

**PLANNED  
PARENTHOOD'S  
PATH TO  
DESTRUCTION:  
FROM ABORTION TO  
TRANSGENDER**



**LIVE ACTION**

**JUNE 2026**  
A LIVE ACTION REPORT

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**WARNING:**

This report discusses extremely sensitive and sexually explicit topics that some readers may find disturbing.

Sexually explicit photos found in children's libraries, across the country, are also included so readers may understand the magnitude of the sexual perversion and its connections with what Planned Parenthood perpetrates.

## Executive Summary

Planned Parenthood maintains itself as the foremost leader in the practice of ending millions of pre-born lives through abortion, and an expert in sex education, but it also aims to solidify itself as a leader in ‘gender affirming care.’<sup>1</sup> Its venture into this arena is unsurprising, but it will undoubtedly ensure the corruption of both the minds and bodies of the children who have managed to evade its grips of death while inside the womb.<sup>2-4</sup> If Planned Parenthood did not end a person’s life *before* birth, it aims to destroy their humanity *after* birth.

Motivated by a worldview that dismisses objective truth and reality, Planned Parenthood systematically rejects the biological sex and inherent dignity of the human person at *every* stage of development. This culminates in the devastation wrought by its twin pillars of life-ending abortion and “gender-affirming care,” each sustained by taxpayer dollars.<sup>5-8</sup> Dependent upon government subsidies for its survival, this aggressive assault against reality and humanity will persist until ***Planned Parenthood is permanently defunded.***

‘Transgenderism,’ like abortion, is part of a political movement that is brought forth by many of the same institutional actors and well hidden connections among those who have sought to harm children under the deceptive guise of “health care” and “reproductive freedom.” From these duplicitous ideologies and egregious historical founders, Planned Parenthood sprouted, grew, and remains a fundamental leader in promulgating sex denying ‘gender affirming care.’ This is evident in every step of the destructive ‘pathway to transition,’ from the intentional exposure and corruption of a child’s sexual identity to the warped formation through its ‘sex ed’ propaganda and from its ‘grooming’ centers and clubs to its direct involvement in social and medical ‘transitional’ phases.

Regardless of the destructive efforts by Planned Parenthood, objective truth cannot be ignored and cannot be superseded by subjective experiences. This sad reality is evidenced by the travesty of abortion and the growing number of children and adults forced to endure the life-long detrimental impacts inflicted by Planned Parenthood’s ‘gender-affirming care.’

Humans are, by nature, sexed beings, that is to say male/female, from the moment of conception. The biological sex of each human being, male or female, is unchangeable, inseparable and is an inherent reality evidenced in the DNA of every individual human being from the moment of their existence. In other words, the biological sex of a person is evidence of their humanity. To reject a human’s biological sex is to reject the very humanity of that person, and to teach them to do the same. A human could never cease to be that which he/she is, male or female, just as a human being could never cease to be human.

But stripping people of their humanity is what Planned Parenthood ***has always done.*** Just as Planned Parenthood calls pre-born children anything other than human persons attempting to diminish their humanity,

it also aims to destroy the humanity of *born* children, adolescents, and adults, with the same false science and subjectivist concepts that claim biological sex is merely a fluid concept.

Beyond stripping victims of the evidence of their true identities, Planned Parenthood and its strategic allies aim to dismantle a person's inherent power (ability to act) and independence. This orchestration leaves the individual perpetually dependent on Planned Parenthood's services to maintain the great lie it has perpetrated. Consequently, the victim is further led to act against their own self-interest, encouraged to join a broader movement to oppose any individual or institution that refuses to concede to the persistent denial of reality that Planned Parenthood has narrated for its own direct benefit.

Conveniently, this 'care' ceases only when the victim is left to pick up the scattered pieces of chaos caused by Planned Parenthood. These false and dangerous ideologies and actions are far more than just merely antithetical to reality, it is life-altering for the victim, and perilous to any thriving society and nation. Planned Parenthood's mass destruction and inflicted chaos must no longer be allowed to continue.

**One thing is clear, if funding is restored to Planned Parenthood, it will remain as the taxpayer subsidized leader in the cult of death.**

**Every tax-payer dollar sent to Planned Parenthood forces the American public to subsidize the nation's cultural, moral, and physical decay.**

As the United States approaches its 250th anniversary, the blatant assault against the nation's future—its *people*—necessitates an examination of the force – Planned Parenthood, which aims to destroy the very foundations of the nation. This brazen attack simply cannot stand.

**Planned Parenthood *must be banned from federal Medicaid dollars.***

## Definitions

**Authority** - the ability to exercise power.

**Breast Binding ('chest' binding)** - the medically unnecessary compression of breast tissue for the purpose of appearing more masculine.

**Critical Theory (Frankfurt School)** – Stanford Encyclopedia of Philosophy defines as “a family of theories that aim at a critique and transformation of society by integrating normative perspectives with empirically informed analysis of society’s conflicts, contradictions, and tendencies” which narrowly refers to “the work of several generations of philosophers and social theorists in the Western European Marxist tradition known as the Frankfurt School.”<sup>1</sup>

**Detransitioner** - a euphemism commonly used to describe a person who previously identified as with a ‘transgender’ identity. The Clinical Advisory Network on Sex and Gender defines detransition as “someone who previously identified as transgender and received medical and/or surgical interventions as a result, but stopped taking these interventions and no longer identifies as transgender in the same way.” Desistance is also commonly associated with detransition.<sup>2</sup>

**Desist** - Merriam-Webster defines as, “to cease to proceed or act.”<sup>3</sup> The Clinical Advisory Network explains that while both detransitioner and desistance “are not consistently defined, even in the academic literature,” the terms are both used to “describe the process where people cease to pursue medical transition and/or stop identifying as transgender.”<sup>4</sup>

**Woman (or girl, female)** - An adult human female; girl, a human female child.

**Gender** - a social construct used to describe general attributes commonly understood as traits associated with the human male versus the human female. The United Nations states that gender is “learned through [the] socialization processes” further explaining that gender is compiled through “the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men.”<sup>5</sup> Simply stated, gender reflects the objective reality of being man or woman—a reality that never changes. While gender is a conceptualization of this truth, it can be incorrectly perceived if one’s understanding is misaligned with biological reality.

**Man (or boy, male)** - An adult human male; boy, a human male child.

**Marxism** - Not merely a philosophy, Britannica described Marxism as a “body of doctrine” with a “radical critique of philosophy,” formulated by Karl Marx and Friedrich Engels during the mid-19th century which is practiced in various socialist movements, and later adopted by various communists and further revised by fascist regimes and leaders. Marx’s thought focused on the relation between “a whole group of problems such as

human nature, knowledge, and matter” attempting to examine and relate each group of problems to “historical, social, political, and economic realities.”<sup>6</sup> Influenced by Charles Darwin, Marx held the belief that humans derived solely from nature and are *the* “supreme being” becoming “fully human” only by opposing nature.<sup>7</sup> Marx believed that man was “thus evident and irrefutable proof of his own creation by himself.”<sup>8,9</sup>

**Mastectomy & Breast Implantation (‘chest’ surgeries)** - For the purpose of ‘gender affirming care,’ these two types of surgeries, double incision mastectomy or breast implants (also lumped in as a ‘chest surgery’ for GAC), are used to either appear more masculine or more feminine.

- Double incision mastectomy - the removal of healthy breast tissue for the purpose of appearing more masculine; two large incisions are made to remove large amounts of breast tissue and “[t]he nipples and areolas are removed, reshaped, and then replaced (if desired) to achieve a more masculine appearance.”<sup>10</sup>
- Breast Implantations (as applied to GAC) - The medically unnecessary implantation of faux-breasts on a male for the purpose of appearing feminine; pseudo-breasts are created by “inserting a gel or liquid-filled implant into a pocket formed behind the breast tissue or under the pectoral muscle and centering each implant beneath the two nipples.”<sup>11</sup>

**Metoidioplasty** - For the purpose of ‘gender affirming care,’ the artificial enlargement of a woman’s clitoris, achieved with the use of hormones such as testosterone. If the clitoris reaches roughly four to six centimeters in length, it is then used to craft together a neophallus, or a surgically constructed faux-penis.<sup>12</sup>

**Modernism** — The Enlightenment of the 18th century catalyzed the democratization of the West, paving the way for the Industrial Revolution and the profound societal shifts of the early 20th century according to Britannica. This era marked a departure from traditional moral frameworks as the perceived source of truth transitioned from the premise of intelligent design and natural law toward a fragmented landscape defined by spiritual vacancy. Consequently, the objective reality of the natural order of things was rejected in favor of a self-referential understanding rooted in the presumed authority of man’s fallible observations and comprehension through science alone.<sup>13</sup>

**Neo-Marxism** - EBSCO defines as “a contemporary theoretical framework that builds on classical Marxist thought, particularly in relation to social stratification and inequality” that integrates elements of income equality and sociocultural issues aiming to move past “simplistic binary classifications.”<sup>14</sup>

**Phalloplasty (Colpectomy)** - The medically unnecessary (for the purpose of ‘gender affirming care’) surgical attachment of a man-made appendage aiming to appear like a pseudo-penis for the purpose of mimicking male genitalia. A standard phalloplasty involves the fashioning of “an appendage made out of a woman’s forearms” that is then sewn “into her groin” and can be done with or without the surgically removing of the vagina—often done in conjunction with a colpectomy.<sup>15,16</sup> For the purpose of ‘gender affirming care,’ a colpectomy is a medically unnecessary surgical procedure where surgeons “remove the vaginal wall and sew the woman up.”<sup>17</sup>

Phalloplasty and colpectomy procedures are often a “multistaged process” often including:

- Creating a faux-penis
- Lengthening the urethra
- Creating the tip (glans) of the faux-penis
- Creating the faux-scrotum
- Removing the vagina, uterus and ovaries (sterilization)
- Placing faux erectile and testicular implants
- Skin grafting from the donor tissue site

**Postmodernism** — The late 20th century saw the rise of a pervasive skepticism and relativism, characterized by a profound suspicion of reason (the ability to think).<sup>18</sup> Skepticism and relativism was coupled with an acute focus on the role of political and economic power and the sustainment of such power. Within this framework, the source and authority of objective reality were reduced to mere subjectivity and reliant on emotion. Often, this rejection of the existence of objective reality resulted in the claim that all things are socially constructed and controlled by those beholden by perceived power and authority. For example, core to the foundational views of transhumanistic ideology, postmodernists suggest that through specialized technological and scientific tools, human beings can “transcend” (or move beyond) their inherent nature—or “evolve into an enhanced species that transcends humanity” and subsequently become “posthuman” as explained by Britannica.<sup>19</sup> According to some post-modern theories, one’s subjective ‘reality’ is solely dependent upon *who* has “access” to, and who controls, such scientific technologies and medical advancements. In other words, “reality” *is* whatever someone wants it to be, so long as access to all tools needed to manifest the person’s desired outcome is available.

**Power** - the ability to act.

**Queer Theory** - Indiana University Bloomington defines Queer Theory as, “an interdisciplinary field that encourages one to look at the world through new avenues. It is a way of thinking that dismantles traditional assumptions about gender and sexual identities, challenges traditional academic approaches, and fights against social inequality.”<sup>20</sup> It is important to note what is meant by the word ‘traditional’ — meaning, what was previously widely understood and accepted as objective.

**Reality** - what actually is (being, “meaning that-which-is, or exists, *esse habens*), independent of subjective thought or understanding, in its act of existing (*esse*, that by which substance is given the name of being), in its being (that-which-has-existence-in-act) — as it actually is, not merely in its potentiality, but rather the act of being that is received from the Creator.<sup>21</sup>

Reality as ‘res’ + ‘actualis’ (Latin)<sup>22</sup>

- ‘Res’ - “everything ‘presented’ to sense or intellect, that has being, independent of our thinking.”
- ‘Actualis’ - realized potentiality (what is fully ‘in act’).

In summary, “reality is not just what people think or feel; it is, “what truly is-what has being and is, in act–rooted ultimately in” God’s design for its existence.”<sup>23-26</sup>

**Relativism** - EBSCO explains relativism as “a philosophical doctrine asserting that there are no absolute truths, with the validity of beliefs and perspectives being contingent upon the individual, culture, or context in which they arise.”<sup>27</sup> The doctrine of relativism operates under the assumption that, “no single belief system should be prioritized over another.”<sup>28</sup> Ethical relativism doctrine claims that there are “no absolute truths in ethics and that what is morally right or wrong varies from person to person or from society to society.”<sup>29</sup> Put plainly, relativism is the belief that there is no objective truth or morals for which a person, society, or actions can be judged by and forces the authority of judgment *not on anything real or unchanging*, but rather on fluid subjective feelings and perspectives.

**Sex** - Britannica defines sex as “the sum of features by which members of species can be divided into two groups—male and female—that complement each other reproductively.”<sup>30</sup>

**Structuralism** - Britannica defines psychological structuralism as, “a systematic movement” which “sought to analyze the adult mind (defined as the sum total of experience from birth to the present) in terms of the simplest definable components and then to find the way in which these components fit together in complex forms.”<sup>31</sup>

**Transgender** - The American Psychological Association defines ‘transgender’ as “an umbrella terms [sic] for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they [sic] were assigned at birth.”<sup>32</sup> ***But this definition is false.*** One’s sex (male or female) is determined at the moment of his/her physical existence, from conception, and is a biological reality, unchangeable, and evident in his/her molecular DNA, and is naturally fixed and unchangeable. The prefix ‘trans’ is from Latin meaning “across, over, or beyond.”<sup>33</sup> The word gender reflects the objective reality of being man or woman—a reality that never changes. While gender is a conceptualization of this truth, it can be incorrectly *perceived if one’s understanding is misaligned with biological reality*. No human person can move “across, over, or beyond” that which he/she is and always will be. Therefore, a more accurate definition is a human male or female, whose perception of his/her sex (male/female) is fractured from reality (that which is and always will be).

**Transition** - Merriam-Webster defines as “a process, period, or act of changing from one state, stage, subject, or form to another.”<sup>34</sup> Applied to the purpose of this report, a human male or female, cannot “change” or “form to another” sex, but can only attempt to deceive him/herself and others, through social, medical, and legal means, in attempts to align with how he/she feels. So to “transition,” is a euphemism meant to utilize social, medical interventions and legal means as a way to ‘transition’ how someone feels in alignment with his/her identity and to project that feeling/identity onto his/her outward appearance, and on society.

**Tucking** - Genspect defines tucking as “the practice of males compressing their genitalia into the groin or up between the legs to produce a “feminine” appearing crotch.”<sup>35</sup> Genspect further describes “tucking” as “another do-it-yourself intervention that causes harm” and “is not recommended.”<sup>36</sup>

**Vaginoplasty** - for the use of ‘gender affirming care,’ vaginoplasty is a multi-step sex-rejecting surgical procedure that involves removing the male penis, testicles, and scrotum to construct a pseudo-vulva and pseudo-vagina.<sup>1</sup> The process of vaginoplasty involves rearranging existing genital tissue to create a vaginal opening and external female-appearing genitalia, including the labia.<sup>37</sup> A variation of this procedure, called vulvoplasty, achieves a feminine-appearing outer genital area but with a shallow pseudo-vaginal canal that cannot be used for sexual intercourse.<sup>38</sup>

## History: Spreading a ‘New Religion’

Planned Parenthood’s 2007 launch of the Future of Sex Education Initiative (FoSE) coalition, in collaboration with Advocates for Youth (AFY) and the Sexuality Information and Education Council of the United States (SIECUS), targeted America’s youth by expanding the extremist coalition’s presence in public schools and online.<sup>1-5</sup> Planned Parenthood also played a critical role in the formation of both AFY and SIECUS, and today, the coalition utilizes digital platforms, curricula, and various resources to forcefully advance and normalize sexual perversion, ‘transgender’ ideology, abortion, and the use of hormonal birth control among children.<sup>6-10</sup>



Source: Advocates for Youth social media post, September 27, 2024

In its efforts to normalize deviant sexual behaviors, hormonal birth control use, transgenderism, and abortion among youth, the coalition seeks to undermine parental rights and fundamentally alter the values of future generations, which will undoubtedly have serious ramifications, including irreparable fractures within the family and unprecedented addiction to pornography.<sup>11</sup> Planned Parenthood, and the groups it leads, aggressively push for the adoption and acceptance of trans agenda-fueled content, consistently overstepping the boundaries of public education and parental authority while intentionally eroding childhood innocence.<sup>12-14</sup>

Planned Parenthood has an intricate web of historical connections and the implications of those connections remains evident, as “trans-ideology” continues to grow. Consequently, many families are forcefully ripped apart with parents fighting losing battles to keep custody of their precious children.<sup>15-18</sup>

Mary Calderone, former Planned Parenthood medical director and founder of SIECUS explicitly stated that the purpose of SIECUS – to expose children to sexualized concepts – was akin to spreading a “new religion.” She quoted anthropologist Margaret Meed, who wrote, “Every new religion, every new political doctrine has had first to make its adults convert in order to create a small nuclear culture within whose guiding walls its children will flourish.”<sup>19</sup>

This false ‘religion’ has spread swiftly, causing the nation to abandon objective reality and the inherent, protective instincts of adults over children. Today, every child in America is directly or indirectly exposed to the

influence of Planned Parenthood through SIECUS and the FoSE coalition, and what was once understood as objective reality has intentionally been distorted and warped into an emotionally-fueled subjectivity easily identifiable in Planned Parenthood’s mission and its ‘services.’<sup>20</sup>

The eugenic ideology of Planned Parenthood’s founders and friends remains central to the organization today.<sup>21</sup> Beyond denying the humanity of preborn human beings, Planned Parenthood encourages society to reject self-evident biological realities, ultimately aiming to deconstruct the human body itself.<sup>22</sup>

This predatory sexual grooming of America’s children is inseparable from the explosive rise in ‘trans’ and ‘non-binary’ self-identification.<sup>23</sup> In fact, it is a direct manifestation of the stated goals of Planned Parenthood, which include to strategically target minors with its ‘gender-affirming care.’<sup>24, 25</sup>

Why?

Planned Parenthood’s answer to this question is very direct. Its website states, “At its core, both **gender-affirming care and abortion care are rooted in one fundamental principle: bodily autonomy.**” Planned Parenthood defines bodily autonomy as “having the power to make personal decisions about one’s own body and future, free from political interference, violence, and oppression.”<sup>26</sup>

## Autonomy at the Core

At its core, both **gender-affirming care and abortion care are rooted in one fundamental principle: bodily autonomy.** Bodily autonomy means having the power to make personal decisions about one’s own body and future, free from political interference, violence, and oppression.

For those seeking an abortion, it can mean the right to decide if, when, and how to become a parent. For trans, nonbinary, and gender-expansive people, it can mean accessing the health care they need to live fully and freely as their authentic selves. Everyone deserves the freedom to make these deeply personal choices without barriers or interference. The same systems that attempt to restrict access to abortion are often the same systems that limit access to gender-affirming care—both rooted in efforts to control people’s bodies and deny them necessary health care. These attacks, often framed as “protection,” are really about control. When politicians restrict one type of care, they pave the way for attacks on other forms of care.

At PPRM, we reject these attempts to restrict care. We stand firm in our commitment to ensuring that every person can access the health care they need, when they need it, without arbitrary political barriers.

Source: Planned Parenthood’s website, “Autonomy at the Core” accessed May 6, 2026. Red lines added by Live Action

**Reality Check:** Planned Parenthood refers to its “fundamental principle” for both ‘gender affirming care’ and abortion as “bodily autonomy.” **Translation:** Planned Parenthood believes everyone should have the “power,” or the ability, to both intentionally end the life of the preborn human child (disregarding the bodily autonomy of the preborn human child) through abortion and inflict potentially irreversible physical harm or mutilation to him or herself, including infertility. Both abortion and ‘gender affirming care’ are in direct

opposition to true “health care,” which is meant to heal, and Planned Parenthood wants both to be carried out free of restrictions and penalties.

The verbiage Planned Parenthood uses in its messaging is intentional and is evidence of its sinister agenda. Planned Parenthood and its friends fully embraced what is known today as Queer Theory, a derivative of Critical Social Justice Theory (also known as Critical Theory). Consequently, any group that promotes ‘gender-affirming’ ideology is in agreement with and a propagandist of Queer Theory. Indiana University Bloomington defines Queer Theory as, “an interdisciplinary field that encourages one to look at the world through new avenues. It is a way of thinking that dismantles traditional assumptions about gender and sexual identities, challenges traditional academic approaches, and fights against social inequality.”<sup>27</sup>

Planned Parenthood’s founders and strategically associated allies historically helped to usher in the acceptance of Queer Theory.<sup>28-30</sup>

**The result:** the mass genocide of millions of human beings slaughtered by abortion, as well as the forced sterilization and mutilation of the minds and bodies of countless children and adults through “transgenderism.”<sup>31</sup> In both, the very humanity of the person is attacked.

In addition, the warped thoughts and desires of pedophiles and pedophile sympathizers and manufactured pseudo-science are used to justify harming children to satisfy disturbed adult desires.<sup>32-36</sup> This was achieved by creating a fake narrative surrounding a child’s developmental ability to “consent” to sexualized concepts and actions. Yet, Planned Parenthood and its anti-life science-denying allies, use these easily debunked ideas and false concepts to further advance their dangerous agenda through the intentional collapse of words and language, which include but are not limited to, sex and gender, and their definitions.<sup>37, 38</sup>

For example, Planned Parenthood states that “health care,” which, for Planned Parenthood includes abortion and cross-sex hormones, needs to be “free from political interference, violence, and oppression.” What does that mean? It means that anyone, even a parent, who attempts to prevent a minor from undergoing an abortion or cross-sex hormones is ‘oppressive’ and ‘violent.’ But the reality is that no amount of hormones, puberty blockers, or surgeries could ever turn a person into the opposite sex from the sex that was determined at their conception. Just as the preborn child is fully human from the moment of conception, so too is a person’s biological sex determined, and it will remain the same *regardless* of any laws, political powers, politicians, or any self-perceived “violence.”

Regarding the emotionally charged use of the word “oppression,” Merriam-Webster defines “oppression” as an “unjust or cruel exercise of authority or power.” However, no one, not the individual nor the biological parents, nor any scientist or doctor, has any “authority or power” over a person’s biological sex as it is *determined at the very moment of a person’s conception and remains the same regardless of any belief or actions*

*taken in direct opposition to reality.* In other words, a person cannot be kept or "oppressed" from an "authority or power" that **no human possesses.**

What Planned Parenthood is *really* stating is that *it* desires to become the orbiter of such "power or authority" over something it could never control—reality.

To comprehend (and correct) this evident madness plaguing American society, one must understand what is at the very core of Planned Parenthood's definition of "bodily autonomy," where it comes from, and what exactly it all means.

To do that, first we must identify and define what *is* real.

#### What *is* Sex

Britannica defines sex as "the sum of features by which members of species can be divided into two groups—male and female—that complement each other reproductively."<sup>1</sup>

#### What *is* Gender

Gender is a social construct used to describe general attributes commonly understood as traits associated with the human male versus the human female. The United Nations states that gender is "learned through [the] socialization processes" further explaining that gender is compiled through "the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men."<sup>2</sup>

Simply stated, gender reflects the objective reality of being man or woman—a reality that never changes. While gender is a conceptualization of this truth, it can be incorrectly perceived if one's understanding is misaligned with biological reality.

#### Planned Parenthood's Continued Distortion of Words and Reality

The words sex and gender, as defined above, have meaning, and these meanings are significant. Yet, Planned Parenthood intentionally conflates and distorts sex and gender, along with their definitions, to fulfill its mission and justify its destructive practices under the guise of "health care."

First and foremost, humans are not sexless beings. Biological sex, male or female, is literally part of who a human being, male or female, *is*. A person's biological sex is determined at the molecular level from the instant of fertilization.<sup>1,2</sup> Science *affirms this reality*, and this is precisely why practices that deny the reality of sex and gender, like Planned Parenthood does, are so damaging to the human person.<sup>3</sup>

In addition, unlike other sexed animals, humans are endowed with **reason**—that is, the capacity to think, judge, and formulate conclusions based on logic and understanding of evidence.

Consequently, since humans **are** innately sexed beings who have the capacity to reason, we are able to recognize our humanity, to better understand ourselves through our sexuality, male or female, and to, therefore, learn what it means to be human and to become ourselves. Unlike other inherent abilities, such as the instinctual need and desire to eat, our human sexuality is a life-long formation and process that **must** be rooted in reality for healthy development.

Yet, with “Queer Theory” – a derivative of Critical Social Justice Theory (CSJT) that is perpetuated by Planned Parenthood – gender and sex are *intentionally conflated*, and their definitions purposely severed from truth.<sup>4</sup> The objective of Queer Theory is to dismantle any form of individualism and subsequent form of capitalism and form a herd-like mentality perpetually dependent on an ever-changing subjectivity defined by Planned Parenthood and friends.

Author and critic of CSJT James Lindsay explained that in CSJT gender is defined entirely as a social construct: a system of culturally produced and enforced beliefs, attitudes, expectations, and practices that are meant to reflect the reality of a person’s biological sex<sup>5,6</sup> The elements of the social construct, Lindsay explained, are used to define what it means to be masculine (a man) or feminine (a woman), determine who is expected to conform to the social construct, and establish the perception of accepted mechanisms of enforcement.<sup>7</sup> This construct can often become rigid and fluid, such as a broad application of stereotypes inaccurately assumed as reality.

## Sex vs. Gender

**What Is Sex?**  
Sex is defined as the hormonal, chromosomal, and anatomical factors that make one male, female, or intersex.

**What Is Gender?**  
Gender is a broad category that includes characteristics, identity, expression, and roles.

### Sex Definitions

- Sex Assigned At Birth**  
The sex (male or female) assigned to a child at birth, most often based on the child's external anatomy.
- I = Intersex**  
General term used to describe individuals who have a different composition of XX or XY hormones, chromosomes, and/or internal/external reproductive organs.

Male Intersex Female

### Gender Definitions

- Cisgender or "Cis"**  
Refers to a person whose gender identity matches their sex assigned at birth.
- Transgender or "Trans" (T)**  
Refers to a person whose gender identity or gender expression does not match their sex assigned at birth. Independent of sexual orientation.
- Gender Non-Conforming**  
Refers to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.
- Gender Non-Binary (NB)**  
Refers to a range of gender identities that are not strictly male or strictly female. Similar terms are "genderqueer" or "gender fluid."
- Queer and/or Questioning (Q)**
  - Queer is historically a derogatory term, and is now being reclaimed by LGBT and gender non-conforming people as a self-affirming term.
  - Questioning refers to someone who is questioning or exploring their sexual orientation, gender, or gender expression.

Source: Planned Parenthood's "Sex Ed to Go for Students" lessons

Stereotypes have long existed regarding what it means to be male and female. Merriam-Webster defines stereotype as, "a standardized mental picture that is held in common by members of a group and that represents an oversimplified opinion, prejudiced attitude, or uncritical judgement."<sup>8</sup> Stereotypes are flawed and subjective, and are not always a reflection of the reality of who the person is, male or female. For example, one stereotype is that if a child is a boy, he must like playing with toy cars, or, another is if a child is a girl, she must like baby dolls. Reality is that boys can play with baby dolls and girls can play with toy cars because *a stereotype could never impact nor change the child's biological sex*. Yet, in Planned Parenthood's version of gender, the "reflection of reality" is removed and "reality" is replaced by "subjective feelings," conflating it with stereotypes. Planned Parenthood and other Queer Theory propagandist then takes this distorted version of "gender" and teaches it as "something you *do*—or something that is *done to you*"—rather than "something you *are*," Lindsay explains.<sup>9</sup>



Source: Planned Parenthood’s “Sex Ed To-Go for Students,” video lesson on “Sexual Orientation”

Lindsay explains that CSJT is rooted in the belief that discourses (“how things are spoken about”) are the key determinants of perceived reality.<sup>10</sup> In other words, reality and truths are products of language, and therefore, discourses can change what is accepted by society as truth. For example, when FoSE coalition members teach children that a person’s gender is “fluid” by conflating how someone feels about their “gender” with a person’s biological sex, children are given the false perception that their biological sex is also “fluid” or changeable. Scientific discourses are considered “particularly powerful” due to their perceived association with *knowledge and truth*, which pro-CSJT activists erroneously believe to be fluid.<sup>11</sup> Using the same example of “gender-fluidity,” Planned Parenthood and its coalition teaches that whoever denies how the person *feels* is oppressive to the “gender-fluid” person, because they are denying the subjective feelings the “gender-fluid” person falsely believes is “their” self-made reality. This idea includes any field of science that claims evidence that contradicts “gender-fluidity.”



Source: AMAZE video, “Expressing Myself. My Way.”

Lindsay explains, that in CSJT and Queer Theory, power (the ability to act) and knowledge (the ability to reason, or “know what we know”) are equated (power-knowledge), and therefore, conflated and

intertwined.<sup>12</sup> Consequently, knowledge about sex and gender becomes erroneously and directly linked to political control in these areas.<sup>13</sup> Scientifically-based discourses that assert inherent, objective, and non-socialized differences between men and women are then used by these activists to justify various forms of discrimination or violence, Lindsay explained.<sup>14</sup> Using the same previous example, any rule-making authority, including society itself, that acts contrary to the beliefs of the “gender-fluid” person, or prohibits the “gender-fluid” person from futilely attempting to become who they have chosen to identity as (ex. use of pronouns, puberty blockers, hormones, surgeries), is carrying out a form of discrimination or violence against them, and suppressing the “gender-fluid” person.

Therefore, CSJT and Queer Theory aim to prevent the so-called “legitimization” of any discourse that includes even the slightest hint of objective truth or reality because such ‘legitimization’ is viewed as an intolerable offense.<sup>15</sup> CSJT and Queer Theory seek to eradicate every instance of distinction between that which is objective (facts based) and that which is subjective (feelings based). Consequently, they teach that any objective framework that recognizes the reality of sex by acknowledging distinct roles or societal expectations must be dismantled and refuted. For this reason, Lindsay explains that CSJT and Queer Theory, which Planned Parenthood proudly espouses, must be correctly identified and understood as a *political movement* aimed at ensuring so-called “justice” and preventing any perceived “injustice” that has been entirely manufactured on subjective thoughts and feelings.<sup>16,17</sup>

The nonsensical theories of CSJT and Queer Theory did not just *occur*. They were methodically *created*. Alliances were forged, organizations and institutions established and corrupted, and an entire ring of deception was conjured up, leading to where U.S. society is today. *Planned Parenthood's historical presence was there all along, just as it continues to be, every step of the way.*

#### Timeline

- **1864-1880:** Karl Ulrichs coined the terms “Urning” and “third gender” in his 12-volume series *The Riddle of “Man-Manly” Love*.
- **1905-1920s:** Magnus Hirschfeld collaborates with Helen Stöcker.<sup>1</sup> Together, Stöcker and Hirschfeld work to lobby the German Parliament to decriminalize homosexuality.<sup>2</sup>
- **1907:** Harry Benjamin encounters Magnus Hirschfeld.
- **1913:** Benjamin immigrates to the U.S. returning multiple times back to Berlin to “study” under Hirschfeld.
- **1916:** Margaret Sanger, opens first illegal birth control “clinic.”<sup>3</sup>
- **1919-1933:** Magnus Hirschfeld Institute for Sexual Science operates, closed in May 1933 after being destroyed by Nazi regime.<sup>4</sup>
- **1920 (September):** Margaret Sanger visits Hirschfeld’s Berlin Institute.<sup>5</sup>

- **1920s:** Sanger and Stöcker collaborated throughout the 1920s, including during the Fifth International Neo-Malthusian and Birth Control Conference.<sup>6</sup>
- **1921:** The American Birth Control League (ABCL) was founded by Sanger.<sup>7</sup>
- **1923:** Birth Control Clinical Research Bureau is established by Sanger, and is the first “legal” birth control clinic.<sup>8</sup>
- **1930-1931:** With the invitation by Benjamin, Hirschfeld toured the U.S., visiting with Sanger and ACLU’s Clarence Darrow, and provided lectures across the country to various groups and institutions.
- **1942:** ABCL is renamed to Planned Parenthood Federation of America.<sup>9</sup>
- **1947:** The Kinsey Institute, modeled after Hirschfeld’s Berlin Institute is established.
- **1948:** Alfred Kinsey, Wardell Pomeroy and Clyde Martin author *Sexual Behavior in the Human Male*.
- **1952:** Sanger officially founded the International Planned Parenthood Federation, funded in part by Playboy Founder Hugh Hefner.<sup>10,11</sup>
- **1953:** Kinsey, Pomeroy, Martin and Paul Gebhard author *Sexual Behavior in the Human Female*.
- **1963:** Benjamin begins to “treat” Rita Mae Erickson.
- **1964:** Erickson founded the Erickson Educational Foundation (EEF).
  - Mary Steichen Calderone, former medical director of Planned Parenthood, founded Sexuality Information and Education Council of the United States (SIECUS) with seed money given by Playboy founder Hugh Hefner for the purpose of spreading Kinseyan ideology.<sup>12,13</sup>
    - Wardell Pomeroy is also a founding board member of SIECUS.<sup>14</sup> Throughout the 1960s, John Money was an active contributor to SIECUS and its ‘sex ed’ curriculum.<sup>15</sup>
- **1965:** John Money holds first meetings with Harry Benjamin and the Johns Hopkins “Gender Clinic” which is officially announced in 1966.<sup>16,17</sup>
- **1966:** Erickson helps to fund Johns Hopkins University “Gender Clinic” and funds the publishing of Benjamin’s book *The Transsexual Phenomenon*.
  - The Society for the Scientific Study of Sex (SSSS, also known as “quad-S”) is incorporated. SSSS would later change its name to the Society for the Scientific Study of Sexuality in 1996.
- **1967:** the American Association of Sex Educators and Counselors and Therapists is founded by SIECUS leader Patricia Schiller and SSSS co-founder, Albert Ellis.<sup>18</sup>
- **1968:** The National Sex Forum (NSF) established in San Francisco, CA after initial conversations held at the Kinsey Institute.<sup>19</sup> Robert “Ted” McIlvenna, is hired by Glide Memorial Church and Glide Foundation.<sup>20</sup>
  - Guttmacher Institute founded as the “research arm” for Planned Parenthood, previously called the Center for Family Planning Program Development.<sup>21</sup>
- **1972-1974:** John Money serves on the Board of Directors of the SSSS.<sup>22</sup>
- **1973:** *Roe v. Wade* is decided, decriminalizing abortion.
- **1976:** The Institute for Advanced Study of Human Sexuality (IASHS) is established. Pomeroy leaves Kinsey Institute to become IASHS’ first “dean.” IASHS closed in 2018.

