016, p. 184.
12. ^ Colapinto 2001a, pp. 33–34.
13. ^ Colapinto 2001a, pp. 18–22, 39.
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20. ^ Colapinto 2001a, pp. 53–54.
21. ^ Marinucci 2010, p. 124.
22. ^ Colapinto 2001b, pp. 50–52.
23. ^ Colapinto 2001b, p. 119.
24. ^ Warnke 2008, p. 16.
25. ^ Walker 2010, p. 33.
26. ^ Jump up to:[a] [b] [c] [d] [e] [f] Colapinto 2001b, pp. 86–88.
27. ^ Jump up to:[a] [b] *Burkeman, Oliver; Younge, Gary (12 May 2004). "Being Brenda". The Guardian: G2. London. p. 2. Archived from the original on 25 June 2021. Retrieved 1 May 2010.*
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29. ^ Balthazart 2012, p. 25.
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31. ^ Colapinto 2001b, pp. 137–141.
32. ^ Eskridge & Hunter 2003, p. 127.
33. ^ *"Man raised as girl dies". CBC News. 10 May 2004. Archived from the original on 23 November 2020. Retrieved 23 July 2019.*
34. ^ *Woo, Elaine (13 May 2004). "David Reimer, 38; After Botched Surgery, He Was Raised as a Girl in Gender Experiment". Los Angeles Times. Archived from the original on 11 June 2019. Retrieved 23 July 2019.*

35. ^ *"David Reimer, 38; After Botched Surgery, He Was Raised as a Girl in Gender Experiment". Los Angeles Times. 13 May 2004. Archived from the original on 11 June 2019. Retrieved 23 July 2019.*
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43. ^ Koch 2017, p. 143.
44. ^ Karkazis 2008, p. 74.
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3. Video: 'The Monster behind the Gender theory' — The story of Dr. John Money and the Reimer Twins,

Published April 21, 2023, written by **Dean Smith**

https://opentheword.org/2023/04/21/video-the-monster-behind-the-gender-theory/

Dr. Jordan Peterson interviews Dr. Miriam Grossman about Dr. John Money (share this video).

For millennia, people have believed that we have only two sexes, and it is hard-coded into a person's DNA.

So where did the theory come from that sex is only a cultural norm or something that is learned, and that can people can change their sex?

The Money story

Well, much of that can be attributed to Dr. John Money (1921-2006), a psychologist and sexologist from Johns Hopkins University.

Dr. Money held the controversial view at the time, that sex was cultural and primarily learned. He believed under proper supervision you could change a person's sex, provided it was done before the age of two.

In the video above, Dr. Jordan Peterson interviews Dr. Miriam Grossman who explains the horrific story of Money's views and failed experiment to convert one of the Reimer identical boy twins from a boy to a girl.

Shortly after birth in 1965 in Winnipeg, Canada, the two boys were diagnosed as having a problem with their urethra and circumcision was recommended. However, because of a malfunction in the equipment, Bruce's penis was completely destroyed.

After watching Dr. Money being interviewed on TV, the Reimers turned to him about their son Bruce.

Money immediately took on the case stating that they should transform Bruce from a boy to a girl.

Being identical twins this was a perfect test of Money's theories, since both were genetically the same and would be raised in a similar environment.

Bruce's name was changed to Brenda and the family was told to never mention that she had been born a boy. The transformation included hormonal treatment and the surgical removal of his testes.

It also involved annual follow-up visits with Dr. Money at Johns Hopkins.

Money, who was writing and discussing his gender theories, began to cite the Reimer case without using their real names and stated that Bruce/Brenda's transformation to a girl was a complete success.

However, in fact, the reality was much different.

Between the ages of 9 and 11, Bruce/Brenda realized that she was a boy and by the age of 15 was living as a boy and changed his name to David. He would eventually marry and he and his wife adopted three children.

Though the Remiers were taking their children to visit Money annually, their children eventually refused to go. This is because Money was having private sessions with the two, and would force them to take off their clothes and perform sexual maneuvers on each other with Brenda taking the female role. Both children hated it.

Money even photographed some of these sessions in the name of research.

Wikipedia explains:

When either child resisted these activities, Money would get angry. Both Reimer and Brian recall that Money was mild-mannered around their parents, but ill-tempered when alone with them. When they resisted inspecting each other's genitals, Money got very aggressive. Reimer says, "He told me to take my clothes off, and I just did not do it. I just stood there. And he screamed, 'Now!' Louder

than that. I thought he was going to give me a whupping. So I took my clothes off and stood there shaking."[25]
Suffering from severe depression, in 2004, David committed suicide at the age of 38 in part due to a breakdown of his marriage and the death of his younger brother, who died of a drug overdose two years earlier.

For thirty years, which included citing the Reimer twins, Dr. Money had broadcast the success of his gender theories. According to Wikipedia, Money wrote over 2,000 articles and books/chapters and reviews during his career.

READ: David Reimer/Wikipedia **AND** John Money/Wikipedia
RELATED: 'I Was Immediately Affirmed': Detransitioner Says He Was Told He's A Woman On First Visit With Therapist
THIS ENTRY WAS POSTED IN: Culture, Main, Opinion, z433

TAGGED WITH: Bruce Reimer, David Remier, Dr. John Money, gender theory, Reimer twins

4. **Article by Alex Coppen, September 12, 2021, "Alfred Kinsey & John Money: Psychopathic, Serial Sexual Predators (15 minute read):**

   https://devilslane.com/alfred-kinsey-john-money-psychopathic-serial-sexual-predators/

You'd not be alone not knowing who these two people were, and there's a reason you don't. These "fathers of the Sexual Revolution" form the intellectual and supposedly moral basis of modern thinking around gender and sexuality. However, if you take a look at the men behind the ideas, what you find is so repulsive it would damage any reasonable person's adoption of them as orthodoxy.

Many of these men - such as paedophile rapist Michel Foucault - seemed to have been hellbent on using academic theory to justify their horrifying sociopathy and its ghastly sexual expression.

Update: if you want to know who inspired these monsters, check out the newer article on Magnus Hirschfield: https://devilslane.com/magnus-hirschfeld-the-fraudulent-reinvention-of-a-depraved-german-butcher/

Why Are These Men Important?

Before the 1950s, "sex education" was extremely controversial. Sex itself was somewhat private and taboo, mostly for understandable reasons further than Victorian prudence: venereal disease and unexpected pregnancy were lethal. The first lessons on sexuality were devised in 1919 communist Hungary by Georg Lukacs, Deputy Commissar for Culture in the

provisional Bolshevik Bela Kun government, whose publicly-stated mission was to remove the "roadblock" of religious morality.

Alfred Kinsey's bestselling hooks provided the foundation of the claims made for the "Sexual Revolution" and gay rights movements.

John Money's literature provided the foundation of revolutionary thinking on "sex change" and "gender identity".

The very idea the state or the education system should provide lessons on sexuality is the result of these people's ideas.

These men are to sexuality what Josef Mengele was to genetics.

