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## **PRESS RELEASE**

### **AUTHORIZED FOR IMMEDIATE DISTRIBUTION**

#### **Catholic Medical Association Opposes Pubertal Suppression in Minors for “Gender-Choosing” Purposes**

*Philadelphia, PA – July 14, 2016* - The Catholic Medical Association (CMA) urges health care professionals to adhere to genetic science and sexual complementarity over ideology in the treatment of gender dysphoria (GD) in children. This includes especially avoiding puberty suppression and the use of cross-sex hormones in children with GD. One’s sex is not a social construct, but an unchangeable biological reality.

The norm for human design is to be conceived either male or female. Every cell in the human body holds either an “XY” or “XX” pair of sex chromosomes, the genetic markers for males and females, respectively. Human sexuality is binary by design to ensure the reproduction and flourishing of our species. The very rare disorders of sex development (“intersex” individuals) are medical deviations from the sexual binary norm, and do not constitute a third sex.

Normal thinking about gender accords with physical reality. Thinking that deviates from reality is abnormal, as well as potentially harmful to the individual or to others. A person’s belief that one is something that one is not, is at best, a sign of confused thinking. At worst, it is a delusion or disorder of the mind, not of the body. Physicians should not treat mental/emotional disorders with potentially toxic medications and/or surgery.

Yet, increasing numbers of children with GD are being placed on puberty-arresting medications, to allow them more time to “decide” on their gender. In addition to preventing the development of secondary sex characteristics, these medications arrest bone growth, decrease bone density, prevent the normal pubertal organization and maturation of the adolescent brain, and prevent the development of sperm in boys and eggs in girls.

Some say that arresting puberty, as well as living socially as the opposite sex, are reversible interventions that carry no risk of permanent harm, because if one discontinues the medications, puberty ensues. However, at least one study of seventy pre-pubertal children with GD demonstrates otherwise. They were encouraged to live socially as the opposite sex and placed on puberty blocking medications. Despite the fact that, normally, 80 to 95 percent of children with GD grow to accept their biological sex after passing naturally through puberty, the children in this study all eventually started cross-sex hormone treatment, the first step of gender reassignment.

This is cause for concern, as it suggests that the protocol itself inevitably led the individuals to identify as transgender. Such protocols that require life-long use of potentially toxic cross-sex hormones and result in infertility are neither fully reversible nor harmless.

The CMA holds that healthcare rooted in gender ideology is neither healthful nor caring; it is dangerous and unethical. The long standing principle of “First do no harm” must be upheld in all medical treatment, including that for children and adolescents with GD. Medical ethics, beginning with a respect for the dignity of the human person as an embodied true male or female, and science, not cultural ideologies or political correctness, serve as the basis of all true health care.

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