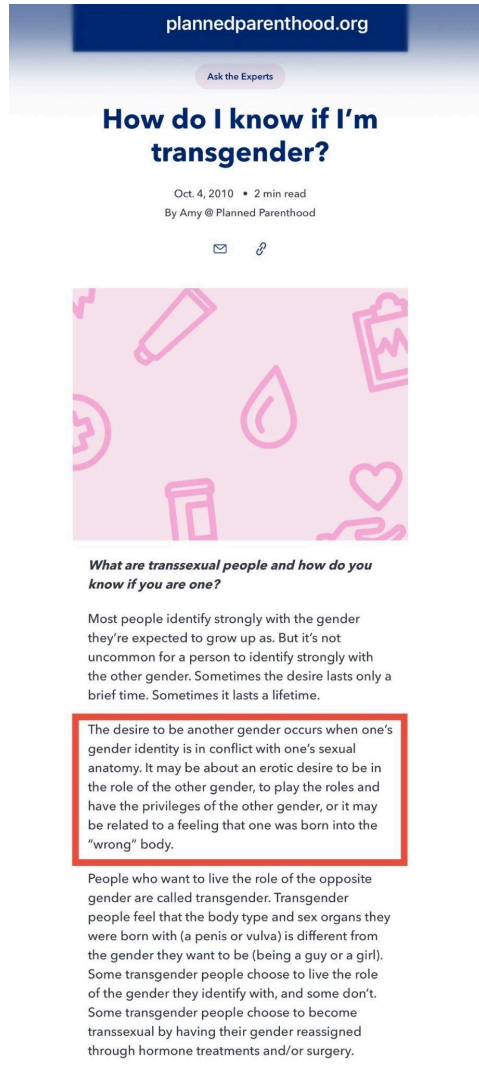
- **1979:** The EEF funds The Harry Benjamin International Gender Dysphoria Association, later officially renamed the World Professional Association for Transgender Health (WPATH) in 2007.<sup>23</sup> Developed “Standards of Care” later published by WPATH (SOC-7) in 2012.<sup>24</sup>
  - Howard Jones left the “Gender Clinic” and established the first IVF clinic in the U.S. in 1979.<sup>25</sup>
- **1980:** Center for Population Options is established, later renamed Advocates for Youth (AFY) working in close collaboration with Planned Parenthood, SIECUS, AASECT and SSSS.<sup>26, 27</sup> Originally served the purpose of spreading SBHCs across the country for population control efforts, specially targeting minority and impoverished communities.<sup>28</sup>
- **1992:** *Planned Parenthood v. Casey* reaffirmed *Roe v. Wade* but allows for some state restrictions.
- **2005:** Planned Parenthood begins to offer “trans-affirming care.”<sup>29</sup>
- **2008:** Planned Parenthood established the Future of Sex Education (FoSE) coalition, in collaboration with AFY, Answer (part of AFY), and SIECUS.<sup>30</sup>
- **2011:** FoSE works in partnership with the American School Health Association, the American Association for Health Education, the National Education Association (NEA)-Health Information Network, and others to establish the *National Sexuality Education Standards: Core Content and Skills, K-12* otherwise known as NSES.<sup>31</sup>

## **Key Historical Figures & Concepts of Planned Parenthood’s Destructive Agenda**

Karl Heinrich Ulrichs (1825-1895): The “Grandfather” of the Transgender Movement

The economic turmoil in Germany following World War I led to a rise in prostitution in Berlin, including the sexual exploitation of minors.<sup>1</sup> Documented instances of abuse spurred public outrage.<sup>2</sup> By the turn of the 20th century the term “paedophile” began to be used to refer to child sexual abusers.<sup>3</sup> In the late 19th and early 20th centuries, efforts by individuals such as gay activist Karl Ulrichs were underway to legally and psychologically differentiate homosexuality from child sexual abuse.<sup>4, 5</sup> Essentially, Ulrichs aimed to convince society that man/boy relationships were not abuse. Ulrichs believed that homosexuality is innate or natural—an idea still echoed by Planned Parenthood and its affiliates today when attempting to explain sexual orientation and “transgender,” “non-binary” identities.<sup>6-8</sup>

Ulrichs coined the term “Urnings” to describe homosexual men and defined them as superior and a “special sexual species... similar to hermaphrodites... a third sex... independent of the male or female sex.”<sup>9</sup> He believed that same-sex attracted males had all of the genetic ‘benefits’ of the male body (physical strength and dominance) but the ‘soul’ of a woman (tenderness). Ulrichs also believed in the idea that a homosexual man could really be a woman who was “born in the wrong body,” a scientifically refuted idea eventually promoted by Planned Parenthood.<sup>10, 11</sup>



Source: Planned Parenthood blog, "How do I know if I'm transgender," Oct. 4, 2010, edited: red box added

Furthermore, author and historical filmmaker Malcolm Clark explained that Ulrichs held a negative view of puberty and failed to recognize the natural cognitive prematurity of children, consequently and erroneously arguing that:<sup>12</sup>

- A child's internal sexual identity may diverge from their external biological sex
- Puberty poses a potentially destructive threat to something inherently precious and beautiful
- Children possess the capacity to consent to medical interventions that result in profound long-term changes to their physical and mental state

Ulrichs sought to separate the public, legal, and psychological perception of homosexuality from pedophilia, yet he remained vague, particularly when he publicly defended convicted pedophile Johann Baptist von Schweitzer and others.<sup>13</sup> Consequently, it was his reliance on the concept of 'consent' which ultimately

blurred the line between homosexuality and pedophilia.

In legal and political contexts, Ulrichs argued:<sup>14</sup>

*[T]he passionate love to adult men and the passionate love to immature boys ... rule out each other...innate love for persons of the male sex ... [should be] free from punishment so long as neither person's rights are violated.*

In Ulrichs' view, all sexual acts are permissible as long as the persons involved, *even children*, provide 'consent'— a dangerous idea that continues to be promoted today by Planned Parenthood's sex educators and sex ed programs.<sup>15,16</sup>

### Magnus Hirschfeld (1868-1935)

Sexologist, early LGBTQ activist, and 'colleague' of Planned Parenthood founder, Margaret Sanger, Magnus Hirschfeld was heavily influenced by Ulrichs, even earning the label of a "devotee."<sup>1</sup> Hirschfeld would latch on to Ulrichs' belief that same-sex attracted individuals could be "born in the wrong body" and consequently concluded that medicalization could be used to 'treat' homosexuality.<sup>2</sup>

In 1919, he founded the Institute for Sexology, a pioneering institution shaped by the Weimar Republic's progressive policies.<sup>3</sup> The Institute aimed to establish sexology as a recognized academic discipline, and it became a model for later sexology and sex reform institutions in Germany and the U.S., including what would become sexual anarchist Alfred Kinsey's Kinsey Institute.<sup>4-7</sup>

Sanger visited the Institute referring to it as a "beautiful dwelling," as did movie producer and author, Christopher Isherwood, who wrote about his experiences at the Institute's museum, describing it as being adorned with:<sup>8</sup>

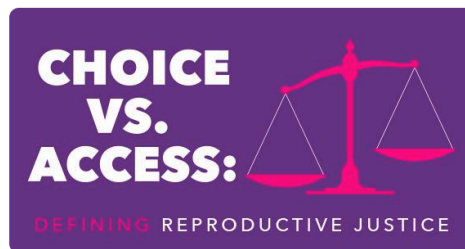
*...whips and chains and torture instruments designed for the practitioners of pleasure-pain; high-heeled, intricately decorated boots for the fetishists; lacey female undies which had been worn by ferociously masculine men.*

Following the example set by Ulrichs, Hirschfeld aimed to separate male homosexuality from pedophilia. To achieve this, his definitions of childhood and adolescence remained ambiguous. Similar to Ulrichs, Hirschfeld also had a keen focus on consent, according to journal authors Fisher and Funke.<sup>9</sup> Fisher and Funke noted that the concept of consent "assumed a key role in attempts to legitimize same-sex behaviours."<sup>10</sup> At the same time, Hirschfeld and other self-proclaimed "sexologists" were interested in "intergenerational same-sex relationships," or relationships with significant age differences.<sup>11</sup>

Hirschfeld's motto, "[t]hrough science to justice," outlined the Institute's mission for sexual reform and is akin to language still echoed today by Planned Parenthood.<sup>12</sup>

## CHOICE VS. ACCESS: DEFINING REPRODUCTIVE JUSTICE

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By Sandra @ Planned Parenthood



Source: Planned Parenthood of the Pacific Southwest, Inc, "Choice vs. Access: Defining Reproductive Justice."

Hirschfeld's Institute pioneered the idea of "transsexuality" through early "cross-sex" hormone use and "sex-change" surgeries.<sup>13</sup> It also promoted sexual promiscuity, birth control, and homosexuality.<sup>14</sup>

Hirschfeld also assisted in the creation of propaganda to essentially *normalize pedophilia*. In the 1920s, Richard Oswald collaborated with Hirschfeld to produce the film *Different from the Others*.<sup>15</sup> This movie, based on Hermann Breuer's 1904 book, was the first to normalize a homosexual relationship between a male teacher and his young student, according to *The New York Times*.<sup>16</sup> Oswald went on to direct several other propaganda films on subjects like venereal diseases, abortion, and prostitution.<sup>17</sup>

### *Consent & Pedophilia*

Ulrichs and Hirschfeld worked to promote relationships between adult men and boys as normal, claiming that children could consent to such acts. It's the same argument Planned Parenthood uses today in its propaganda surrounding abortions and cross-sex hormones for minors. However, scientific insights from neuroscience and psychology have proven such consent to be impossible. The human brain—specifically the prefrontal cortex—does not fully mature until the ages of 22 to 25.<sup>1</sup> Responsible for regulating behavior, evaluating risks, and facilitating complex planning, this region's late development makes youth highly susceptible to dangerous activities and incapable of giving full consent.<sup>2</sup> Due to the developmental incapacity to fully grasp permanent, negative life consequences, children and young adults harbor a distinct cognitive vulnerability making them easily influenced and particularly prone to exploitation.<sup>3</sup> These developmental realities are well known and documented throughout the psychological community. Yet, early framers of the "transgender" movements and founding "sexologists" established the flawed foundational idea that minors,

regardless of age, can ‘consent’ to any and all sexual activity, including sex with adults, abortion, and permanent ‘gender-affirming care.’<sup>46</sup> This ideology continues to be championed today by Planned Parenthood and its allies. In fact, Planned Parenthood is so invested in minors being allowed to ‘consent,’ that it has even attempted to thwart legislation aimed at protecting children from forced child marriages.<sup>7,8,9</sup>



Source: Planned Parenthood “What is Virginity?” Youtube, edited: red box added.

Magnus Hirschfeld’s writings reveal his complex views on intergenerational sexuality and pedophilia, exemplified in his 1948 collection, *Sexual Anomalies*.<sup>10</sup> In the chapter “The Eternal Child,” he differentiated “psychological” (cognitively delayed) from “psychosexual infantilism” based on the presence or absence of sexual impulses, comparing some cases to Freud’s concept of “infantile sexuality.”<sup>11</sup> Hirschfeld defined infantilism as an “interrupted development of physical or emotional qualities and the retention of a child developmental stage as an adult.”<sup>12</sup> Today, Hirschfeld’s concept of “psychosexual infantilism” is closer to what is known as “autopedophilia” or the sexual arousal on the “idea of being a child” or “imagining themselves as the kinds of children (with respect to gender and age) to whom they are sexually attracted.”<sup>13</sup>

Some of the examples Hirschfeld provided of ‘psychological infantilism’ involved three males ranging in age from 26 to 41 who dressed in child-like clothing, did not regard themselves as adults, and often sought pleasure from attending “baby balls” (likely referring to cabarets) during which, “adults appear dressed as children and carrying dolls or hobby-horses and other toys,” further asserting that the psychological form is “...the total absence of the sexual impulse or its presence in a considerably weakened form.”<sup>14-16</sup>

For Hirschfeld, the decriminalization of prostitution and focus on “consent” became top priority.<sup>17</sup> When his Institute later faced financial difficulties, its “research” activities ceased, and, working alongside other sex reformists, Hirschfeld shifted its focus to medical and psychological services, advocacy for legal reforms, and public education regarding sexuality, abortion, and birth control.<sup>18</sup>

This theme of excused pedophilia – merged with abortion and birth control – would become an unholy alliance of sorts.<sup>19</sup>

Initially, during the late 19th and early 20th centuries, Hirschfeld *rejected* the darwinistic ‘degeneration theory,’ which claimed sexual deviancy (including homosexuality) was a sign of hereditary degeneration.<sup>13</sup> However, by 1914—almost five years before his Institute opened—Hirschfeld had shifted his view. He wrote that he considered the condition of being ‘intersex’ an evolutionary “means to preempt degeneration” because it eliminated the potential for procreation.<sup>14</sup> Consequently, population control advocates quickly recognized the strategic advantage of decoupling sex from procreation through birth control and abortion, alongside “sexual reform” (the promotion of sexual expression that *does not result* in offspring).<sup>15</sup>

### *Mutilation of Bodies Begins*

One of the first persons to undergo a ‘transgender’ surgery at Hirschfeld’s Berlin Institute, operational from 1919 to 1933, was a 23-year-old World War I veteran who reportedly suffered from suicidal ideations and felt “trapped in the wrong body,” according to author Robert Beachy.<sup>1</sup> The veteran was first given opposite sex hormones, which quickly escalated to the removal of his testicles in multiple surgeries that occurred between 1920 and 1921 to help him “pass more easily as a woman.”<sup>2</sup> The next year, the veteran was under the knife again but this time to “hide” the veterans’ penis inside of an open wound created by “refashion[ing] the patient’s penis and scrotal sack into a ‘vagina-like structure.’”<sup>3</sup> A few months later, the veteran hoped to undo the body-mutilating surgery after falling in love with a young woman.<sup>4</sup>

In another case, Hirschfeld’s colleague, Ludwig Levy-Lenz removed the breast of a 16-year-old girl after she allegedly cut herself with a razor for the purpose of “necessitat[ing] amputation.”<sup>5</sup> Levy-Lenz would go on to claim that the patients whose healthy sex organs he removed or butchered were “grateful.”<sup>6</sup> In both of these cases, it is evident that the psychological distress of these individuals were not addressed but rather erroneously ‘treated’ by physical body mutilation.

### *Radical Partnerships: Nazis, Sex ‘Reassignment,’ and Feminist Movement*

#### Nazis

Expanding the Institute’s contributions, Hirschfeld added Ludwig Levy-Lenz, who worked at the Institute from 1925-1933, and Erwin Gohrbandt, who collaborated with the Institute from 1920 till at least 1931, to perform early sex “reassignment” surgeries.<sup>1</sup> Levy-Lenz, a gynecologist and cosmetic surgeon, led the department for women and wrote forensic reports on abortion procedures for one of the first known abortion medical books.<sup>2</sup> Under the Nazi regime, Gohrbandt became chief medical advisor for the German Air Force and helped conduct deadly freezing experiments.<sup>3</sup>

During these inhumane “freezing experiments,” Holocaust victims were either forced to strip naked and remain outside for nine to 14 hours in high-altitude freezing temperatures or placed in tanks filled with ice water for three hours. They were probed with electrical measurement tools and then either placed into hot bath tubs

or between women who were also stripped naked.<sup>4</sup> This abuse resulted in an untold number of excruciating deaths.

Gohrbandt also participated in the Nuremberg trials, testifying on behalf of his close friend Oskar Schroeder, who would later be convicted and sentenced to life for his crimes of performing the “freezing” experiments and other deadly experiments, but Gohrbandt would go free.<sup>5-7</sup> Despite his Nazi involvement, Gohrbandt continued shaping postwar Berlin medical policy through teaching, publishing, and drafting abortion policy.<sup>8</sup>

### Separating sex from procreation

The direct relationship between Margaret Sanger, the founder of Planned Parenthood and Hirschfeld began in the early 1900s. Hirschfeld, aiming to normalize “sexual anomalies,” collaborated with the pro-birth control and pro-eugenics feminist Sanger and eugenicist Helene Stöcker to achieve the goal of “distinguish[ing] sexual expression from procreation.”<sup>9,10</sup>

### Margaret Sanger visits Hirschfeld, forms Planned Parenthood

Sanger was a population control advocate, and she visited Hirschfeld and the Institute while on a quest to find the “formula” for hormonal birth control.<sup>11</sup> Sanger wrote that Hirschfeld helped connect her with a firm that was producing hormonal contraception. In her diary, she sang the praises of Hirschfeld and described what she saw at Institute:<sup>12</sup>

*On the walls of the stairway were pictures of homosexuals—men decked out as women in huge hats, earrings, and feminine make-up; also women in men’s clothing and toppers.*

Sanger and Hirschfeld would meet up again years later, while he was on a tour in the U.S.

### Helene Stöcker says abortion is “every woman’s birthright”

Stöcker, like Planned Parenthood founder Margaret Sanger, subscribed to neo-Malthusianism population control efforts.<sup>13</sup> She promoted both “racial hygiene” and the use of birth control.<sup>14,15</sup> A key difference from Sanger, however, was Stöcker’s advocacy for and promotion of abortion.

For Stöcker, the “well-planned control of births” was the “religion of the future.”<sup>16</sup> She co-founded “The League for the Protection of Mothers” and subsequently, the “International Union for the Protection of Mothers and Sexual Reform.”<sup>17</sup> This latter organization received support from the Social Democratic government and the Communist Party of Germany, and its policies were heavily influenced by the Soviet Union, both financially and ideologically, with the specific push to fuse activist movements regarding abortion and birth control, and to “promote a new ‘sexual ethic’” explicitly contrary to traditional religious family values and instead in alignment with marxist-communist views.<sup>18</sup>

Stöcker championed the legalization of abortion and easy access to birth control, declaring them to be

“every woman’s birthright.”<sup>19</sup> Both Sanger and Stöcker shared the conviction that “reproduction should no longer be left up to chance.”<sup>20</sup> They viewed limiting and “planning” reproduction as both a woman’s ‘right’ and a ‘moral duty’ to solve societal problems, believing it upheld “national strength, racial purity, and human value.”<sup>21</sup> During World War II, Stöcker fled to the U.S. Sanger and Stöcker remained in communication with each other and were *instrumental* in strategically linking birth control and “reproductive practices” to the eugenics and population control movements. Stöcker even went so far as to blame all nations’ continued fertility for World War II.<sup>22</sup>

#### *Under a Single Banner: Uniting the pro-abortion, birth control, and LGBTQ movements*

With the historical collaborations in place, Hirschfeld, Sanger, and Stöcker effectively combined their separate agendas under a single banner: a joint fight for sexual reform encompassing the promotion of homosexuality (including the framework for ‘transgenderism’), birth control, and abortion.<sup>1</sup> They believed that uniting these efforts would strengthen their positions in the fight against what they perceived to be sexual repression. Fueled with its eugenic and neo-malthusian roots, these fused together movements would be seized upon and expanded for population control purposes.

**The advancements in the push of the ‘transgender’ agenda would grow in the shadow of abortion, until the road was sufficiently paved for the inevitable radical pivot.**

Stateside: Transgenderism arrives in the U.S.A.

#### *Harry Benjamin: The Critical Connection Point*

Harry Benjamin, a Berlin native, turned endocrinologist and ‘sexologist,’ encountered Magnus Hirschfeld in 1907.<sup>1,2</sup> After immigrating to the U.S. in 1913, Benjamin promoted “quack treatments,” including scientifically unfounded anti-aging therapies for men and bogus treatments for tuberculosis.<sup>3</sup> Throughout the 1920s, he frequently returned to Berlin to study under Hirschfeld at the Institute for Sexology.<sup>4,5</sup>

Expanding on the theories of intersex and “transvestite” identities from Ulrichs and Hirschfeld, Benjamin also adopted the belief that individuals could be “born in the wrong body” and subsequently ‘cured’ of homosexuality with “treatments” including ‘sex-change’ hormones and surgeries.<sup>6-8</sup> In the 1950s, he coined the term “transsexualism.”<sup>9</sup> This approach marked a departure from the accepted psychological theories of the time, which typically used psychotherapy as mental health care to align an individual’s mind with their biological reality.<sup>10</sup>

Benjamin’s influence in the U.S. would prove to be the critical “connection point” that enabled the infiltration of transgender and pro-abortion ideology into every major aspect of American society, including the legal, medical, and psychological communities, academia, and eventually, primary and secondary education nationwide.<sup>11</sup> Benjamin would later be dubbed the “father of contemporary western transsexualism.”<sup>12</sup>

It is Benjamin's Standards of Care surrounding being 'born in the wrong body' that Planned Parenthood references in its training materials, handbooks, and even blog posts.

WPATH: Derived from Benjamin's 'Work'

In 1963, Benjamin began 'treating' the gender 'transition' of Rita Mae Erickson.<sup>1</sup> Receiving a large inheritance after her father's death, Erickson changed her name to Reed Erickson, experienced multiple divorces, openly associated with communists and Soviet Union sympathizers like Paul Robeson, and was plagued by drug addiction.<sup>2-4</sup>

In 1964, Erickson began the Erickson Educational Foundation (EEF) to "provide assistance and support in areas where human potential was limited by adverse physical, mental or social conditions, or where the scope of research was too new, controversial or imaginative to receive traditionally oriented support," with the purpose of normalizing 'transsexualism' as a "human condition" at the heart of the foundation's attention.<sup>5</sup>

In 1966, Erickson helped to fund the creation of the first "sex change" clinic in the U.S. at Johns Hopkins University, alongside Harry Benjamin and friend John Money. Erickson also helped to fund Benjamin's book *The Transsexual Phenomenon*, which attempted to normalize the use of hormones and surgery to "change" one's sex.<sup>6</sup> In 1979, the EEF funded *The Harry Benjamin International Gender Dysphoria Association*, which became the global leader for providing 'transcare,' and would later be renamed the *World Professional Association for Transgender Health* or WPATH.<sup>7</sup>

Today, WPATH, along with its national affiliates such as the United States Professional Association for Transgender Health (USPATH), paints itself as the foremost authority in promoting "high quality of care for transsexual, transgender, and gender-nonconforming individuals."<sup>8</sup>

WPATH's "Standards of Care and Ethical Guidelines" are often referenced, cited, and/or endorsed by abortion promoting organizations, including Planned Parenthood, the American Academy of Pediatrics, the American Medical Association, the American College of Obstetricians and Gynecologists (ACOG), the American Psychiatric Association, the Endocrine Society, and others, many of whom pay to hold WPATH memberships.<sup>9-15</sup>

*Hirschfeld's U.S. Tour and the Rise of Kinsey*

Hoping to establish his mentor, Hirschfeld, as the leader of the sexual reform movement in the U.S., Benjamin invited him to tour the country in the 1930s.<sup>1</sup> During his 1930-1931 U.S. visit, Hirschfeld lectured at various groups, including the New York Academy of Medicine, and once again met with influential Planned Parenthood founder Margaret Sanger, and leading member of the American Civil Liberties Union (ACLU), Clarence Darrow.<sup>2-4</sup> Darrow, who was a supporter of eugenics and euthanasia (in the form of assisted suicide), was a lead attorney in the infamous *Scopes* trial and once stated, "Chloroform unfit children. Show them the same mercy that is shown to beasts that are no longer fit to live."<sup>5-9</sup>

Hirschfeld's openly homosexual lifestyle was not widely accepted in U.S. society at the time and caused opposition to his leadership role in the U.S. "sexual revolution," even from major pro-abortion donors like the Rockefeller Foundation, which sought to distance itself from Hirschfeld.<sup>10,11</sup> Consequently, it would be Alfred Kinsey who would be chosen as the leading figure of the "sexual revolution" in the U.S. Wealthy eugenicist groups, like the Rockefeller Foundation, sought to expand abortion, and believed Kinsey—who maintained an outward 'family man' persona—would make sexology, abortion, and other radical ideas more palatable to the American public than Hirschfeld would as an openly gay man.<sup>12-17</sup> It would not be until later, when the truth about Kinsey's sadomasochist personal sex life, including multiple ongoing sexual relationships and orgies with several male colleagues and their wives, would be revealed.<sup>18,19</sup> (See page 38 for more information on Kinsey)

Nevertheless, thanks to Benjamin, Hirschfeld spread his theories across the U.S., helping lay the foundation for the Kinsey Institute.<sup>20</sup> Kinsey was a darwinistic zoologist turned self-proclaimed 'sexologist.'<sup>21</sup> He later went on to 'prove' his warped sexual theories—including that children have the same sexual capacities, desires, and understandings as mature adults and thus should be 'taught' by adults how to achieve and 'enjoy' their sexual fulfillment—through pedophiles, who graphically detailed their abuse of infants and children under the guise of 'science.'<sup>22</sup>

This pseudo-science would be used by Planned Parenthood to help create and justify the alleged need for its perverse "sex education" programs. (See page 39 for more information)

#### *The Kinsey-Benjamin Connection and Education Infiltration*

Benjamin became the necessary connecting point to ensure that transgender and pro-abortion ideology infiltrated every major facet of American society.<sup>1</sup> It was Benjamin's relationship with Kinsey and Wardell Pomeroy (one of Kinsey's co-authors) that ensured their warped beliefs on bestiality, homosexuality, child sexual activity, gender ideology, and the creation and use of pornography for 'educational purposes,' would outlive them by injecting it into primary and secondary schools.<sup>2</sup>

Kinsey, Pomeroy, and others developed a 'sliding scale' to rank a person's sexuality, ranging from heterosexual to homosexual with various degrees in between.<sup>3</sup> Shortly after, Benjamin built upon this with his own "Sexual Orientation Scale" in his book, *The Transsexual Phenomenon*.<sup>4</sup> The concepts of the Kinsey and Benjamin scales are similar to the 'gender spectrum' currently promoted by Planned Parenthood and its allies to children in schools.<sup>5</sup>



## Range of Gender Identities

Source: Advocates for Youth's AMAZE video "Range of Gender Identities"

During the 1950s, Benjamin helped to establish the Society for the Scientific Study of Sexuality (SSSS).<sup>6</sup> Even today, the vision statement of the SSSS gives a direct nod to Hirschfeld's ultimate goal in which "sexuality science inspires justice."<sup>7</sup> The purpose for the SSSS was to "promote interdisciplinary cooperation among researchers, educators and clinicians" and advocate for the use of sexually explicit materials to become legally accessible for educational purposes.<sup>8</sup> Consequently, like Kinsey, Benjamin would continue to have a profound impact on the 'sex ed' used by Planned Parenthood today.<sup>9</sup>

One of Kinsey's partners and a founding board member of SIECUS, Wardell Pomeroy, promoted incest, paedophilia, pornography, and bestiality. He was a past president of the SSSS, and helped to establish the Commission of Accreditation used to "certify" sex educators in the U.S. and internationally.<sup>12</sup> The SSSS, in close partnership with the American Association of Sex Educators and Counselors and Therapists (AASECT, founded by SIECUS leader Patricia Schiller and SSSS co-founder, Albert Ellis), would go on to sponsor the "World Pornography Conference" in California.<sup>13-16</sup>

Tragically, these pro-pornography, pro-abortion, pro-trans organizations, SSSS and AASECT, continue to work in close partnership with Planned Parenthood today, by helping to create and teach the "accreditation standards" for certification in the field of "sexology" and "sexual education."<sup>17</sup> And then they teach our children.

## Influence of Transgender/Big Abortion Ideology on Sex Ed in the U.S.

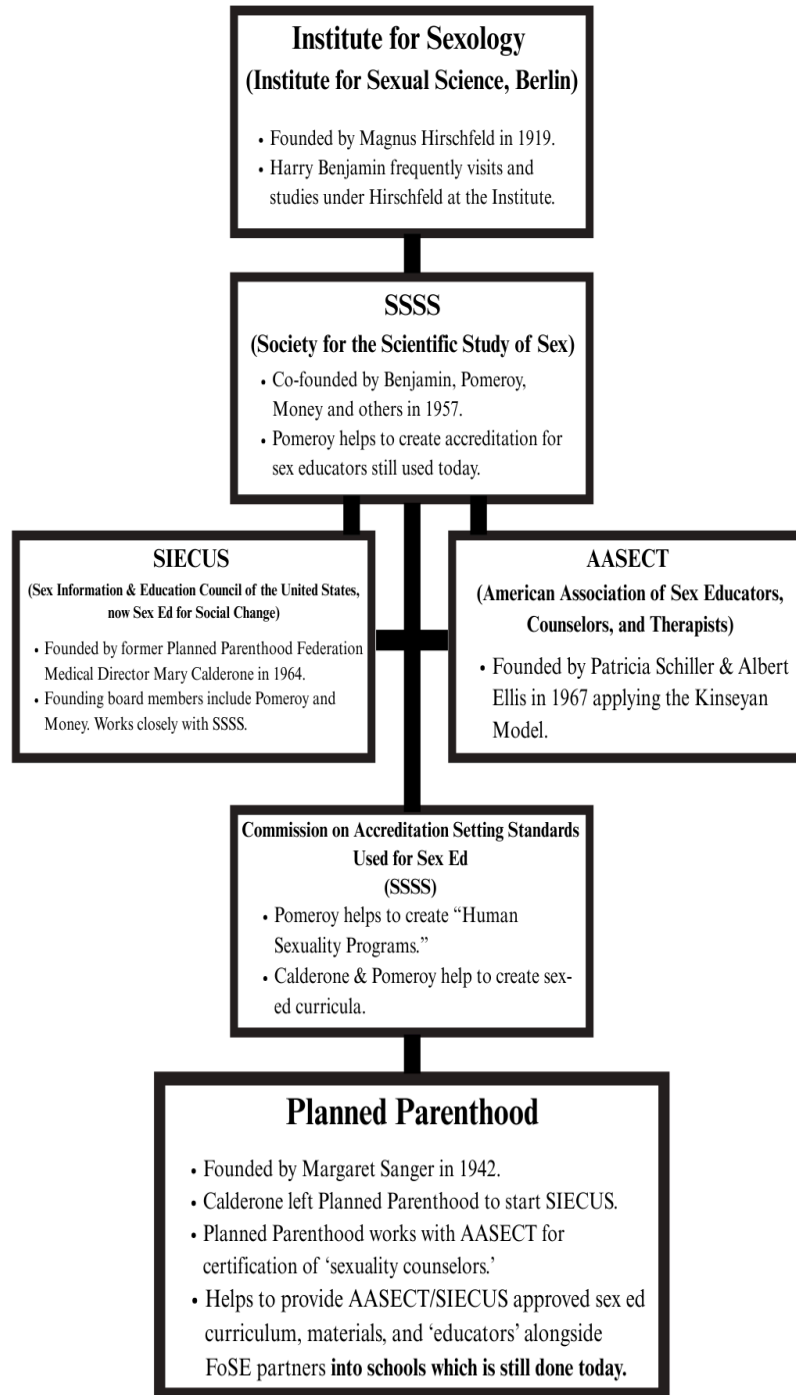


Chart Source: Live Action, adapted and modified from Judith Reisman, *Kinsey's Crimes & Consequences*.

