

Pelosi's Equality Act Could Lead to More Parents Losing Custody of Kids Who Want 'Gender Transition'



U.S. Speaker of the House Nancy Pelosi (D-CA) answers questions during her weekly press conference January 10, 2019 in Washington, DC. (Photo by Win McNamee / Getty Images)

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Americans have long understood that children are best cared for by their parents. The state can only intervene in the family when there is demonstrable evidence of abuse and neglect.

This has long been established in our laws. But now, transgender ideology is silencing doctors and challenging the way courts define parental abuse and neglect.

Last year in Ohio, a judge removed a biological girl from her parents' custody after they declined to help her "transition" to male with testosterone supplements. The Cincinnati Children's gender clinic recommended these

treatments for gender dysphoria (the condition of being distressed with one's biological sex).

When her parents wanted to treat her with counseling instead, the county prosecutor charged them with abuse and neglect, while transgender activists and pro-trans doctors compared their decision to denying treatment for asthma or even cancer patients.

That all happened without federal legislation.

But now, one of House Speaker Nancy Pelosi's top legislative priorities, the Equality Act, could give the transgender community a vice grip over the medical profession. It could open the floodgates for lawsuits against doctors who don't fall in line with transgender ideology.

Politicizing the medical treatment of gender dysphoria could lead to more prosecutions against parents who refuse to aid in the sterilization of their children. As more doctors recommend that children take puberty blockers at age 11, cross-sex hormones at 16, and undergo "sex-reassignment" surgeries at 18, parents who resist could face charges of child abuse and lose custody of their children.

The tragedy in Ohio could be repeated in families across America.

Turning the Law Into a Sword Against Doctors

Do you think parents should remain a central part of decision making when it comes to medical care for children with gender dysphoria?

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The transgender movement wants to dominate the field of medicine, and to do so it is threatening doctors and hospitals with penalties.

Some states have already passed laws similar to Pelosi's Equality Act. In New Jersey and California, transgender activists have sued Catholic hospitals for "discrimination" on the basis of gender identity because they wouldn't perform sex-change surgeries for patients with gender dysphoria.

These lawsuits may seem preposterous, but they were enabled by state anti-discrimination laws that treat sexual orientation and gender identity as protected classes and health care facilities as public accommodations. The text of the Equality Act that was introduced in the 115th Congress does the same.

Pelosi's bill would add sexual orientation and gender identity to the 1964 Civil Rights Act, making hospitals and doctors across America vulnerable to costly litigation if they don't follow the medical recommendations of the transgender movement. It would turn anti-discrimination law—which was meant to protect disenfranchised minority groups—into a coercive sword to threaten doctors into submission to transgender ideology.

Does Transgender Ideology Make for Good Medicine?

Part of the reason some doctors resist transgender ideology is that it is incompatible with good medicine and would harm rather than help their patients.

The American Psychological Association's [manual of mental disorders](#) classifies gender dysphoria as a mental illness. Research shows that 75 to 95 percent of children with gender dysphoria who go through puberty without any transgender treatments actually become comfortable with their bodies.

But the transgender movement ignores these statistics, aggressively pushing for gender-dysphoric children to be treated with non-FDA-approved uses of drugs, even though side effects can include loss of bone density, decline of cognitive ability, and infertility.

Dr. Michelle Cretella, executive director of the American College of Pediatricians, describes it as "[institutionalized child abuse.](#)"

Transgender activists have already tried to silence doctors who warned patients about these dangers. The Human Rights Campaign—a leading LGBT group—devotes an entire website to trying to discredit Dr. Paul McHugh, the former lead psychiatrist at Johns Hopkins University Hospital who put a stop to the hospital’s sex-reassignment surgeries. McHugh says the surgeries were “fundamentally cooperating with a mental illness.”

Trans Activists Are Putting Children and Doctors in the Driver’s Seat

Transgender activists and pro-trans physicians often seek to exclude parents from the process of medical decision-making. Cincinnati Children’s Hospital’s [Transgender Health Clinic](#) says parents may be excluded from interviews because they might make their children feel uncomfortable asking questions.

Remarkably, this clinic has [deemed](#) 100 percent of the patients seeking care to be “appropriate candidates for continued gender treatment.” Even the Ohio judge who terminated one couple’s parental rights expressed “concern” at this astoundingly high approval rate.

Transgender advocates dismiss these concerns by sounding an alarm that gender-dysphoric children will be at higher risk of suicide if they don’t receive hormone treatment.

But the evidence suggests transgender treatments can actually increase the likelihood of suicide. A [study in Sweden](#) on adults who underwent sex-reassignment surgeries showed they were 19 times more likely than the general population to commit suicide after undergoing operations. This is particularly noteworthy because in Sweden, cultural support for those who identify as transgender is very strong, so social stigma is less likely to account for the suicides.

We should be particularly cautious with experimental treatments on children because the long-term effects of transgender treatments have yet to be seen. Even the Centers for Medicare and Medicaid under the Obama administration pointed out that “mortality from this patient population did not become apparent until after 10 years.”

Endocrinologist Dr. Michael Laidlaw also **warns** that the long-term harms to kids may not show up until years later when as young adults, they start asking: “How come I can’t have children at this point?’ Well, it’s because their fertility was destroyed by some combination of puberty blockers, wrong sex hormones, and surgery.”

And Dr. Stephen B. Levine, professor of psychiatry at Case Western Reserve University School of Medicine, **asks** the pertinent question: Are children really capable of comprehending the way that hormone treatments will alter their lives and render them unable to have their own children? There’s a reason we have informed consent laws—to protect people, like children, from being taken advantage of.

Expediting a Bad Trend

In this cultural and political climate, doctors and courts are more and more likely to seek to exclude parents from life-changing decisions about their children.

America has seen an explosion of “gender clinics” and diagnoses of “gender dysphoria” in just the past few years. In 2013, America had only three gender clinics. Today, there are more than 41. These clinics report 400 percent **increases** in children and teens identifying as trans.

The Equality Act would expedite this trend by giving the transgender movement a powerful legal weapon to drive medical consensus that could undermine the rights of parents.

As more parents wrestle with finding the most loving and helpful solutions for their children struggling with gender dysphoria, the government must support them—not undermine them. Parents must remain central to the decision-making process when it comes to the medical care of children suffering from gender dysphoria.

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