

Transgenderism – A Mental Health Issue

by
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In the past two weeks, the nation has experienced two transgender events. In one event it was a woman who transed to a man, and in the other event a man who transed tot a woman. Both events involved the killing of and planning to kill adults and children, respectively.

In both cases the perpetrators were under mental health care.

We need to face four facts:

1. There are only **THREE** sexes in the human race (male, female, and hermaphrodite).
2. It is impossible to change from one sex to another. The body can be changed only in physical appearance, but cannot be reproductively changed.
3. The desire to change from one sex to another is a basically a mental issue. The concept of a person who “feels” that they are the wrong sex living in the opposite sex body is more likely a mental issue generated by an improper social environment. However more research needs to be conducted into this area of mental health.
4. The trans movement is an issue pushed by the leftists in order to create social discord

It is clear that those undergoing gender reassignment have had mental health counseling. This alone indicates that the medical industry believes that this is mental issue and not physical.

The following article addresses additional issues associated with transgenderism.

AAPS Issues Physician Statement on Transgenderism

by
Michael Katz
February 2023

The Association of American Physicians and Surgeons, a national organization of physicians in all specialties, warned that there are inherently unknown long-term risks to gender-affirming care for minors, and the consequences of removing normal, healthy organs are "generally irreversible."

On Saturday, the AAPS released a [statement](#) on "transgenderism" because, it said, "a majority of large and influential medical organizations have issued treatment guidelines for gender-affirming care, but there is strong opposition."

Also, the group recommended physicians and medical professionals refuse to be "mandated or coerced to participate in procedures to which they have ethical or scientific objections or which they believe would harm a patient."

The group noted "an explosive increase in persons who identify with the construct of gender different from sex, at an age where identity is easily malleable and brain development is not fully concluded."

The AAPS also highlighted a growing industry dedicated to providing gender-affirming procedures that are "generally irreversible and have a high probability of causing sterilization," including puberty blockers, sex hormones, and surgery such as castration, penectomy, and mastectomy.

"They commit a patient to a lifelong need for medical, surgical, and psychological care," the AAPS said in the statement.

The group also declared that "changing physical appearance does not change biological sex."

According to the AAPS, reproduction can only be produced by a person of an XY genotype and a person of an XX genotype, and that biological sex is "determined at conception by genotype and apart from rare anomalies."

Full statement:

Physicians and medical professionals should refuse to be mandated or coerced to participate in procedures to which they have ethical or scientific objections or which they believe would harm a patient.

Reproduction requires a male gamete (sperm), which can only be produced by a person of XY genotype, and a female gamete (egg), which can only be produced by a person of XX genotype. Primordial germ cells are present at birth.

Biological sex is determined at conception by genotype and apart from rare anomalies, which result in ambiguous genitalia, sex is correctly identified at birth—and is indeed obvious.

The construct of gender fluidity in the current cultural discourse is controversial.

Through medical, surgical, and other interventions, it is possible to change the physical appearance of one's body. Changing physical appearance does not change biological sex.

There has been an explosive increase in persons who identify with the construct of gender different from sex, at an age where identity is easily malleable and brain development is not fully concluded.

Conflicting motivations have led to a growing industry dedicated to providing “gender-affirming” procedures that are generally irreversible and have a high probability of causing sterilization. These include puberty “blockers,” sex hormones, and surgery, such as castration, penectomy, and mastectomy. They commit a patient to a lifelong need for medical, surgical, and psychological care.

“Gender-affirming care” in minors is medically and ethically contraindicated because of a lack of informed consent. There are inherently unknown and unknowable long-term risks, and the consequences of removing normal, healthy organs are irreversible.