Our modern, contemporary attitudes to sexuality and gender are based on the social sciences' academic laundering of these individual's so-called "groundbreaking" material. Money's notions of "gender roles" are accepted as gospel, as is Kinsey's "scale", due to political groups leveraging them as "evidence" for moral claims which become laws and curricula.

Their ideas are celebrated and constituted as Western "sex education" we take for granted as part of the topic list for schoolchildren.

As with all the social sciences, the corruption follows a similar modus operandi: these politicised "academics" started with the conclusion they wanted to reach, and made sure the methodology and evidence "proved" it.

Kinsey & Table 34: The "Spectrum" of Sexuality

Between 1948 and 1953, Alfred Kinsey, a zoologist at Indiana University, published two "reports" which are cited as "evidence" human sexuality is "fluid" and exists on a continuum scale. The first was composed of interview with 5,300 "men" (ahem) and the other, around 8,000 "women" (ahem).

- *Sexual Behavior in the Human Male* (1948)
- *Sexual Behavior in the Human Female* (1953)

Kinsey's work is cited as authoritative "evidence" on human sexuality, and popularised the contemporary belief people aren't necessarily born heterosexual, but vary in their disposition. His "Heterosexual–Homosexual Rating Scale" ran from 1-6 (1 hetero, 6 homo) with an additional classification of X (asexual).

In 1949, he testified before the California General Assembly's Subcommittee on Sex Crimes, urging them to liberalise sex offense statutes. He argued specifically for granting immediate paroles to suspected child molesters, and warned that societal "hysteria" does more harm

to children than the actual molestation: "*It is difficult to understand why a child, except for its cultural conditioning, should be disturbed at having its genitalia touched, or disturbed at seeing the genitalia of other persons, or disturbed at even more specific sexual contacts."*

What's most disturbing is who this man was and what his intentions were. We know now thanks to what you might call the outright harassment of him by a fundamentalist Christian campaigner Dr. Judith Reisman. Despite being a controversial character herself, the evidence form Reisman's investigations are startling.

Dr Miriam Grossman puts it this way:

"When I say that Kinsey was a deeply disturbed individual, it fails to capture the level of his psychopathology. I've been a psychiatrist for thirty years, and trust me, I've met some very strange people. I am not easily shocked.

But when I began to read Kinsey's official biography…what can I tell you? He was—please excuse the technical jargon—a real mental case.

Kinsey was afflicted at his core. He was a depraved human being, and his emotional illness expressed itself through his sexuality. He was consumed by a grotesque, debilitating obsession with a wide range of abnormal behaviors—I'll spare you the details, but I doubt very much that in all the 62 years of Kinsey's miserable life he knew even one day of what we would consider healthy sexuality."

The New York Times questioned his character extensively:

"If the field of sex studies owes its existence to Kinsey, the field of Kinsey studies owes its existence to James H. Jones , whose "Alfred C. Kinsey: A Public/Private Life" appeared in 1997, and Jonathan Gathorne-Hardy, who published "Sex, the Measure of All Things: A Life of Alfred C. Kinsey" in 1998.

Mr. Jones's book revealed that Kinsey had had affairs with men, encouraged open marriages among his staff, stimulated himself with urethral insertion and ropes, and filmed sex in his attic."

https://www.nytimes.com/2004/10/03/movies/alfred-kinsey-liberator-or-pervert.html

Another article is more explicit, quoting a documentary:

"He (describing Kinsey), circumcised himself with a pocket knife, without anesthesia. He encouraged his staff to have orgies with each other but warned them that they'd become desensitized due to the constant sexual activity/visual stimulation. He hired a film technician to tape his staff and other volunteers in "scientific" porn films. His book legitimized every form of sexuality, including bestiality."

Where it gets truly dark is McKinsey frenzied encouragement to 63 year-old paedophile Rex King, of whom he documented 17 hours of sexual crimes.

"Kinsey published much of King's data in "Sexual Behavior in the Human Male," where tables summarized ***King's attempts to bring to orgasm boys between the ages of 2 months and 15 years, in some cases over a period as long as 24 hours.*** *Kinsey attributed the data not to one source but to many. But in 1995 John Bancroft, who was director of the Kinsey Institute until this spring, discovered that all the data came from King."*

Kinsey's response to King about his documentation of young childrens' tears and convulsions while being raped as "evidence of orgasm" was stark: *"I commend you on the research spirit which has led you to collect data over these many years".*

Reisman's mantle was taken up by journalist Karolina Vidovic-Kristo, a Croatian immigrant to Canada angered by "sexual education" being adopted in her homeland.

"As the debate over sex education was heating up in Croatia, a country where 86% of the population identifies as Catholic, Vidovic Kristo found herself watching The Kinsey Syndrome and Kinsey's Pedophiles, documentaries exposing the horrors of Kinsey's research. These horrors include Kinsey paying pedophiles to rape children and time it with a stopwatch."

It beggars belief what this man was allowed to do.

"According to Kinsey's books, his published research, and the statements of his assistants in various interviews, not only was Kinsey's research flawed, but it was also criminal. Child sexuality research data was collected from the personal logs of several pedophiles – one in particular kept detailed diaries of over 800 sexual encounters with children, and even with babies as young as two months old. Kinsey also collected data and financially compensated fathers who were sexually abusing their own children. He even collaborated with infamous Nazi pedophile Dr. Fritz von Balluseck, who diarized his sexual abuse of hundreds of pre-adolescent girls and boys. At the trial of von Balluseck, the judge criticized Kinsey for not having reported these crimes to police."

It really was that bad. Infants as young as two months old. Kinsey claimed the children could enjoy this behaviour and practices such as incest could be beneficial.

"Kinsey's report reveals that one way the "subjects" defined an orgasm in their "partners" was marked by "violent convulsions of the whole body; heavy breathing, groaning, sobbing, or more violent cries, sometimes with an abundance of tears (especially among younger children)."

Infants aren't physically capable of orgasm. What is being described, and what Kinsey described in a 1954 episode of "Sexology" magazine is far simpler: child rape.

What were the consequences?

"Kinsey also presented his research as representing the average American man and woman. Yet to obtain his data during the war, many of the men he selected to represent the average male were prison inmates, many of whom were jailed for sexual crimes. Kinsey also included several hundred male prostitutes in his sampling. To collect data from married women, he broadened the definition of "married" to include any man who lived with a woman for a year, including prostitutes who lived with pimps.

As a result of his questionable "research," Kinsey made unbelievable statistical claims, including the following: 10-36% of men are homosexual; homosexuality, incest, rape, pedophilia, and even bestiality are normal, and 95% of men engage in these behaviors; 40% of married women are having affairs; 25% of married women are having abortions."

The consequences to Kristo were being nominated for "Homophobe of the Year 2013" by Zagreb Pride, and received death threats to her children.

Hugh Hefner liked it immensely though.

"Hefner boasted of being "Kinsey's pamphleteer," proud to bruit the often-cited Kinsey mantra: "fornicate early, fornicate often, fornicate in every possible way" (including bestiality, which Kinsey described in more tender language than he applied to human sex).