Inspired by Hirschfeld, the Kinsey Institute for Sex Research was established in 1947 in Bloomington, Indiana, where it still operates today.<sup>17,18</sup> By 1948, Kinsey and his co-authors published their 'studies' conducted at the Institute, including *Sexual Behavior in the Human Male*, followed by *Sexual Behavior in the Human Female* in 1953. In *Sexual Behavior in the Human Male*—a work that documented egregious sexual child abuse by pedophiles (including the molestation of infants) and then presented the children's severe distress (crying, jerking, fainting) as purported evidence of sexual pleasure—Kinsey and his co-authors commended Hirschfeld's theories.<sup>19</sup>

Despite Kinsey and Benjamin's attempts to legitimize the pseudoscientific theories, the idea of mutilating the bodies of children and adults through hormones and 'sex change' surgeries were hard to sell to everyday persons. These theories were only beginning to be accepted by small outside groups. This would change, however, once Benjamin brought New Zealand psychologist John Money to the U.S. to work at the country's first 'transgender clinic.'

### *John Money*

#### Background

Biographer John Colapinto explained that, as the result of abuse from Money's father, Money sought to "forever avoid the role of the 'man of the household.'"<sup>1</sup> Raised by his mother and aunts who held "anti-male" sentiments, Colapinto said that Money had an extreme "guilt of being male," claiming Money felt he "wore the mark of a man's vile sexuality."<sup>2</sup>

Colapinto reported an unsettling comment from Money about castration: "I wondered if the world might really be a better place for women if not only farm animals but human males also were gelded [or castrated] at birth." To Colapinto, this comment was particularly disturbing given Money's later involvement in adult and infant "sex reassignment."<sup>3</sup>

Like Ulrichs, Hirschfeld, and Benjamin, Money focused his initial research on hermaphroditism and early-onset puberty.<sup>4</sup> He used the limited and flawed data from these cases to develop his theory that all infants are born "gender neutral," proposing that a child's identity—separate from biological sex—becomes "locked in" as male or female early in life during the so-called "gender identity gate."<sup>5,6</sup>

In 1973, *The New York Times* (NYT) described Money's 'research' in his book, *Man and Woman, Boy and Girl* as "... the most important volume in the social sciences to appear since the Kinsey reports." The NYT further summarized Money's belief that:<sup>7</sup>

*...it is usually easier, after a certain age, to change the child physically through surgery and hormone treatment than it is to switch his mindset... That is to say, if you tell a boy he is a girl, and raise him as one, he will want to do feminine things. In most cases, rather than suspecting that he is a boy, he will see his penis as an embarrassment, and want to be repaired to physically fit his view of himself as a girl.*

Along with Pomeroy, Money also defended pedophilia and incest in *Time* magazine, stating, “A childhood sexual experience, such as being the partner of a relative or of an older person, need not necessarily affect the child adversely.”<sup>8</sup>

Money also dismissed opposition to incest as “religious intolerance,” rather than acknowledging the rational opposition to the violation of children and the fundamental breakdown of a family’s natural protective bonds.<sup>9</sup> Like Kinsey and his colleagues, Money would go on to express vocal support for open marriages, nudism, orgies, incest, and pornography. (See page 38 for more information on Kinsey)

In 1960, Money hired gynecologist Howard Jones, who worked on fertility research in the Johns Hopkins Department of Gynecology and Obstetrics, for his expertise in performing “sexual reassignments” on infants and adults.<sup>10, 11</sup> Jones would eventually leave the “gender clinic” to establish the first in vitro fertilization or IVF clinic in the U.S. in 1979.<sup>12, 13</sup>

Disturbingly, Money appeared more focused on fulfilling adult sexual desires than the protection of children, which was contrary to his alleged concerns of happiness for a boy named Bruce (who later went by David) Reimer. Bruce/David who was just 17-months old when he was brought to Money following a botched circumcision.<sup>14</sup>

#### The Tragic Case of the Reimer Twins

After the botched electrical circumcision completely damaged the penis of Bruce/David, one of Ron and Janet Reimer’s twin boys, the couple saw a TV interview in which Money discussed his erroneous idea that sexual “reassignment” was possible.

In desperation to help their son, the Reimers headed Money’s suggestions and decided to raise their son, Bruce, as a girl named “Brenda.”<sup>1</sup> Howard Jones castrated Bruce and attempted to surgically ‘create’ female-looking genitalia.<sup>2</sup> According to Colapinto, Bruce and his twin brother Brian allegedly endured repeated sexual abuse by Money during mandatory follow-up visits.<sup>3, 4</sup> Money was publicly lauded for his falsified reports of the ‘success’ in the Reimer case, which led to surgeries on other children but, like much of the ‘research’ from the clinic, it was fraudulent. Today, it is considered a complete failure that proves gender is not merely a social construct.

After years of deception, Bruce (who later changed his name to David) finally learned the truth about his biological sex. In 1997, the truth that the ‘twins case’ was an absolute failure was exposed. In 2004, David (Bruce) Reimer tragically ended his own life. Brian Reimer, David’s twin brother, would also tragically commit suicide two years after David’s death.<sup>5</sup> Colapinto shared that David had made it his mission to expose the harm Money caused his family:<sup>6</sup>

*I [Colapinto] took David's [Bruce] mission seriously. I shared his outrage over the fact that Dr. John Money's misreporting of his case had resulted in similar infant sex reassignments in thousands of other children; I agreed with David that the risks of our shared venture were worth taking in order to alert the medical and scientific worlds to the actual outcome of this seminal case.*

Yet, decades later and with a growing number of heartbreaking modern-day sex detransitioner stories, Planned Parenthood disseminates this gender ideology in K-12 school curriculum, books, and digital media, while simultaneously promoting and providing life-altering hormones to minors and young adults.<sup>7</sup>

### Turning a Blind Eye

That's not where the scandals surrounding Money's work ends. In Money's book, *Sexual Signatures*, he detailed his belief that pornography is an ideal *tool to 'educate' children* about the difference between males and females, stating:<sup>1</sup>

*[E]xplicit sexual pictures... can and should be used as part of a child's sex education, but where can parents and teachers find suitable pictures?... The best time to introduce such pictures is before a child's biological clock has signaled the start of puberty.*

This is illogical—***unless, of course, the goal is to groom a child for early sexual activity.***

With the Reimer twins, Money allegedly put his disturbing beliefs into practice, forcing the twin brothers to view explicit pornographic photos multiple times, according to Colapinto. The twins also reported being forced to strip naked and “inspect” each other's genitals, and engage in pornographic poses with each other while Money photographed them.<sup>2</sup> Money dubbed forcing children into pornographic poses and exposing them to pornography as “childhood sexual rehearsal play,” proclaiming that doctors had a ‘right to observe it.’<sup>3</sup>

Forcing people to view pornography was a common practice for Money. Following in Kinsey's footsteps, Harvard Professor Vernon Mark wrote of John Money's practice of exposing students to pornography:

*Kinsey seems to have provided the impetus for showing sex movies to medical students and in 1967 they got to look at the materials from the archives of the Institute for Sex Research. Soon afterwards, Professor John Money compiled an illustrated presentation called *Pornography in the Home*, which became very popular with students at John Hopkins Medical School. Since Johns Hopkins enjoys a leadership role among American medical colleges it is not surprising that [roughly 90% of] medical schools followed its lead in initiating explicitly sexual films as part of the curriculum for their students. (After all, if it's good enough for Johns Hopkins!).<sup>4</sup>*

# History of Transgender Ideology in the U.S.

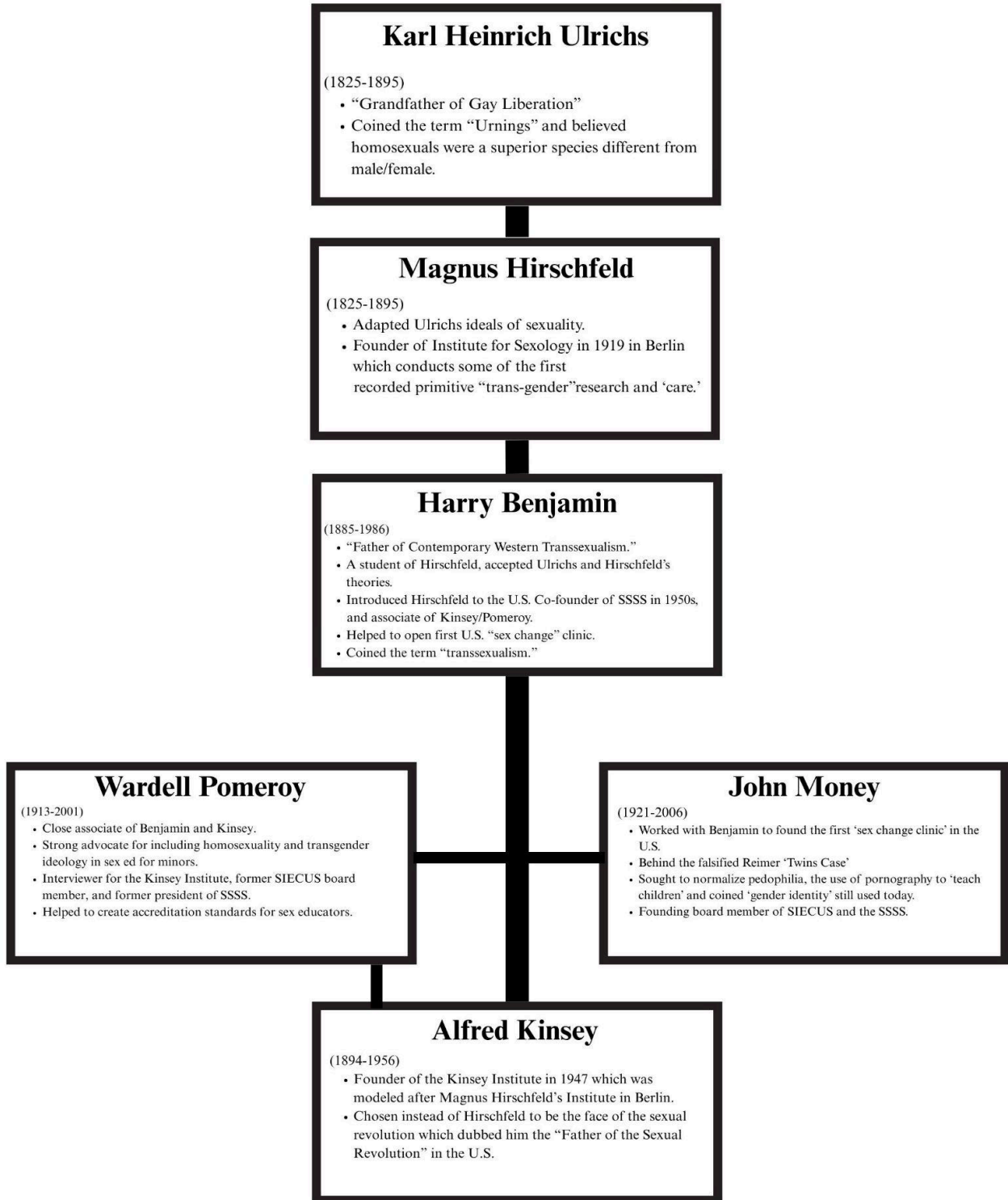


Chart Source: Live Action, adapted from Judith Reisman, *Kinsey's Crimes & Consequences*.

Similar to Kinsey, Money's 'research' and influence persist despite serious allegations of child sexual abuse and blatant sexual depravity.<sup>5,6</sup> His beliefs remain a strong part of modern sex education, with its promotion of pornographic material to young children. *Money was a founding board member of SIECUS and the SSSS, which established standards for sex education that would be deployed by Planned Parenthood and other members of the FoSE coalition in the United States.*<sup>7,8</sup>

### Feminist Movement Exposed

The feminist movement readily accepted Money's theories and fraudulent 'research.' In fact, feminists in the 1960s did not think Money's theories went *far enough* as they still resulted in a child developing into a sort of 'binary gender mold.'<sup>1</sup>

English professor and Queer Theorist Kathryn Bond Stockton wrote:<sup>2</sup>

*...Money argued that children are actually born plastic and remain plastic for a certain time. Hence, you can use surgery and hormones to "correct" their bodies and "finish" their genitals, if their genitals prove ambiguous. After this time (around 18 months), children must grow in developmental channels, "either male or female." Why must they do so? In order "to prevent" their suffering from "social stigma" or psychological distress (from their not complying with their gender fort). These two channels for children's development — only two — are what Money then called "gender."*

*There's your circle. Society, ignorant of medical research, makes a stigma out of something our bodies do quite naturally: not conform to a sexual binary. Thus, society's enforced binary corrects a problem of its own making. And medicine complies, against its own research. Quite unlike later feminist notions — that gender is dynamic, changing, changeable, and capable of undermining social norms and their stigmatizing ways — Money's "gender" argued for something much more fixed and stigmatizing, all while purporting to sidestep stigma.*<sup>3</sup>

Stockton further stated:<sup>4</sup>

*Gender has been changing since it was invented. Gender's changeability isn't really new — but in perceiving it, people are advancing it, sometimes fighting it, and also undeniably accelerating it. Gender, let's remember, was invented in response to certain recognitions. Biology and medicine, after all, came to realize in their way that the binary of sex was imposed upon a range of human bodies and their lived desires. Fascinating, fraught, and intimate to everyone, gender increasingly has our attention as something newly morphing.*

Even after the truth of the Reimer's case had been revealed, the feminist movement that Planned Parenthood greatly benefited from, had become far too reliant on Money's pseudo-science and alleged abuses to

justify their narratives. Colapinto noted, “[t]he significance of the case (Brenda) the idea that ‘boys and girls are not born’ but rather ‘made’ was taken up and promoted by the feminist movement which ‘had been arguing against a biological basis for sex differences for decades.’<sup>5</sup> Consequently, Money’s own papers from the 1950s on the psychosexual neutrality of newborns had already been used as one of the main foundations of modern feminism.”<sup>6</sup>

So feminism turned a blind eye and perpetrated the false narratives their arguments were built upon, no matter the cost, according to journalist James L. Colliner, who wrote for *The New York Times*, “It is just as the women’s movement says: The need to conform to what we are told is the proper behavior for our sex is so deep-seated as to be virtually irradicable once it is established.”<sup>7</sup> Colapinto also pointed out that Money’s false findings were quoted in several feminist “women’s studies” texts and books.<sup>8</sup>

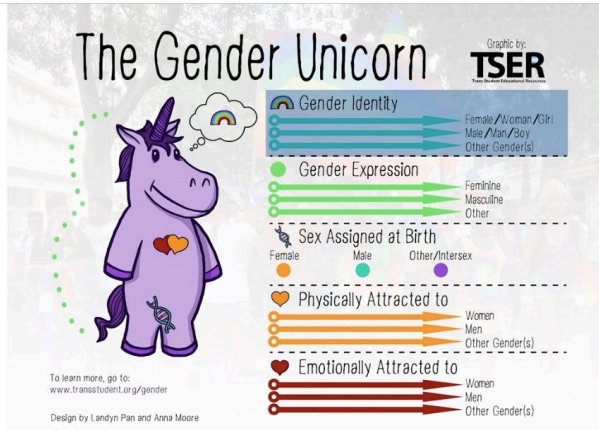
### The Regression of Intellect: Continued Pathway to ‘Queer Theory’

Planned Parenthood’s organizational activism was a key contributor to the sexual revolution, creating a necessary propaganda for the dehumanization required for the wide-spread acceptance of abortion sold under the false banner of “bodily autonomy.”<sup>1</sup> Through the dehumanization propaganda campaign against the preborn child, rooted in the denial of biological truth of the separate human life inside the womb, and the advancement of John Money’s & Kinsey’s fraudulent work, the anti-life coalition led by Planned Parenthood would pave the way for “Queer Theory” to emerge and gain societal traction in the U.S.<sup>2-4</sup>

**This shift would enable the ‘transgender’ movement to finally transition from the shadows of abortion and take front and center stage.**

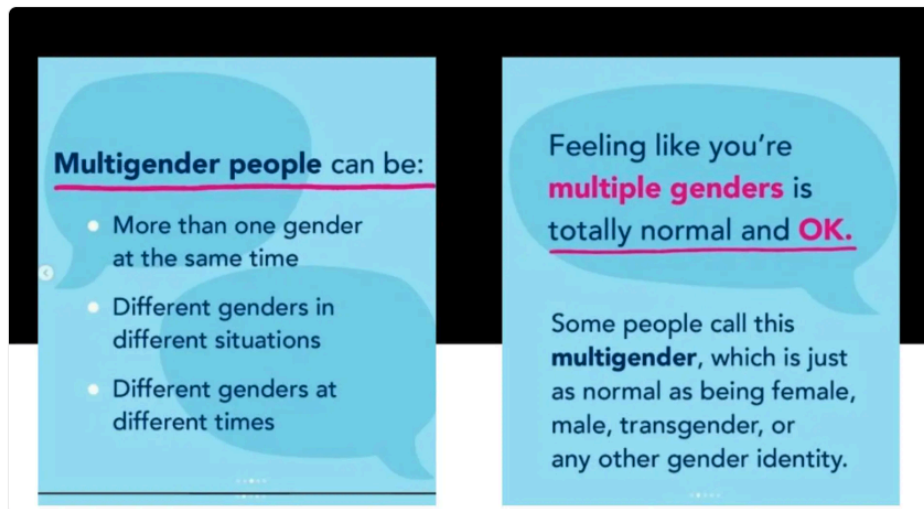
Queer Theory is explained by Lancing & Lindsay as the idea that a person’s body “...is a political construction wielded by those in power to maintain their status, privilege, and control,” and it forces a person to construct their body “into a prison for [their] soul because society at large puts constraints on what you can and should do with your body.” Therefore, society (what Queer Theory views as the ‘soul’) imprisons the body “which in turn imprisons the real *you* that has to live in it.”<sup>5</sup>

Video: Sexual Orientation



Source: Planned Parenthood’s Sex Ed To-Go for Students, “The Gender Unicorn”

In other words, Queer Theory separates reality and the very essence of humanity from the human being, and inverts the body from the soul. Queer Theory says that the body is interchangeable and ever changing according to how someone “feels.”<sup>6</sup> These ‘changes’ could only be made however, if access to “gender affirming care” is not held back by oppressors and the oppressive society.<sup>7</sup>



Planned Parenthood on being multigender

Queer Theory, according to Lancing & Lindsay, aims to be a “vehicle for a complete and perpetual cultural and personal *revolution* by”:<sup>8</sup>

- Deconstructing or doing away with the “very concept of normalcy,” anything societally accepted as “‘normal,’ ‘legitimate,’ or ‘truth’ for their own benefit.”

- Convincing individuals that “nothing is normal or natural,” that everyone is ‘queer’ whether or not it is realized, and that society must come to realize the “conscious[ness] of the ‘prison’” it forcefully constructs.

It is necessary to identify and define the slow regression of intellect in modern thought movements involved in the pathway towards ‘Queer Theory.’

Theologian, professor and writer Angela Franks explains, “For most of modernity, power was located in a sovereign, who had control over death and allowed everyone else to live,” otherwise recognized as a Sovereign Creator.<sup>9</sup> As defined, power is the ability to act, an ability granted by the authority over the source of the power with the ability to act.<sup>10</sup>

As a review, some of the theories Queer Theory is based on include:

Modernism — The Enlightenment of the 18th century catalyzed the democratization of the West, paving the way for the Industrial Revolution and the profound societal shifts of the early 20th century. This era marked a departure from traditional moral frameworks as the perceived source of truth transitioned from the premise of intelligent design and natural law toward a fragmented landscape defined by spiritual vacancy. Consequently, the objective reality of the natural order was rejected in favor of a self-referential understanding rooted in the presumed authority of man’s fallible comprehension through science alone.<sup>11</sup>

Postmodernism — The late 20th century saw the rise of a pervasive skepticism and relativism, characterized by a profound suspicion of reason (the ability to think).<sup>12</sup> Skepticism and relativism was coupled with an acute focus on the role of political and economic power and the sustainment of such power. Within this framework, the source and authority of objective truth were reduced to mere subjectivity and reliant on emotion. Often, this rejection of the existence of objective reality resulted in the claim that all things are socially constructed and controlled by those beholden by perceived power and authority. For example, core to the foundational views of transhumanistic ideology, postmodernists suggest that through specialized technological and scientific tools, human beings can transcend their inherent nature—or “evolve into an enhanced species that transcends humanity” and subsequently become “posthuman” as explained by Britannica.<sup>13</sup> Subsequently, self-identified marginalized groups, which Planned Parenthood professes to represent, are often instructed to view science and medical advancements as inherently oppressive structures. According to some post-modern theories, one’s subjective ‘reality’ is solely dependent upon *who* has “access” to, and who controls, such scientific technologies and medical advancements. In other words, “reality” *is* whatever someone wants it to be, so long as access to all tools needed to manifest the person’s desired outcome is available.

Structuralism - Britannica defines psychological structuralism as, “a systematic movement” which “sought to analyze the adult mind (defined as the sum total of experience from birth to the present) in terms of the simplest definable components and then to find the way in which these components fit together in complex forms.”<sup>14</sup>

## Michel Foucault (1926-1984)

Building upon John Money's concepts of gender and gender identity, Michel Foucault expanded Money's theories to claim that gender was not only changeable but entirely subjective and a consequence of oppressive authority and power. Michel Foucault helped to further advance Queer Theory that Planned Parenthood promotes.

Foucault was suicidal, struggled with drug addiction, a sadomasochist, a communist, and an alleged pedophile. As a political activist, author, and professor, Foucault was heavily influenced by the works of German philosophers Friedrich Nietzsche and Emanuel Kant, and marxist ideology.

Biographer Jim Miller wrote that Foucault maintained a "deeply ambiguous and profoundly problematic preoccupation with death" in his "exoteric form of his writing" and "in the esoteric form of sado-masochistic eroticism."<sup>1</sup> Foucault thought that people should preplan suicide, often writing of imagining "suicide-festivals" and "suicide-orgies" as a "kind of special retreat" where people could search "for partners without names, for occasions to die liberated from every identity."<sup>2</sup> As a regular attendee of San Francisco bathhouses, Foucault said a person could "cease to be imprisoned in your own face, in your own past, in your own identity" to "desexualize oneself" by affirming a 'non-identity' through 'a kind of plunge beneath the water.'<sup>3</sup> Like Kinsey, Pomeroy, Money, and others in the CSE movement, Foucault aimed to decriminalize and normalize pedophilia through the bogus claim that children can provide "sexual consent."<sup>4-10</sup>

Although he denied any sort of label as "oppressive," Foucault was a post-modernist structuralist. Franks cited Foucault's view on truth when he stated "truth is a thing of this world: it is produced" and "each society has its own regime of truth." For Foucault, science was equally as inadequate to his subjectivism beliefs as a "sovereign power" and therefore he viewed "sexology" as an oppressive pseudo-scientific idea.<sup>11</sup>

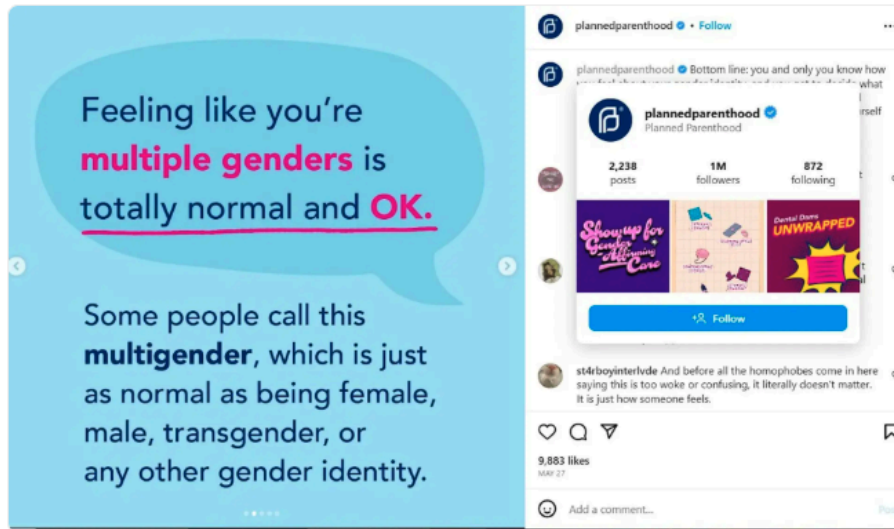
Lancing and Lindsay explained Foucault's argument that the "scientific disciplines used sexuality as a primary lever of human control," and said "[h]e believed that people in power had developed and used scientific disciplines to create an ideology of heterosexuality that tricks people into believing that heterosexual relationships are natural and normal." Consequently, Foucault maintained the belief that "the soul is the prison of the body" and that a person's achievement of their self-perceived material 'reality' accomplished by any and all means necessary and possible, regardless of cost, is the ultimate goal.<sup>12, 13</sup>

Franks explained that for Foucault, "the purpose of promoting the life of some could provide an excuse for the death of many others, as seen in the Nazi and Stalinist regimes."<sup>14</sup> Therefore, any and all restrictions of a person's ability to achieve their everchanging subjective reality, to include but not be limited to sexuality, abortion, and 'transgenderism,' is racist and oppressive.<sup>15</sup> Since, according to Foucault, science is "not objective or neutral," but rather merely a "subjective ideology," the scientific field and anything derived from it is used to assert oppressive power and authority over society, people, or governments. Therefore, science and its

technology were used as a “primary lever of human control,” especially for what Foucault perceived as sexuality oppression.<sup>16</sup>

Putting Foucault’s theories into practice, Franks provides the example of a young pre-puberty autistic girl struggling with depression who blames that depression on her changing body.<sup>17</sup>

*She blames her discomfort, not on her depression and inability to integrate her body into her sense of self—in other words, on psychological challenged—but on her body itself. Here the body is fascinating and distracting her away from problems that are difficult to address and toward a ‘problem’ that is material in nature and technological in solution: her sex. In taking puberty blockers and setting herself up eventually for surgery, she will sacrifice her body and allow its new form, made possible by technology, to identify her.*



Planned Parenthood on Instagram Normalizing Transgender and Multigender ideology

Any attempt to prohibit the young girl’s efforts to mutilate herself into a ‘new form’ is viewed as an act of oppression, a view commonly seen today regarding cross-sex ‘treatments.’

Simone Lucie Ernestine Marie Bertrand de Beauvoir (1908 – 1986)

Writer and activist Simone Lucie Ernestine Marie Bertrand de Beauvoir ascribed to marxist ideology and was a hebephile (or ephebophile) and a pedophile sympathizer.<sup>1-4</sup> Consequently, Queer Theory, which Planned Parenthood promotes, was also furthered by de Beauvoir. At one point during her teaching career, she was placed on temporary leave from a teaching position after facing allegations of sexually harassing female students.<sup>5</sup>

She and her partner, Jean-Paul Sartre, worked together as a type of predatory duo that aimed to strip the virginity of de Beauvoir’s pupils, an act that author Andy Martin likened to those of sex-traffickers Jeffrey

Epstein and Ghislaine Maxwell.<sup>6-8</sup> “Sartre’s word for what he was doing was ‘de-virginisation.’ If Sartre was using de Beauvoir, she in turn sought to manipulate and subjugate people around her. Especially students,” wrote Martin.<sup>9</sup>

De Beauvoir was seemingly torn between her parents’ differing religious views and moral teachings. She would often impose her father’s humanistic views on her mother’s devout Catholic beliefs. Eventually, de Beauvoir would embrace her father’s humanistic views and use her misunderstandings of Catholic beliefs and teaching as justification for her subjective theories.<sup>10</sup>

She made it a point to describe her mother as a devout Catholic, and to proclaim herself as an “intellectual.”<sup>11</sup> She commonly derived her flawed reasoning based on her own interpretations of the writings of Thomas Aquinas. In *The Second Sex*, de Beauvoir claimed the teachings of the Catholic Church to be that “...humanity is male and man defines woman not in herself but as relative to him; she is not regarded as an autonomous being.”<sup>12</sup> This inaccurate claim is easily debunked in the Catechism of the Catholic Church (CCC) which states: “In creating men ‘male and female,’ God gives man and woman an equal personal dignity. Man is a person, man and woman so, since both were created in the image and likeness of the personal God.”<sup>13</sup>

Consequently, de Beauvoir’s flawed understanding misrepresented the equality among the two biological sexes and in her ideological attempt to erase the existence of the biological ‘female’ sex altogether, she claimed that to become a ‘woman’ is a merely an oppressive social construct, stating:<sup>14</sup>

*One is not born, but rather becomes, a woman. No biological, psychological, or economic fate determines the figure that the human female presents in society; it is civilization as a whole that produces this creature, intermediate between male and eunuch, which is described as feminine. Only the intervention of someone else can establish an individual as an Other. In so far as he exists in and for himself, the child would hardly be able to think of himself as a sexually differentiated...If, well before puberty and sometimes even from early infancy, she seems to us to be already sexually determined, this is not because mysterious instincts directly doom her to passivity, coquetry, maternity; it is because the influence of others upon the child is a factor almost from the start, and thus she is indoctrinated with her vocation from her earliest years.*

It is this ever-expanding denial of the existence of the inexplicable tie of the biological ‘female’ with womanhood and inexplicable disconnect from reality set forth by de Beauvoir and Foucault, and likewise Ulrichs, Hirschfeld, Benjamin, Kinsey, Sanger, Pomeroy, Money, and Calderone, that has led the U.S. into the abyss that is “Queer Theory.”

Lancing and Lindsay explained this metamorphosis:<sup>15</sup>

*Simone de Beauvoir and Michel Foucault introduced to those who would later name Queer Theory the*

*idea that we are our own prison wardens but only because society expects us to be. It's not just that society tells us what to believe and how to behave. For de Beauvoir and Foucault, we internalize these messages in our very being—our soul—and force our minds and bodies to adjust accordingly to conform to social expectations related to sex, gender, and sexuality. Under the constant threat of being labeled abnormal or deviant, our minds imprison our bodies, requiring them to act a certain way in the world.*

## **The Precursor to Trans**

Fast forward to February 2026, Illinois Congresswoman Mary Miller introduced legislation, H.R. 7661, or the Stop the Sexualization of Children Act, aimed at prohibiting tax-payer funds from “developing, hosting, or promoting any program, activity, or literature for children under 18 that contains sexually explicit materials.”<sup>1-3</sup>

Rep. Miller stated, “Schools should be laser focused on improving educational outcomes [for students], not pushing sexually explicit material in the classrooms...Yet, in many schools inappropriate content is available to children in kindergarten.”<sup>4</sup>

Rep. Miller detailed what she witnessed in the progression of “sex ed” curriculum in schools as:<sup>4</sup>

- **1st Grade:** Lessons on identifying “gender identity” and instruction on “how to masturbate with pictures” (in curriculum/books)
- **2nd Grade:** Students taught the concept of “gender” stereotypes and how to “advocate for change”
- **Lower Elementary Schools:** Children subjected to content related to “oral and anal sex”
- **5th Grade:** Introduction to puberty blockers

Rep. Miller emphasized the reality of this exposure, noting that she often has to show people the curriculum to prove it is “happening 100%” and that “they are using taxpayer dollars for it.”<sup>6</sup>

**The disturbing reality is that comprehensive sex education (CSE), historically created by Planned Parenthood and its expansive network, was *built upon* the pornography industry and intentionally used in ‘education’ for the purpose of trauma-inducing exposure and consequent sexuality formation.**<sup>7-11</sup>

In *The Queering of the American Child*, authors Logan Lancing and James Lindsay described trauma bonding as the intentional act of “...exposing children to age inappropriate content related to sex, ‘gender,’ and sexuality, causing deep psychological disturbances.”<sup>12</sup> Similar to Stockholm syndrome, trauma bonding techniques aim to captivate, bond with, and bend the victim to the will of the perpetrator.<sup>13,14</sup> In other words, when children are intentionally bombarded with sexually explicit content their brains are too immature to properly understand, it imposes opportunity for “trauma bonding.” The child becomes dependent upon the

source of the trauma, for example Planned Parenthood through its teachings on “masturbation,” to help process and form their understanding and response to the trauma.

Former school sex educator Audrey Warner explained the ramifications of CSE’s imposed “trauma bonding” she experienced after working with a young boy of just 10 years-old who had allegedly raped two younger girls.<sup>15</sup> She had discovered that the boy was mimicking “sexual stimuli he had witnessed through exposure to sexual materials” given to him through comprehensive sex education programs.<sup>16</sup>

Yet, CSE is utilized in public schools across the country to intentionally expose participants (both educators and children) to sexually explicit and pornographic material, in order to dismantle the inherent moral and protective barriers of children and adults, to normalize sexual promiscuity, and to promote abortion and “transgenderism.”<sup>17-20</sup>

#### Foundations of Planned Parenthood’s ‘Sex Ed’

Contrary to erroneous claims by Planned Parenthood and the ‘transgender’ industry, the idea of being ‘transgender’ or ‘nonbinary’ is not an inherent thought or feeling. Rather, these seeds of thought are planted and manifested by Planned Parenthood and its core sexual ideologies. Planned Parenthood’s comprehensive sex education (CSE) is a vital and necessary precursor to social and medical ‘gender transition.’

