

The Echo Chamber

How affirm-only clinicians emotionally blackmail parents, influence US government policy & hinder debate about gender medicine

Note to those viewing the online PDF of this presentation:

There are many clickable links to public content. Hover over text and/or pictures to view/visit.

Brief history of 4thWaveNow

Founded: 2015



In 2014, there were..

- A few obscure feminist blogs (one stood out: GenderTrender, now defunct)
- A few detransitioners on Tumblr
- NO known parents questioning the affirm-only approach
- NO mainstream coverage, apart from heart-warming affirm-only family testimonials
- The magic of FTM transition: The voice, the beard, the flat chests...all over YouTube, Reddit, Tumblr

In 2014

- Searched for anyone, anywhere, who questioned their teen suddenly demanding testosterone & top surgery
- Found only one grieving mom commenting on an obscure website. She had learned about her daughter's full hysterectomy via a YouTube transition Vlog
- Yelling into the void
- If you build it, they will come—so we did, and soon enough, they came

From online support group to investigative citizen journalists

- 4thWaveNow: Best known for accuracy (“receipts”). First to expose the more extreme aspects of youth gender medicine.
- Much was hidden/not reported so...
- ...we set out to reveal what gender clinicians said and wrote when they thought only a supportive audience was paying attention, so...
- ...we cultivated informants at gender conferences & in online forums.

Now: 2023

- Too many to mention. Many are public, several are in this room
- And there are so many unsung heroes who *cannot* be public to protect their family relationships, their children's privacy, and more
- More mainstream media coverage
- Still: Very few know that the “standard” affirm-only protocol entails sterilization, impaired sexual function, and irreversible medical interventions

Now: 2023

(continued)

- Parents, parents everywhere, many forced to be anonymous/pseudonymous
- Many former support groups have embraced activism—schools are a particular focus
- Alternative professional orgs: Genspect, GETA, SEGM and more: Clinicians and researchers who understand how to tear apart a bad study

Just a *few* of the core issues

- The false binary: Suicide or transition
- Deleterious impact on sexual function, including adult anorgasmia
- Don't call it sterilization, it's a life-saving side effect
- Offspring for me, but not for thee: Trans activists who fathered children, but insist trans kids must be sterilized to survive
- The other social contagion: Affirm-only parents, pediatric packers, tucking underwear, & early-age medicalization
- Nonbinary transition, "nullification"
- Experimental nature of "affirmative care"
- Pre-gay kids, gay adolescents: Former Gender nonconforming toddlers
- Autistic kids and "ableism"
- "Minors don't get surgery"
- US Federal government involvement
- Media censorship by omission

The other social contagion: Affirm-only parents

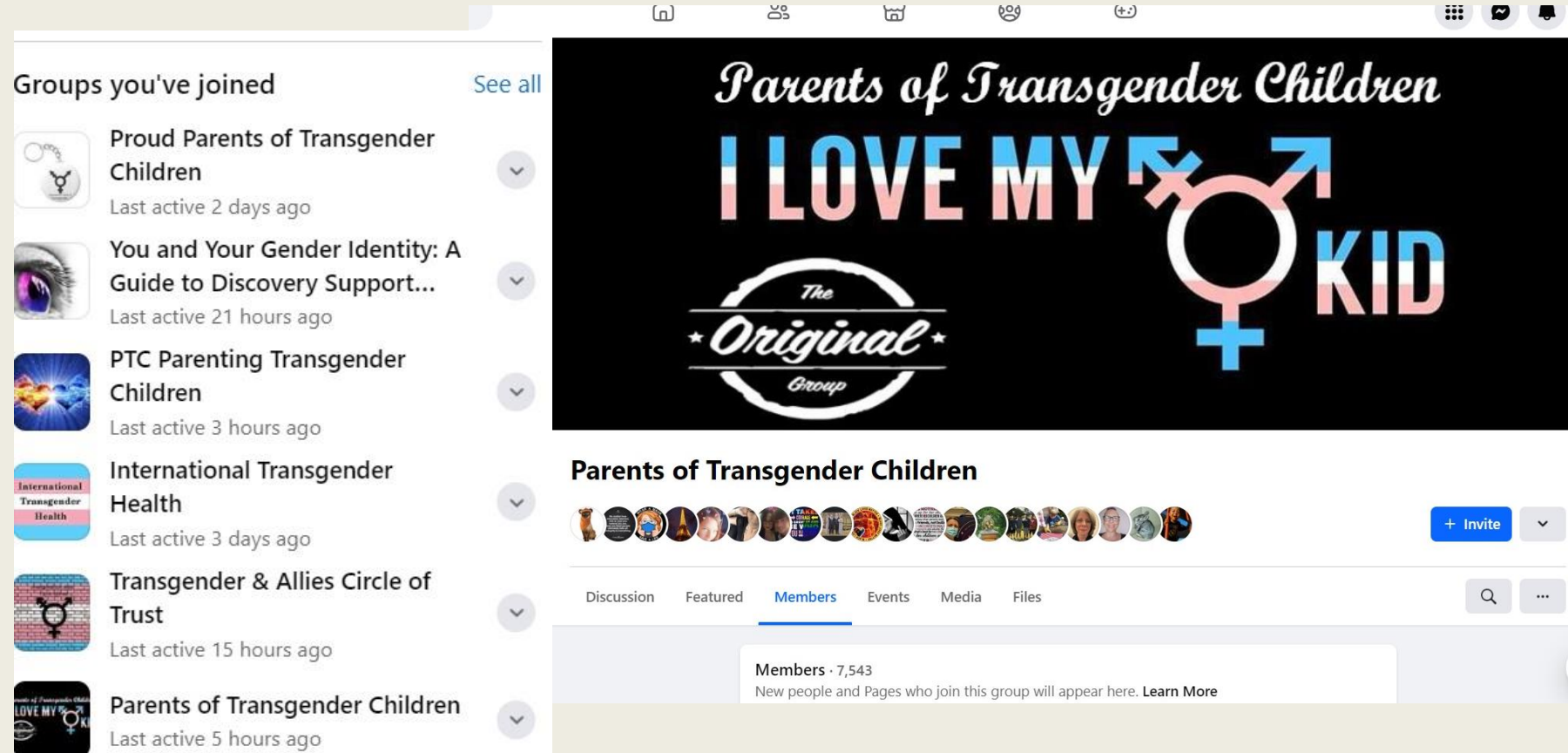
- **Affirm-only clinicians + extremist trans activists** emotionally blackmail parents and silence a **cowed media** with:
- Transition-or-suicide false binary choice →
- ...Terrified parents respond to the blackmail by “affirming” even their youngest gender-atypical offspring which leads to ... →
- ...medicalization & “social transition” that includes extreme behaviors like fake phalluses for little kids... →
- ...capitalized upon by predatory businesses like [TranzWear](#)

The other social contagion

“Affirm-only” parent groups

Screen shots from all private forums provided by 4thWaveNow informants

- Largest has 7.5K members
- Moderators include mother of child featured on *National Geographic* cover and in HBO documentary.
- Members include prominent trans activists, e.g., Jazz Jennings’ mother.
- [HRC has a large parent-advocate council.](#)



Not our enemies

- These parents & adults who transitioned as children ***fight just as fiercely for “affirm-only” as those of us who criticize the practice***
- They testify in court; write articles, battle on social media
- ***Is there a way to reach across the aisle?***



If you want to understand the “other side” see [“Becoming Nicole,” \(2016\)](#) with the Maines family & Nicole’s doctor

Bathroom ban violated transgender student's rights: court



Transgender student Nicole Maines, pictured in this June 2013 court hearing. Robert F. Bukaty / AP



Nicole Maines, 2014



Actor/activist Nicole Maines today

Pragmatism vs ideological rigidity

- Pandora's Box of underage medicalization cannot be fully closed
- There will be the Nicole Maines of the world, who (so far) appear to be leading fulfilling lives as young adults
- If the Amsterdam/Toronto/GEMS model were still the standard protocol (despite its flaws) we wouldn't even be in this room
- Desistance was once seen as preferable to medical intervention. Returning to this standard of practice is a reachable goal. Universal bans, not so much
- **Better: Emerging European model = More restrictions and assessment, criticisms of pediatric transition increasing, including from top gender clinicians**

Suicidality: Emotional blackmail on steroids

- The false-binary choice: “Suicide or transition” (aka the [41%](#) weaponization) has been tackled head-on by many of us, and we won’t let it go
- We CAN’T let it go, because it’s the trump card. The conversation stopper
- Pressure needs to be continually brought to bear on media outlets/journalists who helped create this fear-fueled social contagion amongst parents

You can have grandchildren...

...or an estranged (or dead) tween. Take your pick!



[Joel Baum of Gender Spectrum: Transition your kid or face the consequences. Santa Cruz, CA 2016](#)

Diane Ehrensaft on the BBC, 2018

They might change their minds but “they’ll be alive to regret it.”

Diane Ehrensaft
interviewed by
Louis Theroux,
2018



NBC Dateline, 2012: Reporter questions a middle schooler's capacity to forfeit adult fertility

Johanna Olson-Kennedy: "Well, they make the decision to kill themselves at 12 or 13"

NBC anchor Hoda Kotb (2012):

"It seems ridiculous to have a kid aged 13 or 14 deciding whether they want to have biological children."



4:59 pm · 26 Aug 2023 · 872K Views

Peddling the false “suicide or transition” binary is ongoing...