The Playboy Advisor's "Kinsey approach" urges college men to lean on Kinsey's work, because "You can prove almost anything with [it] … The idea is to bowl her over with the sheer mass of your statistics — all proving that simply everybody is enjoying sex this season. Losing her virginity will seem very unimportant compared to the fear of being different."

Kinsey is estimated to have victimised over 2000 children, directly or indirectly.

"The number of male infants and young boys observed undergoing sexual stimulation, as reported in the Male volume, is between 317 and 1,739 (seven girls were similarly tested). The child-subject totals may be calculated several ways, depending on the manner in which chart figures are tallied."

Kinsey claimed children were "sexual from birth" and it was "clear" that "the earlier" they are started on "sex education," the "more chance they will have" to supposedly "develop adjusted personalities and wholesome attitudes toward sexual behavior."

Sound familiar?

Money: "Sexual Orientation", "Sex Change", "Gender Role", "Gender Identity"

Meanwhile New Zealand born psychologist - another "sexologist" - had emigrated to the US and got his PhD from Harvard in 1952 with a thesis on *"Hermaphroditism: An Inquiry into the Nature of a Human Paradox."* Although he had a doctorate, John Money was a professor of pediatrics and medical psychology, but was not a medical doctor or psychiatrist. This, as

we will see, meant his detachment from biology and medical ethics became central to his "work".

In his lifetime, he received 60+ awards and published over 2000 pieces of writing. Like Foucault, another serial paedophile, he is a social science hero.

His obituary makes interesting reading when you consider the sophistry quoted today in social circles. Money's ideas make up the socially-accepted so-called armchair "academic" opinions found at fashionable Western liberal dinner parties:

"Dr. Money also theorized about the origins of sexual orientation, which he believed was attributable to a complex interplay of biological and environmental factors. In the early 1970s, he aided efforts to have homosexuality removed from the American Psychiatric Association's list of mental disorders, and he conducted some of the first research suggesting that gay-bashers were motivated by their own repressed homosexuality.

In 1985, he testified before Attorney General Edwin Meese's commission that pornography was not detrimental to minors. Even more controversially, he believed childhood sexual play was a necessary aspect of development, claimed that pedophilia was not always harmful to children, and urged that adolescents should receive explicit instruction about masturbation.

Dr. Money was married briefly in the 1950s, but soon divorced; he had no children and lived alone most of his life. An acknowledged bisexual, he had several discreet affairs with both men and women. In the 1970s, he championed open marriage and nudism."

In 1946, "reconceptualised" the term "sexual preference" to the neologism "sexual orientation", which we can find mindless agitprop outlets like Slate repeating verbatim: https://slate.com/technology/2013/06/sexual-preference-is-wrong-say-sexual-orientation-instead.html

In 1955, he posited six categories of six variables from his studies into hermaphroditism: so-called "assigned" sex, genitals, internal organs, hormonal/secondary, gonads, and chromosomes. Which is repeated by trans campaigners, verbatim.

In 1965, he co-founded the Johns Hopkins Gender Identity Clinic, funded in part by female-to-male philanthropist Reed Erickson, which performed the first sex reassignment surgeries in the United States. Again, Money was not a medical doctor.

In 1986 he defined lists of "abnormal love" under the umbrella term "paraphilias" to replace "perversions". "Philia" being Greek for "love".

In 1988, he attempted to confront mind-body dualism with a particularly daft concept of "bodymind" in "Gay, Straight, and In-between - The Sexology of Erotic Orientation".

Money is the founder of the idea sex and gender are somehow "disconnected" from one another and the "father of transgenderism". In 1988, he wrote:

"Because sex differences are not only genitally sexual, although they may be secondarily derived from the procreative organs, I found a need some thirty years ago for a word under which to classify them. That word, which has now become accepted into language, is gender. Everyone has a gender identity/role, one part of which is one's genital or genitosexual gender identity/role....the masculinity and/or femininity of your gender role is like the outside of a revolving globe that everyone can observe and read the meaning of. Inside the globe are the private workings of your gender identity."

His description of the "role" humans "perform" was:

"all those things that a person says or does to disclose himself or herself as having the status of boy or man, girl or woman, respectively. It includes, but is not restricted to sexuality in the sense of eroticism. Gender role is appraised in relation to the following: general mannerisms, deportment and demeanor; play preferences and recreational interests; spontaneous topics of talk in unprompted conversation and casual comment; content of dreams, daydreams and fantasies; replies to oblique inquiries and projective tests; evidence of erotic practices, and, finally, the person's own replies to direct inquiry."

As such, he is regarded as the progenitor of the terms "gender role" and "gender identity". A decade later, Judith Butler combined paedophile rapist Michel Foucault's idea of "body imprisonment" and radical neo-Marxism with these notions to establish "Queer theory" in her appallingly-bad book "Gender Trouble".

Money didn't keep his views as nuanced in public as Kinsey. To him, like the Gay Liberation Front, paedophilia (a "chronophilia") was merely "a love affair between an age-discrepant couple":

*"If I were to see the case of a boy **aged ten or eleven** who's intensely erotically attracted toward a man in his twenties or thirties, if the relationship is totally mutual, and the bonding is genuinely totally mutual, then I would not call it pathological in any way." (1991, Journal of Pedophilia)*

And if they were related?

"For a child to have a sexual experience with a relative, [is/was] not necessarily a problem."

According to HardLeftipedia:

"Money held the view that affectional pedophilia is caused by a surplus of parental love that became erotic, and is not a behavioral disorder. Rather, he took the position that heterosexuality is another example of a societal and therefore superficial, ideological concept."

Marxism has as one its core beliefs that capitalism as an "ideology" creates "surplus value" and "alienates" people.

Like Kinsey, mainstream outlets - even bad ones like Salon - examined his work, which also seemed to consist of a lot of time with (other) paedophiles:

"In a 1987 paper, Money claimed that he had been studying the use of the drug Depo-Provera (medroxyprogesterone acetate) with sex offenders at Johns Hopkins since as early as 1966, at which time the drug had not been approved for that usage. The uptake of his combination of drug therapy and "talking therapy" throughout the United States and Europe was intermittent, but not insignificant. Additionally, Money's interventions in debates about pedophilia, arguing that there is a clinical distinction to be drawn between "affectional pedophilia" and "sadistic pedophilia," and appearing ambivalently supportive of elements of the pro-pedophilia movement, led controversy to dog his reputation, a taint on his name that would become indelible once the outcome of the Reimer case was a matter of public knowledge."

*("Pervert or sexual libertarian?: Meet John Money, "the father of f***ology", 2015)*

The David Reimer "case" (aka John/Joan) wasn't just a file in a cabinet; a horror story of more immense proportions is hard to imagine. Rolling Stone immortalised it in an article, documentaries flowed; with the whole tragedy detailed infamously in the book "As Nature Made Him".

David was a Canadian Mennonite identical twin (ahem, Mengele) born in 1965. Both were diagnosed with phimosis (contracted foreskin) and prescribed circumcision. David's procedure went horribly wrong and he lost his penis. His parents took him to Money at Johns Hopkins after watching him on TV.

