



Written by [Selwyn Duke](#) on June 6, 2022

Ending Child Abuse: Fla. Surgeon General Rejects Abusive Fed “Trans” Guidelines

At one time, medical “professionals” performed lobotomies on youths in an effort to remedy psychological issues. Today they may cut up not their brains but their bodies in an effort to address a different psychological issue: “gender dysphoria.” They do this with the federal government’s endorsement, too. But now Florida Surgeon General Joseph Ladapo is pushing back, warning that “transgender” interventions for children, from puberty blockers to cross-sex hormones to genital mutilation to pronoun changes, are harmful and not based on science.



NBC [reports](#) on the story:

Florida Gov. Ron DeSantis’ administration Thursday asked the state board regulating doctors to essentially ban transition-related care for transgender minors, according to a letter [signed by Ladapo] obtained by NBC News.

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The state Health Department made the request hours after another state agency issued a [46-page report](#) to justify banning Medicaid coverage for transgender people of any age who want puberty blockers, hormone therapies or gender-reassignment surgery.

...In April, Ladapo issued guidance recommending against transgender treatments for minors who feel their bodies and their gender identities are misaligned. It contradicted guidance issued by the U.S. Department of Health and Human Services under President Joe Biden....



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NBC goes on to mention how numerous cherry-picked “health care professionals accused Florida of cherry-picking evidence and performing incomplete research.” “In a partial answer to the criticisms,” the news organ continued, “Florida’s Agency for Health Care Administration issued its report Thursday questioning the science and safety of hormone therapies, puberty blockers and gender-reassignment surgery.”

As for Ladapo, he states in [his letter](#) that recommendations for treating “gender dysphoria” (the sense, in layman’s terms, that you were born in the body of the wrong sex) “are based on a lack of conclusive evidence and [ignore] the high risk for long-term, irreversible harms from these treatments.” The “scientific evidence supporting these complex medical interventions is extraordinarily weak,” the surgeon general added.

Further emphasizing the rejection of the federal guidelines, Ladapo said Wednesday that “minors experiencing gender dysphoria should instead receive counseling to address their concerns,” [reports](#) the *New York Post*.

The doctor then echoed the point, expressed at *The New American (TNA)*, that “transgender” is not actually a medical category, but a political one. “‘It was about injecting political ideology into the health of our children,’ Ladapo said,” the *Post* also related. “‘Children experiencing gender dysphoria should be supported by family and seek counseling, not pushed into an irreversible decision before they reach 18.’”

The stories of [many such hapless youths](#), permanently damaged due to medical establishment malpractice, have been [related at TNA](#) for years now.

Despite this, the *Post* also tells us, federal “guidance contends that measures like hormone therapy can alleviate the stresses associated with gender dysphoria [GD] in children.”

The reality, however, is that there’s no good science whatsoever behind the MUSS (Made-up Sexual Status, aka “transgender”) agenda. While its proponents claim that at issue is a *biological* problem and consequently prescribe *biological* approaches such as puberty blockers, cross-sex hormones, and surgery, GD is *not diagnosed using biological criteria*. There is, for example, no blood or genetic test or brain scan for GD.

Rather, it is diagnosed based solely on *feelings* — strong feelings of “cross-gender identification lasting more than six months.”

In other words, a *psychological* diagnosis is used to justify body-rending *biological* prescriptions. That’s called malpractice.

Thus do Ladapo’s Florida Department of Health guidelines [state](#):

- Social gender transition should not be a treatment option for children or adolescents.
- Anyone under 18 should not be prescribed puberty blockers or hormone therapy.
- Gender reassignment surgery should not be a treatment option for children or adolescents.

As for the bigger picture, it’s no surprise modern health care “professionals” have embraced a MUSS agenda akin to voodoo. Ever since [Wilhelm Wundt](#) decoupled psychology from philosophy in the late 1800s, psychiatrists/psychologists have increasingly viewed man as an organic robot and have sought biological cures for “mental” problems. (Notable here is that Wundt, often regarded as the father of psychology, was a *physiologist*.)



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Consider lobotomy, the now-discredited neural-connection-severing brain surgery once fancied a miracle cure. More than 60,000 such procedures were performed in the U.S. and Europe in the two decades after its 1930s origination.

Now, bearing in mind that some GD sufferers *claim* that MUSS interventions have relieved their psychological distress, ponder what the BBC [wrote](#) about lobotomies last year. “While a minority of people saw an improvement in their symptoms after lobotomy,” the news site writes, some ended up worse off.

Sound familiar?

Despite this, the BBC went on to say, it “took years for the medical profession to realise that the negative effects outweighed the benefits.”

Sound familiar?

The BBC also writes that in “the 1940s, there were no effective treatments for the severely mentally ill...” This is similar to how GD, as with all deep-seated psychological problems, is painfully difficult to ameliorate. So a quick biological “fix” was welcomed.

Sound familiar?

Lastly, the BBC further informs, “Lobotomists were often progressive reformers, driven by a desire to improve the lives of their patients.”

Again, sound familiar?

How much actual concern there was/is for patients’ lives, back in lobotomy days or today with MUSS interventionists, is a matter for debate. Monetary incentives, human ego (wanting to prove your theories and make your mark, the inability to admit error, etc.), and rationalization always enter the equation. So perhaps the real question is what we care about more: others’ well-being — or our own personal benefits and cherished lies.



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