

# How the government is transforming your child

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 [cnav.news/2022/10/06/accountability/science/children-government-transform/](https://cnav.news/2022/10/06/accountability/science/children-government-transform/)

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It's been nearly 250 years since our Founders warned of the dangers of a powerful government. The COVID pandemic illustrated how fearsome government has become, and the brazen dishonesty it is willing to use to cement its nearly unlimited power.

## Details of the COVID vaccine experience

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- On December 10, 2021, pathologists proved conclusively that 93% of those autopsied who died post-vaccine, died from the vaccine. Despite growing evidence, including Pfizer's own trial data, (pg7) that vaccines are causing death, no government agency attempted to validate the claim to protect the public.
- On June 17, 2022 The CDC was caught manipulating data to create the impression toddlers need to be vaccinated despite no cases of any healthy toddler contracting or spreading COVID.

- On September 12, 2022, the CDC was caught making fraudulent use of a laboratory measuring system to mislead the public on the extent of harms from the COVID vaccines.
- After being sued twice, the CDC was ordered to release internal data showing, of the 10,000,000 vaccinated people reported in their V-Safe system, 782,900 needed medical attention or hospitalization; and another 2.5 million missed school or work because of the COVID-19 vaccine's side effects.

U.S. Government lies and misinformation have caused tens of thousands of unnecessary deaths. Yet these pale when compared to what Washington is doing to our children.

## **Compulsory education exposes children to mind-benders**

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Since the first compulsory school attendance law was enacted in 1852, education has suffered from interference by politicians, incompetent 'experts', and ideologues chomping to harness young minds to create their version of a Utopian future.

Congress' 2015 education law, the 'Every Student Succeeds Act', marked a shift in the way ideologues invaded classrooms. On the surface ESSA required student performance measures, State Report Cards to inform "stakeholders", and transparency of per pupil expenditures.

Beneath the surface was a darker story.

ESSA provided government funding for classroom Social and Emotional Learning (SEL) to develop children's attitudes, behaviors, and competencies like self-awareness and self-management. This became the channel for schools receiving government education money or school vouchers to engage in overseeing children's mental health.

## **Promoting Gender Confusion**

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Social and Emotional Learning and related health curricula, rather than encourage self-awareness used the mantra of diversity and inclusion to introduce children to terms like non-binary, genderqueer, and pansexual.

While what you are about to read may not yet be happening in your classroom, the government is determined it will soon be part of the curriculum in every district in the nation. The Biden Administration has already made changes to conflate gender identity with sex discrimination and Health and Human Services released a guidance document titled, Gender-Affirming Care and Young People.

Today children learn why body parts don't define whether they are a boy or girl and what it means to be transgender, all in the name of mental health education. Youths are told there are dozens genders and they can pick any pronoun they chose to represent theirs.

To bolster this madness, children are trained to think of sex and gender as separate categories.

Gender, they learn, is a social construct created by a white male, Eurocentric society whose purpose is to maintain patriarchy and heteronormativity. Sex is determined by whom you go to bed with.

By manipulating definitions, classrooms are erasing 1000 years of medical learning. According to Dr. Leonard Sax, author of *Why Gender Matters*,

Today it is politically correct to pretend that gender identity and sexual orientation are two separate entities. While that may be politically correct, the notion is contradicted by the evidence. In reality, sexual orientation is inextricably tied up with sexual identity.

## Grooming children for physical experimentation

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Rather than concentrate on math, reading, and critical thinking, teachers introduce gender ideology and non-binary lifestyles.

Teens and pre-teens are indoctrinated with “gender affirmation,” philosophy, the notion that whatever gender a child thinks she is must be accepted as reality. Suddenly, your child’s natural curiosity about the opposite sex, a normal step in the maturation journey, is instead frozen in time and labeled gender dysphoria.

For example, if one day Abby decides she is a boy, a social transitioning begins in which the teacher urges the class to respect ‘his’ chosen pronoun. Abby quickly gets recognition and acceptance for ‘his’ bravery in coming out. If ‘he’ has difficulties winning parental acceptance, Abby can speak to a supportive mental health counselor who explains that ‘gender dysphoria’ is quite normal. The social transition often includes encouragement to make subtle changes in clothing and hairstyles.

Many parents see the changes as just normal phases children pass through. What they do not realize is that instead of being treated as transient, the schools are promoting the phase as a signal for the fundamental life-changing transformation of their child.

## Promoting Puberty Blockers

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Once a child is diagnosed with gender dysphoria, increasingly schools recommend puberty blockers to “save teen transgender lives.” The argument goes,

Since transgender children have higher rates of depression and suicide, we must act now.

According to the Mayo Clinic puberty or hormone blockers function differently in males and females:

| In males, decrease the growth of facial and body hair, prevent voice deepening, and limit the growth of genitalia.

While in those born female,

| The blockers limit or stop breast development and stops menstruation.

Health professionals point out the blockers are safe and work well. The Mayo Clinic agrees:

| If an adolescent child decides to stop taking GnRH analogues [puberty blockers], puberty will resume and the normal progression of the physical and emotional changes of puberty will continue.

Hormone blockers are considered so safe, many doctors debate if it is even necessary to provide counseling for teens before prescribing them.

Even the American Academy of Pediatrics accepts the sudden explosion of transgender and gender diverse (TGD) and supports transitioning.

In a show of support, the Biden administration went to court to force doctors to perform transition surgeries regardless of their religious exemptions. While that attempt failed, he went on to propose changes to Title IX regulations that label gender ideology as an anti-discrimination issue. Under the change, schools could begin the transition of children without parental knowledge.

## **And their excuse?**

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Rachel Levin, Biden's Assistant Secretary of Health claims,

| Gender affirming care is life-saving, medically necessary, age-appropriate, and a critical tool for health care providers.

