

COMMENTARY **Gender**

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Two bills in Congress introduce controversial sexual orientation and gender identity language that could have far-reaching consequences.

Congress is right when it considers policies that serve the most vulnerable Americans, particularly children and the elderly, who are most susceptible to abuse.

But such policies come under threat when controversial gender ideology is injected into the language of otherwise good legislation.

That's what is happening with two bills under consideration: the Stronger Child Abuse Prevention and Treatment Act and the Older Americans Act.

The sexual orientation and gender identity language in these bills threatens to elevate the political priorities of some at the cost of the safety, privacy, and liberty of many. It could obstruct the work of service providers in these fields as it already has in the areas of homelessness and foster care.

Moreover, such language could drive a wedge between parents and their children.

### Dangers of Sexual Orientation and Gender Identity Language

Recent debates in the House over the Equality Act highlighted some of the perils of adding the language of gender identity and sexual orientation into federal law.

Because of state laws that enshrine this language, medical providers are being sued because they do not support transgender activists' recommended medical treatments for gender dysphoria. These include the experimental use of hormones on children as young as 8 and double mastectomies on girls as young as 13.

There is vigorous debate in the medical community about the best treatments for gender dysphoria.

Some distinguished professionals **do not think** transition surgery is good medicine. Yet in 15 states, transgender activists have already succeeded in banning counseling that would allow parents and children to undergo a period of "watchful waiting" to see if children become comfortable with their bodies. This is unwise.

discomfort with their bodies, which can lead to mistaken beliefs about themselves and reality.

But, as [Ryan T. Anderson](#) has explained:

The most helpful therapies focus not on achieving the impossible—changing bodies to conform to thoughts and feelings—but on helping people accept and even embrace the truth about their bodies and reality. A sound understanding of physical and mental health [and] medicine [aims] at restoring health, not simply satisfying the desires of patients.

Studies show that 80% to 95% of gender-dysphoric children eventually grow out of their dysphoria and become comfortable with their bodies after puberty if there is no hormonal or surgical intervention.

Moreover, those who undergo sex-reassignment surgery commit suicide at 19 times the rate of the general population, and almost double the rate of transgender-identifying adults overall.

This high rate is not simply owing to a failure of society to accept transgenderism. Adults like [Walt Heyer](#) who suffered from gender dysphoria, and now regret having pursued sex-reassignment, say counseling saved them from suicide.

[James Shupe](#), who attributes his gender dysphoria to PTSD and other traumas, said the transgender community's medical recommendations endangered his life.

"It did not help me at all," Shupe said. "It destabilized my mental health, because I was living in a false reality. I was fighting my body. I was fighting society. I perfectly understand why this kills people and why there's such a high suicide rate. Society gets the blame. It's not society. It's the program itself that's killing us."

This "program" recently led a government agency in Cincinnati to charge parents of a gender-dysphoric girl with child abuse when they expressed a preference for counseling and [would not consent](#) to testosterone treatments for their daughter.

Similarly, in [Illinois](#), the state has mandated that its child welfare employees and prospective foster parents follow the recommendations of the transgender movement or else be disqualified from serving.

A prospective foster parent who wants to allow a gender-dysphoric child a period of “watchful waiting” will be weeded out of the prospective pool of families.

This move is especially misguided at a time when there are [17,920](#) children on the waiting list for foster families in Illinois (and more than 437,500 children nationwide).

### Putting Transgender Ideology Into Law

The House version of the Stronger Child Abuse Prevention and Treatment Act, or [H.R. 2480](#), which passed in May, would expand abuse-prevention outreach requirements to include “sexual and gender minority youth.”

The bill itself does not define the term, but references the Centers for Disease Control and Prevention’s [definition](#) of “sexual minority youth” that also includes the term “transgender.”

The Centers for Disease Control and Prevention’s use of the terminology of transgender theory adopts one side of the debate over the best medical treatments for gender dysphoria.

In addition to incorporating the terminology of the transgender movement, the Centers for Disease Control and Prevention cites one of the most powerful transgender lobbying organizations, the [National Center for Transgender Equality](#), as a resource. It openly promotes sex-reassignment procedures and supports litigation against those who hold a different view.

The National Center for Transgender Equality website states:

necessary transition-related care. ... For example, if a plan covers breast reconstruction for cancer treatment, or hormones to treat post-menopause symptoms, it cannot exclude these procedures to treat gender dysphoria.