Like Mengele, Money saw twins as an opportunity to test his theories about gender being a social convention alone.

At two years old, David underwent the world's first "sex reassignment" - being castrated and having the remains shaped into a "vulva". He was given the new name "Brenda". "Brenda" didn't think he was a girl. He was bullied and suffered beyond imagination.

What happened next was something out of a snuff film.

As one agitprop site puts it, underplaying their hero's sin for their readership:

"Reimer was shown pictures of naked adults to "reinforce Brenda's gender identity" and pressed by Money to endure more surgeries that would make him more feminine. Both of the twins would later accuse Money of making them pose in various sexual positions which, according to Money, was just another element of his theory that involved "sexual rehearsal play."

The actual details are far worse. Money was a Jekyll/Hide monster Reimer described as "torturous and abusive".

"During the twin's psychiatric visits with Money, and as part of his research, Reimer and his twin brother were directed to inspect one another's genitals and engage in behavior resembling sexual intercourse. Reimer claimed that much of Money's treatment involved the forced reenactment of sexual positions and motions with his brother. In some exercises, the brothers rehearsed missionary positions with thrusting motions, which Money justified as the rehearsal of healthy childhood sexual exploration. In his Rolling Stone interview, Reimer recalled that at least once, Money photographed those exercises. Money also made the brothers inspect one another's pubic areas. Reimer stated that Money observed those exercises both alone and with as many as six colleagues. Reimer recounted anger and verbal abuse from Money if he or his brother resisted orders, in contrast to the calm and scientific demeanor Money presented to their parents."

Or more bluntly:

"Some of the treatment involved David getting on the ground on all fours while his twin brother Brian placed his crotch up against David's ass and simulated fucking him by making thrusting motions. Money would also force David to lay down and spread his legs while Brian climbed on top of him.He showed David graphic photographs of a ***seven year old girl*** *giving birth."*

How does a seven year-old girl get pregnant, and why were these photos in this man's possession?

It stopped at 10 after the parents balked at a surgical "vagina". Those years were unimaginable. The mother attempted suicide. The father became an alcoholic and rarely spoke. The twin began using drugs and stealing.

"As early as a few months after the initial operation, at age 2, "Brenda" would angrily tear off her dress, refused to play with dolls, would beat up her twin brother and steal his toy cars and guns. "She" complained to her teachers and parents that "she" felt like a boy. "She" loved running and climbing and fighting and hated playing with dolls. "She" had no friends, and was constantly teased and ridiculed by classmates for "her" masculine looks and interests."

After two unsuccessful attempts to kill himself after a life of misery, David finally blew his head off in 2004 at the age of 38. His brother, who suffered from depression and schizophrenia, died from an antidepressant drug overdose in July 2002.

In what will seem eerily familiar now, Money said it was a total success, and slandered the patient and critics.

"Reimer's description of his childhood conflicted with the scientific consensus about sex reassignment at the time. According to NOVA, Money led scientists to believe that the John/Joan case demonstrated an unreservedly successful sex transition. Reimer's parents later blamed Money's methods and alleged surreptitiousness for the psychological illnesses of their sons, although the notes of a former graduate student in Money's lab indicated that Reimer's parents dishonestly represented the transition's success to Money and his coworkers. Reimer

was further alleged by supporters of Money to have incorrectly recalled the details of his treatment. On Reimer's case, ***Money publicly dismissed his criticism as antifeminist and anti-trans bias,*** *but, according to his colleagues, was personally ashamed of the failure."*

A sexual predator grotesquely mutilates a young boy, then slanders the people pointing it out as biased "phobes".

As the Intersex Society of America pointed out:

"As it turns out, Money was lying. He knew Brenda was never happy as a girl, and he knew that as soon as David found out what happened to him, David reassumed the social identity of a boy."

Because he *was* a boy, and there was no "Brenda".

Money's successor at Johns Hopkins, Fred Berlin, - the most ardent apologist for pedophilia alive today - has a picture of Hitler on his wall: https://www.chronicle.com/article/the-professor-of-horrible-deeds/ .

You Will Know An Evil Tree By Its Evil Fruits

No reasonable human being can read Kinsey and Money's stories and fail to understand what was underneath them was an appalling evil. These men weren't just sick; they were voyeuristic, depraved, and macabre. It's so simple a child can perceive who they were, what they did, and why.

This is Mengele "science". It has been, and always will be. Somehow, it has emerged as fashionable on Twitter.

These men were evil. Both Alfred Kinsey and John Money, joint fathers of the "sexual revolution", were committed, sociopathic paedophiles. Social science "scholars" can dress it up all they want and even label their legacies "complex", but the simple truth is making children perform sexual acts for your own gratification or ends is paedophilia. Sexual abuse, plain and simple.

5. **Journalist Hannah Barnes on the inside story of the collapse of the Tavistock's gender identity clinic:**

   https://www.wbur.org/onpoint/2023/03/09/the-inside-story-of-the-collapse-of-the-tavistock-gender-service-for-children

Transcript of Interview: March 09, 2023, By: Jonathan ChangMeghna Chakrabarti

LONDON, ENGLAND - JULY 29: A general view outside The Tavistock Centre on July 29, 2022 in London, England. The Gender Identity Development Service (GIDS) clinic at Tavistock and Portman NHS foundation

trust in North London is the UK's only dedicated gender identity clinic for children and young people. It is set to close after an independent review criticised its services. (Photo by Guy Smallman?Getty Images)

The United Kingdom’s only dedicated gender identity clinic opened nearly 35 years ago.

In recent years, those inside the clinic began to raise concerns.

After a scathing independent review, the National Health Service decided to close the clinic.

Today, On Point: Journalist Hannah Barnes tells us what happened.

Guests

Hannah Barnes, investigations producer at BBC Newsnight. Author of Time to Think: The Inside Story of the Collapse of the Tavistock's Gender Service for Children. (@hannahsbee)

Also Featured

Dr. Anna Hutchinson, clinical psychologist based in London who was part of the Gender Identity Development Service (GIDS) senior team from 2013 to 2017.

Dr. Marci Bowers, OB/GYN who specializes in gender affirming surgical care. President of the World Professional Association for Transgender Health (WPATH)

Jamie Reed, clinical research manager and former case manager at The Washington University Transgender Center at St. Louis Children’s Hospital.

Read: Jamie Reed's affidavit to Missouri's attorney general. Her allegations have been denied by some families whose youth received care at the St. Louis transgender center.

Transcript

MEGHNA CHAKRABARTI: Until this past year, the Tavistock Gender Identity Development Service was the U.K.'s only center for treating children suffering from gender dysphoria. In March 2022, an independent report commissioned by Britain's National Health Service found that the type of care provided at Tavistock was, quote, 'Not safe or viable as a long-term option for the care of young people with gender related distress.' It also found that the center had not used customary control measures that are typically in place when new treatments are introduced. Nor had the center collected consistent data on its patients and treatments.