Today’s CSE is based in pseudoscience that can be traced back to not only the framers historically intertwined with Planned Parenthood’s founder and previously mentioned, but also Alfred Kinsey who was often referred to as the “Father of the Sexual Revolution.”<sup>1-2</sup> Kinsey authored the books, *Sexual Behavior in the Human Male and Sexual Behavior in the Human Female*, which are heavily ingrained into every major institution of society, especially the education system.<sup>3-5</sup>

#### *Alfred Kinsey (1894-1956)*

Alfred Kinsey’s research, presented in his *Sexual Behavior* books, was founded on a horrific and pseudoscientific basis, intended to promote the false idea that children are born with the same sexual desires and understanding as mature adults.

His co-author, Paul Gebhard, admitted this was the explicit purpose of the books.<sup>4</sup>

To support this dangerous agenda, Kinsey gathered so-called “evidence” from violent sexual predators, whom he referred to as “trained observers.”<sup>5</sup> These abusers—some of whom meticulously documented their crimes against hundreds of children—kept detailed diaries and used stopwatches to time their molestations of children as young as infancy, with sessions lasting up to 24 hours.<sup>6</sup> The pedophiles then turned over these “observations” to Kinsey, who presented the data as valuable, unbiased, and scientific evidence.<sup>7</sup> Kinsey claimed

that these adult males were uniquely qualified to "recognize and interpret the boys' experiences."<sup>8</sup>

One particularly disturbing collaborator was Dr. Fritz von Balluseck, a Nazi commandant in Poland between 1942 and 1944.<sup>9</sup> Von Balluseck forced children to choose between sexual abuse and being sent to their deaths in gas ovens, and he documented these crimes for Kinsey.<sup>10-15</sup>

Despite knowing these details, Kinsey not only failed to condemn the abuse but actively manipulated and distorted it to advance his personal agenda.<sup>16</sup> Shockingly, he mischaracterized children's clear expressions of pain and struggle as "orgasms."<sup>17</sup> Specifically, he defined "violent convulsion," "violent arm and leg movements," "weeping," "sobbing, or more violent cries," "fight[ing]," and "extreme trembling, collapse, loss of color, and sometimes fainting" as evidence of orgasm.<sup>18</sup> He even noted that some children "suffer excruciating pain and may scream" during these so-called "orgasms."<sup>19</sup>

In essence, Kinsey argued that obvious signs of a child's suffering were proof that they enjoyed being sexually victimized. This disturbing, pseudoscientific framework is the foundation upon which much of modern sex education is built.

#### Kinsey's Disciples: Planned Parenthood & SIECUS

##### *Planned Parenthood & SIECUS*

Planned Parenthood aims to influence children's perceptions of sexual normalcy by promoting Kinsey's ideas intertwined with historical 'trans' ideology by characterizing abnormal acts of sexual *abusers* as *mutually pleasurable "play,"* and also by asserting that no sexual behavior or action is inherently harmful or abnormal, which is evident through the creation of SIECUS.<sup>1-7</sup>

The Sexuality Information and Education Council of the United States (SIECUS), which now calls itself Sex Ed for Social Change, was founded by the former medical director of Planned Parenthood Federation of America, Mary Steichen Calderone.<sup>8,9</sup> The purpose of SIECUS was to create an organization that would spread "awareness of the vital importance of infant and childhood sexuality" based on Kinsey's ideology.<sup>10-12</sup>

During the Sixth World Congress of Sexology in May 1983, Calderone presented a sonogram video of a 29-week-old male fetus, claiming it showed a "fetal erection."<sup>12-14</sup> This grainy sonogram was used as "evidence" to support the distorted Kinseyan beliefs espoused by SIECUS and her corrupted "conviction" that parents have a *responsibility* to expose their children to sexualized content and even incestuous acts to aid in the "development" of this supposed inherent matured sexuality.<sup>15,16</sup>

Calderone advocated for the abandonment of sexual taboos, and another founding member of SIECUS, Wardell Pomeroy was a longtime Kinsey colleague and co-author who encouraged the destigmatization

of bestiality in his book *Boys and Sex*:<sup>17-20</sup>

*While most people think it's at least immoral, and repulsive as well, it's practiced around the world and has been known as far back as the ancient world. In our time, about 4 percent of city boys and 17 percent of farm boys, according to Kinsey's figures, engaged in sexual behavior with animals, and 4 percent of both city and farm girls had done it. As to whether it's immoral or not, that depends entirely on the point of view... This kind of sexual behavior may never happen to you, because the incidence is so low. If it does ... [y]ou can feel secure in your knowledge that you're not a monster, no matter what society may think about it.*

Like Kinsey, Money, and Calderone, Pomeroy also encouraged incestual acts of pedophilia. In 1980, he told *Time* magazine, "It is time to admit that incest need not be a perversion or a symptom of mental illness," adding, "Incest between ... children and adults ... can sometimes be beneficial."<sup>21</sup> This encouragement was documented again in his article "A New Look at Incest" published in the pornographic *Variations Magazine*.<sup>22</sup> Pomeroy asserted:<sup>23</sup>

*We find many beautiful and mutually satisfying [sexual] relationships between fathers and daughters. These may be transient or ongoing, but they have no harmful effects. ... Incest between adults and younger children can also prove to be a satisfying and enriching experience.*

In other words, the founders and organizations involved in the field of "sexology" and "sex education" that Planned Parenthood teaches, reduces humans, including children, to mere sexual beings inherently born with sexual desires that must be awakened and then formed in a perverse manner. Therefore, these founders and organizations that believe teaching children how to achieve "sexual freedom" or "sexual pleasure," as understood by the neo-marxist darwinian theories, view and define this *abuse* as a *sacred "birthright."*<sup>24</sup> (See "History" and "Key Historical Figures" for more information)

This was outlined by author Richard Farson, who argued for children's "sexual rights." In his book, *Birthright*, he claimed:<sup>25</sup>

*Some people fear that granting full rights of [sexual] citizenship to children might make them into little adults and cheat them out of their childhood... Before the seventeenth century, children were not thought of as innocent... Previously, adults in the presence of children had talked and acted openly about sex and every other 'adult' matter. There was a considerable sexual precocity... It was common for an adult to play with a child's genitals...*

### *Pornography*

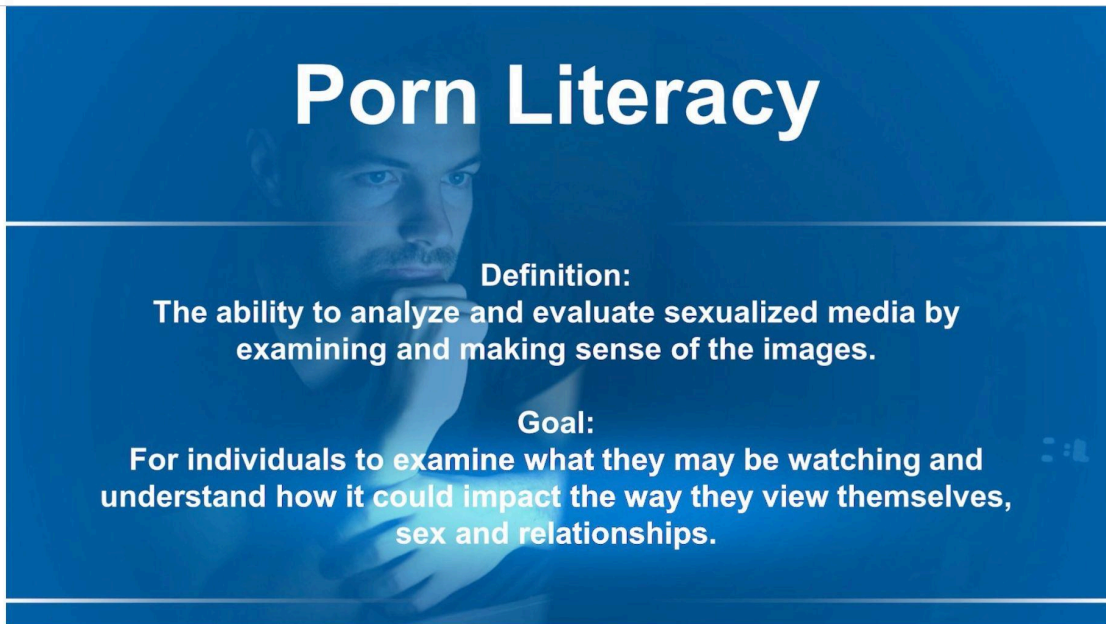
Calderone, Pomeroy, and Money were frequent contributors to articles in pornographic magazines, which was not a mere coincidence. Pornography profiteer Hugh Hefner helped to fund the creation of SIECUS

just as other pornographic leaders were donors to educational institutions such as the National Education Association (NEA) and other “educational methods” still used today—like the intentional exposure to sexually graphic materials to break down a person’s internal protective barriers through sexual attitude reassessment (SAR).<sup>1-3</sup>

In fact, Planned Parenthood and SIECUS continue to advocate for further legalization and expansion of the availability of sexually explicit materials. For example, SIECUS previously referred to pornography as “art,” stating:<sup>4, 5</sup>

*When sensitively used in a manner appropriate to the viewer’s age and developmental level, sexually explicit visual, printed, or on-line materials can be valuable educational or personal aids, helping to reduce ignorance and confusion and contributing to a wholesome concept of sexuality. ... Legislative and judicial efforts to prevent the production and distribution of sexually explicit materials endanger constitutionally guaranteed freedoms of speech and press and could be employed to restrict the appropriate professional use of such materials by sexuality educators, therapists, and researchers.*

Consequently, pornography, whether written or visual, is considered a critical and necessary tool at the core of modern day “sex ed.”<sup>6-10</sup> It is used to, in a perverse sense, “convert” adults and children to its core tenets, and is heavily promoted in various ways specifically to children by Planned Parenthood and its strategic allies.<sup>11-13</sup> Planned Parenthood attempts to justify exposing children to pornographic materials and discussion by claiming to minimize the harmful effects from pornography — **not by teaching avoidance or its harmful impacts** — but rather, to help minors become ‘porn literate.’ Planned Parenthood defines ‘porn literacy’ as “the ability to analyze and evaluate sexualized media by examining and making sense of the images,” with the goal of children “to examine what they may be watching [pornography] and understand how it could impact the way they video themselves, sex and relationships.”<sup>14</sup> Planned Parenthood explains what it means by “understand[ing] how it could impact...themselves, sex and relationships” to mean that it often lacks: “talking” “laughing” “negotiating” “cuddling” “verbal consent” “foreplay” “use of protection” and “sex that doesn’t end in orgasm.”<sup>15</sup>

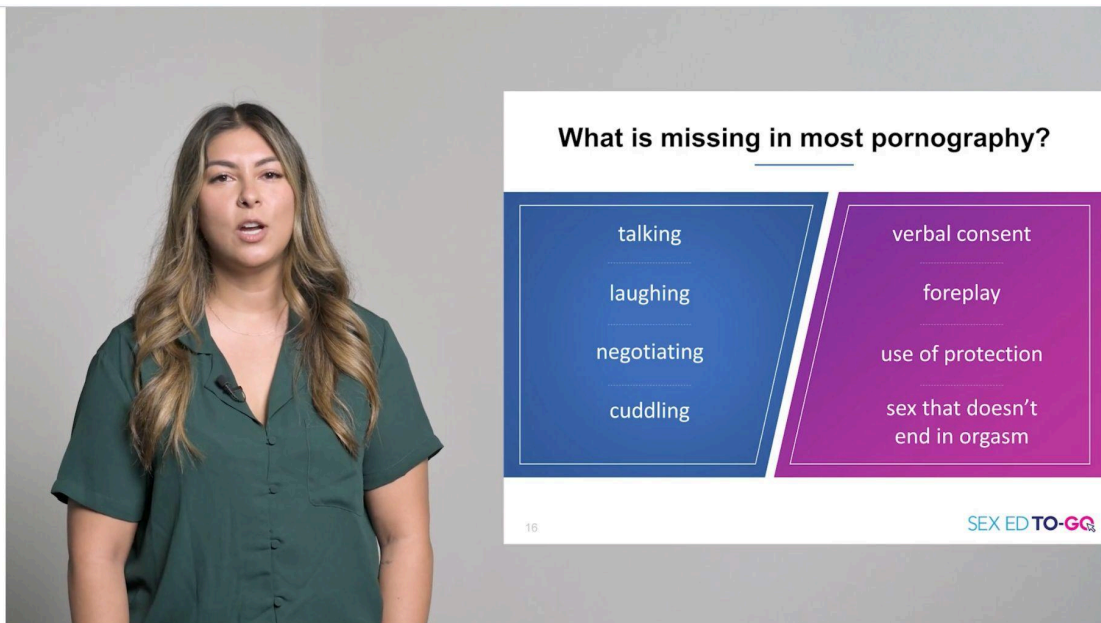


# Porn Literacy

**Definition:**  
The ability to analyze and evaluate sexualized media by examining and making sense of the images.

**Goal:**  
For individuals to examine what they may be watching and understand how it could impact the way they view themselves, sex and relationships.

Source: Sex Ed To-Go for Students, “Porn Literacy,” Planned Parenthood



### What is missing in most pornography?

talking	verbal consent
laughing	foreplay
negotiating	use of protection
cuddling	sex that doesn't end in orgasm

16 SEX ED TO-GO

Source: Sex Ed To-Go for Students, “Porn Literacy,” Planned Parenthood

In Planned Parenthood’s Sex Ed To-Go (SETG) series, teachers and minors alike are encouraged to visit sites like The Porn Conversation, which features blog posts such as [“To Play or Not to Play: Is Stigma Holding You Back from Using Sex Toys as a Penis Owner?”](#), [“What is Ethical Porn? And Where Can I Find It?”](#), and [“A Sex Therapist’s Tips to Watching Porn as a Couple.”](#)<sup>16, 17</sup>

## Community

Building a space for TPC community to tell their stories.  
**Interviews, profiles, features, conversations.**

Sexual Health & Wellness

### To Play or Not to Play: Is Stigma Holding You Back from Using Sex Toys as a Penis Owner?

KOREY MCWILLIAMS,  
SEX AND RELATIONSHIP THERAPIST



Source: The Porn Conversation, “Community” tab, <https://thepconversation.org/community>.

Sexual Health & Wellness >



KOREY MCWILLIAMS,  
SEX AND RELATIONSHIP THERAPIST

**To Play or Not to Play: Is Stigma Holding You Back from Using Sex Toys as a Penis Owner?**



ELEONORA RANUZZI,  
PSYCHOLOGIST

**6 New Year Sex Resolutions to Take Care of Your Sexual Health in 2024**



ANA ORNELAS,  
EROTIC WRITER & ACTIVIST

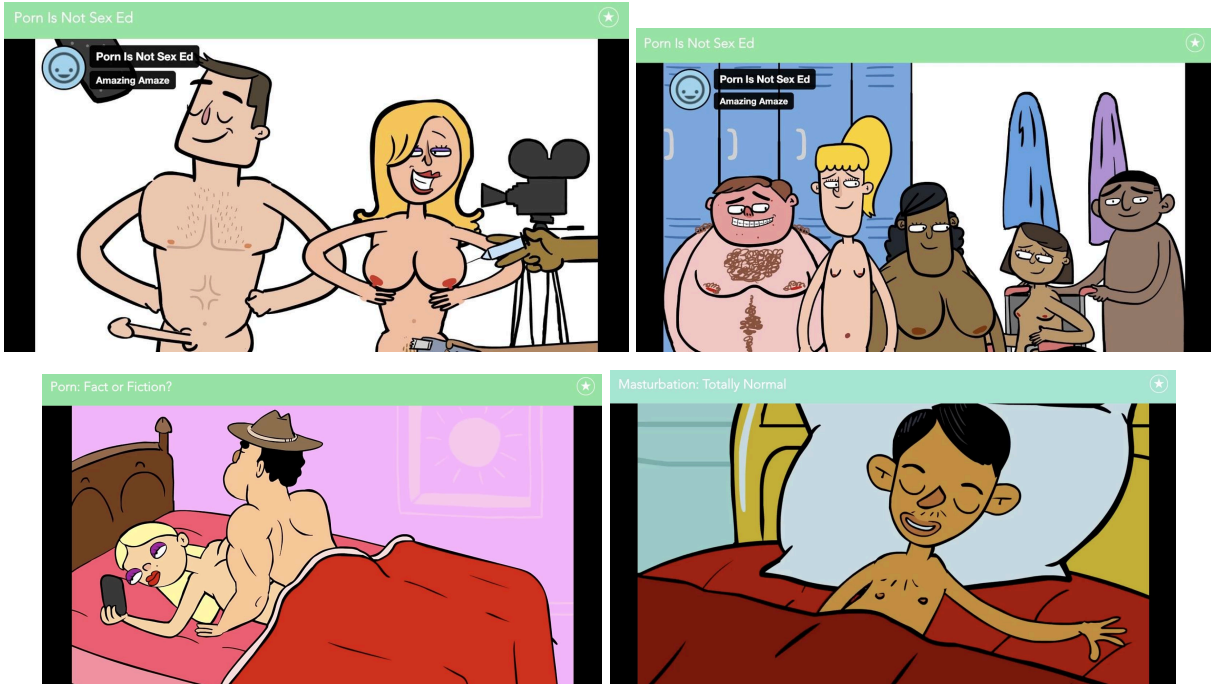
**Everything You Need to Know About Vaginas**



**Unleash Your Inner Sexpert with Our Sex Ed Quiz**

Source: The Porn Conversation, “Community” tab, <https://thepconversation.org/community>.

Much of Planned Parenthood’s ‘sex ed’ also recommends video content and resources from its FoSE allies, Advocates for Youth and AMAZE, to complement its curriculum, echoing the same message, which is not to avoid pornography or the scientific teachings of its harmful effects, but to gain ‘porn literacy’ as they have defined it.



Source: Amaze videos, AMAZE.org Photo 1: “Porn is Not Sex Ed,” :53mm; Photo 2: “Porn is Not Sex Ed,” 1:01mm; Photo 3: “Porn is Not Sex Ed,” :56mm; Photo 4, “Masturbation: Totally Normal,” :36mm.

Although there are few studies examining the direct connection between pornography and the ‘trans-phenomenon,’ Genspect reports that clinicians commonly find that patients who self-identify as ‘transgender’ overwhelmingly tend to coincide with an exposure to pornographic material.<sup>18</sup> In young females, Genspect contributing author Christina Buttons states, “The painful and degrading sex acts that are now omnipresent in hardcore pornography may be very frightening to some girls, potentially causing some to disidentify with their biological sex.”<sup>19</sup> Button further suggests that some studies have identified young heterosexual females who report “a desire to transition in order to pursue sexual relationships with gay men” who may be perceived as less dangerous than heterosexual men who have been portrayed as aggressive in pornography.<sup>20</sup> Button explains this may partially explain the dramatic increase in females attracted to an alternative ‘transgender’ identity—as a type of safety precaution.<sup>21</sup> Concurrently, for some males exposed to aggressive pornography, Button reports that a ‘transgender’ identity may be deferred to as a “way to renounce” perceived “toxic masculinity.”<sup>22</sup>

#### Sexual Attitude Reassessment (SAR)

To summarize what was previously explained, CSE’s foundational belief system is supported by pseudo-science utilizing the documented sexual abuse of children. Some of the key founders and organizations involved in the ideology linked to today’s CSE and Planned Parenthood up to this point are:

- **Alfred Kinsey (1894-1956):** This Darwinistic sexual anarchist authored the two-volume “sexual

bible," which serves as the foundational doctrine for CSE.<sup>1-3</sup> He used recorded sexual abuse of infants and children, whitewashed as "scientific research," to "prove" the concept that humans are "sexual from birth."<sup>4-6</sup>

- **Wardell Pomeroy (1913-2001):** As a close colleague of Kinsey, co-author of the "sexual bibles," and a founding board member of SIECUS, Pomeroy sought to normalize pedophilia, bestiality, and incest.<sup>7, 8</sup> He infamously stated, "Incest can be a satisfying, non-threatening, and even an enriching emotional experience."<sup>9</sup>
- **Mary Calderone (1904-1998):** A colleague of Pomeroy, Calderone promoted "infant and childhood sexuality."<sup>10</sup> She worked to justify incest in childhood and argued alongside her colleagues that "a little more touching in the home...the nation might not be facing 'the present rash of feverish adolescent sexual activity outside the home.'"<sup>11, 12</sup>
- **John Money (1921-2006):** A researcher at the Kinsey Institute who worked at the first U.S. "sex change" clinic and served on the boards of SIECUS and the Society for the Scientific Study of Sex (SSSS)—which set sex ed standards—was accused of child sexual abuse.<sup>13-16</sup> Money also promoted incest, provided the child offered "consent."<sup>17</sup> He claimed that pedophilia is "simply the love of children."<sup>18</sup>

According to Calderone, Pomeroy, Money, and other CSE framers, parents who hold internalized biases fail to "properly" teach their children how to reach their fullest "sexual" potential.<sup>19-22</sup> This is why the framers promoted access to and use of pornographic materials. They even promoted acts of incest and pedophilia, as if they are *beneficial* to children. (See "History" and "Key Historical Figures" for more information) Healthy adults and parents inherently recognize the dangers of this ideology. This is why CSE's creators employed a tool intended to tear down the instinctual protective barriers of adults and children.<sup>23</sup>

Once the inherent moral and protective barriers were conquered, anyone would then have unfettered access to the minds and bodies of children. The tool they used is known as Sexual Attitude Reassessment or SAR (formerly called Sexual Attitude Restructuring). It was used within CSE to create a paradigm shift across **all** major institutions.<sup>24-26</sup> The use of SAR is inseparable from comprehensive "sex-ed," because like SAR, CSE is intentionally designed to break down the protective sexual inhibitions of adults and children.<sup>27</sup>

In other words, when one questions why "sex ed" in public schools is sexually explicit, and why pornographic books, materials, and access to online pornography are encouraged by Planned Parenthood, SIECUS, and CSE supporters, it is **because it is intended to be.**<sup>28-31</sup> Comprehensive sex ed isn't meant to "educate" – *it is meant to indoctrinate*, and to remove protective sexual attitudes and values from adults and children, replacing them with attitudes that see children as sexual beings capable of consenting to the sexual desires of adults.

### *SAR: What it is*

In CSE, Sexual Attitude Reassessment (SAR) is, in essence, a brainwashing ritual with the goal of causing the participant to eventually accept or “convert” to the ideology of CSE’s framers.<sup>1</sup>

The CSE-aligned Sexual Health Alliance currently describes SAR this way (emphasis added):<sup>2</sup>

*During a SAR, one actively assesses the attitudes, reactions, and questions that may arise from viewing or discussing sexual content. The goal is to recognize when your personal thoughts impact the services you provide.*

***SARs promote growth and compassion for others by exposing you to sexual behaviors and preferences through erotic media while structuring a group conversation with other professionals.***

SAR is the practice of *intentionally exposing participants* (educators, health care professionals, or minors) to sexualized or pornographic materials and concepts.<sup>3</sup> This exposure is used to break down a person’s inherent protective inhibitions. Once the internal protective measure of a person has been broken, continued exposure to sexualized content and propaganda is utilized to re-shape a person’s concept of what constitutes as morally acceptable by the individual.

So, when Planned Parenthood and its allies ‘sex ed’ curricula, books, and other content show children what masturbation is and how to perform the act, or illustrations of people with man-crafted sexual organs of two biological sexes, pitching it as normal, this is SAR in practice, for the purpose of exposing and forming a child’s ideological framework.

Today, this is recognized widely as sexual “grooming.”<sup>4</sup> Anyone who has taken a class on preventing sexual abuse will likely recall that intentional exposure to pornography is one of the most common methods an abuser uses to begin to initiate sexual contact with his/her victim. Despite SAR tactics being nearly indistinguishable from sexual grooming, Planned Parenthood continues to promote, require, and utilize SAR techniques and materials throughout its “sex education” programs.<sup>5</sup>

### *How SAR Came to Be*

Wardell Pomeroy (1913-2001)

Wardell Pomeroy, referenced earlier as a promoter of incest and bestiality, promoted the SAR method and helped to create the extensive library of pornographic materials used. Pomeroy admitted under oath his attempts to gather funding from the pornography industry to produce his own child sex-abuse material (or ‘child porn’) for the SAR library.<sup>1-3</sup>

After the death of Alfred Kinsey, Pomeroy went on to become the first Academic Dean of the Institute for Advanced Study of Human Sexuality (IASHS), a for-profit institute which eventually produced and housed

an extensive collection of pornographic movies and other content which were incorporated into SAR and “sex-ed” programs.<sup>4,7</sup>

Pomeroy noted that SAR was useful to **lower the sexual inhibitions of the viewers**, stating that SAR “is **designed to desensitize**.” In “Sexology—Therapy or Titillation?” in the British Journal of Sexual Medicine, Pomeroy stated:<sup>8</sup>

*As part of our intensive courses we project several films on to a series of screens simultaneously. They vary in content from “hard porn” homosexuality to milder loving themes...[T]he results are very interesting and useful.*

Robert “Ted” McIlvenna (1932-2018)

An initial meeting at the Kinsey Institute led to the creation of the aforementioned National Sex Forum (NSF) by the Glide Memorial Church and Glide Foundation, which hired Robert “Ted” McIlvenna.<sup>1-3</sup>

According to California government draft records, the NSF “courses” included graphic pornography set to classical music and included “gay men, lesbians, bisexuals, and transgender men and women.”<sup>4</sup> This material was used as SAR “training” for doctors, nurses, therapists, social workers, teachers, and sex workers.<sup>5</sup>

The NSF later became the for-profit Institute for Advanced Study of Human Sexuality (IASHS), which produced and housed the multi-media SAR content.<sup>6,7</sup> But it also worked closely with ‘porn king’ and owner of Deja Vu strip clubs, Harry Mohney, to establish the Erotic Heritage Museum in Las Vegas with a “rotating selection of [pornographic] films.”<sup>8</sup> While it was doing these things, it was offering graduate level degree programs for “sex educators” and providing inner-city teenagers with supposed “sex education.”<sup>9,10</sup>

Through 2016-2017, the IASHS continued to teach from the Pomeroy lecture series and ‘educate’ about “transgenderism.”<sup>11,12</sup> After decades of operation, the IASHS was referred to as a “questionable organization” and shut down in 2018 after it failed to meet accreditation standards as an academic accrediting agency required for diplomas to be recognized as legitimate.<sup>13</sup>

### *Concepts of SAR*

Herbert Albert Otto, member of Society for the Scientific Study of Sex (SSSS), the American Association of Sexuality Educators, Counselors and Therapists (AASECT), and a colleague of Mary Calderone, argued for teaching educators and children through what he called a “holistic approach” to “sex ed.”<sup>2</sup> (See “History” and “Key Historical Figures” for more information)

AASECT and the SSSS were formed and used to provide “accreditation standards” for the field of sexology.<sup>3</sup> AASECT was originally under the control of SIECUS, and like SIECUS was supported by the pornography industry.<sup>4,6</sup>

This “holistic approach” outlined by Otto and others in “Neglected Aspects and Priorities in the New Sex Education” resource book, included teaching children that “sex is fun” and a “form of play.”<sup>7</sup>

It also heavily promoted the use of pornography, the teaching of “sex techniques,” and the use of sex manuals, toys, and games.<sup>8</sup> His chapter included Kinseyian based “awareness and acceptance of childhood sexuality” perpetrating the disturbing belief that children and adults alike are “sexual beings” capable of expressing relatability “to another person in an erotically intimate manner...long before puberty, and have the potential for extensive sexual experimentation.”<sup>9</sup>

Otto used an example of a “modern” mother with a “permissive attitude” as a model example of what he promoted as acceptable response to children’s “sexual play” stating:<sup>10</sup>

*One modern mother told this writer that as her seven-year-old son led a girl of his age into his bedroom, he told her, “Mom, don’t come into my room for the next hour—we’re going to play.” She replied, “That’s perfectly okay.”*

Otto, like many of his colleagues, thought parents who believe “children should be pure and innocent” were the problem stating:<sup>11</sup>

*The question has to be asked, Who is being harmed (other than the prejudices of parents) when children engage in sex play?...Parents find it difficult to accept the fact that their children are sexual beings...Perhaps more sexual censure and nonsense are currently being perpetrated, using as justification the preservation of the “innocence” and “purity” of children, than for any other stated cause.*

Though sexualizing children was important to Otto and his associates, the highest priority was to *teach the teachers* through exposure to SAR training and AASECT certification programs. The National Sex Forum (NSF), which produced the pornographic materials, was listed as a resource.

Today, AASECT continues to refer to a SAR as a “great tool” that “takes participants through a journey of understanding the erotophobia (fear of various aspects of sex) in our society, the unnecessary angst that we have over sex, and next steps to comfort and wellness with our whole bodies.”<sup>12, 13</sup>

Reminiscent of Otto’s “holistic approach,” AASECT held its SAR training in January, provided by the Holistic Sex Therapy Training Program (ISEE), which offers courses such as “BDSM Nuts and Bolts” and “Alternative Lovestyles: Working with Polyamorous Clients.”<sup>14</sup>

According to AASECT, training in SAR is **required** for primary school sex educators and several other professionals wishing to be certified as a “sexuality educator, sexuality counselor or sex therapist.”<sup>15</sup> The SAR

method is seen in Planned Parenthood's "training" for teachers and "curriculum" for minors, like in its explicit "Sex Ed to Go" or "Spark Ed" programs.<sup>16, 17</sup>

### *Effectiveness of SAR: Historical Evidence*

After the *Roe v. Wade* in the Supreme Court ruling in 1973, the former Medical Director of Planned Parenthood Federation of America proclaimed, "The only avenue the International Planned Parenthood Federation and its allies could travel to win the battle for abortion on demand ***is through sex education*** (emphasis added)."<sup>1</sup>

In a 1984 evaluation by ERIC (Education Resources Information Center), sponsored by the Center for Population Options (known today as Advocates for Youth or AFY) teenage pregnancy and abortion was used as a driving force to deceitfully justify the expansion of "sex-ed" and the presence of School Based Health Centers (SBHC) stating, "Each year more than 400,000 teenage girls choose to terminate their pregnancies through abortion. These abortions have physical, emotional, and social consequences for some of the adolescent girls."<sup>2, 3</sup>

During the time of the evaluation, ERIC reported that 78% of high school sex educators talked about abortion, 53% discussed masturbation and homosexuality, and 6% covered sexual techniques.<sup>4</sup> Overall, the review found that "sex education" helped in "making attitudes about masturbation more tolerant," decreasing "guilt" when "looking at sexually exciting pictures," and increasing "acceptance of homosexuality" and "premarital sex."<sup>5</sup> One of the studies, the ERIC report, published by the National Council on Family Relations in 1971 using particularly explicit "sex-ed" curricula, consisted of a small group of ten- and eleven-year-old children and their parents.

Over the course of several weeks the parents and children were separated during the "sex-ed" programs. The "study" tracked pre-and-post "attitude and interactional changes" and included in-depth subject areas on homosexuality, gender identity, and masturbation (including mutual masturbation).<sup>6-9</sup> The program included SAR materials such as "slides, filmstrips, tape recordings...and photographs" used to "evoke responses in the form of questions...make available a range of attitudes between and within group members following the introduction of such stimuli."<sup>10</sup> The results indicated that both adults and children were "significantly in the direction of more permissiveness," towards the concepts which were presented to them during the course.<sup>11</sup>

### *Effectiveness of SAR: Modern Day*

Coinciding with the intensely increasing use of Queer Theory fueled propaganda is the rise of transgender identification, particularly among youth and young adults. This trend aligns with observations made by Planned Parenthood's former Vice President of Education, Leslie Kantor, in 2015, and the subsequent eagerness to expand its 'gender affirming care.'<sup>1</sup> In that year, Kantor told Think Progress that "LGBT teens are coming out at younger and younger ages, running counter to a historical trend of LGBT people coming out once they reach adulthood and were independent from the family," stressing the growing importance of focusing on "parents' reactions."<sup>2</sup>

More recently, an analysis of CDC data by the Williams Institute at UCLA Law School, reported by *The New York Times*, further supports this trend.<sup>3</sup> The analysis found that minors and young adults aged 13 to 25 "accounted for a disproportionately large share of the transgender population."<sup>4</sup> Specifically, teenagers aged 13 to 17 made up 7.6% of the total U.S. population but roughly 18% of the transgender population, while young adults aged 18 to 24 made up 11% of the total population but 24% of the transgender population.<sup>5</sup>

This rise in LGBTQ+ identification has also been observed in generational data. In March 2024, Gallup reported that over one in five (more than 20% of) adults in Generation Z (born 1997–2012) identified as LGBTQ+.<sup>6</sup> Genspect identified a similar increase among the younger population stating, "Some surveys suggest that between 2-9% of high school students now self-identify as transgender or 'gender nonconforming,'" noting a particularly sharp increase in teens identifying as 'nonbinary.'<sup>7</sup>

#### *What it Looks Like in Practice Today*

When one thinks of 'sex education' what may come to mind is a short series of lessons during health or science class in K-12 schools. But sex ed is far more than that—policy makers and parents must take Planned Parenthood at its word.

