

The American Academy of Pediatrics' Dubious Transgender Science

As other countries turn away from hormones and surgery, the AAP won't even allow a debate.

By Julia Mason and Leor Sapir

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A spate of headlines this month declared that America's surge in transgender identification wasn't being caused by a social contagion. These articles were prompted by a new study by Jack Turban and colleagues in *Pediatrics*, flagship journal of the American Academy of Pediatrics. The study claimed that social influence isn't the reason that as many as 9% of America's youth now call themselves transgender. Thus, Dr. Turban argues, efforts in conservative states to regulate on-demand puberty blockers, cross-sex hormones and surgery must be resisted.

Yet Dr. Turban's study is deeply flawed and likely couldn't have survived a reasonable peer-review process. The swift response from the scientific community made both points clear—with even those who support hormones and surgery for gender-dysphoric youth noting that Dr. Turban's shoddy science undermined their cause.

Nevertheless, the media have promoted his work as a refutation of the claim that the wildfire spread of transgender identity is an example of social contagion—a phenomenon in which members of a group (mostly young and female) mutually influence one another's emotions and behavior.

The Turban study rejects the social-contagion theory on the grounds that more biological boys than girls identified as trans in 2017 and 2019, according to data collected from 19 states by the Centers for Disease Control and Prevention's Youth Risk Behavior Survey. But the researchers who helped design the CDC questionnaire explicitly warned that youths who identify as transgender may list their sex as their gender identity, making it impossible to discern who is male-to-female or female-to-male (a limitation Dr. Turban has acknowledged in the past).

In this latest study, he cites three sources suggesting that respondents interpret "sex" as "sex assigned at birth"—even though none of those studies says anything of the sort. To use a flawed sex statistic in an attempt to set aside the well-documented phenomenon of gender-dysphoric female teens' flooding clinics is so amateurish that one can't help but suspect bad faith.

The AAP has been giving Dr. Turban a platform for years, despite the mistakes that plague his research. *Pediatrics* published his highly flawed 2020 study alleging that puberty blockers reduce suicide in teens. The journal even chose the article as its "Best of 2020" despite receiving rebuttals that pointed out the rate of *attempted* suicide was twice as high among the

puberty-blocked group and Dr. Turban hadn't controlled for the possibility that better mental-health outcomes might be the result of factors other than hormonal intervention.

In his correspondence with physicians who asked how such a study could be named best of the year, Lewis First, editor in chief of Pediatrics, said that award is based on "website views and article downloads," not "editorial choices." In response to a rebuttal from one of us (Julia Mason), who warned that the AAP was encouraging the misleading idea that sex can literally be changed, a reviewer said that her statement shouldn't be published as it could be "offensive to the pediatric readership of the journal." Pediatrics seems to be basing its editing choices on political calculation and the sensibilities of trans-identified teens. One wonders how many pediatricians who rely on the journal for professional guidance are aware of these criteria.

The AAP has ignored the evidence that has led Sweden, Finland and most recently the U.K. to place severe restrictions on medical transition for minors. The largest pediatric gender clinic in the world, the U.K.'s Gender Identity Development Service, was ordered to shut down in July after an independent review expressed concerns about clinicians rushing minors to medical transition. Medical societies in France, Belgium and Australia have also sounded the alarm. The U.S. is an outlier on pediatric gender medicine.

A major reason for this is the capture of institutions such as the AAP. Last year a resolution was submitted to the AAP's annual leadership forum to inform the academy's 67,000 members about the growing international skepticism of pediatric gender transition. It asked for a thoughtful update to the current practice of affirmation on demand.

Even though the resolution was in the top five of interest based on votes by members cast online, the AAP's leadership voted it down. In their newsletter, they decried the resolution as transphobic and noted that only 57 members out of 67,000 had endorsed it. The following year, however, when only 53 members backed a resolution that supported affirmative intervention, the AAP allowed the motion to go through, saying that the previous year's measure was "soundly defeated" while this year's received "broad support." When members submitted another resolution to conduct a review of the evidence, the AAP enforced for the first time a rule that shut down member comments, effectively burying it.

The AAP has stifled debate on how best to treat youth in distress over their bodies, shut down efforts by critics to present better scientific approaches at conferences, used technicalities to suppress resolutions to bring it into line with better-informed European countries, and put its thumb on the scale at Pediatrics in favor of a shoddy but politically correct research agenda. Its preference for fashionable political positions over evidence-based medicine is a disservice to member physicians, parents and children.

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