October 30, 2023
Sticker campaign,
Ontario, Canada



Mia ✓ @_CryMiaRiver · 1h

If you wanted to plant suicidal thoughts into the vulnerable minds of young people who believe themselves to be trans, I cannot think of a better way to do so than this stickering campaign in Hamilton, On.

Please, whoever you are, stop putting young people at risk in this way.



...as is the pushback against the false “suicide or transition” narrative

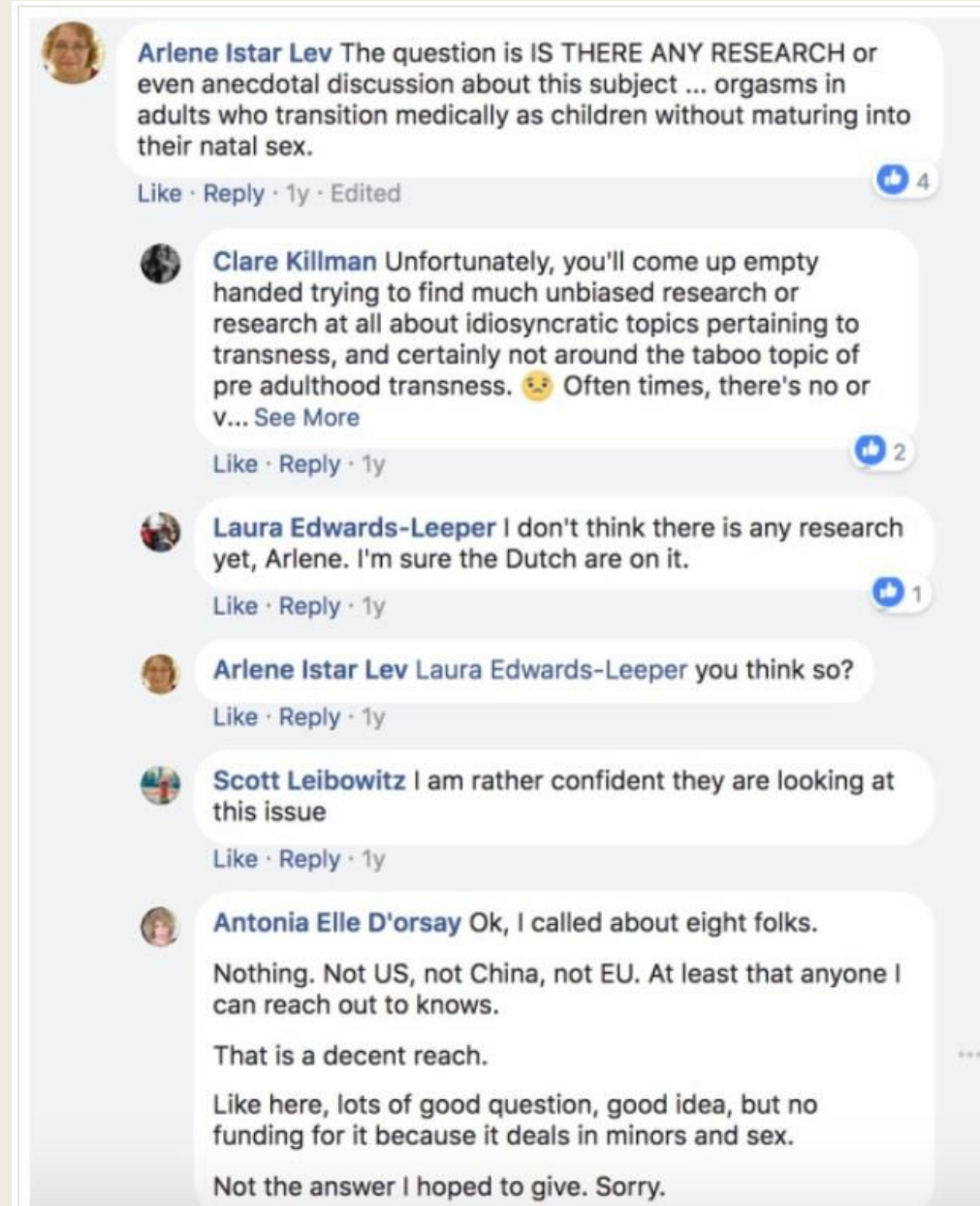
[Riittakerttu Kaltiala](#)

Finnish clinician who helped pioneer peds transition writing in *The Free Press*, October 30 2023

I am also disturbed by how gender clinicians routinely warn American parents that there is an enormously elevated risk of suicide if they stand in the way of their child’s transition. Any young person’s death is a tragedy, but careful research shows that suicide is very rare. It is dishonest and extremely unethical to pressure parents into approving gender medicalization by exaggerating the risk of suicide.

Will blocked kids have adult sexual function?

- International Transgender Health, Facebook: 2017
- *None* of the experts knew whether blocked kids would achieve orgasms in adulthood.
- [Jazz Jennings](#). On TLC “I Am Jazz.” Mom: **“Orgasms are like sneezes...I guess that's the only way to describe it to someone who hasn't had one.”**
- After we published [this piece](#), I emailed Thomas Steensma. He assured me blocked boys later had sexual satisfaction.
- I had to put a finer point on it: What about the Big O? He seemed a bit taken aback by the question, as if it hadn't really occurred to the team.



Will blocked kids have adult sexual function?

- [Marci Bowers bombshell](#), 2022:
“Every single child, or adolescent, who was truly blocked at Tanner stage 2 [by age 11] has **never experienced orgasm**. I mean, it’s really about zero.”



“Trans & Gender Diverse Policies, Care, Practices, and Wellbeing” (2022) Zoom session for clinicians, Duke University

Marci Bowers: Teach blocked “AMABs” to masturbate

The result? Affirm-only parents buy sex toys, discuss techniques

- Do adults (clinicians and/or parents) have the right to decide a minor’s sexual future?
- The media is AWOL, but affirm-only parents are well aware of what these clinicians say.

This thread ↓ → has been viewed nearly 1 million times on Twitter

4thWaveNow @4th_WaveNow · 9 Oct 2022
Thread:
Our source in one of the "affirming" parent groups thought we'd like to see the latest news. Top post: Moms discuss sex toys for their "trans girls" so they'll know how to orgasm before vaginoplasty. Author sterilized her child at 13. (blocked at 11, estrogen at 13) 1/

Parents of Transgender Children

September 11 at 4:22 PM · 🌐

***WARNING...TMI Mention of sex toys & masterbation

Someone seriously needs to design some trans female friendly sex toys. My almost 15 year old daughter (AMAB) expressed to me that she has been experimenting and doesn't want to stroke her penis like a cis man would to pleasure herself...brings her so much dysphoria... Sooo... since I'm a sex positive open communicative supportive mama I've been looking into other alternatives for her to pleasure herself with. I thought maybe a thin anal bead vibrator and a small vibrator wand, some lube and some sex toy cleaner might be a good start.

Any suggestions? She has had male puberty suppressed since she was 11 and is on estrogen since 13 so her bits has stayed pretty small.

52 43 Comments



Parents of Transgender Children

I've seen some wands that have attachments that would wrap around her penis so the vibration is completely around it. Not sure if that would be something she'd be more comfortable with or not. Also a vibrator that has a stronger vibration could be held against herself.

Like Reply 3d

PM me?

Like Reply 3d

I have no suggestions, but just wanted to say how amazing you are for having this open line of communication with her! My parents would have just laughed at and shamed me to death for talking openly about masturbation. You rock!

Like Reply 3d Edited

Yeah, this is next-level parental support--good on you! Hope you can find something that works.

Like Reply 3d

The group Did you fail sex ed or did sex ed fail you? (OG) May have suggestions!

Like Reply 3d

I wonder if a Flesh light would be a good idea, she wouldn't have to touch her penis at all.


Not just medicalization: Packers, tucking, & more

One-up-womanship on social transition

- Hundreds of such posts in the affirm-only parent Facebook groups, sharing tips and resources
- “Not *all* of them do this” [e.g. purchase rubber phalluses for preschoolers]
- Ok, but *none* of them really push back. Even mild questioning results in shaming at best, banning from the group at worst
- These parents are afflicted by their own social contagion and live in an echo chamber
- Once again: They are terrorized by “suicide or transition”

Packers for "the little guys"

Age 4 and up

4thWaveNow  @4th_WaveNow · 3 Jan 2020

Replying to @4th_WaveNow

18/ It's clear from the 50+ threads we received--from 2019 alone--that fake penises for "AFAB" kids is a growing trend with affirming parents. Many businesses have sprung up to meet the demand.

Will the **pediatric-packer** generation grow up to be happy trans men? Time will tell.


 Socks. Stuff a sock with polyfill (stuffed animal fluff, you can get it at Walmart) or other socks.

Like · Reply · 27w 

 <https://www.ravelry.com/pat.../library/drag-king-soft-packer>

 RAVELRY.COM
Drag King Soft Packer pattern by Andie Nordgren

Like · Reply · 27w 

 My kiddo made one from a condom and play dough. That didn't last too long before we got a real packer.