Planned Parenthood self-proclaims to be the "nation's largest provider of sex education, reaching 1.3 million people a year through education and outreach," stating:<sup>1</sup>

*Sex education is high quality teaching and learning about a broad variety of topics related to sex and sexuality. It explores values and beliefs about those topics and helps people gain the skills that are needed to navigate relationships with self, partners, and community, and manage one's own sexual health. Sex education may take place in schools, at home, in community settings, or online.*

Planned Parenthood specifically refers to its K-12 programs as covering "a broad range of topics" including:<sup>2</sup>

- Human development, including puberty, anatomy, sexual orientation, and gender identity **Taught from the perspective of Kinsey et al., & ‘Queer Theory’**
- Relationships, including self, family, friendships, romantic relationships, and health care providers
- Personal skills, including communication, boundary setting, negotiation, and decision-making
- Sexual behavior, including the full spectrum of ways people choose to be, or not be, sexual beings **Teachings from Benjamin, Kinsey, Pomeroy, Money, et al.**
- Sexual health, including sexually transmitted infections, birth control, pregnancy, and abortion **Planned Parenthood Financially Benefits From**
- Society and culture, including media literacy, shame and stigma, and how power, identity, and oppression impact sexual wellness and reproductive freedom **Planned Parenthood’s teachings rooted in ‘Queer Theory’**

Source: Planned Parenthood’s website, edited: red additions by Live Action

Material Alliances: American Library Association, FoSE & Others

### *Molestation of the Minds of Children*

#### Examples of ‘Sex Ed’ Curriculum

Planned Parenthood, SIECUS, and Advocates for Youth along with its digital media arm, Amaze, are all members of the Future of Sex Education (FoSE) coalition and part of the malicious web of sex miseducation, as Live Action News has reported.<sup>1,2</sup> It doesn’t take much to understand why Planned Parenthood, which violently kills pre-born babies, financially benefits from “transgender affirming care” that leads to irreversible harm, and is behind sex ed programs that actively promotes masturbation and pornography to children, would also be so closely connected to sexually graphic books being on children’s shelves across the country.<sup>3-5</sup>

The FoSE coalition is far more permeated into communities than just being the providers of sex education curricula; it is also on children’s bookshelves across the country and is a crucial part of SAR applied method.<sup>6</sup>

Planned Parenthood’s efforts to further expand sex-ed programs to include more ‘LGBT-inclusive’ content were ramped up in 2015, citing the growing number of children identifying as LGBT+ as the reason

why such expansion was necessary.<sup>7</sup> To fully implement the agenda and expand the consumer base, the web spun by Planned Parenthood and affiliated organizations was broadened beyond just curriculum.

Planned Parenthood and other affiliated members of the FoSE coalition’s “sex ed” help to facilitate and encourage children and adults to actively participate in “social transition” practices.<sup>8</sup> For example, Live Action News has repeatedly reported on lesson plans in full alignment with Planned Parenthood’s LGBTQ+ ideology such as “Teen Talk,” which instructs students and teachers on “core values” from a “pro-choice, feminist, sex positive, 2SLGBTQ+ positive” perspective “using an anti-oppression, decolonizing lens” — emphasizing sex-rejecting concepts such as the refusal to describe the anatomy of the vulva as part of a “‘female’ body, as many Two-Spirit, transgender and gender non-conforming people may have a vulva and may not identify as female.”<sup>9</sup>

<sup>10</sup>

Planned Parenthood’s Sex-Ed To Go (SETG) program manuals for teachers includes repeated instructions of Planned Parenthood’s perceived importance for teachers to use “inclusive” and “non gendered” language when teaching school-aged children and to downplay sexually transmitted infections and diseases.<sup>11</sup> Student and teacher SETG models commonly teach the use and acceptance of incorrectly used, sex-rejecting pronouns and encourage educators to teach students such concepts as young as 3rd grade.<sup>12</sup>

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There is so much stigma associated with sex and sexuality. In this module we will further discuss the impact of stigma on young people. It is important to be aware of our language, like not labeling STIs as dirty or avoiding stereotypical gender roles when discussing relationships.

Inclusive language can look like using non gendered language like a person with a vulva or a person with a penis. When we take gender out of our language, we are creating a space where every person feels included while discussing a medical topic, rather than turn it into a “boy” or “girl” issue. But inclusion is also about making sure young people see their real-life experiences represented, whether that’s their race, ethnicity, or cultural background, their sexual orientation, their family structures, or even their experiences with sexually explicit media, social media, or sexual abuse.

We also should be mindful of images and examples that we use, for example only using white thin and abled bodies for images or providing examples and situations of various relationships when creating scenarios. We go more in-depth into inclusion in the next course: Inclusive Sex Education.

Some types of sex education incorporate fear-based education. This may look like showing pictures of genitals infected with an STI or only talking about sex as an activity that poses severe threats. Think about the coach in Mean Girls whose sex ed lecture was, “Don’t have sex ‘cause you will get pregnant and die.”

While the intent for these examples may be to emphasize to youth the possible negative outcomes of sex and encourage abstinence and the use prevention methods, like condoms or birth control when and if the time arises, the impact is much different.

First, most fear-based programs do not include any information around prevention, and when they do, they often downplay effectiveness of prevention methods, like saying that condoms are not effective in preventing STIs and pregnancy. This misinformation could lead someone to not use prevention methods when they become sexually active.

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Source: Planned Parenthood’s Sex Ed To-Go for Teachers

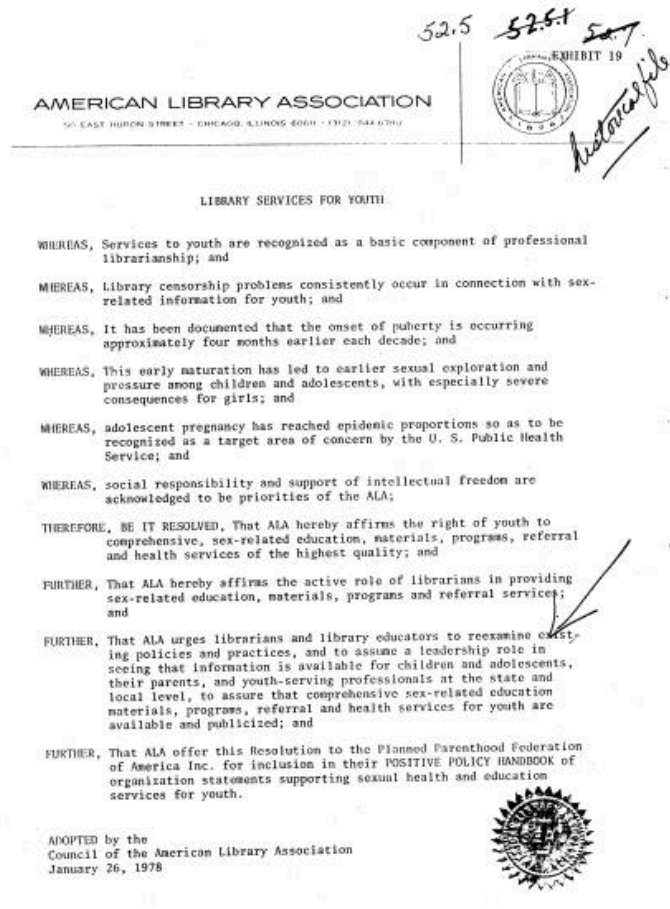
Consequently, the FoSE coalition actively targets youth while actively fighting against parents through the use of perverted sex-ed programs and by effectively bifurcating any restrictions states may place on sex-ed programs by bringing profane books into public schools and local libraries through a relationship with the American Library Association (ALA) and affiliated organizations.<sup>13,14</sup>

American Library Association & other coalitions

The ALA's stated mission is "[t]o provide leadership for the development, promotion, and improvement of library and information services and the profession of librarianship in order to enhance learning and to ensure access to information for all."<sup>1</sup>

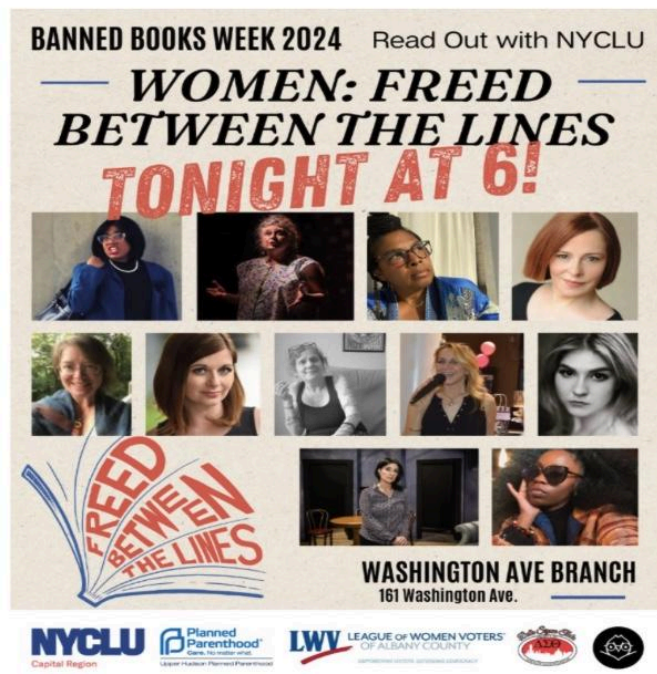
Advocacy is one of ALA's core purposes, and it remains the driving force behind filling the bookshelves in public schools and local libraries. Consequently, the ALA has historic and current ties with Planned Parenthood.<sup>2</sup>

In 1978, the Council of the American Library Association filed a resolution espousing its belief that librarians should have an 'active role' in "providing sex-related education, materials, programs, and referral services," and further urging librarians to ensure "comprehensive sex-related education materials, programs, referral and health services for youth are available and publicized."<sup>3, 4</sup>



Source: Council of the American Library Association, adopted resolution, January 26, 1978.

The 1978 resolution included the submission of the supporting resolution to the Planned Parenthood Federation of America Inc., “for inclusion in their Positive Policy Handbook of organization statements supporting sexual health and education services for youth.”<sup>5</sup>



Source: Albany NY Library, Facebook Post, accessed April 15, 2025

ALA support and coordination with Planned Parenthood comes as no surprise given the Association's support of easy access to information on abortion for all populations, including children, condemning pro-life legislative efforts, and stating, "As members of a profession committed to free and equitable access to information and the pursuit of knowledge, we stand firm in opposing any effort to suppress access to information about reproductive health, including abortion, whether for medical purposes or as a matter of public concern and individual liberty."<sup>6</sup>

While the group openly advocates for abortion and 'transgender affirming' policies, the American Libraries, a publication magazine of the ALA, cautions its members about partnering with local Catholic-affiliated hospitals for educational purposes. "Although Catholic hospitals make up a significant percentage of hospitals throughout the United States," it says, "they rarely provide information about or services related to sterilization, abortion, contraception, or LGBTQIA+ issues."<sup>7</sup>

Similar to the FoSE coalition for sex-ed, the ALA is part of a large coalition of organizations known as the National Coalition Against Censorship (NCAC). Also in the coalition are the Planned Parenthood Federation of America and PEN America.<sup>8,9</sup> Founded in 1922, PEN America's mission is "to unite writers and

their allies to celebrate creative expression and defend the liberties that make it possible."<sup>10</sup> It has numerous associates and affiliates who previously or currently work or intern for Planned Parenthood.<sup>11</sup>

After the overturning of *Roe v. Wade*, PEN America's former CEO Suzanne Nossel stated:<sup>12, 13</sup>

*Reproductive rights are human rights. We stand in solidarity with all rights defenders leading the fight for reproductive freedom.*

*As a human rights organization, we are deeply alarmed by a decision to brazenly roll back the right to bodily autonomy. When certain well-established rights are treated as dispensable, all other rights – including freedom of speech – become less secure. Freedom of expression rights are also threatened by this decision. PEN America will fiercely fight to protect the open discussion of reproductive rights and health care options for all.*

PEN America also publishes a list of falsely labeled "banned books," many with graphic and vulgar content, with links to purchase the books, of which PEN earns a commission.<sup>14</sup>

Planned Parenthood has actively advocated for such illicit material in public school classrooms and library shelves by publicly denouncing actions by governors and state legislators who call for an investigation or who propose legislation to address children's exposure to graphic books.<sup>15, 16</sup>

For example, in 2023, Planned Parenthood Pennsylvania Advocates publicly opposed Senate Bill 7 in the Pennsylvania State Legislature, which aimed to give parents more control of the instructional materials and books containing sexually explicit content. Planned Parenthood argued that explicit books are "education resources" that are "absolutely essential," and claimed the sexually explicit books *serve as an alternative to sex-ed program restrictions* (emphasis added).<sup>17</sup>

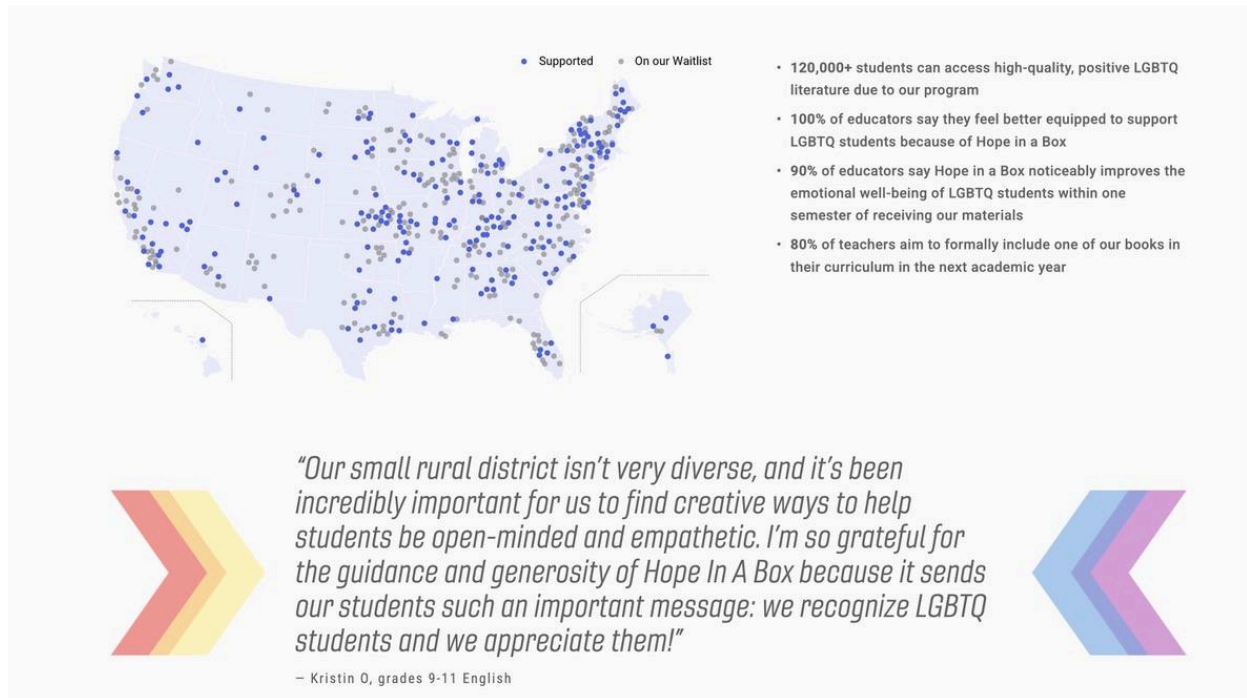
#### How These Books Make it Into Schools

The ALA sends recommended book lists to libraries across the U.S. to stock shelves with, such as the ALA's 2024 Feminist Rise Book Project Winner, *You or Someone You Love: Reflections from an Abortion Doula* described by the publisher as:<sup>1</sup>

*An eye-opening, transformative, and actionable journey through radical and compassionate community abortion care and support work: what it looks like, how each and every one of us can practice and incorporate it into our daily lives, and what we can imagine and build together in a post-Roe v. Wade United States.*

Additionally, Planned Parenthood's ally Advocates for Youth (AFY) offers a "Hope in a Box" program, which is described as a "curated book list, curriculum guides, and toolkits available to hundreds of additional

school libraries and Language Arts classes."<sup>2</sup> Much of the books that make it onto taxpayer funded book shelves meant for children, is content, admitted by many of the authors, intended for an adult audience. Many of the same books promoted by Planned Parenthood, AFY, and the ALA for children to have access to, are not permitted into prisons for hardened criminals due to the books vulgar and explicit content. Yet, these very same books, kept from adult prisoners, are handed and taught to children on taxpayer's dime. Consequently, many books that parents have fought against are sent directly to school districts nationwide.<sup>3</sup>



Source: Advocates for Youth website, “Hope in a Box” program, screenshot taken April 18, 2025.

### *The Fight Against Parents*

Each of the groups in the NCAC and FoSE coalitions has advocacy arms actively working against parents who are fighting to keep Planned Parenthood-backed sex-ed programs and graphic books from being easily accessed by unassuming children.<sup>1</sup>

The ALA considers this resistance from parents and families to be "false claims of illegal obscenity for minors; inclusion of LGBTQIA+ characters or themes; and inclusion of topics on race, racism, equity, and social justice," while promoting the falsely-labeled "Banned Book Lists" with titles such as *Gender Queer: A Memoir* by Maia Kobabe.<sup>2</sup>

\*See Appendix 1 for content from *Gender Queer: A Memoir*, by Maia Kobabe; WARNING:Sexually Explicit

Despite the powerful opposition working against their efforts, the fight by parents to protect the minds and innocence of their children continues to unfold across the country from the Supreme Court to state capitols.<sup>3</sup>

In an effort to combat parental rights, the Board of Education in Montgomery County, Maryland, resorted to refusing parents options to ‘opt-out’ from LGBTQ+ themed lessons in the county’s elementary schools, which allegedly included preschool children as young as three and four years old. This resulted in a lawsuit by a coalition of Christian, Jewish, and Muslim parents against the Board. Oral arguments on the case were heard in the Supreme Court on April 22, 2025.<sup>4</sup>

During the oral arguments, Eric Baxter, the attorney representing the parents, alleged that the Montgomery County Board of Education openly chose “indoctrinating” books used as part of class curriculum outside of sex-ed instruction which were purposely designed and chosen by the Board to “disrupt cis-normativity, disrupt hetero-normativity” without parental notification. He argued that the Board decided that “every student would be taught from inclusivity storybooks.”<sup>5</sup>

Justice Neil Gorsuch noted that a district court found that the LGBTQ+ curriculum being used outside of sex-ed purposes for pre-school and elementary school students was **for the purposes of influencing the students ideology**, a point which the Montgomery County Public Schools attorney Alan Schoenfeld conceded.

During a recent committee hearing on Texas House Bill (HB) 3225 (“Relating to the prohibition of access by minors to sexually explicit materials in municipal public library collections; providing a civil penalty”), Bonnie Wallace, a member of the Llano County library advisory board, who was sued after harmful books were relocated out of the children’s section, testified in favor of the bill.<sup>6,7</sup>

Wallace stated she has found books in the children’s section of public libraries which she claimed, “Glamorize sex with animals, sex with dead bodies, sex in public while others watch and masturbate,” including Planned Parenthood affiliates Columbia Willamette’s (PPCW) sponsored book found in schools across the country, *Drawn to Sex Our Bodies and Health* by Erika Moen & Matthew Nolan.<sup>8,9</sup>

\*See Appendix 2 for content from *Drawn to Sex Our Bodies and Health* by Erika Moen & Matthew Nolan;  
WARNING: Sexually Explicit

Wallace continued by stating she found books with QR codes that take children to online sex shops and books including those that:<sup>10</sup>

*...glamorizes and trivializes a 6th-grade teacher who grooms and molests her 12-year old student. A book series that graphically describes students who kill other students and their teachers and teachers who kill*

*their students. I have found two books which mention their characters having sex with Jesus. I have a book here which tells minors how to kill their diabetic relatives in an undetectable way to get away with murder... This is not about book banning or book burning; this is about book boundaries. Minors need boundaries to protect their minds from content they are not mature enough to process.*

Richard Vega with At His Feet Ministries said that the book *Let's Talk About It: The Teens's Guide to Sex, Relationships, and Being a Human*, was found in an elementary school library.<sup>11</sup> He testified in favor of HB 3225 stating, "This is the molestation of the minds of our children."<sup>12</sup> *Let's Talk About It: The Teens's Guide to Sex, Relationships, and Being a Human* was listed on the 2022 Great Graphic Novels for Teens Top Ten list by the Young Adult Library Services Association arm of the ALA.<sup>13</sup>

Again, **these are books that Planned Parenthood and its allies believe children should have access to.**

\*See Appendix 3 for content from *Let's Talk About It: The Teens's Guide to Sex, Relationships, and Being a Human* by Erick Moen and Matthew Nolan; WARNING: Sexually Explicit

#### *Ramifications of Pornographic SAR Materials*

In the U.S. Supreme Court case *Free Speech Coalition v Paxton*, an Amici detailed the experiences of registered nurse and founder of Matthew XVIII Group, Audrey Werner, who underwent mandated AASECT training to become certified as a school sex educator.<sup>1,2</sup> She was taught that sexual acts by minors were an inevitable reality. In her professional capacity, Werner began to see the paradigm shift and smelled the rotten fruit of the distorted reality of the sexualization of children.

In one such case detailed in the Amici, while working at an STD clinic, Warner interviewed a young boy who allegedly raped two younger girls, ages two and four years old. She discovered that the 10-year-old boy was "[s]chooled by SAR" and was subsequently "acting out the sexual stimuli he had witnessed through exposure to sexual materials."<sup>3</sup> (See section on SAR, pages 42-27 for more)

The Amici further suggests that Werner's professional experience is "...emblematic of the child-on-child sexual violence that has been increasing exponentially in American elementary and secondary schools since the introduction of Kinseyan sex education," citing the U.S. Department of Education's most recently identified report from 2020, which was updated in 2022, showing an increase in sexual violence from 2015-16 to 2017-2018:<sup>4,5</sup>

- Rape or Attempted Rape–Increased by 74%.
- Incidents of Sexual Assault–Increased 42%.

***The use of sexually explicit materials in classrooms and online has transformed K-12 schools into crime scenes instead of academic institutions. ~Amici Curiae by Matthew XVIII Group & The Reisman Institute***<sup>6</sup>

The amici brief further explains, "Sexually explicit images such as those used in SAR to train sex educators and then by sex educators in classrooms have profound effects on the human brain, particularly on the underdeveloped brains of children." This results in physical and psychological changes to the brain by "trigger[ing] a chemical reaction that mimics the response to addictive substances" that naturally induce arousal. In the developing brains of children and minors, this initiation of "naturally occurring psychoactive substances" are produced prematurely with potentially life-long negative consequences.<sup>7</sup>

"Sex ed" is far more than just concepts embedded into curriculum taught within the four walls of a classroom over a brief lesson or two. It is the intentional "restructuring" of person's brain through sexually explicit CSE curriculum and digital content of Planned Parenthood, SIECUS, AFY, and Amaze, reinforced by outright pornographic content found in books and AI chatbots—and subsequently priming the youth to become perpetual consumers for big porn, abortion, and "transgender" industries. "The use of sexually explicit materials in classrooms and online has transformed K-12 schools into crime scenes instead of academic institutions" the Amici brief states.<sup>8</sup> **It is the tax-payer funded, state sponsored destruction bought on by the raping of the minds of the country's youth.**

*The nation has been deceived by pedophiles and pedophile sympathizers, all of which helps to satisfy the ultimate goal of eugenics.* Lancing and Lindsay state: *How do Marxists stop society from reproducing itself? As it turns out, the best way to solve the "problem of reproduction" is to hijack education (emphasis added).*<sup>9</sup>

## **Beyond the Classroom: Planned Parenthood's "Grooming" Centers, Clubs & SBHC's**

### "Grooming" Centers

Planned Parenthood's recently released 2024-2025 annual report detailed its record-breaking year, including its **highest ever number of abortions at 434,450** and its **record-breaking \$832 million in taxpayer funding**.<sup>1,2</sup> Planned Parenthood's report also claimed to have provided "5.5 million STI tests & treatments," which included over 814,000 HIV tests, citing these tests and treatments as part of its core health services.

# HEALTH CARE<sup>1</sup>

## SERVICE NUMBERS

- 2.09 million** patients
- 9.9 million** services
- 331,400** Pap tests & breast exams
- 2.27 million** birth control services
- 5.5 million** STI tests & treatments
- 434,450** abortions
- 1.8 million** appointments booked on [plannedparenthood.org](https://www.plannedparenthood.org)
- 320,390** telehealth appointments



6 2024-2025 Annual Report

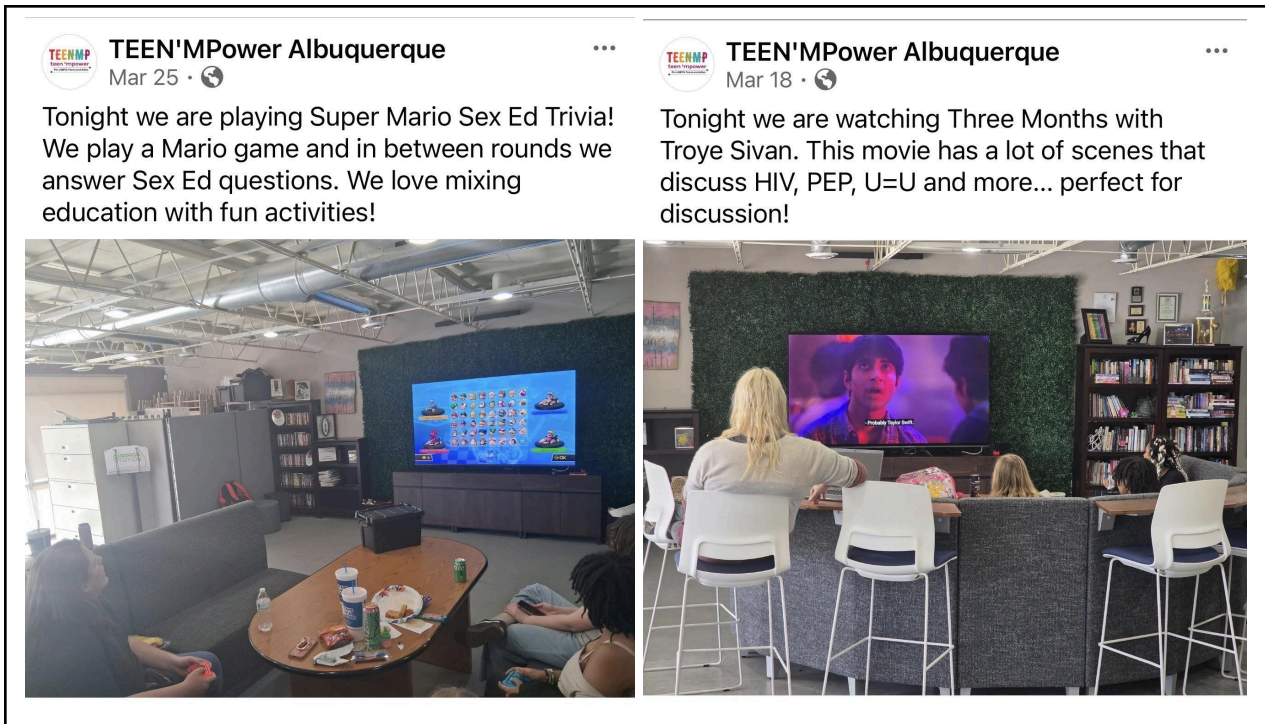
<sup>1</sup>Planned Parenthood Federation of America (PPFA) is a 501(c)(3) charitable organization that supports independently incorporated Planned Parenthood affiliates, which operate nonprofit health centers across the U.S. PPFA works to educate the public on and advocate for issues of sexual and reproductive health. Planned Parenthood affiliates are separately incorporated 501(c)(3) charitable organizations that provide essential care.

Source: Planned Parenthood Federation of America, *2024-2025 Annual Report*, 6.

However, the report is conspicuously silent on the increasingly concerning and often suggestive methods some Planned Parenthood affiliates use for outreach, particularly their deliberate targeting of minors with these “testing and treatments” through social events and youth-specific spaces.<sup>3</sup>

### *The TeenMPower Initiative and Boundary Blurring*

Planned Parenthood affiliates deploy disturbing outreach methods, oftentimes particularly targeting minors to administer access to its testing.<sup>1</sup> One such example is TeenMP (teen’mpower), an initiative under Planned Parenthood of the Rocky Mountains (PPRM).<sup>1,2</sup> TeenMP’s website states the group is specifically designed to target youth as young as 13. TeenMP portrays itself as a welcoming, safe space for LGBTQ+ youth and allies, complete with “super comfy” couches, free food, and social events like dance parties and movie nights—all tactics designed to draw in young teens.<sup>3</sup> TeenMP incentivizes attendees to become “Core Group” members, offering teens “free shirts and swag, gas cards or gift cards,” and free admission to outings like laser tag.<sup>4</sup> According to TeenMP’s website, “Core Group” members “must come to at least half of the events in a month, and stay past 5 p.m. for half of those.”<sup>5</sup>



Source: Planned Parenthood's Teen'Mpower Albuquerque, Facebook Posts

One such TeenMP event is its annual LGBTQ+ "Lavender Prom" marketed to ages 13 to 20 by "encouraging participation across a broad age range of young teens with adults offering 'free rapid HIV testing' during the event."<sup>6</sup> The "Lavender Prom" recently drew criticism by New Mexico Alliance for Life (NMA4L) which expressed alarm in a press release that the previous year's 'prom' reportedly featured "4-5 grown adult males and drag performers," raising significant concerns about placing "children in potentially predatory sexual situations" under the guise of a youth friendly "gender-affirming" social event.<sup>7-9</sup>

Game nights run by TeenMP include games like sex-ed "Super Smash Bros."<sup>10</sup> In March, TeenMP featured the sexually explicit movie *Three Months*, which includes scenes of mutual masturbation, heavy alcohol and drug use, and the normalization of sexually transmitted diseases like HIV and gonorrhea amongst young people.<sup>11</sup> Exposing youth to sexually explicit/pornographic content and materials follows Planned Parenthood's commonly used sex-ed sexual attitude reassessment technique.<sup>12</sup>



Source: Planned Parenthood’s Teen’mpower Albuquerque, Instagram Post

PPRM’s TeenMP also promotes its Discord chat. The Discord app has been named in several lawsuits for its alleged failures to protect children from sexual predators.<sup>13, 14</sup>

### The Dangerous Crossover with Adult Programming

The blurring of boundaries between youth and adult programming is further evident in PPRM’s related initiative, MPower Albuquerque, which is specifically for adults aged 18-29.<sup>1-3</sup> This *adult* program, listed by the CDC as a provider in its National Prevention Information Network, frequently advertises highly sexually-themed events at local venues, such as the “Red Light District Dance Party” and “Devotion,” where PPRM representatives offer “free rapid HIV testing.”<sup>4</sup>



TEEN'MPower Albuquerque Mar 25 · 🌐

MPower Albuquerque Mar 24 · 🌐

This past weekend our Drag Out HIV Ambassadors were representing at multiple events at our home bar [Sidewinders Bar and Grill](#) who always lets us set up and handout resources every weekend for our community!

We are testing tonight at this 21+ event!

MPower Albuquerque Mar 20 · 🌐

Join us tonight for another Red Light District! Doors @ 9, two djs, two dance rooms, rapid HIV testing and it's all free!

Source: Planned Parenthood's Teen'Mpower Albuquerque, Facebook posts, 2nd combined posts were slightly edited to blur by Live Action.

TEEN'MPower Albuquerque Feb 18 · 🌐

MPower Albuquerque · Follow Feb 18 · 🌐

Last night we provided 10 free rapid HIV tests at Toby Tuesday Karaoke! Our two Drag Out HIV ambassadors, Reina Terror and Miss New Mexico Pride 2026 Serena K Jones ran our condom bar and got folks to sign up for testing!