## **Puberty Blockers: Are They Really Safe?**

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Sweden is one of the most progressive nations in the world. It is a leader in environmental activism, gender equality, and one of the first to recognize gender ideology.

A recent Swedish report showed an alarming 1500% increase in gender dysphoria among teenage girls between 2008 and 2018. More shockingly, 32.4% of these girls suffered from anxiety disorder and 28.9% were clinically depressed. The government wanted to know why this was happening.

On April 26, 2019 the Swedish National Council on Medical Ethic instructed government agencies to research global data and learn more about the causes and treatments for child and adolescent gender dysphoria.

After reviewing thousands of studies over an 8-month period, the Swedish Agency for Health Technology concluded:

- They could find no study explaining the rapid increase in incidence of gender dysphoria in children and adolescents.
- Few studies on gender affirming surgery in general in children and adolescents were found, and only one on gender affirming genital surgery
- There are few studies on long-term effects of gender affirming treatment in children and adolescents are few, especially for the recent groups
- Almost all identified studies are of lower quality observational type, and no relevant randomized controlled trials in children and adolescents were found.

### **The Swedes pivoted to saving children rather than experimenting on them**

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The Swedish National Board of Health and Welfare changed their guidance:

- The guidance has changed from a previously strong recommendation to treat youth with hormones, to new caution to avoid hormones except for “exceptional cases.”
- A more cautious approach that prioritizes non-invasive interventions is now recommended, due to recognition of the importance of allowing ongoing maturation and identity formation of youth.
- Psychological and psychiatric care will become the first line of treatment for all gender dysphoric youth <18.
- Access to hormonal interventions for youth <18 will be tightly restricted.
- Treatment eligibility will be based on the criterion of “distress,” and not “identity.”

That last bullet is revealing. Swedish authorities officially recognize that children mature differently and the generally fleeting curiosity about the opposite sex is part of normal maturation.

### **The Swedish government is not alone in their conclusions.**

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- After their reviews, Finland revised their recommendations for treating gender dysphoria to focus more on therapy and psychological interventions over medical treatments.
- Based on the existing literature, the Astrid Children’s Hospital in Sweden altered their guidelines for hormonal gender dysphoria treatments to they will no longer initiate hormonal treatment for gender dysphoria. These cases must take place in a clinical setting with approval of ethical review.

Still the U.S. Government remains insistent on advancing gender ideology.

When the FDA warned that hormone blockers are related to brain swelling, the Biden administration continued to promote them arguing they save children from suicide.

CDC quotes this study, claiming that changing pronouns reduces depression. Unfortunately, it was a small observational study of just 129 people completed in 2011 – 2012 years before the sudden explosion of youthful transgenders.

## **The Dutch Study**

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Transition proponents point to the Dutch Study as proof hormone blockers are safe and together with transition surgery save lives.

The Dutch study of 6793 transitioned subjects between 1972 and 2015 concluded that gender dysphoria was increasing and the percentage of people who regretted having a sex change “remained small and did not show a tendency to increase.” A follow up showed no increase in suicide rates for transgender women.

But little in these studies applies to what is happening to our children in school today.

The Dutch participants often underwent years of therapy prior to taking blockers. The median age group was 28. Today schools are introducing hormone blockers before children reach puberty, often with little counseling, and in response to an innocent classroom comment.

This rush to proclaim gender dysphoria plus the pressures of the Biden Administration to promote gender ideology through federal agencies is enough to explain the sudden explosion of children identifying as transgender here in America.

## **Dutch Doctors Don't Buy the Dutch Study**

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Ironically, even in Netherlands, the home of the Dutch Study, doctors who provide gender care say they are pressured by long lists of people waiting for gender treatments. Yet we “know too little about the target group and the long-term effects.”

When asked how these hormone blockers would affect the fertility of boys and girls, Dr. Thomas Steensma, of the Center for Gender Expertise on Gender Dysphoria in Amsterdam, said,

“We just don't know. Little research has been done so far on treatment with puberty blockers and hormones in young people. That is why it is also seen as experimental.”

There are many fine, healthy, and happy members of the transgender community who are grateful they made the transition. But these are not representational of what occurs in schools today. Children are being coaxed into alternative lifestyles, plied with experimental protocols, and robbed of the opportunity to mature in their own way. This may be the greatest annihilation of hope for the future we have ever known.

## **What Can We Do To Protect Our Children?**

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The first step is to realize that the government is not your ally. While there are good people in classrooms and in government, they are not fully able to protect your child. The gender ideology and trans obsession we see in schools started in Washington and, if it is not in your school now, it will be soon.

With that understanding, there is much we can do to help our next generations.

## **Fire the government as stewards of your children**

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**Homeschool your children or grandchildren.** Chances are there are homeschooling families in your own neighborhood. Reach out and ask them for help with your journey.

**Know what your child is learning.** If your children are in school, attend school board meetings, meet with the principal, mental health professionals, and teachers to discuss their attitudes toward gender topics. If you have concerns, take your child out of the school. You are not going to be able to change their minds. This is a constant effort as new guidelines are breaking every day.

**Maintain a close trust relationship with your children.** Remain a strong influence in your children's lives. I know this sounds obvious, but increasingly schools, movies, entertainers, games, libraries, colleges, medical associations are influencing the way your child thinks and behaves. In many cases transition is taking place without parents' knowledge.

**Interview your doctors and other caregivers.** Find out where they stand on gender dysphoria, puberty blockers, and social transitioning. If their position conflicts with yours, find other providers.

**Build community networks of like-minded people.** This allows the comfort of having others around you and offers a trusted social network for your children. Working together multiplies resources for helping children, keeps people informed about what is happening in schools, and can be the foundation for forming groups to educate more parents.

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