Accessed 10/30/23
Tranzwear, one of
several thriving
businesses that serve
affirm-only parents

Homemade phalluses: Socks and Play-Doh

[Archive](#)

[Tranzwear](#) > ["child"](#) > [Construction](#) > Best Boy Bump for the little guys



\$19.95

Best Boy Bump for the little guys

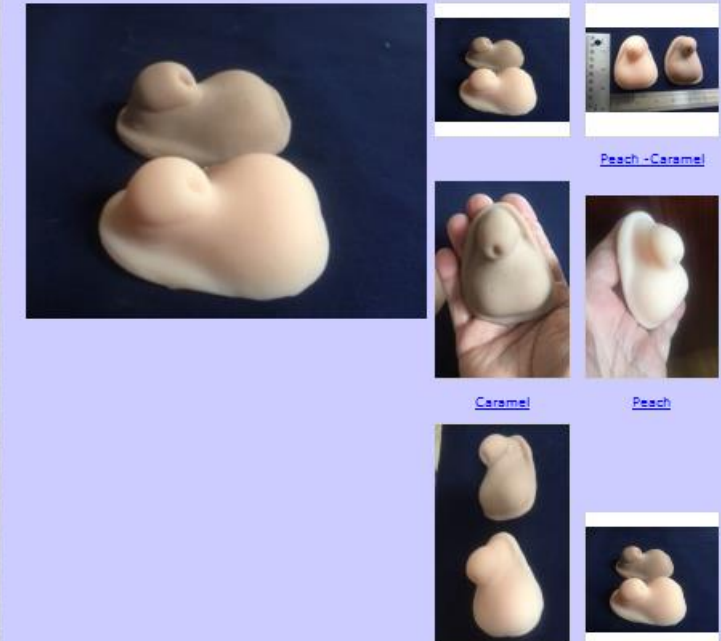
We have a new product made especially for the younger kids. This is made from premium platinum grade silicone, can be worn in underwear or swim briefs with a sewn in Jock Pocket pouch insert made especially to hold this little guy in place. This BestBoyBump allows your child to have a the age/size appropriate bulge without worrying about a larger packer or heavier silicone.

Color

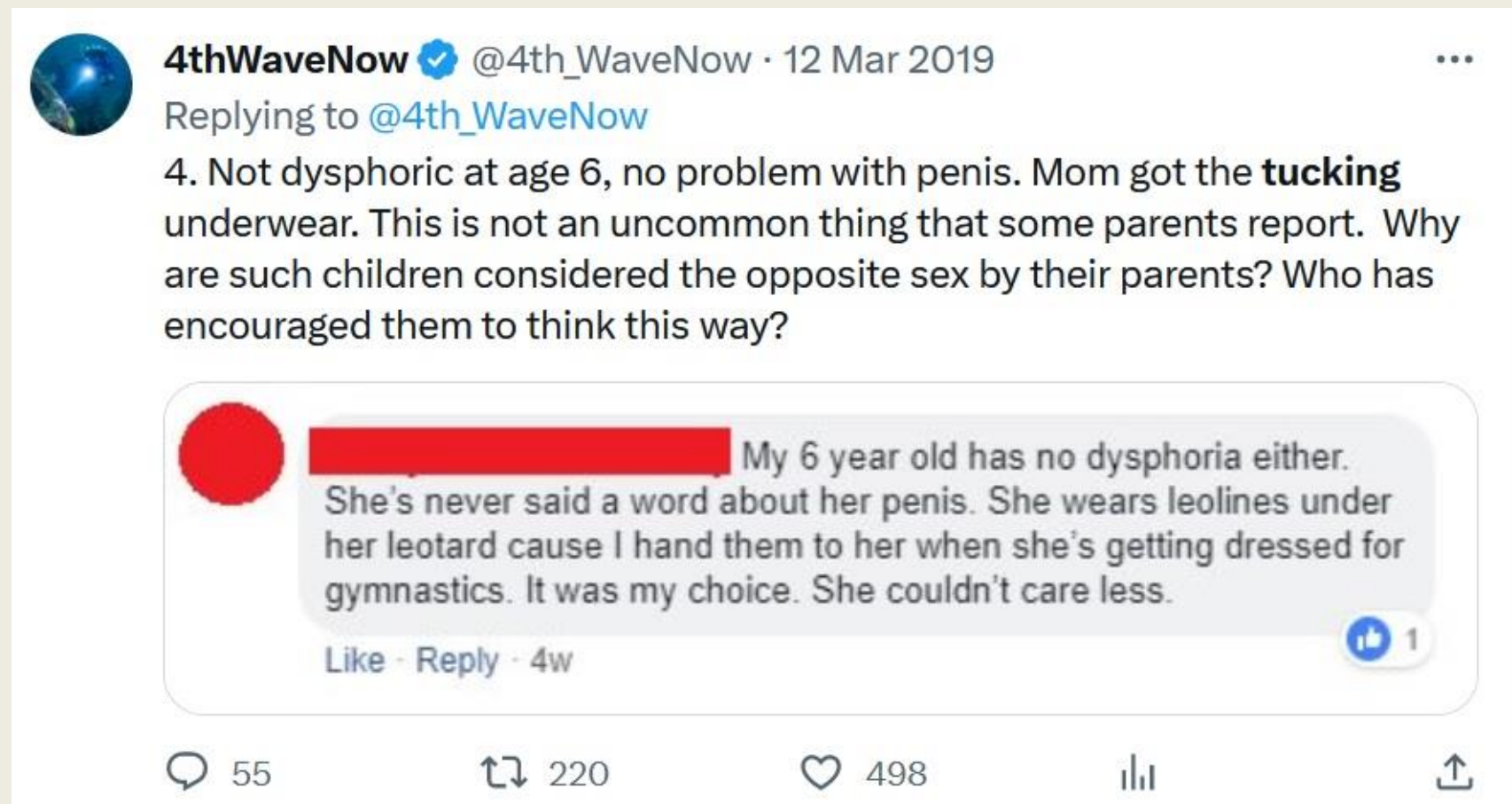
 [Have a question?](#)

[Add to Shopping Cart](#)

You can add boxers listed in the Parents category. Feel free to email us with any questions regarding this or any other product. When adding boxers we suggest 3 pair. One to wear, one in the drawer and one in the laundry.



Tucking for the kindergarten “girls”



Clinicians and “educators” →
Parents comply

“Never use duct tape”

Children’s Hospital, LA

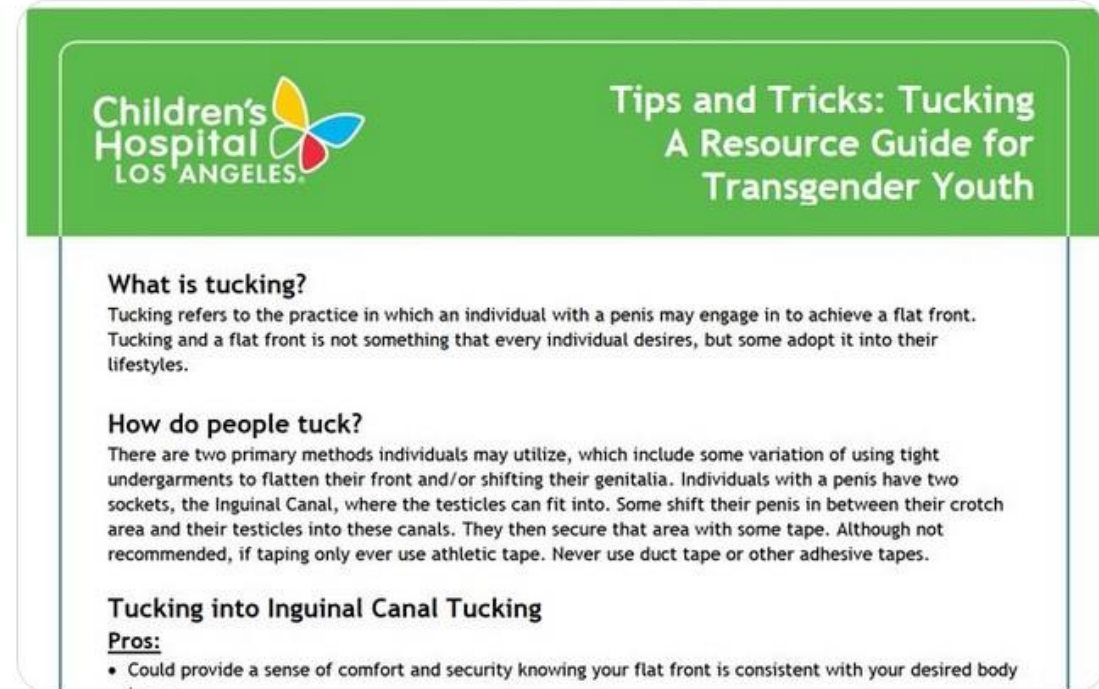


4thWaveNow  @4th_WaveNow · 15 Nov 2019

Children's Hospital Los Angeles, "Tips and tricks" parent handout on **tucking**. "Never use duct tape."

Page 2: "If on hormones, you may experience less pain in **tucking** into the inguinal canals because of the general shrinking of the testicles."

chla.org/sites/default/...



The screenshot shows a green header with the Children's Hospital Los Angeles logo on the left and the title "Tips and Tricks: Tucking A Resource Guide for Transgender Youth" on the right. Below the header, the text is organized into sections. The first section, "What is tucking?", defines the practice. The second section, "How do people tuck?", describes two methods. The third section, "Tucking into Inguinal Canal Tucking", includes a "Pros:" list.

Children's Hospital LOS ANGELES

**Tips and Tricks: Tucking
A Resource Guide for
Transgender Youth**

What is tucking?
Tucking refers to the practice in which an individual with a penis may engage in to achieve a flat front. Tucking and a flat front is not something that every individual desires, but some adopt it into their lifestyles.