[#freehivtestinginnewmexico](#)  
[#gaylifeinNewMexico](#) [#MpowerProject](#)  
[#DragOutHIV](#)

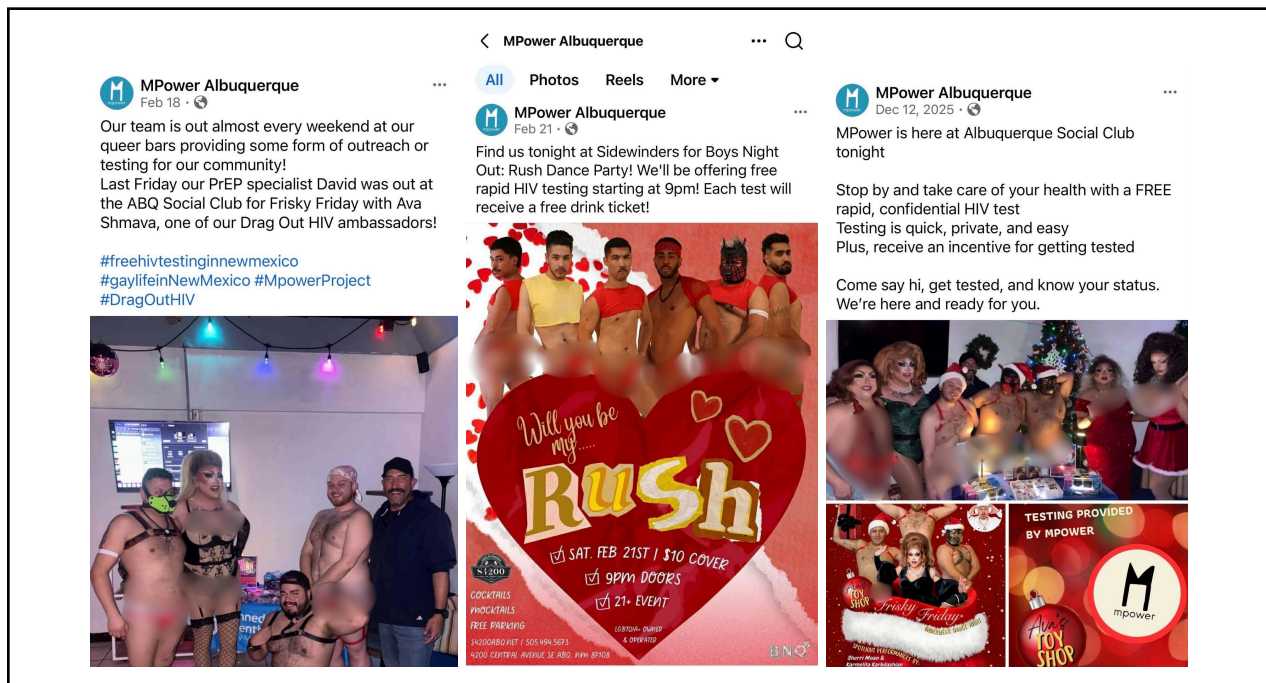
Source: Planned Parenthood's Teen'Mpower Albuquerque, Facebook post.

The same venue hosts other events such as "After Dark: The Bunny Hunt," which advertises explicit themes like "BDSM demos and tastings" and "BDSM backroom videos."<sup>5</sup>



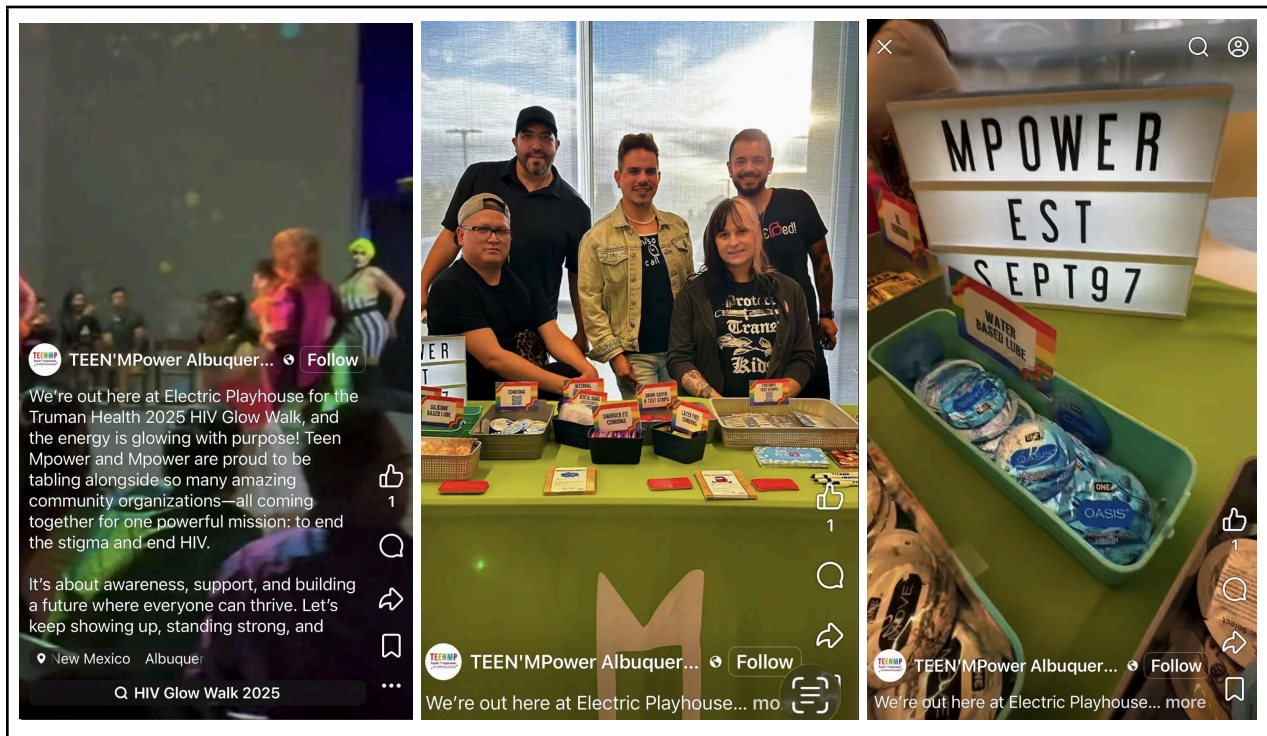
Source: Planned Parenthood’s M’Power posts shared by group on Facebook.

Alarminglly, many of these adult events are shared and advertised directly on the TeenMP social media page, a primary channel for reaching teens as young as 13.<sup>6</sup> This blending of adult and youth outreach is further reinforced when the two age groups table together at events.<sup>7</sup>



Source: Planned Parenthood’s M’Power Albuquerque Facebook Posts of “Social Club” Activities, slightly edited to blur by Live Action.

For example, the 2025 "HIV Glow Walk" provided "free testing" and "education" alongside the distribution of free "water based lube" and condoms, with people in scantily dressed "drag" costumes dancing for attendees.<sup>8,9</sup> Furthermore, other MPower Albuquerque events offering "FREE rapid HIV testing" such as its "social hour" include men in animal-like BDSM costumes and a "free drink ticket" with each test, further exposing the highly sexualized environment associated with Planned Parenthood's tax-payer subsidized "health" services.<sup>10</sup>



Source: Planned Parenthood's TEEN'Mpower Albuquerque, Facebook Posts.

### “Gift Giving”

In 2025, the Imperial Sovereign Court of New Mexico (ISCNM), a non-profit organization whose adult members and leadership dress in drag and portray themselves as “monarchs” and “royalty” of “the Imperial Court System” claims to “serve members of the gay, lesbian, bisexual, transgender, and heterosexual populations.”<sup>1,2</sup> It sponsors teens involved with Casa Q (residential homes for homeless and runaway LGBTQ+ youth aged 14-22), the Transgender Resource Center of New Mexico (TGRC), and TeenMP programs.<sup>3-5</sup>



Source: ISCNM 'Holiday Giving Tree.'

### All-Ages Drag Shows

TeenMP has also hosted and promoted several "all ages" drag events encouraging attendance of young children and teens by advertising free admittance for those under 18 years of age.<sup>1</sup>

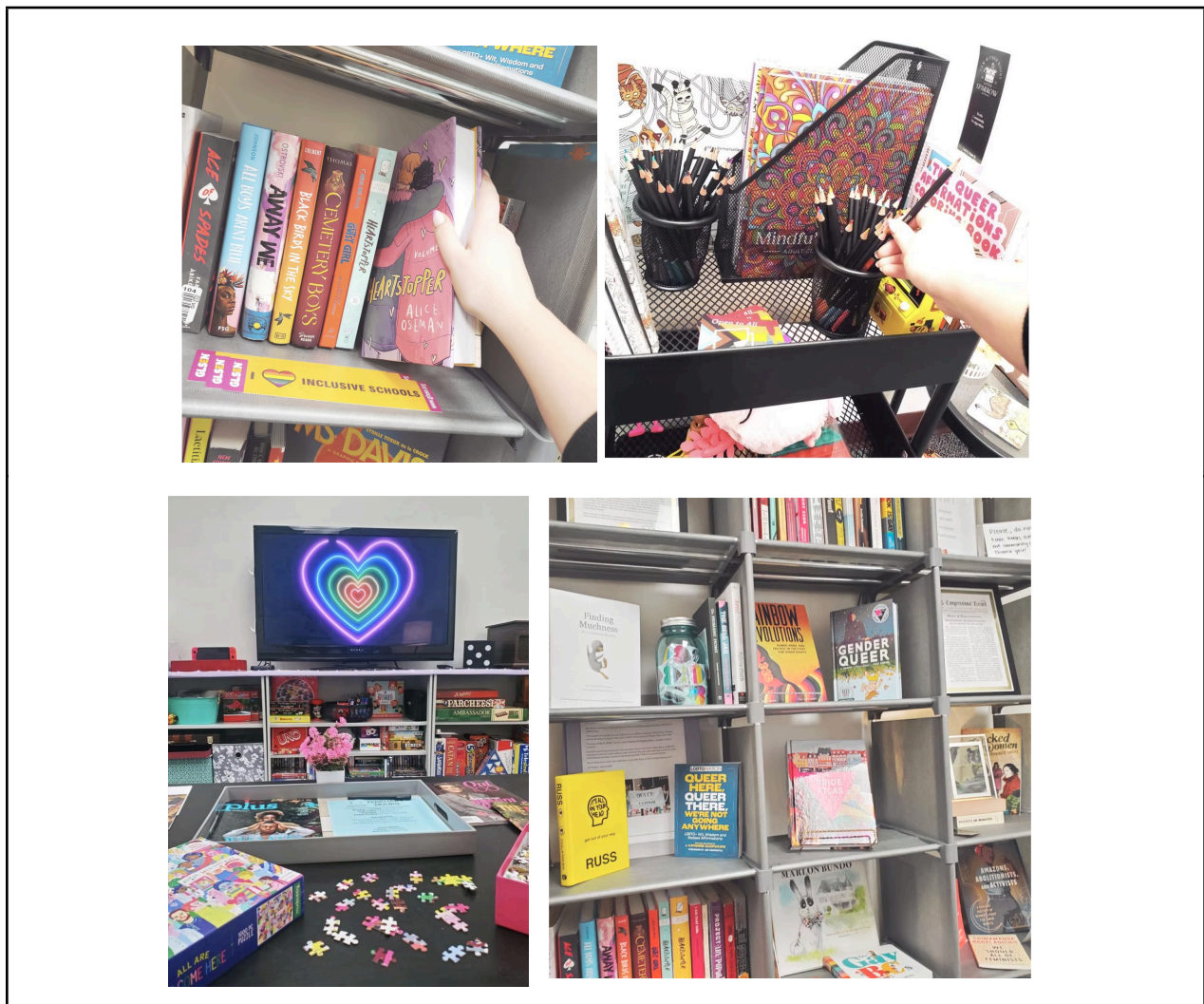


Source: TeenMP sponsored and promoted 'all ages' drag shows, Facebook Posts

*'Queer in Canton'*

This pattern of blurring boundaries and direct targeting of young people is not limited to the Planned Parenthood Rocky Mountain affiliate.

In August 2023, Planned Parenthood of Greater Ohio (PPGOH) opened 'Queer in Canton,' which it describes as "Stark County's First LGBTQ+ Resource Center."<sup>1,2</sup> This 'center' includes 'The Mayne Room,' a space specifically aimed at youth ages 12-17.<sup>3,4</sup> The center claims to provide a range of services for both youth and adults, including monthly peer support groups, its "Safer injection kits for people going through hormone replacement therapy (HRT)," social gatherings, book clubs, "community closets" for free 'gender-affirming' clothes for those 'transitioning,' and other programming and events attempting to lure minors and adults. The 'Center' provides quasi-pornographic books such as "Heartstopper" and coloring books such as "the Queer affirmation coloring book."<sup>6</sup>



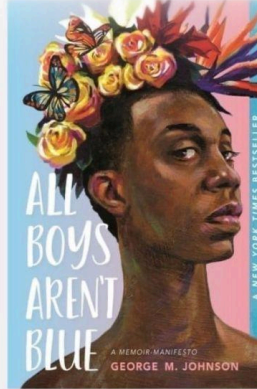
Source: 'Queer in Canton' website

Examples of content in just a few of the books provided by the PPGOH's to minors is provided below.

### **All Boys Aren't Blue**

Source: Excerpt by Take Back the Classroom, [takebacktheclassroom.com](http://takebacktheclassroom.com)

[takebacktheclassroom.com](http://takebacktheclassroom.com)



### **All Boys Aren't Blue**

George Johnson

ISBN:

Sexually Explicit ?

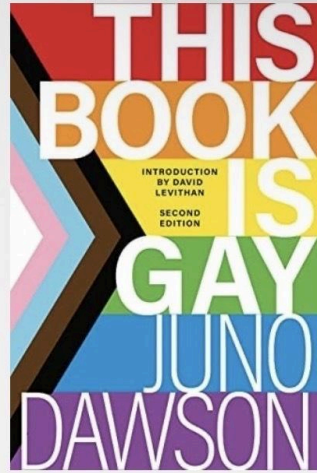
#### **Excerpt:**

[ "He asked me to "turn over" while he slipped a condom on himself... But this was my ass, and I was struggling to imagine someone inside me. And he was . . . large... I had previously topped someone who clearly enjoyed it, but he had been enjoying anal sex before I ever came along... He got on top and slowly inserted himself into me... He then added more lube and tried again, which felt better but not by much. He began his stroking motion. Eventually, I felt a mix of pleasure with the pain... He didn't last long inside of me, thankfully. He gave me a kiss before he pulled out. I didn't stay long, nor did I masturbate after." ]

## This Book is Gay

Source: Excerpt by Take Back the Classroom, takebacktheclassroom.com

Book Teaches Readers How to Use “Sex Apps” and Meet Up with Strangers for Sex



## This Book is Gay

Juno Dawson

ISBN: 9781728254326

Sexually Explicit ?

X Post

f Share

### Excerpt:

[ "How sex apps work: 1. Upload a tiny pic of yourself to the app. 2. The app works out your location. 3. The app tells you who the nearest homosexuals are. 4. You then chat to them. 5. Because they are near, it is easy to meet up with them. ...if you're looking for the ubiquitous "fun" (the words "sex," "shag," and the F-word, ironically, are banned on most sex apps), be upfront about it and then no one's feelings are going to get hurt." ]

## Clubs

### *'Trans' Activist "Boot Camps"*

Other Planned Parenthood groups are geared exclusively towards teens and young people to perpetrate LGBTQ+ propaganda alongside its mission to increase abortion. While receiving tax-payer funds, these groups often recruit the country's youth to become activists with the goal of disseminating anti-life and sex-denying propaganda both on school campuses and within communities.

Together, Planned Parenthood and other FoSE coalition organizations have multiple student youth programs perpetrating sex-rejecting 'trans' ideologies alongside its mission to increase abortions. For example, in 2025, Advocates for Youth, a Planned Parenthood supported FoSE coalition member, launched "The Busy Bodies Club," a virtual campaign promising "easy-to-understand, bite-sized knowledge to debunk myths around sex education, reproductive health, LGBTQIA+ rights, abortion access, HIV awareness, and racial justice."<sup>1,2</sup>

The first three "Sex Ed Modules" included the topics of "birth control," "abortion access," and "trans health."<sup>3</sup>

## Sex Ed Modules

Explore our library of sexual health resources- for us, by us!



Source: screenshot of Advocates for Youth "BusyBodies" website, accessed April 13, 2026.

Through its "Youth Activist Network" (YAN), Advocates for Youth pays "youth activists aged 14-24" to "receive in-depth training at our all-expenses-paid Youth Activist Institute in Washington D.C."<sup>4,5</sup> YAN participants learn how to start and maintain "youth-led" groups in schools to create and promote ideals such as "gender-neutral housing on campus, pass state legislation to expand abortion access...and educate their communities about LGBTQ Muslims—just to name a few."<sup>6</sup>

# Youth Activist Network Application 2026

## Section 1: YAN Application

Join our Youth Activist Network (YAN) to be one of over 100 youth activists aged 14-24 who receive training, support, and stipends to organize for bodily autonomy, reproductive justice, and sexual health & rights in your community!

### Overall, Advocates For Youth has 5 strategic goals:

- **Goal I:** Advocates **shifts the cultural paradigm** toward normalization of youth sexual development and young people’s rights to live free from oppression and to exercise their agency
- **Goal II:** Advocates **drives youth sexual health policy** at the local, state, and federal levels, including U.S. foreign policy, toward strategies that are grounded in equity and inclusion, and are evidence-informed, youth-centered, and rights-based.
- **Goal III:** Advocates **engages youth as activists and leaders**, centering those most impacted by sexual health disparities and building power to transform, dismantle, and rebuild policies, programs, and systems in support of bodily autonomy and youth sexual health, rights, and equity and bodily autonomy
- **Goal IV:** Advocates **strengthens youth sexual health programs and services** by partnering with youth-serving agencies, community-based organizations, healthcare providers and schools, to build their capacity to provide evidence- informed, rights-based services grounded in the values of equity and inclusion.
- **Goal V:** Advocates **partners with youth-led and youth-serving organizations, United Nations agencies, and governments around the world** to champion community initiatives, systems, policies, and programs that advance youth sexual health, rights, and justice.

Each youth leadership council at Advocates for Youth focuses on different issue areas related to young people’s reproductive and sexual health & rights. YAN members, for example, have used the training and resources they received to create gender-neutral housing on campus, pass state legislation to expand abortion access, push for stronger policies to prevent sexual assault, improve HIV services in their cities, and educate their communities about LGBTQ Muslims—just to name a few.


Source: AFY Youth Activist Network Application, 2026

Sharing similar goals and objectives, Planned Parenthood’s “Generation Action” program works in conjunction with AFY often sharing literature and other “resources” for youth participants.<sup>7,8</sup> Planned Parenthood’s groups, such as Teen Council, Teen Advocacy Board, Leaders Igniting a Generation of Healthy

Teens (L.I.G.H.T.), and IN\*cluded, train teens to advocate for ‘trans’ friendly policies and “teach” friends and other students.<sup>9-13</sup>



Planned Parenthood Great Rivers WHO WE ARE FOR PATIENTS GET INVOLVED BOOK AN APPOINTMENT SHOP Q SEARCH DONATE



### INcluded Youth Workshop

*Intended Audience: LGBTQ+ youth ages 14-24*

The INcluded program is an evidence-based sexual health education program designed to reduce unintended pregnancies and/or sexually transmitted diseases (STDs) among lesbian, gay, bisexual, transgender, and/or queer and questioning (LGBTQ) young people. The program focuses on sexual health care, safer sex, and health care advocacy.

REQUEST THE PROGRAM

Source: Screenshot 1 & 2, Planned Parenthood Association of Utah website, Video Planned Parenthood’s Peer Education Program: Teen Council 0:32mm; Source: Planned Parenthood Great Rivers website

### School-Based Health Centers

In certain instances, minors do not have to leave school grounds to access Planned Parenthood “services.” In many states, school-based health centers (SBHCs), historically linked to Planned Parenthood and often directly affiliated with Planned Parenthood, are reported to have directly contributed to social and medical “transitions” of students.<sup>1</sup> In other more conservative states, SBHCs are suspected to help manifest and create a “school to clinic” pipeline. In either case, Planned Parenthood remains an ardent supporter of these centers and frequently sponsors or enters into contracts to manage many of these facilities.<sup>2,3</sup>

#### *What are SBHCs?*

SBHCs are defined as facilities providing “comprehensive primary health services” to children and adolescents during school hours, according to 42 USC §280h–5(a)(3).<sup>1</sup> While federal law stipulates they should not commit abortions, they often operate under state laws that may allow for the bypass of parental notification.

A significant portion of SBHCs utilize taxpayer funding via the Title X Family Planning Program.<sup>2</sup> These Title X funds are explicitly designated for "family planning" services, including the distribution of contraceptive products, pregnancy testing, and STI-related services.<sup>3</sup>

The CDC integrates SBHCs into its "Whole School, Whole Community, Whole Child" (WSCC) framework.<sup>4</sup> According to the Heritage Foundation, this initiative is supported by entities including the United Nations and the National Education Association, which have consistently promoted pro-abortion ideologies.<sup>5-8</sup>

### Whole School, Whole Community, Whole Child (WSCC) Framework



Source: CDC, "Whole School, Whole Community, Whole Child (WSCC) Framework, accessed May 6, 2026.

Services provided by SBHCs often include:<sup>9</sup>

- Primary medical exams and care.
- Counseling and mental health services, including the issuance of prescriptions.
- Vaccinations.
- Prescription medications.
- "Transgender" interventions, including referrals and prescriptions.
- "Reproductive health services," ranging from birth control and IUDs to STI testing and pregnancy diagnostics.

Despite prohibitions on committing abortions on-site, abortion giants like Planned Parenthood directly sponsor many of these school clinics, which are widely promoted by pro-abortion groups.<sup>10,11</sup>

Entities such as Jane's Due Process actively encourage minors to seek out Title X-funded clinics, explicitly stating on its website that parental consent is unnecessary and that these funds allow for "free birth control to teens."<sup>12</sup>

Furthermore, in 2016, NARAL Pro-Choice America (now Reproductive Freedom for All) publicly supported SBHCs, praising their effectiveness in providing minors with reproductive health 'services' and contraception.<sup>13,14</sup>

### *History of SBHCs*

The inception of government-funded SBHCs dates back to the 1960s, with a primary focus on preventing pregnancies among minors. This movement was led by the Center for Population Options (CPO), now known as Advocates for Youth (AFY).<sup>1,2</sup>

During the 1970s, the CPO worked to establish the National Assembly on School-Based Health Care to proliferate clinics in public schools nationwide through federal funding.<sup>3,4</sup>

By 1985, the number of CPO-sponsored clinics grew significantly, with the CPO reporting a 400% increase in locations shortly thereafter. By the late 1990s, there were 1,135 SBHCs across the country.<sup>5,6</sup>

In the 1990s, the Clinton administration further expanded Title X funding.<sup>7</sup> SBHCs were a core component of President Clinton's initiative to increase access to healthcare services for children.<sup>8,9</sup>

Clinton appointed SBHC advocate Dr. Joycelyn Elders to lead the U.S. Public Health Service in 1993.<sup>10</sup> Dr. Elders had previously been an ardent supporter of school clinics and advocated for the nationwide distribution of contraceptive devices in schools, once remarking that Americans should "get over this love affair with the fetus."<sup>11</sup>

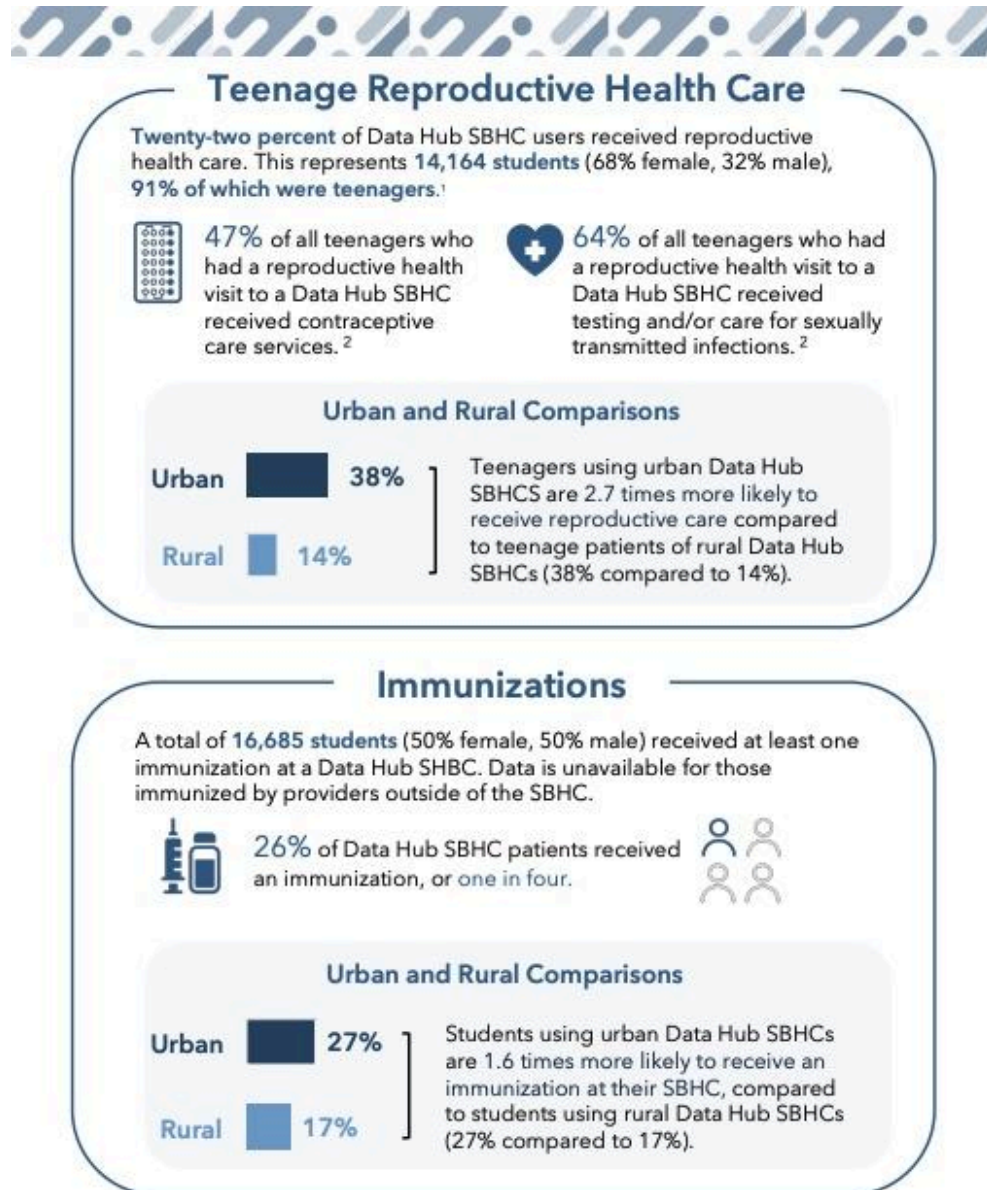
In 1994, Elders was dismissed after suggesting that teaching children about masturbation was a necessary part of human sexuality that would "reduce unintended pregnancy" and disease.<sup>12,13</sup>

By 2015, 64% of SBHCs offered "contraceptive counseling," with Guttmacher reporting that many clinics dispensed contraceptives and offered "sexual orientation counseling" while prohibitions on these activities were declining significantly.<sup>14,15</sup>

### Current Status of SBHCs

The National Association of Community Health Centers currently identifies approximately 3,000 SBHCs operating nationwide.<sup>1</sup> In California, nearly half of the state's 400 SBHCs provide "reproductive health" services, with many directly tied to Planned Parenthood.<sup>2,3</sup>

In New York, more than 14,000 students were recipients of "reproductive health care" from SBHCs during the 2023-2024 period.<sup>4</sup>



<sup>1</sup> Reproductive health services include contraception, as well as screenings and treatment for sexually transmitted infections (STIs). Teenage students include students aged 13-19 years old.

<sup>2</sup> As students come for more than one reason, the data adds to more than 100%.

While Texas requires parental consent for minors to receive contraception, Planned Parenthood Gulf Coast previously detailed various loopholes to help circumvent such regulations.<sup>5,6</sup>

**In Texas, you DO NOT need to have your parent/guardian sign a consent if:**

- You are on Medicaid.
- You are 16 or 17 and live apart from your parents and manage your own finances. You will be asked to sign a form stating that these are your living arrangements.
- You are emancipated.
- Your parent(s)/guardian cannot be contacted. This means that you do not know how to contact your parents/guardian (you don't know where they live or you are unable to contact them). This does not apply if you just don't want your parents/guardian to be contacted. If your parent or guardian cannot be contacted another adult grandparent, aunt, uncle, brother or sister may sign a consent form for you (print consent form in English or Spanish).

Source: Planned Parenthood of Greater Texas website, accessed June 13, 2025.

Memorial Hermann has reportedly partnered with Humble ISD to provide "family planning services," while Acclaim Health said its clinics offer birth control, pregnancy testing, and "support for LGBTQ youth."<sup>7-9</sup>

Whether these Texas-based clinics are dispensing contraceptives without consent remains unclear; however, the Texas Attorney General's office has alleged that some officials have shown a willingness to bypass state laws to further their own population control and sex-rejecting agendas.<sup>10</sup>

*SBHCs Promotion of "Gender-Affirming Care" and More*

In 2015, the Guttmacher Institute dismissed concerns about SBHCs, admitting that they "may indeed provide nondirective pregnancy counseling and referral, **and abortion care** (emphasis added)" to students.<sup>1</sup>

Guttmacher observed that while some officials may be reluctant to infringe on parental rights, many SBHCs are working to "overcome opposition" with notable success:<sup>2</sup>

*Unfortunately, because many policymakers... may not want to risk opposition or be perceived as infringing on parental rights... they may be reluctant to provide sexual and reproductive health information... The good news is that a number of SBHCs are working within their communities to overcome opposition—and they are meeting with some success.*

Yet, it is alleged that SBHCs frequently provide hormone therapy and referrals for surgical "transition" under the guise of "gender-affirming care."<sup>3</sup> In several alleged cases, SBHCs provided gender reassignment medicalization and surgery referrals without parental consent.

For example, in 2019, a school nurse incorrectly inserted a contraceptive implant into a student; while consent was required for the removal, it was not required for the initial insertion.<sup>4</sup> Similarly, in 2024, parents in Maine discovered SBHCs provided abortion referrals and "gender-affirming care" without parental notification.<sup>5</sup> Additionally, a 2024 study confirmed that SBHCs often give birth control and provide access to abortion to minors **without involving potentially unaccepting parents or guardians.**<sup>6</sup>

### *Missing the Mark*

Despite claims that SBHCs help to prevent teen pregnancy, there is little evidence of success.<sup>1</sup> The Guttmacher Institute itself admitted that the evidence remains limited regarding the impact of SBHCs on teen pregnancy or STIs. However, exposure to explicit content has been shown to increase sexual activity and risk among youth, leading to higher rates of unintended pregnancy and disease. Incidentally, as mentioned elsewhere in this report, what *has risen dramatically* is the reported number of youth who self-identify as "transgender" or "non-binary," and so has the coinciding "care."<sup>2,3</sup>

## **Planned Parenthood's Ideology Put into Practice**

### Targeting the "The Most Vulnerable of the Vulnerable"

From the indoctrination and sexualization of children/minors to "grooming centers" and the distribution of hormones/puberty blockers to referrals for body-butching surgeries, Planned Parenthood is (directly or indirectly) involved in every step providing an "Instructing-to-Transition" Pathway.<sup>1</sup> So far, this report has illustrated the multiple ways in which the "transgender" and abortion industry (which Planned Parenthood claims go hand-in-hand) have historically been intertwined and, like explicit "sex ed," are rooted in the same disturbing ideology built on child sexual abuse and pedophile sympathy.<sup>2-8</sup>

During a 2025 workshop entitled "The Dangers of Gender-Affirming Care for Minors" held by the Federal Trade Commission (FTC), current Chairman Andrew Ferguson publicly announced that investigations were underway to "examine whether some of the practices in gender-affirming care are deceptive and require greater scrutiny."<sup>9,10</sup> During the workshop, panelist, pediatrician, and former Executive Director of the American College of Pediatricians (ACpeds) Dr. Michelle Cretella pointed to the case of Cristina Hineman.<sup>11,12</sup> Hineman, a 21-year-old suing Planned Parenthood, exemplifies the growing number of young people harmed by "gender-affirming care" according to Dr. Cretella.

Hineman's lawsuit, filed in April 2024, explained she was a victim of the immediate, "no-questions-asked" affirmation of her desired gender identity. True to Planned Parenthood's self-proclaimed practices, Hineman's lawsuit claims her "transition" began without any mental health assessment or irrespective of underlying reasons.<sup>13</sup> Hineman's suit asserts that the medical and mental health providers she and her family sought out for help with depression, anxiety, social exclusion, and other mental health conditions utterly failed her.<sup>14</sup>

Like many detransitioners who spoke at the workshop, Hineman was diagnosed with comorbidities such as autism and depression.<sup>15</sup> Dr. Cretella characterized this group as "the most vulnerable of the vulnerable," noting that one study found these children have an average of five childhood traumas, untreated psychiatric diseases, and may be on the autism spectrum or have ADHD.<sup>16</sup>

Planned Parenthood, in particular, was frequently accused of exploiting both minors and their parents by claiming that minors would likely commit suicide if their 'new identities' were not affirmed through the use of harmful hormones and surgeries.