This isn't dangerous for the activists, but rather, for people who suffer from gender dysphoria, including youth.

And new language in the legislation requires state governors who receive federal funds for child abuse prevention to ensure the state will integrate efforts with organizations that partner with "sexual and gender minority youth."

Medical associations, medical professionals, de-transitioners, biological parents, and prospective parents all stand to be harmed if federal law adopts the Centers for Disease Control and Prevention terminology and accepts the transgender community's recommended medical treatments for gender dysphoria.

If the bill passes the Senate with the same language as the House version, the federal government's treatment of vulnerable children and youth will be increasingly under the control of the transgender movement's political ideology.

But, as Princeton University professor Robert P. George states, "Changing sexes is a metaphysical impossibility because it is a biological impossibility."

Changes to law that require service providers to affirm sex-reassignment as the only valid treatment for gender dysphoria could ultimately reduce the pool of available providers and lead to greater harms to gender-dysphoric children and their parents.

### Research Being Ignored

To strengthen efforts to address child abuse, lawmakers should consider the [well-documented](#) and [widely-agreed upon](#) evidence on family structure.

The House version of the child abuse legislation draws on the most recent [National Incidence Study of Child Abuse](#) to make recommendations, including preference

But the legislation does not address the population that is statistically most at risk—children in unstable families.

Indeed, the bill seems to ignore the study’s findings on family structure, including that children living with a single parent and their unmarried partner were sexually abused at a rate nearly 20 times higher than children living with their married biological parents.

When lawmakers create conditions for service providers to partner with the government, they should rely on the highest quality and most reliable research, not on controversial political ideology.

Hopefully the Senate will give weight to the evidence that the research provides about family structure and incorporate this information into its public-private partnerships.

Doing so would go a long way toward empowering service providers, rather than [crowding them out](#) if they don’t assent to controversial new gender ideology.

### Legislation Could Backfire on the Elderly

The other community at risk is the elderly.

As Congress considers [modernizing the Older Americans Act](#), Sens. Michael Bennet, D-Colo.; Lisa Murkowski, R-Alaska; and Bob Casey, D-Pa.; have introduced the [Inclusive Aging Act](#).

This proposal would establish an Office of Inclusivity and Sexual Health within the Administration on Aging, as well as a new grant program to be carried out under that office.

The new grant program would follow the troubling trend of making transgender theory into a political litmus test that excludes some service providers, including faith-based ones, from participating in government-run programs, obtaining [licensing](#), or serving [communities in need](#).

unless they offer the full array of “sexual health services,” or that they have a “formal relationship” with organizations that assist LGBT individuals.

The legislation would establish an Office of Inclusivity, and only elder care providers who can prove they embrace LGBT ideology will be eligible for grant money.

In [California](#) and Murkowski’s home state of [Alaska](#), both faith-based and secular women’s homeless shelters are embroiled in litigation over whether transgender theory will override the sex-segregation of private facilities such as sleeping facilities and showers.

Similarly, the introduction of transgender theory into the elder care arena could complicate the work of facilities such as nursing homes that have sex-segregated private facilities.

### Letting Faith Groups Continue to Serve

These are the clear harms that could result if the government conditions efforts to care for the vulnerable on assent to controversial new political views about sexuality and sex differences.

Many in this nation are moved to care for the least among us because of their faith. Each year in America, an estimated 350,000 religious congregations operate schools, pregnancy resource centers, soup kitchens, drug addiction programs, homeless shelters, and adoption agencies that serve [70 million Americans](#).

The value of their services is estimated at \$44.3 billion annually. Religious organizations account for [40%](#) of the top 50 U.S. charities.

But if these organizations and others must accept beliefs about sexuality and sex differences that are opposed to scientific and medical knowledge and to their religious beliefs, they may not be able to continue serving. And without their contributions, the federal government may not have enough resources to serve the needy.

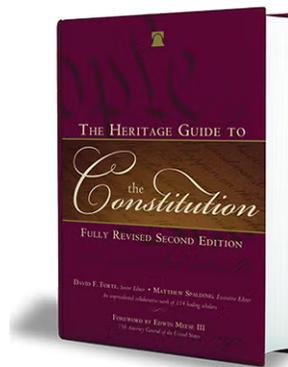
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