How do people tuck?
There are two primary methods individuals may utilize, which include some variation of using tight undergarments to flatten their front and/or shifting their genitalia. Individuals with a penis have two sockets, the Inguinal Canal, where the testicles can fit into. Some shift their penis in between their crotch area and their testicles into these canals. They then secure that area with some tape. Although not recommended, if taping only ever use athletic tape. Never use duct tape or other adhesive tapes.

Tucking into Inguinal Canal Tucking
Pros:

- Could provide a sense of comfort and security knowing your flat front is consistent with your desired body


Ask the clinicians. Is *any* of this too much?

- Members of these parent groups *directly reflect* what we hear from the clinicians in their more private settings
- Has any clinician ever said: “Ms. Jones, yes, affirm your child, but ***sending your 4-year-old ‘AFAB’ to school with a rubber penis in ‘his’ pants is probably not a great idea***”
- Is there *any* mainstream journalist willing to ask the hard questions of the clinicians who are, ultimately, the source of these behaviors?

“Minors don’t get surgery!!!!”

Under-18 SRS: “Age is Just a Number”

- ["Age is Just a Number: Karasic and Milrod 2017"](#)
- Anonymized survey of gender clinicians, many of whom perform under-18 SRS, countervailing the WPATH 7 then-standard-of-care
- The "penultimate year of high school" is ideal for vaginoplasty because Mom and Dad can help with dilation schedule

  <https://pubmed.ncbi.nlm.nih.gov/28325535/>

> J Sex Med. 2017 Apr;14(4):624-634. doi: 10.1016/j.jsxm.2017.02.007. Epub 2017 Mar 17.

Age Is Just a Number: WPATH-Affiliated Surgeons' Experiences and Attitudes Toward Vaginoplasty in Transgender Females Under 18 Years of Age in the United States

Christine Milrod ¹, Dan H Karasic ²

Affiliations + expand

PMID: 28325535 DOI: [10.1016/j.jsxm.2017.02.007](https://doi.org/10.1016/j.jsxm.2017.02.007)

Wild West...cowboys and cowgirls

The “money is flowing” ...to “suck people in”

Ofentimes, a child in the United States comes in after or during their senior year in high school; they want surgery over the summer and they want to go off to a dormitory in September, in their first year of college, which is a disaster. And that is a more important situation than just the age of the patient. What is going on socially with the patient is more important than the age. (Surgeon 16)

I have found that it is very difficult when the patients have to transition once they are in college. ... Plus with their busy schedules and their busy lifestyles, it is very difficult for them to adhere to their dilation schedule. So the reason why I decided to operate on people younger than 18, is that I would prefer that they have their gender reassignment surgery done while they are still at home and their parents can help them adhere to their schedule until a significant period of time has passed so they will not compromise their results. I base it on very strong family support, very strong letters from their psychologist and their behavioral health therapist and that is really how I make the decision. You also need to take into account the maturity of the individual and whether they are at a point where they are mature enough to understand the seriousness of the surgery and the seriousness of adhering to all of the post-op instructions so that they maximize their results. (Surgeon 15)

Some surgeons viewed timing the procedure before college attendance as a harm reduction measure:

Don't wait for college—they're too distracted and busy to keep up with dilation schedule. Junior year in high school is ideal!

Among nearly all surgeons, the term *maturity* rather than specific chronological age defined the desired mental readiness criterion for undergoing vaginoplasty and participating in crucial postsurgical dilatation. Oberman³³ remarked that “maturity operates as a code word, invoked to permit minors access to treatments that society deems desirable, and to limit their access to treatments that carry the possibility of long-term negative consequences” [p. 127]. If the dedication to consistent dilatation represented a positive marker of mental maturity to the participants, the most significant psychological detractor was not being underage; rather, it was the looming problem of turning 18 and leaving home for college, becoming distracted by new experiences, and losing parental supervision of the long-term aftercare necessary for a final successful outcome. In fact, the penultimate senior high school year was considered the most ideal to undergo surgery, largely seen as a measure of harm reduction by the surgeons who had performed vaginoplasty on minors. Decreasing harm as a justification for transgender adolescent treatment has been previously acknowledged among different practitioners, with the vast majority endorsing earlier medical intervention to

Wild West...the “money is flowing” ...to suck people in.
[2017 article by Karasic and Milrod](#) (continued)

The term **Wild West** also was used by a few highly experienced surgeons who were alarmed at the absence of surgical standards and the ease of entering the subspecialty without any documented training. To remedy the potential influx of “a **bunch of solo practitioners, basically cowboys or cowgirls who kind of build their little house, advertise, and suck people in**” (surgeon 13), several participants called on the WPATH to assume a larger role in demanding more stringent professional requirements and contribute toward sponsoring fellowships and surgical trainings across the country.

...And now **all of a sudden because it's in the media, and really, the biggest reason for why everyone is doing it now, is the money is flowing. Because now insurance is paying.** And now these institutions have to have a program yesterday. And they are not doing it correctly, in my opinion. Seeing a week's worth of surgery—maybe for a mastectomy, or maybe for an orchiectomy, or some of these other surgeries that are closely related, but this surgery is very advanced. The complications have severe consequences on patients' lives and you can't learn it in a week. And that is what's happening; someone is going to see someone with a reputable name; they learn for a week, and they start doing them. **And that is completely unethical!**

*I believe that anyone who is performing vulvoplasty should have a fellowship training that is at least one year. It is going to be a rough period figuring that out, but I think we will get there eventually. I have seen horrific unethical practices by surgeons who lie about their experience and horrific results surgically as a result of that. **We are using transgender people as guinea pigs and the medical profession allows this to happen.** WPATH has the ability to have some teeth and regulate this more. But we don't.*

Denise Caignon for 4thWaveNow Genspect conference,
Denver, November 2023

“Top” & “bottom” surgeries for young teens

- Too many examples to count
- OHSU, LA Children’s, scores of other clinics
- Been going on for years
- 2016: San Diego 14-year-old (Mother now runs org which specializes in overturning insurance denials)

PEOPLE

The San Diego Union-Tribune

How a girl born at 2 pounds became a happy boy

BY PETER ROWE
APRIL 7, 2016 9:59 AM PT

[f](#) [t](#) [r](#)

Related Links

- [A Transgender Teen’s Journey](#)
- [Challenges Facing Transgender Teens](#)
- [PHOTO GALLERY: Sam’s Journey](#)

The night before his surgery, Rancho Bernardo’s Sam Moehlig woke up several times. “Then I’d see it’s 2 in the morning and go back to bed.”

He rose again at 4:30 for an early breakfast, his last meal before his 2 p.m. operation in a Thousand Oaks clinic. Going under the knife, the 14-year-old said later, “was kind of like a dream.”

2023: OHSU

Oregon Health Sciences University

- Orchiectomy at 15
- Vulvoplasty early (less invasive)
- “Most teens wouldn’t be able to maintain long-term post-op needs” with vaginoplasty
- Shades of “Age is Just a Number”



4thWaveNow
@4th_WaveNow

As we've seen before, "top surgery" (double mastectomy) on teens is fairly common. Sometimes covered by insurance, sometimes it's private pay. But how many know that gender surgeons are removing teen testicles and crafting fake vulvas out of micropenises for 15-16 year olds?

... Yes! We see Dr. Connolly and during our most recent visit, we learned that a vulvoplasty can be done sooner as it's far less invasive than a vaginoplasty and when the testes are removed, the need for a blocker ends. And then if/when the time comes, a vaginoplasty can be done. So two surgeries but most teens wouldn't be able to maintain the long term post op dilation needs with the vaginoplasty.

Like Reply 6h Edited

... thank you. We see her too. She's the best. Will discuss further at our next visit.

Like Reply 40m

... I have a 15 year old that really wants to have vaginoplasty done ASAP. I'm just wondering about long term and how it will affect her mentally and emotionally. My kiddo was 6 when we finally understand her and joined her on her journey. We are her biggest supporters. We always allowed her to be who she felt she was when she was younger and man to hear this young child tell us in her own words was unbelievable! We currently go to UCSF and get her blockers there and now she has her estrogen patches. Is this something they might have more information for us there to find out about?

Like Reply 6h

... we had the same discussion. Our daughter had her orchiectomy at 15 and at the time doc said its helpful to do it the year before college, if possible, due to recovery and dilation, if vaginoplasty.

Like Reply 54m

... We're in Michigan, and a friend of my kiddo's was able to get top surgery at 16. He paid out of pocket.

Like Reply 45m

... Successfully had top surgery at 17 covered after an initial denial. Appeal was done with assistance of this group. Highly recommend you reach out. <https://transfamilysos.org/>

TRANSFAMILYSOS.ORG

Welcome To TransFamily Support Services - Navigation for the Journey

Gender Spectrum conference, 2018

4thWaveNow informant recordings

- Kaiser-Permanente clinician says their clinic has performed “top surgery” on kids as young as 12 and vaginoplasty on 16 year olds
- This is the same conference where Dr. Olson-Kennedy made her infamous remarks that anyone regretting a mastectomy can “go and get” breasts later.