Following the report, the National Health Service decided to close the Tavistock Center and find a new model of care for gender questioning young people. Hannah Barnes is an investigations producer at Newsnight, one of the BBC's flagship television news programs, and she writes about what happened at Tavistock in her new book, Time to Think: The Inside Story of the Collapse of the Tavistock's Gender Service for Children. And she joins us today from London. Hannah Barnes, welcome to On Point.

HANNAH BARNES: Thank you so much for having me.

CHAKRABARTI: So when the Gender Identity Development Clinic was first opened in London in 1989, what was its original mission?

BARNES: Its original mission was to provide a space for a very small group of very distressed children and young people to talk about the difficulties they might be having with their gender. So originally, [it] opened at another London hospital, but really in those early years we were talking a couple of handfuls of young people each year. I think actually there were only two in the first year. And it provided a space for young people in their families to go and talk about what they were going through.

The idea was always that it wouldn't aim to change a young person's gender identity but would help them tolerate the distress they were experiencing. Tell them that they weren't alone, that there was nothing wrong with them. Sort of break down stigmas, really provide a safe space, if you like, and predominately provide talking therapies for this very small number, but albeit some of them very distressed children.

CHAKRABARTI: That's why in the book you emphasize that its original mission was to support gender identity development versus change.

BARNES: Exactly. Exactly. And that that aim continued through to the present day.

CHAKRABARTI: Okay. But so then how what how small of a percentage of young people are we talking about that were seen at the service in the early days?

BARNES: It's difficult to know in terms of percentage of the population, but we're talking, you know, a handful of children per annum that were referred out of millions of young people here in the U.K. And at that time, the founder of the clinic, a psychiatrist called Domenico Di Ceglie, he would often talk to the press as we went into the 1990s, saying that the vast majority of these young people would come through their period of gender related distress and a small minority would indeed transition and live their lives as trans adults.

CHAKRABARTI: So then at around approximately 2005, if I remember correctly from your book, there was an internal audit done by the gender service center there. What did that internal audit find?

BARNES: So there are two things here. There was a report into the service in 2005. There was also an audit carried out in about 2000. So I can talk briefly about both of them, if that's helpful. So in 2000, by this point, the service had moved to its current home, the Tavistock and Portman NHS Foundation Trust. And really there was a request made that the trust wanted to learn a bit more about these young people that the trust was seeing.

What other difficulties might they be experiencing? How did they arrive at the clinic? What was happening to them? Basically. So a group, including Domenico Di Ceglie, they audited the first 124 young people that had gone through. So from 1989 to 2000, and they excluded the very current patients. And that showed that the vast majority of these young people absolutely were experiencing distress around the agenda. But actually, so much else besides. A large, very large proportion had been in care.

So not living with their parents or their immediate family, that was up to a quarter. A large proportion had experienced abuse, either physical or sexual. They experience depression, anxiety, all sorts of things. And what they found was that only a very small proportion didn't have any other difficulties alongside their gender distress. But I think what you were talking about in 2005 was that some concerns were being raised at that point within the service about how it was functioning.

And although puberty blockers, as we know them colloquially were available at that point, a young person had to be 16 here at that point. But there was still concern that some people were going forward for these interventions quite quickly. And in some people's eyes, without adequate assessment or talking beforehand. And the then medical director of the entire Tavistock Trust conducted a review, if you like. He spoke to endocrinologists; he spoke to people in the service in the wider trust. It was really thorough, and he called for lots of things.

He called for better data collection. He said, We don't really know any of the outcomes of the young people we've seen so far, even though we've been going at that point, what, 15, 16 years. He said, We need to collect outcomes on those who go forward for the physical interventions. We need to collect data on those who don't. We need to collect data on how the young people who do go forward for physical interventions are using that

time on the blocker. Is it that they're using it as time to sink and explore their gender identity or is something else happening?

And he identified this core, not disagreement, but sort of conflict, if you like, in the service surrounding the use of physical interventions, I suppose, and how quickly they should be provided. Who was responsible for it? Was it the mental health practitioners working in the service, assessing the young people, or was it ultimately the endocrinologists? All kinds of things. And Dr. David Taylor was the man who did the report. He made a number of recommendations, and frankly, none of them were really taken forward.

CHAKRABARTI: Well, in your book, you talk about how in this report by Dr. David Taylor, again, this is the 2005 review. That the pressure, he talks about the pressure to provide puberty blockers became much more intense around that time. Where was the pressure coming from?

BARNES: It was coming from all quarters, really. It was coming from trans support groups. Absolutely. But I think there's a danger that especially here in the U.K., that it's felt that all the pressure was coming from them alone, and that isn't the case. It was also coming from clinicians working with gender diverse young people in other countries, particularly in the Netherlands at that time. Some conditions in the United States as well.

And it was also, I'm told, coming from endocrinologists who obviously work with hormones in the body. And the pressure was saying, look, it appears at this moment in time the Dutch are doing this thing where they're using puberty blockers in very highly screened young people who have this distress around the gender. And it appears that it could be a good intervention. So why aren't you doing it? That was the message, really.

CHAKRABARTI: Well, and also around this time, there begin to be quite a significant rise in the number of referrals right to the Tavistock Gender Service in the U.K. We spoke with Dr. Anna Hutchinson, who Hannah, you spoke to extensively for your book, and she was part of the senior team at Tavistock between 2013 to 2017. She went on maternity leave shortly joining after joining the team. And then when she came back at the end of 2014, she had noticed that in that time the number of referrals for hormone blockers had rapidly increased.

ANNA HUTCHINSON: I'd have the referrals from the week on my desk and it was very visceral. The numbers are going up, you know, week to week. That pile of referrals would be getting more remarkably larger. So there was a sense of everybody was really busy trying to keep on top of the deadlines. At that time, we were aiming to see all young people within 18 weeks and the team was just really running around trying to meet young people on time.

CHAKRABARTI: So that's Dr. Anna Hutchinson. Hannah Barnes, If you could sort of summarize, there was also a growing chorus of concern coming from practitioners within the clinic at this time. What were those concerns?

BARNES: So what had happened at this point is because of the pressure that we spoke about before coming from all quarters, GIDS, the Gender Identity Development Service ... had started a research study to say, well, look, let's test this out for ourselves. Are the puberty blockers beneficial to a selective group of young people?

And in 2014 they rolled out the early blocking of puberty as policy anyway, without waiting for that data. So that's the context. So you've got the wider availability of puberty blockers at younger ages. And that point there was no actual lower age limit. It moved to a stage of puberty rather than age. And you had these referrals that Dr. Hutchinson speaks about really increasing at a very, very rapid rate.

And in 2014, in fact, they were sticking to that 18-week target. But as we went into 2015, that was the year that referrals actually doubled. And so, they'd been increasing at 50% per year from 2009. They absolutely rocketed in 2015, they doubled. And at the same time, more and more young people were wanting this medical intervention. There was pressure on them to provide it. They were trying to get through the numbers. Caseloads were absolutely exploding. And a single clinician might have 100 families on their individual

caseload. And to put that into some context, that would compare to, I'm told, around 20 to 30 in any other regular National health service setting.

