

Transgenderism's scientific legitimacy crisis

Rare for person to actually be born with male and female chromosomes

Washington Times, By David Gortler, Dec. 29, 2022



The over-the-top celebration from the Biden White House and left-wing politicians over the release of Brittney Griner in exchange for terrorist Viktor Bout (aka the merchant of death), who was convicted of conspiring to kill Americans, is a major tell of their priorities and values.

While it's undeniably good news when any American detainee returns home, it's also difficult to imagine the same level of mainstream press jubilation had Marine Corps veteran Paul Whelan been released instead of Ms. Griner, being a wealthy, woke, cannabis-huffing sports figure and an outspoken member of the Black LGBTQ+ community.

On day one of his administration, President Biden signed an executive order ostensibly aimed at “preventing discrimination” on the basis of “gender identity,” a term that has gained more prominence in recent years.

Yet modern claims about gender identity — nonbinary genders, gender fluidity, and even a gender “continuum” with undefined and unlimited genders — are foreign to and in conflict with biology and science.

There are supremely rare chromosomal mutations in which a person is born with male and female chromosomes, tissue, or both. Hermaphroditism cases are documented as early as the 16th century. But according to a thorough search of the Medline medical database, only about 500 cases of true hermaphroditism have ever been confirmed in humans. Hermaphroditism isn't justification for manipulating a healthy person's sex to match their “gender identity.”

Rare inborn chimeric disorders notwithstanding, science knows no other formal categories of humans (or any other mammals for that matter) other than male and female.



Indeed, the largest available Transgender Medicine “textbook” — even with its bloated, non-medical, idiosyncratic chapters such as “Legal Issues for Transgender Individuals” and a nine-page chapter titled “Spiritual Care of Transgender Persons” — is still well under 500 pages and the size of a 6.5-

inch-by-9.5-inch novel. In contrast, one cardiovascular medicine textbook is over 3,400 pages long and is a full-size 12.5-by-10-inch textbook. It's so big that it requires publishing as two volumes.

Today, almost every academic medical school, most prominent U.S. professional medical organizations, and the Biden administration are fully advocating both drugs and major surgeries — including the removal of healthy tissue and organs — in children, adolescents and adults.

Planned Parenthood makes it easier than any medical insurance company does, advertising “gender euphoria” services with drugs prescribed and delivered after a 30-minute telehealth session for \$59 to \$99 a month.

The problem is, they all ignore the fundamentals of biology and make unsubstantiated claims without the sacrosanct historical requirements of conclusive, long-term clinical safety findings, otherwise required for any other type of medical or pharmacological intervention.

Today's 1984-esque demands by physicians include “rejecting the evidence of your eyes and ears,” insisting that Americans must conform their language to accommodate a person's “chosen” gender.

On the other hand, the science is clear: A person's sex as female or male is indelibly designated at the moment of conception when an egg is fertilized with either an “X” or “Y” sperm cell. Following conception, the divergent development pathways of males versus females are immediate, substantial and diverse, right down to the cellular DNA level. These divergent pathways will endure throughout a person's lifetime.

Every single healthy nucleated cell in the human body has 46 sex-specific “XY” chromosomes (denoting male sex) or “XX” chromosomes (denoting female sex). These nucleated cells in turn have sex-specific functions that guide their development and biological function. Indeed, biological sex is more than just “skin deep”; it persists down to a microscopic, cellular level, with biological sex designated within every one of the 100 trillion (or so) cells in the human body.

Cosmetic changes don't alter the fact that it is simply impossible to alter a person's sex scientifically, methodically or clinically, no matter how many gallons of synthetic testosterone or estrogen physicians pump into a person. Neither will “puberty blockers.”

One doesn't have to be a specialty-trained FDA drug safety expert (as I am) to know that using pharmacology to fight the inborn biological programming of trillions of gender-specified nucleated cells in the human body is going to have medically serious and physiologically devastating consequences. The Food and Drug Administration has warned that puberty-blocking “therapy” can cause life-threatening brain swelling, headaches, vomiting, a host of visual disturbances (including blindness) and tumor-like masses in the brain in a recent labeling update.

Even as the term “transgender” gains a foothold in modern vernacular, polls show more Americans believe gender identity is assigned at birth. This trend runs counter to other once-controversial topics, such as same-sex marriage, where public opinion has swung dramatically toward favoring.

Humans are born either (1) male or (2) female sex, and no amount of self-perception, self-identification or liberal-sanctioned “transition” can ever change that.

The true scientific answer is to commit to male [XY] and biological female [XX] genders, despite whatever politically convenient narratives it contravenes.

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