“Go and get” breasts later,

Dr. Olson-Kennedy tells future mastectomy regretters

4thWaveNow informant recording (.55 sec mark)



Sterilization

Blockers followed directly by cross hormones

- Human rights violation
- NOT A SECRET: Clinicians have been acknowledging it for years

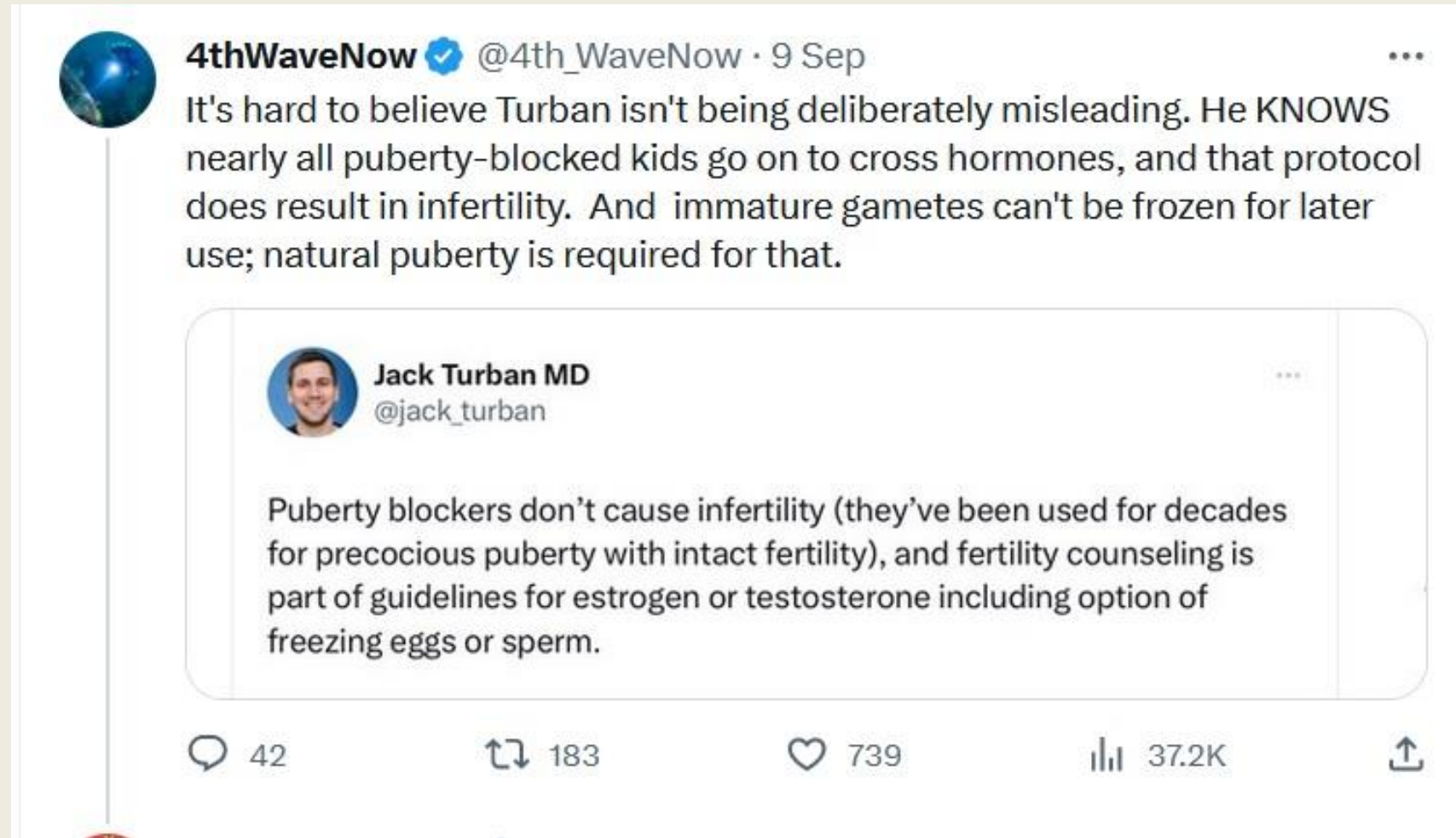
Ehrensaft (2016) claims sterilizing trans tweens is the same as chemo for a child who has terminal cancer. Claims parents only balk because of a selfish desire for grandchildren



Twisting the truth

One of many examples: September 2023

- Jack Turban, MD must surely know that immature gametes cannot be frozen
- ...and that nearly ALL puberty blocked kids proceed to cross-sex hormones



“Birth-assigned” puberty: necessary for future fertility

Seattle Children’s Hospital: “Fertility Preservation for Gender-Diverse Youth/Young Adults

Thread:

https://x.com/4th_WaveNow/status/1700686562239955093

Fertility Preservation For Gender-Diverse Youth and Young Adults

What is fertility preservation?

Gender-affirming hormones and some surgeries can make it hard or impossible to get pregnant or to make someone pregnant. Before starting these treatments, some people take steps to make it more likely to have biological children in the future. This is called fertility preservation.

Your care team at the Gender Clinic can talk to you more about this process, even if you are not sure right now.

When should I start?

We strongly recommend talking with your doctor about fertility preservation before starting hormone therapy. Starting early can make the process shorter and more likely to be successful.

If you want to preserve sperm or eggs, you must do so before having surgical removal of the testes (orchiectomy) or removal of the ovaries (oophorectomy).

What if I don’t want children or I want to adopt?

It is perfectly fine if you do not want children or are not sure yet. Some people change their minds about wanting to be a parent, so you might want to consider saving sperm or eggs just in case.

When asked, transgender adults say that they wish they had preserved their sperm or eggs, or wish that their doctor had at least talked to them about it.

There are other ways to become a parent without using your sperm or eggs, such as adoption, foster care, or choosing someone else to carry the pregnancy (surrogacy). Costs related to adoption can range significantly depending on if you choose private adoption or the public foster care system. Saving sperm or eggs can give you another option for having children in the future.

What if take puberty blockers?

You will have to stop your puberty blocker and go through your birth-assigned puberty for a period of time before you can store your sperm or eggs. Talk to your doctor at the Gender Clinic about if this will work for you.

What if I am already taking hormones?

It is possible to preserve sperm or eggs after starting gender-affirming hormone therapy. This varies from person to person, so talk to your Gender Clinic doctor about what would work for you.

- If you are taking testosterone: you will have to stop for at least a few months, and you will have to take different hormones for a couple weeks during the egg collection process.
- If you are taking estrogen or an androgen blocker (spironolactone): you will most likely need to stop taking both for a few months.

1 of 3

To Learn More

- Adolescent Medicine
206-987-2028
- Ask your child’s healthcare provider
- seattlechildrens.org

Free Interpreter Services

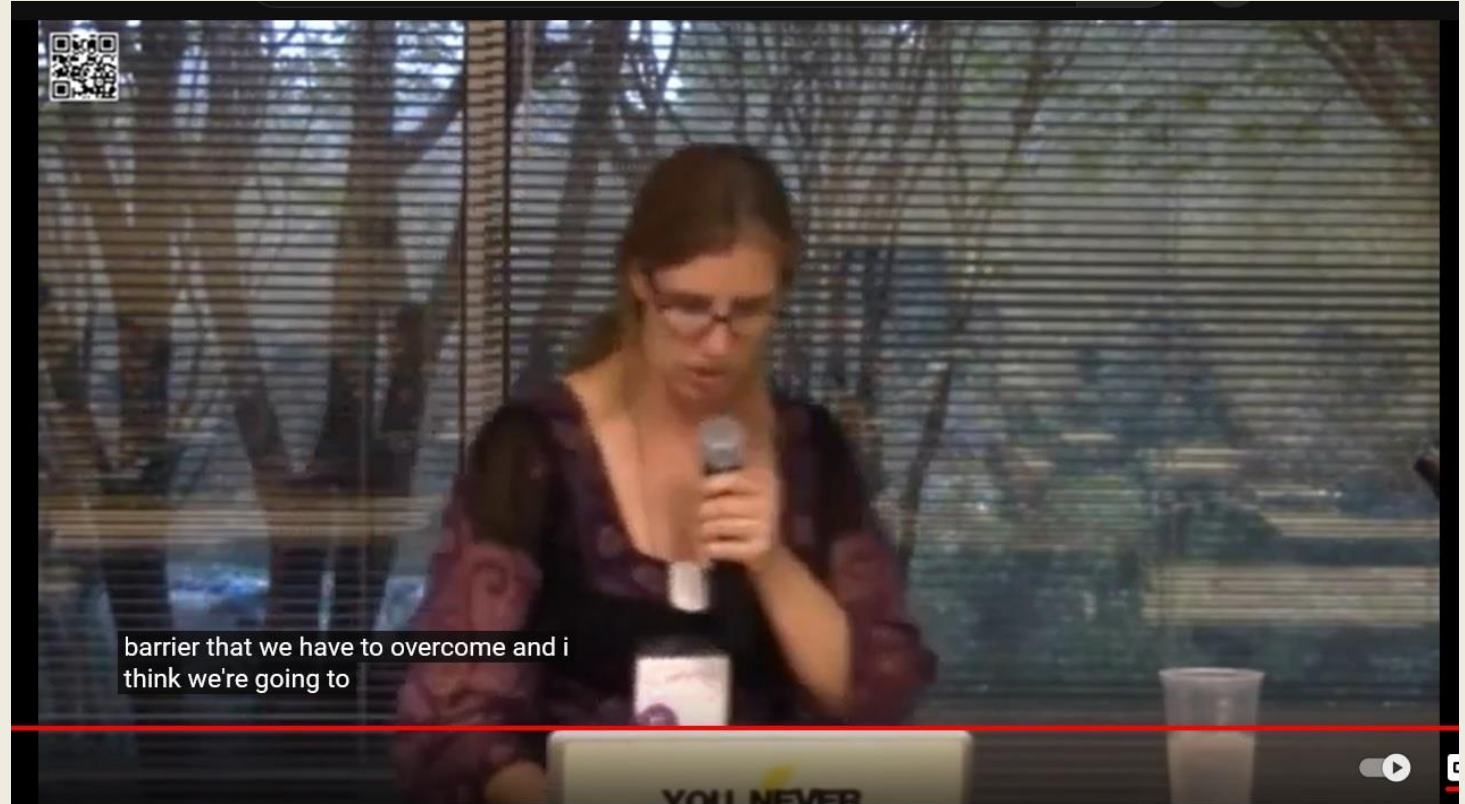
- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.