CHAKRABARTI: Hannah, as you well realize, you're speaking to a largely U.S. audience in this program here. And as I'm sure you know, the political situation around the issue of care for gender questioning youth, the political situation in this country is extreme, to the point where the trans community legitimately has fears, existential fears. So I wanted to ask you briefly for all that you spoke with many, many clinicians who worked at the Tavistock Center. Were any of them, you know, even questioning the existence of trans identities, or did they have some kind of, you know, political concern? What was their approach to the whole issue of gender questioning youth?

BARNES: No, absolutely not. And thanks for giving me the opportunity to say that, because really the motivation for these clinicians speaking out and raising concerns over many, many years, both within the service and then outside of it, was really the care of these young people who were often very vulnerable and very distressed. And what they were saying was just as there appeared to them to be different ways, perhaps into a young person's gender related distress, then perhaps there needed to be different ways out of it.

And they were seeing with that increase in referrals, a sort of increase in the complexity of the young people coming forward too, and often they were contending with so much more besides the gender identity difficulties. And that's what was really worrying these clinicians. And at no point will they ever questioning these young people's identity or that trans people exist. Of course they do. And that's absolutely not anything that is questioned in the book. And I've spoken to trans people, their stories, their successful transition stories are in the book, too.

It's just that it was felt that the way the Gender Identity development service was practicing was risky and that perhaps a one size fits all approach, a referral for puberty blocking medication, wasn't the safest route, nor the best one for each and every one of those young people, both for whom you know it will benefit. And we have to provide the best care for them. And we also have to provide care for those for whom it won't.

CHAKRABARTI: Okay. So we spoke with Dr. Hutchinson, who we heard from earlier. We'll hear a little bit more from her in a moment. But we also spoke with Dr. Marci Bowers. She's a leading OB-GYN in gender affirming surgical care. And Dr. Bowers is also the president of the World Professional Association for Transgender Health. And she told us that what happened at the Tavistock Clinic, in a sense, shouldn't have been a surprise because of that really big spike, that increasing demand for this kind of service.

MARCI BOWERS: Like anything that expands rapidly, sometimes we see health systems overrun and this is the case as it is in Tavistock. They saw referrals rise. I think they were like 250, in I believe it was 2012. And then in the last two years, they were over 5,000 referrals for gender related care.

CHAKRABARTI: We'll hear more from Dr. Bowers a little later in the show. But on that point of trying to manage that massive rise of referrals, here's Dr. Anna Hutchinson again, who worked at the Tavistock Center. And she told us, she told you as well, Hannah, that for some young people in their families, once they were on hormone blockers, they would actually disengage from the service, no longer come to Tavistock. But for others who wanted to explore potential consequences of continuing to cross-sex hormones:

HUTCHINSON: We as a service weren't providing any therapeutic space to explore identity once the young people were on the blockers. So I was beginning to really worry. The blockers themselves were possibly and inadvertently shutting down options rather than opening them up.

CHAKRABARTI: Dr. Hutchinson also talked about concerns over the lack of data being collected on the patients, and the services and their effectiveness that were being provided to young people. And she said that one piece of early data, in fact, did find that most people who were on puberty blockers had proceeded on to cross-sex hormones. And Dr. Hutchinson told us that concerned her.

HUTCHINSON: I was being asked to sign off on something and I wasn't sure it was in their long-term best interests. Because there wasn't the data there. But I was beginning to think, okay, so if a young person blocks

their puberty early in adolescence and then proceeds to cross sex hormones and maybe or maybe not surgery later on in life, and then it doesn't work out for them because, you know, some of these kids were telling us their identity was fluid. You know, we know that. My concern was, what would that be like for them? You know, it suddenly felt like we had to make a huge sort of cost benefit analysis.

CHAKRABARTI: So Hannah, help us understand how this happened, because as you said earlier, the the Tavistock Center's own internal studies and audits from 200, 2005 found that, you know, perhaps a very small percentage of young people would go on at that time to take puberty blockers and then cross cross-sex hormones. And then most of the other children coming to the center would have hopefully been able to access treatments to assist whatever their other core needs were. But it sounds like later on there was this rush to puberty blockers and then, as Dr. Hutchinson said, to cry onto cross-sex hormones. I mean, I don't quite understand how the Tavistock Center got caught up in all that.

BARNES: I think that's a really difficult question to answer definitively. But I think, you know, it depends who you ask. I mean, I've spoken to dozens of clinicians and they'll give you slightly different reasons. But I think there are a number of factors that explain how things went wrong. And I think it's difficult to deny that things have gone wrong. Partly it's about numbers, as Dr. Bowers said, but it really can't explain it all. And I don't think anyone I spoke to would say it was just that we had too many young people coming forward. Of course, those huge pressure as the numbers really increased very, very dramatically. But it can't just be put down to the numbers.

What happened was, as one would expect in sort of areas of medicine, when new data comes to light that questions the way you think and intervention is working, that should provide pause for thought. And I think what Dr. Hutchinson, what she told me certainly is when that data came back, that early data that showed that at that point, every single one of the young people who started on puberty blockers had chosen to go into cross-sex hormones, that kind of exploded this idea that the puberty blockers were providing time and space to think. Because, as she puts it in the book, what are the chances of every single young person with their very different needs and backgrounds given time to think, and all thinking in the same way?

And GIDS would counter that and say, well, these people that we chose were the ones that we thought were most likely to transition. So it's not surprising. And we picked those who were the most distressed and whose gender related distress was very lasting and had, you know, been going on for years. And we do very thorough assessments. But the difficulty with that is that I have clinicians who have spoken to me bravely, on the record, who say actually our assessments weren't always very good, they weren't always very thorough. They could be two, three sessions. And I've taken part in those. So it's just not the case that each and every one of those young people going forward for the blocker was subject to a very detailed assessment and had lifelong gender dysphoria.

And I think what you saw, what they did was they started to apply an albeit quite limited evidence base from these two early Dutch studies, which only allowed young people who had lifelong gender dysphoria, a very stable, supportive environment in which they lived and who was psychologically stable. They applied that to a completely different cohort of young people. And they didn't pause to reflect on what was happening. I think at the same time, not all of this was their fault. There was very limited oversight, if any, from the Central National Health Service that was commissioning them.

It's something that the independent review, which you referred to right at the beginning has commenting on, that this clinical approach has not been subjected to some of the usual control measures that are typically applied when new or innovative treatments are offered. That just didn't happen here. And a further aspect was the GIDS would say that they were only there. Their job, if you like, was to tackle and addressed a young person's gender difficulties. All the other things that they might be struggling with at the same time should have been dealt with by local mental health services and that didn't happen. And that's because those services themselves were completely overwhelmed. They had their budgets cut.

So there was a whole host of reasons why the model wasn't working. And as Dr. Hutchinson said in one of those clips, not only was the rationale for the blocker exploding in terms of everyone was thinking the same way. But actually GIDS didn't provide any opportunity for those young people to use that time to actually

explore their gender identity. Rather than increase the number of appointments. They became very few and far between. And as she said, people would skip them, so they might only check in twice a year.

