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Dr. Cretella on Transgenderism: A Mental Illness Is Not a Civil Right

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Watch the exclusive interview:

John Ritchie (TFP): Could you please give us a little background on your professional training and your position in the American College of Pediatricians?

Dr. Michelle Cretella, MD: Yes, certainly. I received my medical degree from the University of Connecticut and completed my internship and residency in pediatrics at the Connecticut Children's Medical Center. I did some additional training in adolescence at the University of Virginia in Charlottesville, Virginia, and had the privilege to practice general pediatrics for fifteen years before going on full-time with the American College of Pediatricians in advocacy for children. I am entering my second term as president with that organization.

John Ritchie: You've stated that the transgender ideology is responsible for large-scale child abuse. Could you please explain why you call it child abuse?

Dr. Cretella: Essentially, transgender ideology holds that people can be born into the wrong body: It's simply not true. We can demonstrate this by looking at twin studies. No one is born in the wrong body. So to take that lie and essentially indoctrinate all of our children from preschool forward with that lie, we are destroying their ability for reality testing.

This is cognitive and psychological abuse. I want to say just a little more about that. The reason it destroys reality testing is because most children at age three (pre-school age) can correctly identify themselves by saying "I am a boy" or "I am a girl" and most children will not understand that a boy grows into a man and stays a man and that a girl grows into a woman and stays a woman. So when many seven-year-olds see a man get into a dress and put on makeup, they may believe that he just became a woman. The other side is not being honest and not acknowledging that.

This happened most recently in Rocklin, California. It was the end of the kindergarten school year and the teacher called the whole class together, at the behest of the boy's parents, and had the children sit down and she read them two stories. I will call them "gender bending stories." One was The Red Crayon in which you have a crayon that's actually blue wrapped in red paper. That primes the kids to think, "Oh, what's on the outside doesn't have to match the inside."

The next story the teacher read was I Am Jazz, which is about a boy whose parents helped him impersonate a girl from the age of three. He's 17 now, has his own television program and looks like a girl from the waist up. After these two stories were finished, a boy (I'll call him Joey) left the classroom, presumably to use the bathroom and came back in a dress. The teacher said: "Boys and girls, Joey is actually a girl just like Jazz. From now on we need to call her Josephine" (again I'm making the names up). This was very confusing to the other children in kindergarten and it terrified one girl in particular, which was clear from something that happened when she was home with her mother. Her mom had wrapped her up after she had go out of the tub and she was going by the mirror when she saw her hair slicked back. Then, she burst into tears, saying, "Mommy, am I turning into a boy? I don't wanna turn into a boy! Joey turned into a girl, am I gonna turn into a boy?"

Now, I know this because the mother called me. As the president of the College of Pediatricians I've been outspoken and parents reach out to me. This mother is being told that she is the one who's crazy and that her daughter is the one who's having a problematic reaction.

So transgender ideology -- yes, it's child abuse because we are gaslighting our children. And now that they're thoroughly confused they will think that they really are the opposite sex and will be sent down a medical pathway. As they approach puberty, they will be put on puberty blockers and then on cross-sex hormones. That combination will permanently sterilize most, if not all, of those children and also puts them at risk for heart disease, diabetes, and various cancers. If girls have been on testosterone, which is their sex change hormone, for a full-year, by age 16 they can get a double mastectomy. So, gaslighting, pubertal castration and surgical mutilation: It's institutionalized child abuse.

To make matters worse you must realize that prior to transgender ideology, these children were treated with watchful waiting, because for many kids it may be a passing phase. Sometimes the girls may just be tomboys. So with either watchful waiting or family and individual therapy the vast majority, 75-95% of kids, would accept their biological sex by young adulthood. So yes, this is child abuse!

If the parents find that their child is questioning their sex, if things on your own at home are not going well, I encourage all parents to seek out a local therapist who will work with them to find underlying family dynamics or conflicts. If the only therapist you find locally says, "You must accept them as transgender," you can reach out to us at bestforchildren.org, that's our website. We can recommend some therapists who will work with families. If they're not in the local area, they can even do it by Skype.

John Ritchie: College students are pressured more and more to let go of reality, accept the transgender narrative and even use transgender pronouns. If you were in medical school today, how would you respond to that pressure?

Dr. Cretella: (Laughs.) That's a good question. I would hope that I would cling to reality and sound reason. Words matter... biology is reality, not bigotry.

We're at a point now in which we have documented at least 6,500 genetic differences between men and women. Men and women cannot be treated the same in medicine. Because of these genetic differences women are more prone to autoimmune diseases than men are. We must approach our patients in accordance with their biology, not in accordance with their perceptions which are delusional.