SRS for minors: We shall overcome

...the sterilization “barrier”

- “This idea that a **14 or 15 year old would want a vagina** is really not that out there!”
- Genital surgeries are less available for minors since “...it's surgical **sterilization** & people get super worked up about that. And **that is the barrier we have to overcome. And I think we're going to.**”
- Additional info in this clip: Discusses street youth in her practice and the fact that many do “sex work.” **Who gave informed consent for these kids?**



“Dr. Jo” Olson-Kennedy, Gender Infinity conference, 2015. People getting upset about surgical sterilization is a “barrier we have to overcome”

Diane Ehrensaft and team

Zoom training April 2021

4thWaveNow informant recordings

- Developmental psychology fundamentals twisted into affirm-only justifications
- Have not seen ANYONE else cover this eye-opening presentation apart from 4thWaveNow, in which Ehrensaft admits it's "TMI" to talk to kids about fertility loss—but proceed anyway
- The most iatrogenesis-rationalizing, self-aggrandizing statements I've ever heard from any gender clinician—and that's saying something

TMI: Genderqueer 11-year-olds can't handle too much info about sterilizing treatments—but do get on with those treatments

Ehrensaft, TMI

Zoom session (continued)

- *Is a child able to see into the future...and foreshorten fertility ... And **how can a child two or three stages behind Erikson's stage 7 anticipate what they will feel 2 or 3 stages later?***
- “It is for us to find this out. And we are.”
- “Gametes may soon be irrelevant”

WHAT ABOUT THE FUTURE?



- What happens when youth making fertility decisions arrive at Erikson's Stage 7: Generativity vs. Stagnation, when desire to have a child (or not) becomes a front burner issue?
- Will ART be OK? Adoption? Fostering? Being child-free?
- How can a child two or three stages behind Erikson's Stage 7 anticipate what they will feel two or three stages later?
- It is for us to start finding that out. And we are.

Future Fertility

Parents and Youth often have different priorities

Puberty Blockers then Hormones

*Immature gametes
(although some mature sperm found at time of vaginoplasty in trans male blocked at Tanner 2)

*Future fertility limited but freezing gonads and stimulation/retrieval is happening!

Hormones after Tanner 3-5

We are getting closer to stem cell reproduction
Gametes may soon be irrelevant



USPATH inaugural conference, 2017

4thWaveNow informant recordings

- “I just gave him the language”: Top gender doc uses pop tart analogy to persuade 8-year-old girl she’s really a boy
- No menses, no mustache: Gender doctor touts nonbinary hormones & surgery for self-sacrificing youth
- “Reportable trauma”? US gender docs “train” judges & call CPS on balking parents
- Pop tarts audio here:
<https://www.dailymotion.com/video/x7kqndv>



Sterilization: Cognitive dissonance

- Richard/Rachel Levine said he's glad he waited because otherwise he wouldn't have his kids.
- **So which is it?** “Trans kids” suffer intractable, life-threatening dysphoria and sterilization is a price worth paying (like [“cancer treatment” per Ehrensaft](#)) or...??
- How did Levine and so many activists clamoring for peds transition survive to adulthood if these kids are just like them?
- No journalist questions Levine!



Rachel Levine and fathering children

Do as I say, not as I do

- “If I had transitioned when I was younger I wouldn’t have my children. And I can’t imagine a life without my children.”



How low can you go?

Pushing the envelope on medical transition

- How many know that Olson-Kennedy in 2017 revised her \$5.7M NIH grant: Reduced minimum-age for **cross hormones** (not blockers!) to **8 years old**?
- Info obtained via FOIA request
- https://docs.wixstatic.com/ugd/3f4f51_a929d049f7fb46c7a72c4c86ba43869a.pdf

F.2 ACTUAL OR ANTICIPATED CHALLENGES OR DELAYS AND ACTIONS OR PLANS TO RESOLVE THEM

In order to completely capture the impact on all youth undergoing treatment with GnRH agonists, recruitment will be expanded to include those youth in Tanner 4 of development. In addition, the minimum age for the cross-sex hormone cohort inclusion criteria was decreased from 13 to 8 to ensure that a potential participant who could be eligible for cross-sex hormones based on Tanner Staging would not be excluded due to age alone. The Principal Investigators assert that this will not impact the data analysis and results of the research study.

Due to the substantial burden on participants for completing the DISC, the Principal Investigators and Co-Investigators decided to stop utilizing the DISC and implement the Mini International Neuropsychiatric Interview (M.I.N.I.) and the M.I.N.I. for Children and Adolescents (M.I.N.I. Kid), version 7.0.2 for DSM-5, as a replacement. This transition means that there is a portion of participants for whom we are missing the baseline diagnostic data due the time it takes for coordinating center and local IRBs to approve the transition in instruments.

Some admissions are more public

- Gender doctor Tandy Aye of Stanford Medical School promoted under-18 SRS in a [still-posted 2019 TED Talk](#).
- Her rationale: Genitalia & fertility have been [rendered nonfunctional by pubertal blockade](#)
- She analogizes underage “bottom” surgery to appendectomy



The best kept secret—right out in the open: It's experimental

- [They don't know what the hell they're doing](#) (2015 4thWaveNow piece)
- [17-clinic survey: A medical doctor is not a candy seller](#) (2015 [Dutch survey article](#), Journal of Adolescent Health)
- OHSU gender surgeon Blair Peters and his physical therapist interviewer [about sexual function]: **"I don't think we really know yet" ...something we'll learn a lot more about in the next 5-10 years** as we do an increasing number of these cases". PT: "It will be fascinating to see how it unfolds."