CHAKRABARTI: Now I want to just clarify something for people who aren't familiar with it, because you mentioned this Dutch study, which it comes up rather frequently in discussions about care for gender questioning youth. The Dutch study was one that was done, I believe the cohort was mostly people who were born male. And then as you specified, they had long term gender dysphoria or gender questioning, mental status, and no other concurrent mental health issues. And it's that group of young people then who were put on puberty blockers and later on, I believe, cross-sex hormones as well, and had largely positive outcomes, correct?

BARNES: Correct. I mean, there were girls as well. I think the majority were male, but not the overwhelming majority. And you're right, these Dutch studies, these formed the basis really of all gender, affirmative medicine, pediatric medicine taking place across the world today in gender clinics, both in the United States, here in the U.K. and in the rest of Europe. And those young people had to be screened in the way that I've suggested, but also, they received ongoing talking therapies at the same time.

And those studies themselves ... they're not the be all and end all. They're the best that we have in terms of longitudinal data. We're awaiting actually an update on those very first group of young people who receive puberty blockers, then cross-sex hormones and then surgery. And those are the criteria. So actually, there were two studies of the same group of people, but we lost 15 out of 70 by the time we got to the second one, one of whom actually died tragically during gender reassignment surgery.

And a close look of those studies really calls into question how robust they are. But, yes, so this arguably limited evidence base has been used as the basis for gender affirmative care in young people. But it did apply to quite a different group of young people than the ones we see today.

CHAKRABARTI: Right. And one of the key differences is all of the concurrent other mental health issues.

BARNES: But also sorry to interrupt, but also the fact that we have this, it's been witnessed in every single gender clinic across the world, this preponderance of females now. But not just females, but females whose gender related distress only started in adolescence or after the onset of puberty. And that absolutely was not the presentation of those young people in the Dutch study. And we're also applying this evidence base, if you like, to young people who identify as non-binary, as other gender identities. And again, there was no evidence for that whatsoever.

CHAKRABARTI: Hannah, I appreciate that clarification because it's an important part of the overall story and especially regarding what later on happened at the Tavistock Center. I want to hear a little bit more from Dr. Hutchinson, because, again, this lack of data, it comes up as a as a regular concern. And Dr. Hutchinson says that, in fact, there wasn't even clear evidence about ... the long-term outcomes of some of the procedures and medications that the young people were taking, about whether or not they were successful.

HUTCHINSON: Once they were referred to adult services or they left the service, or whether they left because they decided not to get on the medical pathway or any other reason, we didn't have data on any of those young people. We didn't have any outcome data. When I was there, we had only had the data of those who were within the service. And you know, what was striking about the early intervention study was that the patient satisfaction was high, but the clinical outcome measures were not particularly positive in terms of reduced distress or reduced dysphoria.

CHAKRABARTI: People like Dr. Hutchinson and others that you interviewed extensively for the book had been raising concerns internally for some time. But what finally triggered that independent commission that the NHS called for a couple of years ago?

BARNES: A number of things, I think. Dr. Hutchinson was one of ten members of staff who took their concerns to a then very senior psychiatrist at the Trust. He's now retired, called Dr. David Bell, and he wrote a report in 2018. And it was really when that was leaked to the media. And in 2019, and we heard some of these concerns

that were very, very serious, that clinicians had, really things started to sort of gain momentum. And we started looking at this for BBC Newsnight in 2019.

And our reporting certainly prompted a inspection of the service by the health care regulator in England, which then rated the service inadequate. ... Some court proceedings were instigated against the Tavistock by a young woman who transitioned, then de-transitioned called Keira Bell. And that really brought the world's attention on onto GIDS, if you like, in a way that never had been before. And it really highlighted this absence of data. And I think it got to the point where NHS England just couldn't avoid tackling it head on. They had to do something. And that's what led to the independently commissioned report.

CHAKRABARTI: Hannah Barnes, I had mentioned at the top of the show the independent report that was commissioned by the NHS, and I believe that an interim report was published in March of 2022 that found that the type of care provided at Tavistock was not a safe or viable long-term option for young people with gender related distress. This is the Cass report. So can you tell us a little bit more about what it found?

BARNES: Well, interestingly, it vindicated, I don't know if that's the right word, but it vindicated what so many clinicians had been saying for four years and who hadn't been listened to. So Dr. Cass acknowledged that there was an issue of what she called diagnostic overshadowing. So this was where a young person who may have multiple coexisting difficulties but who had gender related difficulties as well, once the word gender was mentioned, everything else got parked, if you like, it wasn't dealt with.

So she would call this diagnostic overshadowing. And she said this is just not good enough, that young people with gender related distress aren't being given the same amount of care and attention that any other young person would. She said this has got to change. She talked about a real lack of consensus amongst clinicians working in the service. She said there were completely different views within the staff group, some more strongly affirmative and some much more cautious when it came to the use of physical interventions. Again, this is something that clinicians have been talking about for four years and that might be problematic.

I mean, it's quite striking that in the leads that the site that GIDS had in the north of England, there were clinicians whose approaches, if you like, were deemed to be so incompatible that they couldn't work together with any given family, which is quite striking. Dr. Cass found that the service was providing a predominantly affirmative, non-exploratory approach, often driven by a family's expectations and how far or not, the young person had gone in a social transition prior to starting the service.

She found, as you've mentioned several times, that there had not been routine and consistent data collection in the service. And actually it was still difficult writing in 2022 for staff to raise concerns about the service. Now, she absolutely acknowledged, and I do throughout the book, and even the regulator who rated the service inadequate, acknowledged that the staff at the service care about these young people greatly. That has never been called into question. But one clinic dealing with the nation's distressed children could not work.

And there's been a temptation among some in the trans community in particular here to say that all that Dr. Cass said is that we need more services and we can't have one clinic. But I think really any reading of that report highlights a certain number of difficulties that the service is explaining. And she talks about the lack of evidence base as well, particularly for this cohort of young people that we're seeing in gender clinics across the world who are predominately female, whose gender related distress started in adolescence and who have multiple other mental health problems. And she said that's the group which are greatest in number, but actually for whom we hold the least data and the data we have is not persuasive.

CHAKRABARTI: And so as a result of the Cass report, the NHS decided to close down. I don't know if that's the right word, but --

BARNES: It's still open.

CHAKRABARTI: It's open.

BARNES: So that's why they decided to call it. Well, they decided that, you know, when one of the country's most respected and senior pediatricians says we need a fundamentally different service model, then the NHS has listened to Dr. Cass, and that's what they're trying to do now. So it made the announcement in summer 2022 that GIDS would close and be replaced initially by two. But the plan is to have more regional services, which would be far more holistic, if you like, in their approach, taking in all aspects of a young person.

And it's acknowledging the work that has been done as part of Dr. Cass's review, looking at the evidence base for both puberty blockers and cross-sex hormones. And what those systematic reviews have shown is that really the evidence base is wanting and it's not clear really the benefits and harms of those treatments and whether one outweighs the other. So going forward, and these new services are not ready yet. And the plan was to close GIDS in the spring and that isn't going to happen.