### *'Catnip' for Those with Autism*

Autism Spectrum Disorder (ASD) is described as a "broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication," according to Autism Speaks.<sup>1</sup> The Center for Disease Control (CDC) estimates ASD impacts roughly 1 in every 31 children.<sup>2</sup>

Genspect points out that minors with "mild or high-functioning autism (formerly known as Asperger's syndrome) are disproportionately represented among the new cohort of young people who self-identify as transgender," pointing to multiple studies in which 35%-47% of pediatric patients were subjected to "pediatric gender clinics."<sup>3</sup>

Maia Poet, who describes herself as a 'detransitioner' with previously undiagnosed autism, believes that "the transgender framework is catnip for autists [those with autism]." During a recent Genspect conference, Poet stated she is often asked why the breast binding damage she continues to grapple with was seemingly unnoticeable until after she ceased the practice.<sup>4</sup>

She explained, "[T]he answer to this question...[has] everything to do with...sensory processing issues and autism."<sup>5</sup> She added:<sup>6</sup>

*Many young women will begin binding because of the gender identity explanation, but find a surprising sense of calm when they wear it. However, for the price of this sensory relief the binder slowly destroys their bodies. Many of them will not realize this until it is too late. This iatrogenic harm function impairment and pain, combined with the calming effect of the binders compression are then interpreted by the youth as evidence that they should have their breast removed...Girls on the autism spectrum are known for camouflaging or masking their autistic traits well enough to evade diagnosis. I believe that for many girls the 'trans mask' identity becomes yet another mask for an autistic girl to wear. Autism in girls is still sorely underdiagnosed and far too often those years of misunderstood distress and unmet needs are being treated with gender transition. In other words, gender clinicians are trying to treat autism with gender transition and that is unconscionable.*

Dr. Cretella questions the morality of this practice, saying, "You got to ask yourselves, is it loving for big

medicine to offer your daughter, your sister, your LGB child, your ADHD child, mutilation, castration... and sterilization? Is that loving? I call it criminal. My profession used to call it eugenics."<sup>7</sup>

### *Just About the Money...?*

This raises a critical question: is it a coincidence that a large percentage of minors offered hormones or permanent sterilization under the guise of 'transgender care' also have diagnoses of mental illness, suicidal ideations, ADHD, or autism? Historically, eugenics and forced sterilization targeted, not only minorities, but also individuals pejoratively labeled as 'feeble-minded,' 'insane,' or 'undesirable' due to mental illness, disabilities, economic status, or any other dehumanizing "justification" anti-life elites could erroneously muster.<sup>1</sup>

Given Planned Parenthood's history, which includes roots in racist and eugenics-based agendas, it is absolutely reasonable to question the organization's true motivation in providing both abortions and "gender-affirming care" – besides the obvious financial benefit.<sup>1-3</sup>

Children and adults suffering from sexual dysphoria who are also afflicted with comorbidities are extraordinarily overrepresented. These children (and adults) require and deserve an immense amount of love, compassion, and proper medical and/or psychological attention and treatments.<sup>4</sup> Several studies have documented multiple comorbidities commonly coinciding with sexual dysphoria, including: autism, ADHD, depressive disorders, history of self-inflicted injuries, suicidal ideation, attachment disorders, adverse childhood experiences, and high rates of unresolved loss/trauma (physical/sexual/emotional abuse, domestic violence, neglect).<sup>5</sup> The Cass Report also found that 'transgender' or 'gender diverse' individuals are *three to six times* more likely to be autistic.<sup>6,7</sup>

With regard to still developing minors, there should be no legal way in which a minor could provide informed consent for such life-altering procedures erroneously labeled as 'treatments.' Moreover, those who are afflicted with the previously mentioned comorbidities, depending on the condition or the severity of the comorbidities, may under different circumstances be otherwise identified as unable to provide informed consent, *regardless* of one's age. Despite alleged failures to provide adequate informed consent and allegations of the violation of parental rights, and claims of fraudulent insurance claims, Planned Parenthood and its off the rails practices continue to get a pass while it targets the country's youth.<sup>8-12</sup> In fact, Planned Parenthood reports indicate that its sex-rejecting services *have only grown* as many Planned Parenthood facilities claim that no psychological/mental health evaluation is required for services.<sup>13-15</sup>

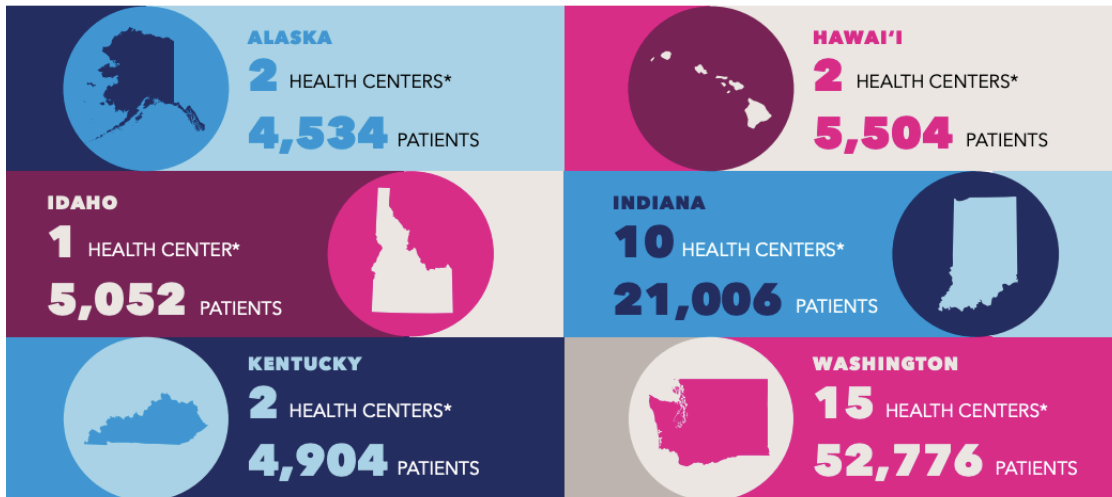
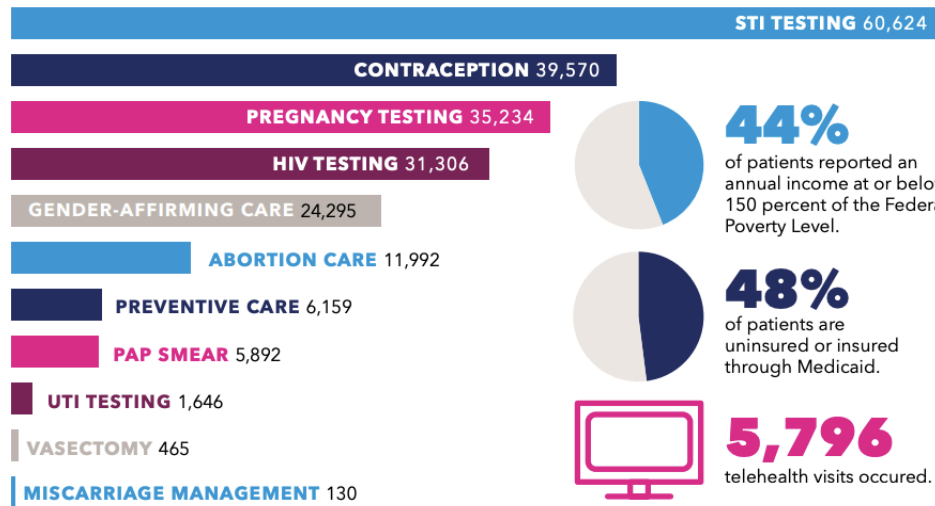
### *Explosive Growth*

(Note: There is no breakdown in demographics or specific "services" reported by Planned Parenthood regarding cross-sex hormones or other 'treatments,' including in states where prescribing hormones/puberty blockers to minors is allowed.)<sup>1</sup>

Planned Parenthood Great Northwest Hawaii, Alaska, Indiana, and Kentucky (PPGNHAIK), which was labeled a 2024 Human Rights Campaign LGBTQ+ Health Care Equality Leader, reported that its “Gender-Affirming Care” appointments **increased over 80%** from 2024 (13,432 appointments) to 2025 (24,295 appointments).<sup>2,3</sup>

Across our six states, clinicians met with  
**93,764 patients in 153,684 visits.**

**APPOINTMENTS INCLUDED:**



\*Patient data includes telehealth visits from each state's Virtual Health Center.

Source: Planned Parenthood Great Northwest Hawaii, Alaska, Indiana, and Kentucky, 2025 Impact Report, 2.

Planned Parenthood Great Plains (PPGP) reported an over **125% increase** in sex-rejecting appointments from 2021-22 to 2024-25.<sup>4,5</sup>

Planned Parenthood Greater Texas reported an **86% increase** in gender-related appointments from 2023 to 2024.<sup>6</sup>

Planned Parenthood Greater Washington and North Idaho (PPGWNI) reported over 50% increase in its GAC visits from 2024 (3,355 GAC visits) to 2025 (5,059 GAC visits).<sup>7</sup>

### REACHING MORE TEXANS IN 2024\*:

#### 19% increase in clinician healthcare visits

With Texas' extreme abortion ban in place, Planned Parenthood of Greater Texas expanded access to essential sexual and reproductive healthcare, including birth control.

#### 21% increase in sexually transmitted infection (STI) tests

With Texas' rising rate of sexually transmitted infections (STIs) in Lubbock, Tarrant and other counties, our health centers expanded access to STI testing and treatment services.

#### 28% increase in telemedicine appointments

To expand access to healthcare, we expanded telemedicine by launching the Greater Texas Virtual Health Center and promoting the Planned Parenthood Direct app.

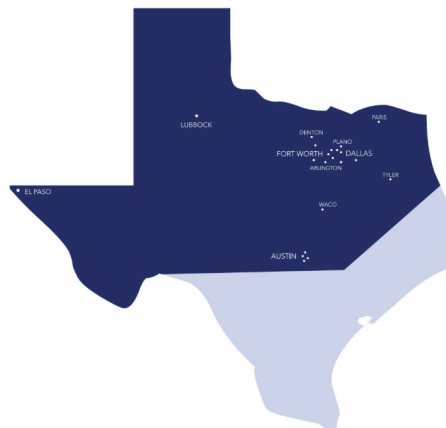
#### 86% increase in appointments for gender affirming care

With many LBGQTQIA+ Texans fearful of negative interactions with the healthcare system due to discrimination and transphobia, our health centers expanded access to gender affirming healthcare, including hormone therapy for Texans age 18 and older.

\*compared to 2023 PPGT service numbers.

### PLANNED PARENTHOOD OF GREATER TEXAS

#### HEALTH CENTER LOCATIONS IN 2024



- Austin/Travis County
  - Central Austin Health Center
  - Downtown Austin Health Center
  - North Austin Health Center
  - South Austin Health Center
- Dallas County
  - Addison Health Center
  - Cedar Hill Health Center
  - Mesquite Health Center
  - North Dallas Shelburne Health Center
- Denton Health Center
- El Paso Health Center
- Fort Worth/Tarrant County
  - Arlington Health Center
  - Bedford Health Center
  - Southeast Fort Worth Health Center
  - Southwest Fort Worth Health Center
- Lubbock Health Center
- Paris Health Center
- Plano Health Center
- Tyler Health Center
- Waco Health Center



Telemedicine appointments are available at the Greater Texas Virtual Health Center. Book at [ppgreater.tx.org](https://ppgreater.tx.org)

## Social Transitioning

Social transitioning involves non-medical steps an individual takes to align their presentation with the opposite sex, such as changing pronouns, clothing, and hairstyles, and it may include practices like chest binding or genital tucking.<sup>1</sup>

The practice of social transitioning is often introduced and subsequently reinforced on minors through various channels, including 'sex education' curricula, media, social media, and digital resources from organizations like Planned Parenthood, with further reinforcement in affiliated centers and clubs.

The American Psychiatric Association (APA, 2014) cautioned that social transition "runs the risk of neglecting individual problems the child might be experiencing and may involve an early gender role transition that might be challenging to reverse if cross-gender feelings do not persist."<sup>2</sup>

The Cass Review (2022) concluded that social transitioning is "not a neutral act," with the interim report specifically stating it is "an active intervention" that can have "significant effects on the child or young person in terms of their psychological functioning."<sup>3</sup> Cass (2024) further noted that social transitioning often "altered trajectory potentially, culminating in life-long medical intervention," observing that it has become the "norm for many children and young people to present to gender clinics having undergone full or partial social transition."<sup>4</sup>

Genspect highlights a crucial concern that once a child has made a public social transition, "reverting back may feel embarrassing and cause considerable stress and anxiety, making it more likely that they will pursue hormonal and surgical interventions."<sup>5</sup> This concern is supported by the APA (2014) which found that youth who socially transition experience greater anxiety and lower self-esteem compared to their age-matched peers and are increasingly progressing toward the use of puberty blockers and cross-sex hormones as early as eight to 13 years of age.<sup>6</sup> The APA (2014) also urged caution of social transition, claiming it "should be approached with caution to avoid foreclosing this stage of (trans)gender identity development," noting that the "stress associated with possible reversal" from social transition "has been shown to be substantial."<sup>7</sup>

In other words, individuals who socially transition earlier or prior to clinical assessment are found to be more likely to progress toward a medical pathway and experience "substantial" stress associated with potential reversal.

Despite claims of therapeutic benefit, systematic reviews have not established clear evidence for positive mental health outcomes from social transitioning for children and adolescents experiencing gender dysphoria.<sup>8</sup>

In Genspect's *The Gender Framework*, Dr. Levine, Dr. Burgo, and Amanda Miller said clinicians are increasingly seeing the "interventions" commonly associated with social transition (binding, tucking, and

packing) “as an elaborate form of socially sanctioned self-harm,” further noting:<sup>9</sup>

*Like self-harm, the ceremonious aspects of binding, tucking, and packing include a dark, ritualistic glamour that is attractive to adolescents. While a teenager who self-harms by cutting their arms would immediately be recognized as suffering from mental health difficulties, the trans-identified young person whose ribs ache from breast binding, or who experiences testicular pain from tucking, may be positively celebrated and encouraged to continue on the basis that it is supposedly alleviates gender distress.*

## What We've Been Up To

### Syracuse Health Center Now Offering Free Chest Binders

We are proud to announce that our Syracuse Health Center is distributing free chest binders in collaboration with Point of Pride, a non-profit that has donated thousands of gender-affirming garments to trans youth and adults. **Non-patients who are within a 30-mile radius of the Syracuse Health Center can set up a time to come in** and securely and discretely pick up the garments they requested through Point of Pride; there will also be a space where folks can try on their garments. **Garments are also available for Syracuse GAHC (gender-affirming hormone care) patients.** The overall goal of this project is to increase access to gender-affirming shapewear for those seeking it in the community and fortify PPCWNY as a safe and affirming space.

For more information, please contact Patient Navigator Jasmine W. at 315-802-5537 or [online@ppcwny.org](mailto:online@ppcwny.org).

### What's New at PPCWNY's Online Shop

PPCWNY's online shop has received a refresh! Updates include a new **"Sex Ed is Power" design** with PP Moxie branding and **expanded color options for existing products.**

Check out what's new at the store at [www.ppcwny.org/shop](http://www.ppcwny.org/shop). Questions can be directed to [marketing@ppcwny.org](mailto:marketing@ppcwny.org).

## FAQ

### General Eligibility

#### Is there an age requirement?

Yes; you must be 18 years of age to submit a request. If you are between the ages of 13–17, we can add you to a waiting list. When you turn 18, we'll reach out to check if you're still interested in receiving a binder and start the shipping process.

Source: photo 1- PPCWNY's website; photo 2- Point of Pride website, both accessed Apr 13, 2026

## Transition Help

### LGBTQ Care Coordinators

Our LGBTQ Care Coordinator Team (contact info on p. 2) is here to be advocates for you at Planned Parenthood. They are a dedicated point of contact for any questions, concerns, or needs that you have with your care with us.

We are happy to provide information, resource recommendations, and guidance on all steps of medical, legal, and social transition. Many of the common requests are listed here, but please don't hesitate to ask about anything, big or small. We'll do our best to help you.

### Name/Gender Marker Changes

Contact us for help navigating the legal name and gender marker change process.

We can point you to relevant forms, information, and websites, and help you get professional (and often free) legal advice if you need it.

For general help, please see the links on the Online Resources page (p. 25) for:

- NCTE ID Documents Center
- TransLifeline ID Change Library

### Letters of Support

We can provide you with letters of appropriate clinical treatment for gender marker changes, medical referrals for surgery, and any other forms you need completed by your hormone provider.

Depending on the letter requirements, it can take us one to two weeks to mail them out to you.

### Mental Health Providers

We maintain lists of gender therapists and other trans-affirming providers for a variety of insurance plans and sliding-scale payment options.

We can work with you to help you find a mental health professional who will meet your needs for mental and emotional healthcare, diagnoses, testing, and medication management.

Source: Planned Parenthood website, "Gender Affirming Health Care"

Planned Parenthood affiliates provide 'trans youth' with "helpful tips" on social media and online on topics such as chest binding and tucking.<sup>10</sup>

### *Dangers of Breast Binding*

Peitzmelier et al. (2015) describes chest binding as "the compression of chest tissue for masculine gender expression among people assigned a female sex at birth, particularly transgender and gender non-conforming individuals."<sup>1</sup> The more accurate definition is the medically unnecessary compression of breast tissue for the purpose of appearing more masculine under the guise of 'gender affirming care.' Breast binders are categorized as Class I medical devices by the U.S. Food & Drug Administration (FDA) under 21 C.F.R. § 880.5160 and are typically used as a therapeutic device.<sup>2</sup> Binders are "usually made of cloth, that is intended for medical purposes and that can be secured by ties so that it supports the underlying part of the body or holds a dressing in place. This generic type of device includes the abdominal binder, breast binder, and perineal binder."<sup>3</sup> At the end of 2025, the FDA sent nearly a dozen letters to breast binding retailers warning that the binders and wraps allegedly marketed falsely as 'gender affirming care' are "intended for use in the diagnosis of disease or other conditions, or

in the cure, mitigation, treatment, or prevention of disease, or intended to affect the structure or any function of the body...”<sup>4</sup>

Planned Parenthood promotes chest binding as a “gender-affirming practice done by all kinds of people” and practiced by some to “reduce gender dysphoria to feel more aligned with their gender identity, or because they like the way it looks” often with no mention of possible long term impacts.<sup>5</sup> Instead, the Planned Parenthood handbook calls binding “generally safe” but encourages those who use it to “do it carefully and responsibly.”<sup>6</sup> Planned Parenthood social media accounts and online resources promote step-by-step instructions with no regard to the possible age of the audience or the person binding.

Planned Parenthood  
Pasadena & San Gabriel  
Valley

ABOUT US ▾

[st-binding](#)

**Dollar Shave Club**  
Affordable skincare products.  
Different products and subscription options.  
<https://www.dollarshaveclub.com/>

**GC2B**  
The first gender-affirming apparel company that is trans-owned and operated that offers affordable chest binders.  
<https://www.gc2b.co/>

**Point5cc**  
Free binder program is designed to help trans-youth and adults who cannot otherwise safely obtain or afford a binder.  
<https://pointofpride.org/chest-binder-donations/>

Source: Planned Parenthood Pasadena & San Gabriel Valley, “Gender-Affirming Care Community Resources,” edited: red box added by Live Action, accessed May 24, 2026.

There are very few studies on the health impacts of breast binding. However, one cross-sectional survey comprising of 1,800 respondents found that over “97% reported at least one of 28 negative outcomes,” which

included:<sup>7</sup>

- Back, shoulder, chest, and or abdominal pain;
- Changes to the rib(s) or spine;
- Shortness of breath;
- Light-headedness;
- Skin infections and other skin problems;
- And scarring.

Notably, many of the negative impacts surfaced years after binding practices ceased. Detransitioner Maia Poet recalled her long-lasting painful experiences years after ceasing binding, stating, “Two years after quitting binding, I still cannot breathe without pain.”<sup>8</sup> Poet further states, “It hurts to lie down on my side. Tingling sensations shoot from my shoulders down my arms, my breasts are visibly deformed, my ribs are deformed, I have posture issues and severe neck pain. I am 26 years old and I rely on a neck brace to sleep.”<sup>9</sup>

Contrary to common claims that discomfort or symptoms deriving from chest binding are reversible, Poet stated, “None of this damage has reversed itself,” and further noted, “...the complications from breast binding are among the most common transition-related harm young women face.”<sup>10</sup> Poet explained that breast binders are not merely “akin to clothes” as groups like Planned Parenthood falsely claim. Rather, Poet explained that real medical intentions of binders are “designed for temporary post-surgical use typically worn for about a month under strict medical supervision while the body heals.”<sup>11</sup>

“Yet, adolescent girls are using these devices for years, to compress healthy developing tissue, with no medical supervision and no monitoring of the damage being done to their bodies, and they’re doing it under the false premise that it is healthcare,” Poet stated.<sup>12</sup>

“Breast binding is the exact opposite of a safe reversible intervention, and we still to this day do not understand the mechanisms of the harm, what chronic chest compression does to a developing rib cages, nerves and respiratory function over years of daily use...breast binding causes severe lasting physical harm even when the breast remain intact,” Poet said.<sup>13</sup>

Yet, Planned Parenthood continues to promote and provide “helpful tips” on social media and online about chest binding.<sup>14</sup> Planned Parenthood of Central and Western New York, Inc. in partnership with Point of Pride, a non-profit organization that “provides financial aid and direct support to trans folks,” allows minors ages 13-17 to add themselves to a waiting list for a “free chest binder” with a promise the organization will reach out to the person upon their 18th birthday.<sup>15</sup>

Planned Parenthood’s social media accounts, websites, and available online resources often provide step by step detailed information on how to chest bind and guide viewers as to where to purchase a chest binder.<sup>16-19</sup>

- Information for planning and funding gender transition including resource lists and definitions
- Website: <https://www.transgendermap.com/>
- **Trans Health Guides**
  - Callen Lorde educational booklets on topics including sexual health, safe binding/tucking, voice training, and more
  - Website: <https://callen-lorde.org/transhealth/>
- **Safer Sex for Trans Bodies**
  - HRC safe sex guide for centering trans and nonbinary experiences.
  - Website: <https://www.hrc.org/resources/safer-sex-for-trans-bodies>
- **The Gender Dysphoria Bible**
  - Crowdsourced descriptions of experiences relating to gender dysphoria
  - Website: <https://genderdysphoria.fyi/en>
- **The Gender Unicorn**
  - Informational graphic for training and education on gender and sexual identity and expression
  - Website: <https://transstudent.org/gender/>
- **Binding Resource Guide**
  - Information from the Fenway Institute
  - [Binding\\_Resource\\_Guide.pdf \(fenwayhealth.org\)](#)
- **Gender Affirming Clothing Sites**
  - List provided by Seattle Children's Hospital
  - <https://www.seattlechildrens.org/globalassets/documents/for-patients-and-families/pfe/pe3822.pdf>
- **SPARTA**
  - Support and advocacy for trans veterans
  - Website: <https://spartapride.org/>
- **Autistic Women & Nonbinary Network**
  - Community support, information and resources for Autistic women, girls, trans and nonbinary people
  - Website: <https://awnnetwork.org/>

## Social Resources

- **TransChat**
  - Online support group
  - Website: <https://www.transgender.support/>



Last updated  
4/17/25

Source: Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky, "National Gender-Affirming Care Resources," edited: red box added by Live Action, accessed May 24, 2025.

## YOUR GUIDE TO Chest Binders



**plannedparenthoodsb** · Follow ...

**plannedparenthoodsb** · 20w  
Chest binding can be a beautiful way to affirm who you are, but please, bind safely. Listen to your body and take care of yourself while you do what helps you feel most comfortable! ❤️

**plannedparenthoodsb** · 20w  
#PlannedParenthood #PPOSBC #advocate #humanrights #humanrightswatch #BansOffOurBodies #advocates #humanrightactivist #ReproductiveRights #community #wewontgoback #ShareYourStory #LGBTQyouth #LGBTQRights #transgender #transsupport #TransAwarenessWeek #transyouth #healtheducation #inclusiveeducation

17 ❤️ 1 💬 1 📌

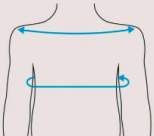
November 19, 2025

Log in to like or comment.

### GETTING YOUR MEASUREMENTS

**You'll need a mirror, pen, paper, and measuring tape, shoelace, or flexible string** – but do not wear a bra or a binder when measuring yourself.

Measure **all the way around your body at your chest**, and then the **distance between your shoulder blades**, then write each measurement down.



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**plannedparenthoodsb** · 20w  
Chest binding can be a beautiful way to affirm who you are, but please, bind safely. Listen to your body and take care of yourself while you do what helps you feel most comfortable! ❤️

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November 19, 2025

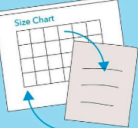
Log in to like or comment.

### CHOOSING YOUR SIZE

Reference sizing charts on websites like **gc2b.co**, **underworks.com**, or **fytist.com** to help you find one that best works for your measurements.

Compare what you have written down with the ranges listed to find your size.

**If either measurement falls on the higher end of one size and overlaps with another size, or if your chest measurement and shoulder measurement fall into different sizes, choose the larger of the two sizes.**



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## BUYING A CHEST BINDER

**Binders are typically sold online, and cost around \$30.**

**Double check the sizing chart with the brand you're shopping to make sure your fit is perfect.**



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17 1

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## HOW TO PUT ON A BINDER

- **Flip the binder inside out** and turn it upside down to step into it like a pair of shorts.
- **Pull the binder over your hips until it reaches your chest.** If you hear audible tearing as you pull it up your legs, stop immediately.
- **Put your arms through the arm holes** – it should fit snugly around your shoulders and chest for an even compression.
- **Adjust the binder and readjust as needed so that it feels comfortable but compressed.** It should fit like a larger, tighter sports bra, and not like you're being cut or squeezed.



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## BINDING SAFETY TIPS

**DO:**

- set aside one day a week without your binder.
- stay hydrated.
- regularly wash and air dry your binder – dryers may shrink it.
- stop wearing the binder if it hurts.

**DO NOT:**

- wear a binder for more than 8 hours.
- sleep in your binder.
- use ACE bandages or duct tape to bind your chest.

**plannedparenthoodbc** · Follow ...

**plannedparenthoodbc** · 20w  
Chest binding can be a beautiful way to affirm who you are, but please, bind safely. Listen to your body and take care of yourself while you do what helps you feel most comfortable! ❤️

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November 19, 2025

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Source Planned Parenthood’s Instagram Posts on “Chest Binding”

### *Dangers of Tucking*

Genspect defines “tucking” as “the practice of males compressing their genitalia into the groin or up between the legs to produce a “feminine” appearing crotch.”<sup>1</sup> Genspect further describes “tucking” as “another do-it-yourself intervention that causes harm” and “is not recommended.”<sup>2</sup> As with breast binding, studies of long-term impacts from tucking are scarce. Citing the few studies available on the topic, Genspect noted that known side effects of tucking include:

- Itching
- Rash
- Testicular pain
- Penile pain
- Possible impacts on fertility causing “cryptozoospermia and testicular torsion”

## What about tucking?

Tucking is a way some transwomen use to hide their genitals beneath their clothing.

The idea is to gently push the testicles up inside the body and then to pull the penis back between the legs. It is all held in place with tight-fitting underwear or surgical tape.

Here are some things you can do:

- **Only use surgical tape. Other types of tape could peel off skin when removed.**
- **Cut the hair very short in the groin area.**
- **This makes it easier to remove the tape.**
- **Spend some time daily without tucking.**

Tucking for too long can cause health problems. It can cause chafing and sores. It can also lower sperm count. Keep this in mind if you are trying to have a child.

Source, Planned Parenthood *Providing Transgender and non-binary Care at Planned Parenthood: A Best Practice Guide and Start-Up Action Kit*, 2018, 195)

Depending on the affiliate, Planned Parenthood centers also offer other “social” and “legal” support for ‘transgender’ individuals.<sup>4</sup>

### Medical Pathways in ‘Transition’

#### *Puberty Blockers & ‘Cross Sex’ Hormones*

Walter O. Bockting, former director of the transgender health services program (later the Eli Coleman Institute for Sexual and Gender Health) at the University of Minnesota, utilized the pseudoscience of Harry Benjamin and others to justify the use of medically unnecessary hormones in minors.<sup>1</sup> In the *APA handbook of sexuality and psychology* (2014), he wrote, “When gender dysphoria has been persistent and worsens with the onset of puberty, puberty-delaying hormones (gonadotropin-releasing hormone or GnRH analogues) can alleviate dysphoria and give hope for development of the body in a direction more congruent with gender identity.”<sup>2</sup> Bockting further claimed that the use of GnRH in developing bodies “appears to be safe” and could simply be “...discontinued, and puberty congruent with the youth’s sex assigned at birth would resume.”<sup>3</sup>

Genspect noted that many of the studies commonly cited by ‘trans-promoting’ institutions to justify off-label use of puberty blockers were identified as “low quality.”<sup>4</sup> Genspect cites a review of 50 studies

conducted by the University of York, of which, the University found only one to have met “high quality” standards.<sup>5</sup>

However, multiple other longstanding studies have consistently shown several severe risks associated with the use of puberty blockers and sex hormones.<sup>7</sup>

During the FTC workshop, endocrinologist and author Dr. Michael Laidlaw called puberty blockers and hormones, like the ones prescribed by Planned Parenthood, a “pathway to sterilization” as sex organs may become “impaired or [are] perhaps destroyed” with improper use of hormones and puberty blockers.<sup>8</sup> A follow up study (de Vries, 2014) showed that an overwhelming majority of adolescents on puberty blockers went on to have “sex reassignment” surgery (either vaginoplasty for males or hysterectomy with ovariectomy for females) resulting in sterilization.<sup>9</sup> Author Helen Joyce explained, “Almost every child that goes on puberty blockers, like 97%+ goes onto ‘cross-sex’ hormones.”<sup>10</sup> The Free Press reported that an evaluation of insurance data claims conducted by The Manhattan Institute estimated “that 1 in 6 U.S. teens and young adults who sought gender hormones last year were seen at Planned Parenthood.”<sup>11</sup>

#### *How the Use of Puberty Blockers & Cross-Sex Hormones Came About*

Eunuch Archives

During an interview with Spiked Magazine, journalist and author of “Trans: When Ideology Meets Reality,” Helen Joyce called puberty blockers a “nice way of saying chemical castration,” further stating, “It leaves children sterile, mentally stunted and unable to have orgasms. We’re effectively turning them [children] into eunuchs.”<sup>1,2</sup>

Considering the history of how WPATH derived its justification of puberty blockers and ‘cross-sex’ hormones on anyone, especially children, whether intentional or not, Joyce is divulging the real intent behind the barbaric practice.<sup>3,4</sup> (See “History” and “Historical Figures” sections for more)

WPATH, the organization responsible for setting medical guidelines for the ‘transitioning’ of children, has been collaborating with participants of a hardcore fetish forum called the Eunuch Archives, as reported by Chief Investigative Journalist Genevieve Gluck with *REDUXX*.<sup>5,6</sup> The Eunuch Archives, which originated in connection with extreme sadomasochistic communities, features and produces fictional child sex abuse materials, with a graphic and specific focus on the eroticization of child castration.<sup>7</sup> *REDUXX* reported that the Archive’s content includes fantasies centered around stopping the puberty of young boys to ‘freeze’ them in a childlike state.<sup>8</sup>

Despite this disturbing content, WPATH’s draft guidelines for its updated Standards of Care (SOC) included “eunuch” as a protected “gender identity” for the first time in 2021 and directly acknowledged the Eunuch Archive’s “Fiction Archive” multiple times, including an entire chapter, in attempts to legitimize the “eunuch community” — never once mentioning the site’s explicit stories of child sexual exploitation.<sup>9,10,11</sup>

WPATH's collaboration with this community is evident. A prominent site administrator, 'Jesus,' who claims involvement in the editing of the DSM-5 and WPATH's newest Standards of Care draft, and was reportedly tasked by a former WPATH president to provide input on eunuchs for the revision, reported *REDUXX*.<sup>12</sup>

*REDUXX* later reported that the person behind the pen name 'Jesus' is allegedly California State University-Chico professor emeritus, Thomas W. Johnson.<sup>13</sup> One of the posts that *REDUXX* reports to have been written by Johnson involved an "imaginary future where the law allows an adult to 'sell himself or herself, or any parent to see a child over the age of 10.'"<sup>14</sup> Gluck further reported that Johnson "...encouraged site members to submit fantasies of castrating children in a dystopian setting wherein eugenics had become enforced by the government."<sup>15</sup>

*REDUXX* report of Johnson's story explained:<sup>16</sup>

*The story's narrator is a pedophilic slave trader who buys "attractive" children from destitute mothers following the abolition of government assistance. While employing heavily racist tropes, the narrator purchases the titular character, a 10-year-old Black child, from his impoverished mother.*

*The narrator boasts of buying many children, presumably primarily Black, from "the projects," and suggests the mothers are single parents and drug addicts.*

*"I marveled at the social disintegration that had gone on in the Projects since the end of welfare and the explosion of drug addiction. I could see the mother planning what she could do with a little more drug money. At least ten year olds were almost always clean," the story reads from the narrator's perspective. "When someone brought in a twelve year old, I always had to worry about drugs. After all, getting them detoxed and healthy again for resale was time-consuming and expensive."*

*Not even halfway into the story, the 10-year-old child is put in chains and iron restraints before being castrated without anesthetic.*

Another key site contributor is Dr. Krister Hildahl Willette, who uses the moniker 'Kristoff' on the forum. *REDUXX* reported that Willette was invited by WPATH in 2009 to speak on "The Development of Standards of Care for Individuals with a Male-to-Eunuch Gender Identity Disorder," and his co-authored paper, published in a WPATH-issued academic journal, *The International Journal of Transgenderism*, which sourced surveys conducted with members of the Eunuch Archives.<sup>17-20</sup> According to *REDUXX*, Willette, whose non-profit organization was promoting the site, was dissolved for violating the Nonprofit Corporation Act against "personal gain" and co-hosts the site's annual "Meeting of Members" in Minneapolis, the same city where WPATH's headquarters were formerly located and where a lead chair overseeing the SOC updates currently resides.<sup>21</sup>

*REDUXX* highlights the extent of the Eunuch Archives' content and influence, pointing to 'research' by Jonson, Willette, and Wassersug that was accepted as 'legitimate science' beyond just the realms of WPATH.<sup>22</sup> For example, *REDUXX* points to 'research' by Johnson and Wassersug published in the *Archives of Sexual Behavior* entitled "Castration for Pleasure: Exploring Extreme Castration Ideations in Fiction."<sup>23, 24</sup> The 'research' involved analyzing top stories in the Eunuch Archive (EA) with the "goal" of gaining "...insights into commonalities within, and specifics of, castration sexual fantasies" further noting:<sup>25</sup>

*The most popular EA stories link sexual gratification and romantic partnership with genital abuse. They are characterized by the absence of consent for genital ablations and multiple SM-related paraphilias. Many stories feature attraction to, and ablation of, the genitals of pubescent or adolescent males. Some EA members have acted on their interests and been voluntarily castrated. Others wish to be.*

*REDUXX* further noted that during the investigation, investigative journalist Gluck was granted access to a password-protected area where over 3,000 stories involving minors and explicit sexual abuse were found, with 'minor' being a specially-curated tag for users.<sup>26</sup> Furthermore, *REDUXX* reported on a 2008 study composed of a "group of researchers from Canada and California," who "collaborated on a research project on the topic of the male castration fetish."<sup>27</sup> The 2008 published 'research' co-authored by Johnson and Wassersug titled, "A Passion for Castration: Characterizing Men Who Are Fascinated with Castration, but Have Not Been Castrated," allegedly found a significant number of "wannabes" fantasizing about castration, which *REDUXX* reported to include "becoming sexually aroused when witnessing animal castration."<sup>28, 29</sup> Others who responded to the 'research' survey shared on the Eunuch Archive, selected 'sexual fantasy' as their origin of interest, with some seeing castration as a step toward male-to-female (MtF) 'transition' aiming to reduce masculinity, while others sought a submissive, asexual slave metaphor reminiscent of Foucault's repeated self-professed sex-slave complex.<sup>30, 31</sup>

As a reminder, Planned Parenthood claims to use an 'informed consent' approach, which Live Action News has explained refers to "allow[ing] people (even minors) to self-diagnose with no mental assessment of any kind, in its 'gender-affirming care,' often citing that its policies and criteria for 'care' reflect the WPATH's guidelines."<sup>32, 22</sup> This is yet another disturbing eye opener of what is so easily and willingly accepted as 'science' to justify what any healthy, rational adult would quickly recognize as psychologically impaired sexual deviancy. It serves as another disturbing reminder of what is so easily and eagerly accepted as 'science' used to justify the butchering of healthy bodies and minds by WPATH, Planned Parenthood, and other members of the 'trans'/abortion industry.