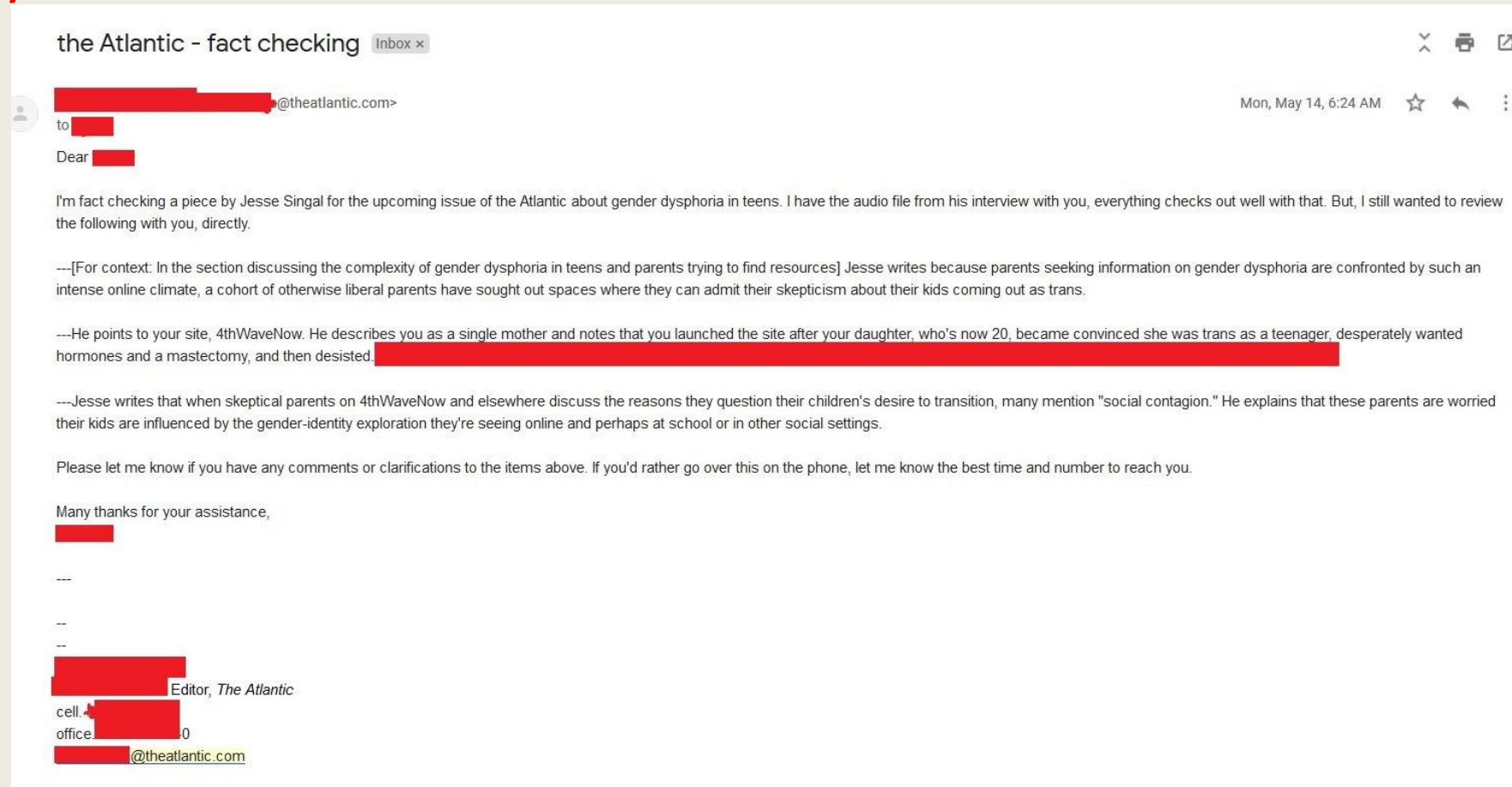


Blair Peters, MD, Gender surgeon at OHSU, 2022
Discussing teen/young adult SRS

Attempted media censorship: 2018

Mostly censorship by omission

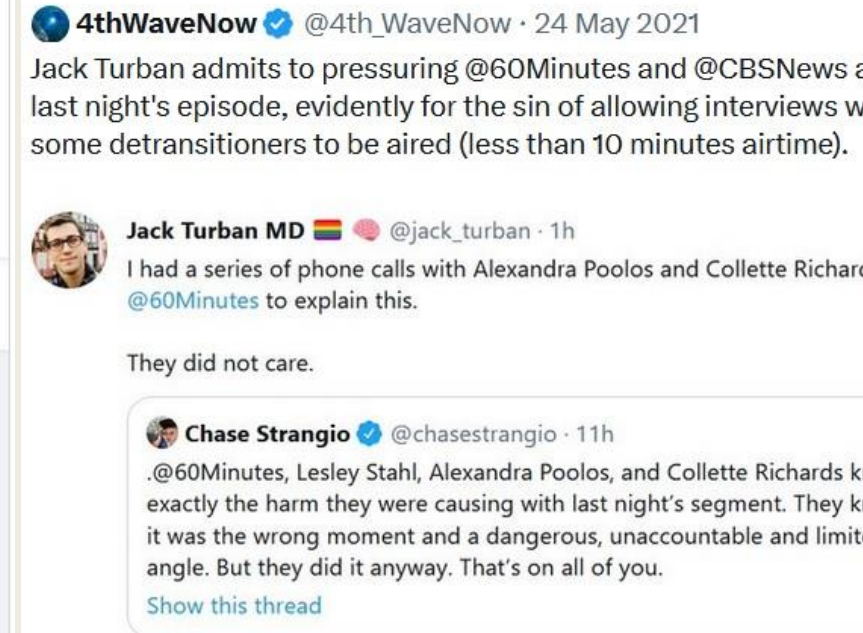
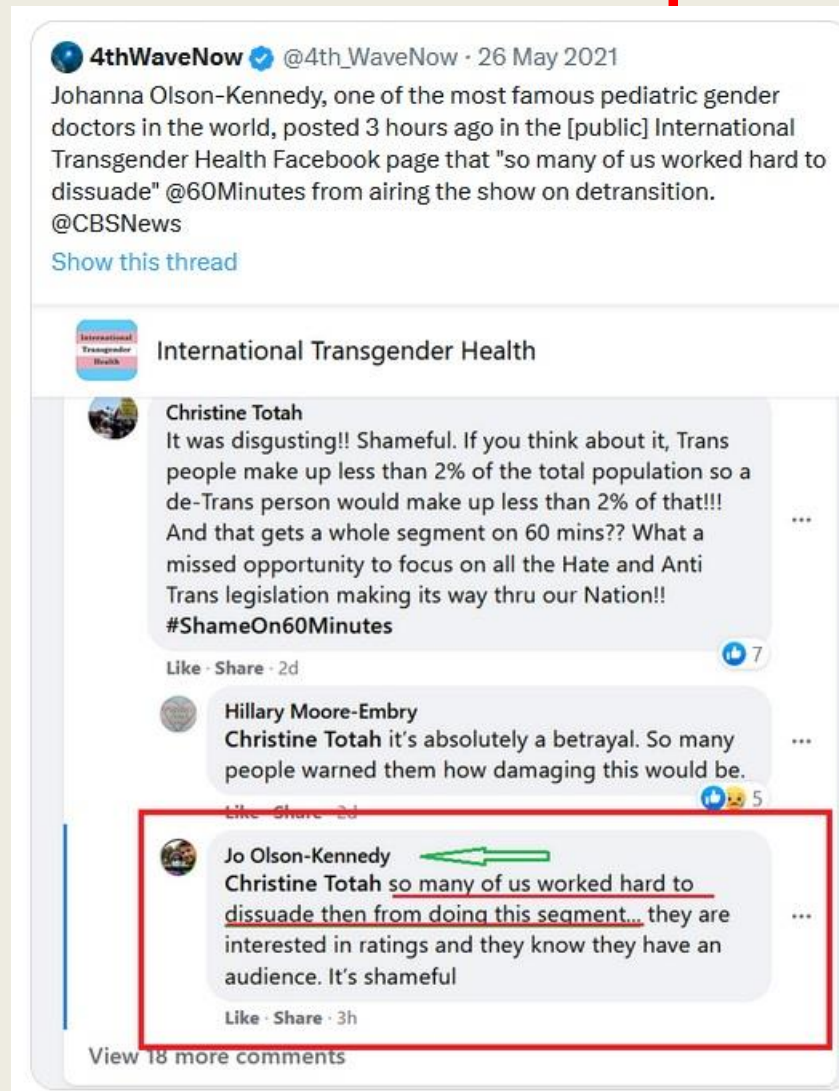
- Any reporting that challenges affirm-only practices results in fierce activist pushback. And it worked...for a while
- The *Atlantic*, fact checker, 2018 for Jesse Singal's seminal 2018 ["When kids say they're trans."](#)
- ALL mention of 4thWaveNow (in addition to interview with founder) scrubbed at the last minute.



Attempted media censorship:2021

➤ Not just activists like Chase Strangio, but clinicians like Jack Turban, Olson Kennedy, and many others harangued and pressured 60 Minutes producers—who dared to plan a broadcast featuring detransitioners.

➤ But...in 2021? Censorship attempts didn't work so well.



US federal government turbo-charges pediatric transition

- Biden Foundation was in a [joint venture with Gender Spectrum](#) when Biden was VP
- Appointment of Asst Sec of Health Rachel Levine in 2021
- Rand Paul knew that Rachel Levine pushed “acceleration” of cross-sex hormones for “street kids” and raised the issue at Levine’s confirmation hearing
- **Affirm-only care is now de facto US executive branch policy**



Joe Biden ✓
@JoeBiden

Today far too many transgender youth continue to face rejection at home and discrimination in their communities. Check out the work [@bidenfoundation](#) is doing with [@lgbtmap](#) and [@genderspectrum](#) to support these young people: [nbcnews.to/2WJHgYc](https://www.nbcnews.com/2WJHgYc)
[#AdvancingAcceptance](#)



2:45 pm · 5 Feb 2019

Levine at confirmation hearing, February 2021

- Levine stonewalled
- Sen. Paul did his homework! ([so did I](#))



Rachel Levine, 2017

Accelerating hormones for “street youth”

- “[Blockers followed by cross hormones] is a great protocol” unless you are treating homeless teens—for them, accelerate: Skip the blockers [:15 sec mark]
- Why? Otherwise they’ll get “black market hormones”
- Question: ***Who gave informed consent for these kids?***



Then PA Physician General Rachel Levine at Franklin & Marshall College in 2017

Skipping the blockers

- Jo Olson-Kennedy, 2014
- Gender clinicians are well aware of the dangers and problems with GnRH agonists, especially with prolonged use
- Iatrogenic problems lead to iatrogenic solutions

Skipping The Puberty Blockers: American "Transgender Children" Doctors are Going Rogue

November 11, 2014



Dr. Johanna Olson from the LA Children's Hospital website. (yes they misspelled her name).