But the plan is that no one plans to take away, it seems, obviously the option of transitioning for young people. We talked about this really early on. It's not about denying health care, it's about making it better for each and every one person. But Dr. Cass has said, look, we have to plug these gaps in the evidence base, because they're big. And so the plan, it seems that we haven't heard the final details yet, is that puberty blockers will still be available to young people after a decent assessment, but they will have to be enrolled on a research program to try and get some better data.

It's long term data. And crucially, what Dr. Cass said and what these new services going forward will offer is different treatment pathways, because she has said that not one approach is going to benefit each and every young person experiencing gender related distress or gender dysphoria. And, you know, physical interventions for some. Yes, but that won't benefit everybody. And we need to care for those people, too.

CHAKRABARTI: Well, in fact, Dr. Marci Bowers, again, currently the president of the World Professional Association for Transgender Health and a leading surgeon, OB-GYN, in gender affirming care, she told us that she sees it very similarly. This is a moment sort of accelerated by the Cass report that we should encourage and allow an improvement in care for gender questioning young people. And here's what Dr. Bowers told us.

BOWERS: It's a supportive environment where ongoing evaluation continues. And if they meet certain criteria entering adolescence, at that point, a decision would be made as to whether or not they would be candidates to have puberty blocking. And we have to be mindful that ultimately it has to be informed consent and it has to be a volitional decision on the part of the child.

CHAKRABARTI: So that's Dr. Marci Bowers talking about what improved care for gender questioning young people ought to look like. Now, Hannah, if you could just listen along with me for a minute. We have to acknowledge that obviously, the question about what should care for young people entail is very, very, very urgent here in the United States.

And we recently spoke with Jamie Reed. She's a former case manager at the Washington University Transgender Center at Saint Louis Children's Hospital. And earlier this year, she used Missouri's whistle blower statute to raise public concerns about the care she saw children receive at the Washington University Center. And she closely tracked the cases of at least 600 children.

And some of her concerns mirror what we've been hearing about what was happening at the Tavistock Center, both reported by Hannah Barnes and in that independent review as well. Reed talked about a lack of consensus amongst care providers at the St. Louis Center about the best standards of practice for treating gender questioning youth.

JAMIE REED: The documents that I believe the doctors were working under were routinely cast aside and considered on some level suggestions. Which from a medical perspective felt like it was whatever the doctor decides at that day in time goes. And there was no operating framework or guideline to provide this care.

CHAKRABARTI: Reed also says the Washington University Center lacked appropriate resources to provide comprehensive mental health care for its patients.

REED: The center provides some basic mental health medications ... for some patients, for depression and anxiety. But that's if you get scheduled with that certain provider. The system as a whole did not actually put in place the necessary care availability for patients.

CHAKRABARTI: And Reed says that while some patients may have received longer term mental health support for others, that was not the case.

REED: I do not believe that the quality standard of care to medicalize a child with interventions that are lifelong, that can impact their fertility for life, that the quality of care is two visits with a kid.

CHAKRABARTI: Now, Jamie Reed herself identifies as a queer woman. She is married to a trans man and says that she firmly supports trans rights and has previous experience working with trans youth in clinical environments. She says her concerns, though, were not taken seriously by leadership at the Washington University Center.

REED: Part of the problem with this kind of care right now is it's become ... this huge extreme thing where you can't say anything questioning this care without. I mean, I've basically been told that I'm going to be, like, responsible for children's deaths. You cannot question a care model, and that is not how medicine is supposed to work. Medical staff are supposed to be the people in the room with the doctors who see things going on and have the backup of the medical institution to be able to say, Hey, pause, timeout. Something's not going right here. Without being absolutely vilified. From every angle.

CHAKRABARTI: That's part of our conversation with Jamie Reed, and a longer version will be available in our podcast feed later this week. Now, following Reed's accusations, Missouri's Republican Attorney General Andrew Bailey launched an investigation into the facility at Washington University. And as a result, Washington University is not commenting. The St Louis Post-Dispatch and Missouri Independent have spoken with families who report positive experiences at the center.

... Now, Hannah Barnes, again, just to put a fine point on it, here in the United States right now, we're in a political environment where, you know, in some places like Florida there even, you know, the legislature there is considering violating people's First Amendment rights by banning preferred pronouns. We have other states in the United States, Tennessee, Texas, more who are contemplating making seeking care for gender questioning youth equivalent to child abuse.

So we have parents who are concerned about their children being taken away from them. So it does very much feel like an existential threat, as I said earlier, to members of the trans community. I'm wondering what the political environment around this issue of quote-unquote, gender affirming care is like in the United Kingdom.

CHAKRABARTI: Well, fortunately, not like that. No, I mean that's appalling, isn't it? And as Jamie Reed said, there so many things. You have so many parallels with what clinicians have said and have told me about their time at the Tavistock. And I think I hope that books like mine, that testimony like Jamie Reed's and like Anna Hutchinson and others, and of course, leading trans doctors themselves, like Marci Bowers in the position she has ... everybody working in this field really wants the same thing, which is the best care possible for each and every one of those young people.

Making transition as safe and positive as possible for those for whom it will be the right option, and preventing those for whom it won't be going down that path and making their lives better as well. And it's about having a calm conversation where you can question the standard of care being provided to a group of young people without questioning them themselves, without questioning their identity or their rights, and doing that without being vilified.

And for those concerns to be taken in the spirit in which they're intended, which is from concerned mental health practitioners or clinicians who have dedicated their entire working lives to helping young people, it's just not credible to write them off as transphobic. But we are fortunate here in the U.K., it's obviously very heated as well. But we don't have laws going through our Parliament or even proposed that pronouns shouldn't be respected, or that care be taken away.

CHAKRABARTI: ... I understand that you had trouble finding a publisher or even someone to do the cover art for your book, is that right?

BARNES: The cover art thing is a bit of a misnomer, but yes, it's been widely reported here in the U.K. that the proposal, which was very detailed in itself, and we'd been looking at this together my colleague Deborah Cohen and I for Newsnight for well close to two years. I wrote a 17,000-word book proposal and it was rejected by 22 publishers. And interestingly, the responses didn't they weren't negative. They didn't say, No, this is this is something we don't want to do. Just really this is an important story. But not for us.

And actually, almost half didn't reply at all, which I've been told by my very experienced agent is almost unheard of to get a rate of, you know, almost a half of norm responses. I mean, you'd expect 90% to reply. So it was, it was pretty demoralizing for a while. But fortunately, Swift Press ... did want to take it on and I'm delighted that they have. And it's a Sunday Times bestseller, so I'm really grateful to everyone that's read it and bought it.

CHAKRABARTI: And for the people who spoke with you both.

BARNES: Oh, absolutely. Yeah. There'll be no book without any of those people, and particularly the young people who went through. It's both those who had a great experience and are happily transitioned and those who didn't and frankly have been harmed and those clinicians as well. And I'm so grateful to each and every one of them.

6. Congressional Hearing, Rep. Dan Crenshaw Questions Medical Doctor About Gender Transition

https://www.washingtonexaminer.com/policy/healthcare/crenshaw-gender-transition-minors-hearing