I hope I would be able to respond in that fashion, but it would be very difficult because just as we are seeing this tyrannical enforcement of newspeak on our college campuses, it is the same within the highest levels of medicine. At our office at the American College of Pediatricians, I receive e-mails and phone calls even from physicians and therapist, psychologists on the left who are clearly against us because we're pro-life, and they're even LGB[T] affirming, but they will thank me for speaking out because they say, "We wish we could, but we can't because we'll lose our jobs. We'll get death threats."

I receive emails from concerned parents throughout the nation asking me to review health curricula because it has now become "transphobic" to teach middle school students that women have ovaries and men have testes. That's transphobic!

I have not received any death threats. I have been accused of being the "leader of the skinheads of pediatricians" and a lot of other things that you wouldn't repeat in polite company. One of my greatest fans who goes by the name of "Slowly Boiled Frog" has decided that I'm not even licensed to be a doctor. He or she writes to imply that I'm some sort of charlatan, or maybe that I did something illegal. So for the record: Yes, I still am licensed. I've chosen not to do clinical practice because I believe advocacy requires a full-time commitment.

John Ritchie: Can a person ever be "trapped in the wrong body"? What does science tell us about this?

Dr. Cretella: The argument, if you can even call it that -- I'll just call it a claim -- the claim by the activist physicians on the other side is that when a child persistently and consistently insists that he (I'll use he for ease of example) is really a girl, well then that's it -- that's how you diagnose transgender. That is proof that they have the brain of the opposite sex in their body. They say, "We have proof, we have studies that prove changes or differences between adult transgender brains and the brains of their biological peers who are not transgender."

Okay, so let's unpack that:

#1. The definition of a delusion is a fixed false belief. So if I persistently and consistently insist that I am Margaret Thatcher, or persistently consistently insist that I am a cat, or that I am an amputee trapped in a normal body -- I am delusional. In fact, there are people who believe they're amputees trapped in a normal body and they are

appropriately diagnosed as having Body Identity Integrity Disorder, a mouthful, but you get my drift. So if you want to cut off an arm or a leg you're mentally ill, but if you want to cut off healthy breasts and genitals then you are transgender and you don't have a mental illness. That's completely unscientific. That's no diagnosis.

#2. Let's talk about the brain studies. There have been several. Many have found no brain differences, but "we don't talk about those." There are a few that have found some differences on what's called functional MRIs and they prove nothing. The reason they prove nothing is because the brain changes due to behavior. We have documented in numerous studies that behavior changes the appearance, the physiology and function of the brain. So to have a few studies that are very small, have never been replicated, say, "Hey, there are brain differences." More than likely, the fact that the person has lived transgender is what caused those differences, if they're even real.

You may ask, "So how do we know, Dr. Cretella, that what you said, that no one's ever born this way, is true? How do we know that?" If a brain were somehow the wrong sex, due to factors before birth, every single identical twin would have the same gender identity all the time, but they don't.

Why? Identical twins have identical DNA. So if it were in the genes and solely in the genetic DNA, then 100% of the time they would both be transgender or both be non-transgender. The best twin study we have shows that the vast majority do not match. If you have one identical twin who's [considered] transgender, 72% of the time the other twin is normal. That tells us that it's post-birth effects that primarily impact your identity - post-birth effects, not pre-birth.

John Ritchie: If I told you that my Ford was really a Ferrari, you'd question my mental sanity. So why do some medical doctors validate the idea that a man can become a woman.

Dr. Cretella: Ideology. Really, it comes down to an ideology and worldview. I mean, it's been that way since the beginning.

Gender as a term, prior to the 1950s:

#1. Did not refer to people;

#2. Was not in the medical literature.

Sexologists were PhDs and MDs in the 50s who were taking people who believed they were transsexuals (the term was transsexual at the time), mostly men who wanted to be women, and basically invented the so-called "sex reassignment surgery." Amongst themselves in the 50s, they said, "What are we treating? How are we going to justify this?" because they knew full well even then that sex is in the DNA and that mutilating the body does not change a person's sex. They basically looked at the word gender, which meant male and female referring to grammar.

So in the 1950s, one of the sexologists at the time was Dr. John Money. And they said, "We're gonna take gender and say that for people it means "the social expression of an internal sex identity." That's what we're treating. They pulled it out of the air to justify lining their pockets to do mutilating surgeries. And this is the very same definition that the activists are using. It has no basis in reality.

John Ritchie: So what you're saying is that even radical surgery cannot change a man into a woman?

Dr. Cretella: Right, radical surgery... no. NO surgery will change the DNA which is imprinted in every single cell of the body. Again, this is a combination of reason and science. They meld. They go together.

Human sexuality is binary, okay. We know this because in nature, reproduction is the rule and human beings engage in sexual reproduction. You need a man and a woman to do that.