GenderTrender article, 2014

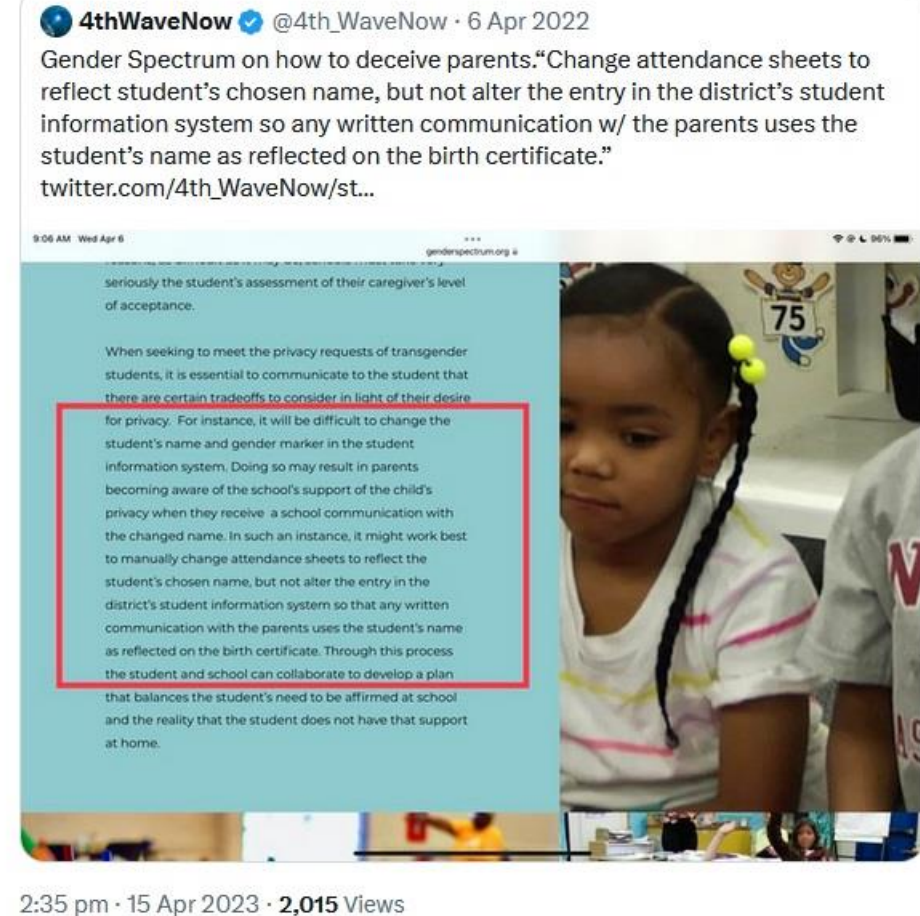
Incursion into schools

- 4thWaveNow has been yelling about this since 2017/2018.
- Gender Spectrum, HRC “Welcoming Schools,” GLSEN
- In the UK Mermaids was under pressure early. In the US, Gender Spectrum was never mentioned by the MSM but has been well funded and instrumental in the kiddie gender curricula now entrenched all over the US


US federal government executive branch agencies

- Partnered with Gender Spectrum, GLSEN, HRC Welcoming Schools
- Links to pertinent threads/government source documents on screenshots
- **Deliberately deceiving “non-affirming” parents is part of this**

Affirming Care	What is it?	When is it used?	Reversible or not
Social Affirmation	Adopting gender-affirming hairstyles, clothing, name, gender pronouns, and restrooms and other facilities	At any age or stage	Reversible
Puberty Blockers	Using certain types of hormones to pause pubertal development	During puberty	Reversible
Hormone Therapy	Testosterone hormones for those who were assigned female at birth Estrogen hormones for those who were assigned male at birth	Early adolescence onward	Partially reversible
Gender-Affirming Surgeries	“Top” surgery – to create male-typical chest shape or enhance breasts “Bottom” surgery – surgery on genitals or reproductive organs Facial feminization or other procedures	Typically used in adulthood or case-by-case in adolescence	Not reversible



US federal government guidance Care for “trans and nonbinary” kids—issued 2022

1 of 2  **OASH** | Office of Population Affairs

Gender-Affirming Care and Young People

What is gender-affirming care?

Gender-affirming care is a supportive form of healthcare. It consists of an array of services that may include medical, surgical, mental health, and non-medical services for transgender and nonbinary people.

For transgender and nonbinary children and adolescents, early gender-affirming care is crucial to overall health and well-being as it allows the child or adolescent to focus on social transitions and can increase their confidence while navigating the healthcare system.

Why does it matter?

Research demonstrates that gender-affirming care improves the mental health and overall well-being of gender diverse children and adolescents.¹ Because gender-affirming care encompasses many facets of healthcare needs and support, it has been shown to increase positive outcomes for transgender and nonbinary children and adolescents. Gender-affirming care is patient-centered and treats individuals holistically, aligning their outward, physical traits with their gender identity.

Common Terms: (in alphabetical order)

Cisgender: Describes a person whose gender identity aligns with their sex assigned at birth.

Gender diverse or expansive: An umbrella term for a person with a gender identity and/or expression broader than the male or female binary. Gender minority is also used interchangeably with this term.

Gender dysphoria: Clinically significant distress that a person may feel when sex or gender assigned at birth is not the same as their identity.

Gender identity: One's internal sense of self as man, woman, both or neither.

- **Believe and validate youth when they share their gender identities with you** by always using and validating the names, pronouns, and identities that youth share with you, even if those change while they are exploring their identities. Many children are aware of their own gender identity as early as 3-5 years old,^{7,8} although it is also common for children to explore gender identity at later ages. Cisgender children are trusted to know and understand their gender, and social norms and customs validate their identities regularly. TGI youth deserve the same trust and validation. As parents, caregivers, and providers, you are responsible to communicate this validation by actively affirming their identities.

It is no exaggeration to say that the affirm-only approach is now the official policy of the US federal government's executive branch

US government policy

(continued)

- March 2022: Justice Dept warns states that refusing treatment to youth “seeking gender affirming care” may be unconstitutional
- Many executive agencies in the current US administration are actively promoting “affirmative” care
- References/recommends child-transition promoting orgs like HRC, Gender Spectrum, GLSEN

Department of Justice

Office of Public Affairs

FOR IMMEDIATE RELEASE

Thursday, March 31, 2022

Justice Department Reinforces Federal Nondiscrimination Obligations in Letter to State Officials Regarding Transgender Youth

The Justice Department announced today that it issued a letter to all state attorneys general reminding them of federal constitutional and statutory provisions that protect transgender youth against discrimination, including when those youth seek gender-affirming care.

“The Department of Justice is committed to ensuring that all children are able to live free from discrimination, abuse and harassment,” said Assistant Attorney General Kristen Clarke for the Justice Department’s Civil Rights Division. “Today’s letter reaffirms state and local officials’ obligation to ensure that their laws and policies do not undermine or harm the health and safety of children, regardless of a child’s gender identity.”

The letter advises states that laws and policies that prevent individuals from receiving gender-affirming medical care may infringe on federal constitutional protections under the Equal Protection Clause and Due Process Clause of the Fourteenth Amendment. The letter also discusses federal statutes that impose nondiscrimination obligations, including Section 1557 of the Affordable Care Act, Title IX of the Education Amendments of 1972, the Omnibus Crime Control and Safe Streets Act of 1968, Section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act.

The letter was issued on the International Transgender Day of Visibility in recognition of the contributions and accomplishments of transgender and gender non-conforming people, as well as their continued struggle to live free from violence and discrimination.

A copy of today’s letter can be found [here](#). Additional information about the Civil Rights Division’s work to uphold and protect the civil and constitutional rights of LGBTQI+ individuals is available online at <https://www.justice.gov/crt/lgbtqi-working-group>. Complaints about discriminatory practices may be reported to the Civil Rights Division through its internet reporting portal at <https://civilrights.justice.gov>.

Transitioning gay adolescents: The new conversion therapy?

Posted on [January 25, 2016](#)

[← Previous](#) [Next →](#)

[Edit](#)

The surgical suite: Modern-day closet for today's teen lesbian

Alexander Korte, German clinician

- April 2019 interview
- Original disappeared, YouTube version disappeared
- He gave us explicit permission to upload to our Daily Motion channel, only copy still up
- https://x.com/4th_WaveNow/status/1195429891812007936?s=20
- He covers everything, from social contagion to the interference with sexual orientation development
- His 2008 paper also discussed:
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2697020/>

● Experience has shown that, in not a few cases, a strongly and resolutely asserted desire to change to the opposite sex becomes markedly neutralized over the course of time, and the individual later undergoes a homosexual "coming-out" (1, 3). In view of this fact, it must be understood that early hormone therapy may interfere with the patient's development as a homosexual. This may not be in the interest of patients who, as a result of hormone therapy, can no longer have the decisive experiences that enable them to establish a homosexual identity.

8:40 am · 15 Sep 2019

Trans kid mascots

- Turned into activists at a young age
- How could any of these celebrity kids ever desist or detransition?
- There are several high profile kids, some still minors, some now adults.
- Best known is Jazz
- Youngest is Kai Shappley, discussed in *Good Housekeeping* as a very young child
- Starred in a Netflix show
- Mom “spanked the gay” out of the child—really at her own admission

Trans kid mascots: One of several

- Promoted by the ACLU
- “Flat out asking if the kid was gay”
- Spanking....”really spanking her”



Trans kid mascots

"I was very concerned, because at the time I was leading a small ministry at my church and teaching Bible study, and here I have this kid who people in my family were flat asking me if this kid was gay."

The family tried to redirect Kai to more "masculine" pursuits — hunting, fishing, sports — and Shappley punished her when she did anything "feminine." By 3, Kai was pulling T-shirts down around her waist to make skirts and tying long-sleeve shirts around her head to make long hair.

By 3-and-a-half, Kai was verbalizing that she was a girl six times a day or more, which would lead to time-outs, spankings and yelling matches.

Click for 4thWaveNow Twitter thread



Kai as "Bailey" on Netflix show
ACLU [without irony sharing this clip](#)

Where are we now?

- So many voices, on so many platforms
- Mainstream media touching it now
- Courts and legislatures will sort out state and federal law
- WPATH is under scrutiny, but they are only GUIDELINES which have been flouted for years
- Affirm-only care isn't popular with the public, now that they are starting to learn about all the things we were reporting about in 2015
- See: [Leor Sapir](#), writing in *City Journal*: Three polls show Americans aren't in favor of child transition and gender instruction in schools.