Chromosomes: women are XX, those are the sex chromosomes. Women have two Xs and men have an X and a Y. Those are genetic markers, they are genetic markers for female and male respectively – binary. That's the rule and it's self-evident. Biological exceptions to the rule do not invalidate the rule, and by that I am referring to intersex conditions. We live in an imperfect world. We live in a world with disease and disorder.

There are a variety of very rare biological genetic disorders that result in disorders of sex development. These individuals have a true physiological, genetic, biological problem, so it may be appropriate within those cases to give them surgery or they may need hormones. But that's a case-by-case basis and they are the exception, not the rule. Why do we refer to them colloquially as intersex? Because they are between the norms.

Many people with intersex conditions can lead very happy and healthy lives, but their treatment is very personalized. Someone who identifies as transgender, however – that's not a problem in their body. Gender identity... all identities are in our thoughts and feelings. Those are not hardwired, they develop and they may be factually wrong or factually correct. Individuals with disorders of sex development are being used as pawns in the fight for basically a civil right to a mental illness. There's no such thing as a civil right to a mental illness, but that is in fact what we are dealing with in the transgender rights movement.

John Ritchie: Now a lot of liberal professors claim that the male-female binary is only a social construct, that you grow up learning that men and women are different, but it's really something that's entirely fluid. How would you refute that?

Dr. Cretella: Well, we started to in the last question. Again, to believe that, you have to be completely ignorant of genetics. There are 6,500 genetic differences between men and women. Now the fact that it's a binary as I said, comes down to the fact that the reality is we have sexual reproduction in the human species and reproduction is the rule in

biology. Okay, number one: We have a binary. To rationalize outside of that, you have to rationalize away the entirety of medicine, because with 6,500 genetic differences between the two, it impacts how we treat disease.

Women are not small men! That is how women used to be treated. Science used to do research predominately on men and then look at women and say, "Oh, you're just a smaller body mass, so we're gonna treat your heart attack the same way and your high blood pressure the same way." And now we're realizing, "Wow! No wonder we had different results with women, look at this. Now we can prove and understand why!" And there's a big push to get more women into pharmaceutical studies than ever before because we are different.

Transgenderism is a social construct. The "fluidity" of sexuality: That's a social construct. They have it exactly backwards. And the word gender, as I said earlier, is nothing more than a linguistic engineering term and should have no place in medicine.

We have biological sex, we have sex differences, some of which are purely biological and others that develop as a result of nature and nurture. Women have loads more oxytocin and oxytocin receptors than men do. That is the hormone that is associated with nurturing. It is released during labor, breast-feeding and is so key and important in the first three years of the mother and infant bonding. It's the bonding hormone. Although men have oxytocin as well, they have far fewer receptors in their brains. Every organ of the body is "sexed," if you will, genetically speaking and it's utterly ridiculous to make that assertion.

John Ritchie: So it seems to me that you're saying that at a very deep level, the transgender movement is attacking the order that exists in human nature. Would you go that far and say that human nature is under attack?

Dr. Cretella: Oh, certainly! If my feelings alone determine who I am, then there really is no such thing as a man or a woman.

We're essentially promoting doping. Men are doping on estrogen to become handicapped men. Women are doping on testosterone to become handicapped men in a sense.

This whole "Oh, what do we do in sports?" I mean, really... doping is illegal, period. The end! That's it. Giving a woman testosterone does not make her a man, giving a man estrogen does not make him a woman, the estrogen makes a man a handicapped man. And the testosterone makes the women the equivalent of a handicapped man. Well, I shouldn't even say a handicapped man because you can't change sex.

And in fact, in the Olympics, if a woman were extremely excelling, they [officials] would be concerned about doping and they would be looking in her system for testosterone, high levels of it. So this is utterly ludicrous.

In the past, a man puts on a dress, he's wearing drag. Well now, the drag is no longer made out of cotton and silk. Now the drag is hormones and surgery: It's still drag!

John Ritchie: It seems to me like it's a refinement of the radical idea of total equality.

Dr. Cretella: The error is to equate equality with sameness... they're not. Same does not mean equal. Because we're equal in human dignity, but being male or female, that is the ultimate diversity we should be celebrating. There is no greater diversity than female and male. That is our innate identity and it's written on every cell of our body at the level of our DNA.

I would agree, we're making the mistake of equality meaning same. If that's what you believe, then ultimately we're eliminating: There's no such thing as a woman, there's no such thing as a man.

John Ritchie: Finally, could you say something to encourage more Americans to stand up for the sacred institution of the family?

Dr. Cretella: Absolutely. I would say, the natural family, meaning a loving marriage between a man and a woman, is the most pro-child institution we have. So if you love children, nurture your marriage first of all. It's the greatest gift you can give a child. We must stand up for that, because our children are hurting. Decades, decades of social science demonstrates that this is the most important thing we can do in terms of children's physical, mental, emotional and spiritual health. It's the family... it's the family.

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