John Money's Work Further Applied?

One of the drugs sometimes used as an off-label puberty blocker for children is Depo-Provera. Depo-Provera (medroxyprogesterone acetate), has been used as a common injectable form of birth control, and is one of the drugs used to delay puberty for the purpose of 'treating' minors experiencing gender dysphoria.<sup>1, 2</sup>

Since then, several studies have uncovered the extensive list of associated side effects of progestin-only contraception such as Depo-Provera including:

- A 20-30% increased risk of breast cancer<sup>3</sup>
- Cervical cancer
- Brain cancer<sup>4</sup>
- Ectopic Pregnancies
- An increased chance of exposure to lead<sup>5</sup>

Author Helen Joyce explains that the drugs used as a ‘puberty blocker’ for ‘gender-affirming care’ are “literally the same drugs as they use for male paedophiles who agree to take drugs to dampen down their sexual urges and destroy their ability to have erections.”<sup>6</sup> Although it was approved by the FDA in 1992, the possible sterilization and sexual desire neutralizing effect of Depo-Provera is not new. In fact, in 1966, Money began the first documented study of the effects of Depo-Provera (medroxyprogesterone acetate) on sex offenders.<sup>7</sup>

Joyce further details that the idea behind the use of puberty blockers administered to children for ‘transcare,’ particularly for males, is to block naturally released testosterone because “...once testosterone has done its thing, that [male] person’s just not going to be able to pass as a woman” due to the natural physical changes that have occurred.<sup>8</sup>

“So they thought, the doctors in the 1990s, that what they could do...is to stop the puberty and give the person time to think,” Joyce explains.<sup>9</sup> This flawed thought process is evident as Bockting detailed in the 2014 APA when he encouraged the use of “GnRH analogues [...] to suppress and delay puberty,” which he falsely claimed was a “reversible intervention” that “allows for additional time to explore gender identity and expression...and prevents the development of sex characteristics that are not reversible.”<sup>10</sup>

Joyce refuted this flawed experimentation explaining, “What we’ve known for at least 10 years now is that it doesn’t give you time to think. It locks you in.”<sup>11</sup>

And yet, despite these findings, Planned Parenthood continues its practice of prescribing sex-rejecting puberty blockers to developing children.

#### Planned Parenthood’s Cash Cow

As previously detailed, Planned Parenthood admitted to using birth control as a means to delay puberty for the purpose of ‘treating’ minors experiencing gender dysphoria.<sup>1,2</sup> Additionally, Planned Parenthood proudly boasts of providing off-labeled use of synthetic sex hormones as part of its ‘gender-affirming care.’<sup>3</sup>

Erin Friday, a San Francisco attorney and mother of a formerly trans-identified child, highlighted the massive financial incentives driving the “transgender” industry.<sup>4</sup> According to Friday, “cross-sex hormones” and “puberty blockers” are being distributed “as [if they are] candy,” describing the market as a “billion dollar business.”<sup>5</sup>

Friday specifically called out Planned Parenthood’s financial benefit of gender reassignment drugs, stating, “Planned Parenthood is also reaping the benefits of this market,” which she believes is why “they want to shut us up.”<sup>6</sup> During the 2025 FTC workshop, Friday estimated that in 2024, nearly 4,000 new minor patients started ‘puberty blockers’ across the more than 400 gender clinics operating in the U.S.<sup>7,8</sup>

The high cost of these treatments contributes significantly to the industry’s profitability. For example, the common drug Lupron (Leuprolide), manufactured by AbbVie, can cost around **\$27,000** for a six-month supply.<sup>9,10</sup> While Lupron is used to treat conditions like endometriosis, prostate cancer, and precocious puberty by decreasing sex hormones, it is also being prescribed off-label in ‘gender-affirming care.’ Another drug mentioned was the Supprelin implant, which, according to Friday, can cost up to **\$210,000** for a six-month supply for children with central precocious puberty, according to its manufacturer, Endo Pharmaceuticals (combined with Mallinckrodt Pharmaceuticals in 2025).<sup>11-13</sup>

## What are puberty blockers?

If you’re transgender, intersex, or nonbinary, puberty may feel especially hard. Sometimes during puberty the changes going on in your body might not line up with your [gender identity](#). If that sounds like you, know that you’re not alone.

Your gender identity is real, and there are medical treatments you can use to help your body better reflect who you are. Some young trans, intersex, and gender nonbinary people may decide to take puberty blockers after talking about it with their parents or guardian and a nurse or doctor. Puberty blockers are medicines that prevent puberty from happening. They work by blocking the hormones – [testosterone](#) and [estrogen](#) – that lead to puberty-related changes in your body. This stops things like [periods](#) and breast growth, or voice-deepening and facial hair growth.

There are two kinds of puberty blockers:

- A flexible rod called histrelin acetate that goes under the skin of the arm and lasts for 1 year.
- A shot called **leuprolide acetate**, which works for 1, 3, or 4 months at a time.

Anti-androgens are another kind of medicine transgender girls and nonbinary folks who were assigned male at birth can take to lower the levels of testosterone in their bodies.

Source: Planned Parenthood, “What are puberty blockers?,” edited to add red box for emphasis, accessed April 21, 2026.

Live Action's "Transing Kids" investigation and the subsequent report "Planned Parenthood's Trans Agenda Exposed" revealed just how easily Planned Parenthood's facilities are willing to prescribe hormones to minors as young as 16-years-old, even suggesting such life-altering medically unnecessary hormones would be prescribed "on the same day."<sup>14, 15</sup>

Live Action News reported on Live Action's undercover investigator Savannah Evans' astonishment during the investigation.<sup>16</sup> "I called dozens of clinics, and they never once referred me to counseling or asked if I'd talked to my parents. They just wanted to schedule me right away and get me on hormones. They didn't question anything, even when I told them I had just decided last week. That consistency across states was the most shocking part," stated Evans.<sup>17</sup>

### *Dangers of Puberty Blockers/Sex Hormones*

There are serious risks associated with puberty blockers and cross-sex hormones, including:<sup>1-3</sup>

- Lower bone density - up to 1/3 of gender dysphoric patients on puberty blockers had lower bone density. Another study showed adolescents taking puberty blockers had bone loss and did not research their optimal height or bone density. Research also shows increased risk of osteoporosis and fractures.
- Sexual dysfunction
- Possible cognitive impairments
- Full impact on brain development and cognition mostly unknown on developing brains
- Increased risks for males include:
  - Thromboembolic disease, blood clots, gallstones, coronary artery disease including heart attacks, increased risk of stroke, breast cancer, irreversible infertility.
- Increased risks for females include:
  - Severe liver dysfunction, coronary artery disease-including heart attacks, depression, hypertension, infertility, increased risks of cervical, breast, and uterine cancers, sexual dysfunction.

Cass Report Findings (cited lack of evidence to trans-industry's claims) concluded:<sup>4</sup>

- **Puberty Blockers:** Compromise bone density; showed no change in gender dysphoria or body satisfaction; showed insufficient evidence on psychological well-being or cognitive development
- **Hormones:** Lack of high-quality research; impossible to draw conclusions on long-term effects
- **Suicide Risk:** Evidence did not support the conclusion that hormone treatment reduces the purported elevated risk of death by suicide
- **Data:** Lack of cooperation from NHS gender clinics in providing long-term follow-up data

The Stop the Harm database, which identified and analyzed insurance claim filings between 2019-2023, reported the following unique individual minor patients who received wrong-sex hormones or puberty blockers under the guise of “gender-affirming” case, across the U.S.:<sup>5</sup>

STATE	NUMBER OF MINORS GIVEN WRONG-SEX HORMONES/PUBERTY BLOCKERS	STATE	NUMBER OF MINORS GIVEN WRONG-SEX HORMONES/PUBERTY BLOCKERS	STATE	NUMBER OF MINORS GIVEN WRONG-SEX HORMONES/PUBERTY BLOCKERS
Alabama	32	Louisiana	43	Ohio	791
Alaska	37	Maine	100	Oklahoma	46
Arizona	162	Maryland	171	Oregon	528
Arkansas	38	Massachusetts	380	Pennsylvania	510
California	766	Michigan	557	Rhode Island	60
Colorado	240	Minnesota	219	South Carolina	66
Connecticut	54	Mississippi	7	South Dakota	21
Delaware	93	Missouri	139	Tennessee	76
Florida	167	Montana	44	Texas	230
Georgia	163	Nebraska	39	Utah	106
Hawaii	3	Nevada	56	Vermont	63
Idaho	46	New Hampshire	87	Virginia	162
Illinois	206	New Jersey	74	Washington	773
Indiana	258	New Mexico	81	Washington D.C.	74
Iowa	101	New York	578	West Virginia	41
Kansas	71	North Carolina	177	Wisconsin	97
Kentucky	101	North Dakota	17	Wyoming	8

Source: <https://stoptheharmdatabase.com/>

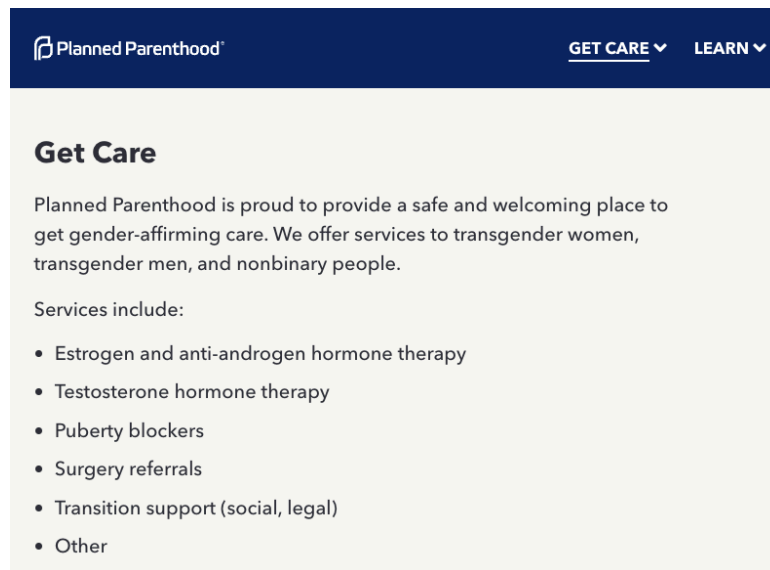
Source: Analysis of Stop The Harm Database, table created by Live Action.

Source: chart Live Action using data from Stop The Harm Database.

### Body Mutilating Surgeries

Due to the overall small percentage of the population undergoing sex-rejecting surgeries, reliable studies, particularly where participants are re-evaluated over time, are remarkably limited. However, drawing from the multiple studies that *are* available, significant negative health and quality-of-life impacts following sex-denying medically unnecessary “transgender surgery” are easily identified. Despite a lack of beneficial evidence and ample studies providing startling evidence of life-altering vast negative impacts and potential risks, **Planned Parenthood boasts of its involvement in providing referrals for body-mutilating surgical**

**procedures.**<sup>1</sup> Although, due to the vagueness in reporting by Planned Parenthood, it is unclear how many referrals it has provided over the years.



The screenshot shows the Planned Parenthood website's 'Get Care' page. The header is dark blue with the Planned Parenthood logo on the left and 'GET CARE' and 'LEARN' dropdown menus on the right. The main content area is light gray and features the heading 'Get Care'. Below the heading, a paragraph states: 'Planned Parenthood is proud to provide a safe and welcoming place to get gender-affirming care. We offer services to transgender women, transgender men, and nonbinary people.' This is followed by the text 'Services include:' and a bulleted list of services: Estrogen and anti-androgen hormone therapy, Testosterone hormone therapy, Puberty blockers, Surgery referrals, Transition support (social, legal), and Other.

Source: Planned Parenthood's website, "Gender Affirming Care," accessed May 5, 2026.

For those undergoing male-to-"female" (MtF) procedures, complications are common, particularly involving the pseudo-vagina. High rates of neovaginal stricture, infection, bleeding, and delayed healing are reported. Long-term follow-ups reveal widespread urogenital dysfunction, including incontinence, difficulty urinating, and unsatisfactory sexual outcomes. Complications such as neovaginal prolapse, tissue necrosis, and fistulas often necessitate emergency intervention and reoperation, and highlight the procedure's particularly high risk profile, according to several studies.

Female-to-"male" (FtM) surgeries carry an exceptionally high risk of complications, particularly relating to the manufacturing of a new urethra. A number of meta-analyses of phalloplasty and metoidioplasty indicate that over three-quarters of patients experience complications, with urethral fistulas and strictures reported as the most frequent. The failure rate is substantial, as a majority of patients require multiple subsequent surgeries in hopes of resolving issues. Even after extensive intervention, studies indicate that many patients cannot achieve the desired man-made functionality, such as urinating through the tip of the engineered phallus (pseudo-penis).

Furthermore, available data point to grave long-term consequences that extend beyond surgical failure. Unsurprisingly, studies show that undergoing sex-rejecting surgery does not resolve underlying psychological distress. In many cases, mental health issues persist or intensify as psychological issues cannot be addressed by inhumane changes to the physical body. Most alarmingly, evidence from Denmark suggests **a drastically reduced life expectancy—shortened by 25 to 28 years**—for victims of sex-rejecting surgeries.<sup>2</sup> According to study findings, this elevated mortality risk is attributed to the combined effects of hormone-related illnesses (cancer, cardiovascular disease), surgical complications, and a heightened incidence of psychiatric issues and

subsequent suicide.<sup>3</sup> The collective evidence concludes that the burden of chronic urogenital complications alongside continued psychological distress critically compromises the life quality and longevity of individuals who pursue these surgical interventions.

Importantly, the studies shown below were conducted on adults, not children or minors. Hence, it is reasonable to imagine that the vast negative impacts reported are likely far worse for minor victims who underwent sex-rejecting surgeries while their bodies and minds were still underdeveloped.

The Stop the Harm database, which identified and analyzed insurance claim filings between 2019-2023, reported the following unique individual minor patients who underwent sex rejecting body-mutilating “gender-affirming” surgery procedures across the U.S.:<sup>4</sup>

STATE	NUMBER OF MINORS	STATE	NUMBER OF MINORS	STATE	NUMBER OF MINORS
Alabama	3	Maine	18	Ohio	224
Arizona	78	Maryland	134	Oklahoma	18
Arkansas	3	Massachusetts	300	Oregon	357
California	1,359	Michigan	186	Pennsylvania	316
Colorado	60	Minnesota	174	Rhode Island	9
Connecticut	46	Mississippi	1	South Carolina	7
Delaware	37	Missouri	44	South Dakota	10
Florida	105	Montana	29	Tennessee	30
Georgia	72	Nebraska	11	Texas	213
Hawaii	12	Nevada	39	Utah	29
Idaho	11	New Hampshire	43	Vermont	44
Illinois	211	New Jersey	145	Virginia	77
Indiana	103	New Mexico	41	Washington	330
Iowa	20	New York	616	Washington D.C.	37
Kansas	22	North Carolina	58	West Virginia	4
Louisiana	36	North Dakota	7	Wisconsin	104

\*Alaska & Wyoming were reported as 0

Source: <https://stoptheharmdatabase.com/>

Source: chart Live Action using data from Stop The Harm Database.

One cohort study published in JAMA Network (2023) reported that 3,678 children ages 12-18 underwent a “gender affirming surgery” from 2016 to 2020—comprised of: 3,215 breast surgeries; 405 genital surgeries; and 350 listed as “other cosmetic procedures.”<sup>5</sup>

Table 1. Demographics of Transgender Patients Undergoing Gender-Affirming Surgery Overall and Stratified by Classes of Gender-Affirming Surgery

Characteristic	Overall		Breast/chest surgery		Genital surgery		Other cosmetic procedures	
	No. (SE)	% (SE)	No. (SE)	% (SE)	No. (SE)	% (SE)	No. (SE)	% (SE)
<b>Age, y</b>								
12-18	3678 (272)	7.7 (0.3)	3215 (258)	11.8 (0.5)	405 (54)	2.4 (0.3)	350 (53)	5.3 (0.7)
19-30	25 099 (1442)	52.3 (0.6)	16 067 (1166)	59.1 (0.6)	7461 (437)	44.2 (0.8)	2946 (246)	44.2 (1.2)
31-40	10 476 (646)	21.8 (0.4)	4918 (384)	18.1 (0.4)	4423 (309)	26.2 (0.6)	1729 (165)	25.9 (1.0)
41-50	4359 (266)	9.1 (0.3)	1650 (132)	6.1 (0.3)	2168 (155)	12.8 (0.5)	784 (77)	11.8 (0.6)
51-60	2958 (193)	6.2 (0.2)	949 (78)	3.5 (0.2)	1546 (124)	9.2 (0.5)	610 (69)	9.1 (0.7)
61-70	1271 (92)	2.6 (0.2)	350 (33)	1.3 (0.1)	742 (68)	4.4 (0.3)	229 (31)	3.4 (0.4)
>70	177 (26)	0.4 (0.1)	37 (8)	0.1 (0)	126 (23)	0.7 (0.1)	19 (6)	0.3 (0.1)
Unknown	3 (2)	0	0	0	1 (1)	0	2 (2)	0
<b>Sex</b>								
Male	15 234 (965)	31.7 (0.8)	8707 (639)	32.0 (0.7)	5417 (460)	32.1 (1.7)	2144 (180)	32.1 (1.3)
Female	26 264 (1584)	54.7 (1.0)	17 852 (1294)	65.7 (0.5)	5455 (315)	32.3 (1.6)	4419 (386)	66.3 (1.3)
Unknown	6522 (612)	13.6 (1.1)	627 (137)	2.3 (0.5)	6000 (585)	35.6 (2.2)	106 (20)	1.6 (0.3)
<b>Race, inpatient<sup>a</sup></b>								
White	6915 (642)	65.1 (2.0)	575 (77)	58.4 (4.2)	6050 (595)	67.8 (2.0)	635 (155)	53.1 (6.2)
Black	955 (123)	9.0 (1.0)	125 (28)	12.7 (2.5)	720 (105)	8.1 (1.0)	145 (36)	12.1 (3.1)
Hispanic	1050 (130)	9.9 (0.9)	130 (31)	13.2 (2.6)	820 (117)	9.2 (0.9)	140 (38)	11.7 (3.0)
Other	1380 (253)	13.0 (1.9)	95 (24)	9.6 (2.1)	1060 (188)	11.9 (1.7)	255 (82)	21.3 (5.0)
Unknown	325 (64)	3.1 (0.6)	60 (24)	6.1 (2.2)	275 (60)	3.1 (0.6)	20 (10)	1.7 (0.8)
<b>Insurance status</b>								
Medicare	2581 (157)	5.4 (0.3)	976 (78)	3.6 (0.2)	1369 (99)	8.1 (0.5)	308 (46)	4.6 (0.6)
Medicaid	12 127 (923)	25.3 (1.1)	7220 (647)	26.6 (1.5)	3749 (304)	22.2 (1.1)	1598 (194)	24.0 (2.3)
Private	29 064 (1698)	60.5 (1.2)	16 547 (1278)	60.9 (1.6)	10 589 (657)	62.8 (1.1)	3634 (352)	54.5 (2.6)
Self-pay	2814 (285)	5.9 (0.5)	1489 (177)	5.5 (0.5)	747 (125)	4.4 (0.7)	797 (143)	11.9 (1.9)
Other	1097 (204)	2.3 (0.4)	723 (181)	2.7 (0.6)	329 (67)	2.0 (0.4)	280 (110)	4.2 (1.6)
Unknown	337 (107)	0.7 (0.2)	232 (88)	0.9 (0.3)	89 (35)	0.5 (0.2)	53 (23)	0.8 (0.3)

Source: JAMA Network

However, in August 2024, Leon Sapir, fellow at the Manhattan Institute, reported discrepancies from previous reports published by the *Journal of the American Medical Association* between 2016 to 2020, which claimed there were 3,125 “breast or chest procedures” done on minors between 12 to 18 years of age.<sup>6,7</sup> This number was found to be in stark contrast to analysis conducted by the Manhattan Institute, which analyzed a “more up-to-date all-payer national insurance database from 2017 to 2023,” which found between 5,288 to 6,294 “gender-affirming” double mastectomy procedures imposed on minor girls under 18—as much as **67% higher** than what was reported by the *Journal of the American Medical Association* across nearly the same timeframe.<sup>8,9</sup>

Posting 100s of disturbing videos by WPATH and USPATH, Journalist Benjamin Ryan reported on University of Manchester bioethicist and WPATH ethics committee member, Simona Girdano, who claimed that “ageism is unethical.”<sup>10,11</sup> She also claimed that “[r]efusing to treat someone because they are too young is as unjust as refusing to treat someone because they are too old.”<sup>12</sup>

Despite a “weak empirical foundation” commonly used to inaccurately justify the practice of sex-rejecting surgeries on people of any age, Genspect noted “the frequency of surgical interventions has

increased markedly.”<sup>13</sup>

“National healthcare data indicates that sex reassignment surgeries in the United States nearly tripled from 4,552 procedures in 2016 to 13,011 in 2019, with a slight decline to 12,818 in 2020 attributed to the COVID-19 pandemic,” stated Genspect.<sup>14</sup>

Genspect further warned:<sup>15</sup>

*Sex reassignment surgeries are distinct among medical procedures due to their lifelong medical demands. Unlike surgeries that aim to restore typical body functions, these interventions involve a continuous commitment to hormonal treatments, frequent medical monitoring, and often multiple revision surgeries to address emerging complications. Patients must manage chronic conditions and undergo routine screenings for serious long-term risks, as complications such as tissue necrosis, fistula formation, infections, and other medical events can arise unexpectedly, sometimes years after the initial surgery, and may require emergency interventions or further procedures.*

#### *Mastectomy & Chest Surgeries*

Johns Hopkins explained that there are two types of what is dehumanizingly called “top surgery”—masculinization and feminization.<sup>1</sup> In a double incision mastectomy (used to remove the healthy breast of a female, for the purpose of appearing more masculine) two large incisions are made to remove large amounts of breast tissue and “[t]he nipples and areolas are removed, reshaped, and then replaced (if desired) to achieve a more masculine appearance.”<sup>2</sup> Breast implantation (chest ‘feminization’) involves faux-breasts created by “inserting a gel or liquid-filled implant into a pocket formed behind the breast tissue or under the pectoral muscle and centering each implant beneath the two nipples.”<sup>3</sup>

USPATH president Jo Olson-Kennedy previously and shockingly responded to concerns about mastectomies carried out on minors who might later come to regret having their breasts removed. “If you want breasts at a later point in your life...you can go and get them, she said.”<sup>4,5</sup>

Recently, journalist Benjamin Ryan reported further on Olson-Kennedy, stating:<sup>6</sup>

*In a video from the 2022 conference, Olson-Kennedy referenced the undercover tape, grousing that after googling her name, “the first thing that you would see is that I send healthy thirteen-year-old girls to have their breasts removed, right? Because it came from a talk that somebody surreptitiously recorded me talking. It was obviously way out of context.*

However, as Ryan pointed out, in a 2018 paper, Olson-Kennedy documented 68 mastectomies performed on minors, of which, “two were physically healthy thirteen-year olds.”<sup>7,8</sup> Ryan also pointed to a longer undercover video, nearly an hour long, in which Olson-Kennedy claimed minors “were mature enough to

make many “life-altering decisions,” and further dismissed any concerns about such the surgeries.<sup>9,10</sup> “In 2024, Olson-Kennedy was sued for malpractice by a former patient after signing off on the girl’s mastectomy when she was fourteen. **It turned out the young woman *did* want her breast later in life** (emphasis added),” Ryan reported.<sup>11, 12</sup>

### *Phalloplasty & the ‘Ghoulish Crime’ of Colpectomy*

Senior fellow at MacDonald-Laurier Institute and Director of Genspect Canada, Mia Hughes, explains that a standard phalloplasty involves the fashioning of “an appendage made out of a woman’s forearms” that is then sewn “into her groin” for the purpose of surgically removing her vagina.<sup>1</sup> Hughes identifies a colpectomy as the procedure commonly done in conjunction with phalloplasty procedures used when surgeons “actually remove the vaginal wall and sew the woman up.” Hughes further refers to the colpectomy procedure, particularly performed on young girls with virginity intact, as a “gholish crime.”<sup>2</sup>

Johns Hopkins describes the surgical procedures of phalloplasty as a “multistaged process” which can include:<sup>3</sup>

- Creating a faux-penis
- Lengthening the urethra so you are able to stand to urinate
- Creating the tip (glans) of the penis
- Creating the scrotum
- Removing the vagina, uterus and ovaries (sterilization)
- Placing faux erectile and testicular implants
- Skin grafting from the donor tissue site

Johns Hopkins explains that “skin flaps” are “moved” from various parts of the body then “... reshaped, contoured and reattached to the groin to create the penis.”<sup>4</sup> Hopkins further explains that there are “...three approaches the surgeon may use to construct the penis, using skin from the arm (radial forearm free flap), leg (anterolateral thigh flap) or side (latissimus dorsi flap),” citing potential risks for varying collection locations.<sup>5</sup>

Using the forearm “involves taking the skin, fat, nerves, arteries and veins from your wrist to about halfway up your forearm to create the penis” and is referred to as a “radial forearm free flap (RFFF),” according to Johns Hopkins website.

Johns Hopkins explains the three steps in the RFFF procedure as:<sup>6</sup>

*Stage 1: The first stage of an RFFF approach is creating the penis using tissue from the forearm. The area where the forearm tissue is taken will require a skin graft. This may occur at the time of the initial phalloplasty surgery, or it may occur three to five weeks afterward. If it occurs later, patients will have a temporary skin covering over the forearm to help it heal.*

*Stage 2: The second stage, scheduled about five to six months later, may include lengthening the urethra to allow for urination out of the tip of the penis, creating the scrotum and removing the vagina, and other procedures depending on the patient's individualized plan.*

*Stage 3: The third stage of surgery involves putting in place testicle implants and an erectile device to help the patient achieve an erection. The third stage typically takes place 12 months after the second.*

### Hospital Stay and Catheters for Phalloplasty

Following the initial (stage 1) surgery, patients typically remain in the hospital for “four to five days” for monitoring of “the blood supply to the tissue” that was used to piece together the newly manifested fake penis and to ensure the victim can “walk and use the bathroom.”<sup>1</sup> Subsequent stages (2 and 3) do not require an inpatient stay, Johns Hopkins states.<sup>2</sup>

Johns Hopkins further explains that for the stage 1 surgery, a suprapubic tube (SPT) is placed into the bladder through the abdomen, along with a catheter in the native urethra, both generally removed before discharge.<sup>3</sup>

If urethral lengthening is *not* part of stage 2, a Foley catheter is placed during the operation and removed before leaving the hospital.<sup>4</sup> If urethral lengthening *is* performed, the patient goes home with both a Foley catheter in the new urethra and an SPT, with a clamp preventing urine leakage from the new urethra, Johns Hopkins explains.<sup>5</sup>

Johns Hopkins further states that the SPT drains urine and stays in for about four to five weeks.<sup>6</sup> Its removal is preceded by a retrograde urethrogram (an X-ray with dye) to confirm the new urethra is fully open.<sup>7</sup> If the new urethra is functional, the doctor clamps the SPT, allowing the patient to urinate through the new urethra.<sup>8</sup> If this is successful after a few days, the SPT is removed.<sup>9</sup>

### *Metoidioplasty*

Metoidioplasty uses testosterone to artificially enlarge the woman's clitoris to roughly four to six centimeters long.<sup>1</sup> Over the course of several consecutive surgeries, usually performed with a few months of separation between each procedure, the woman's forcefully enlarged clitoris is then used to craft together a neophallus, or a surgically constructed faux-penis.

Johns Hopkins describes the common steps/procedures for metoidioplasty as:<sup>2</sup>

1. The first step is enlarging the clitoris with a year (or more) of hormonal therapy with testosterone.
2. Once the clitoris is enlarged, the surgeon performs a procedure to cut the ligaments that surround the clitoris to free it from the pubic bone.
3. The released clitoris is used to create a penis that can become erect without the need of a penile implant.
4. Surgeons connect the urethra (the passageway through which urine leaves the body) so the patient can

urinate while standing. The urethra may be lengthened using local tissues or grafted tissue from elsewhere.

5. A scrotum (the sac that holds the testicles) can be formed using skin from the outer labia (the vulva's outer lips).

According to Johns Hopkins, additional procedures in metoidioplasty sometimes include:<sup>3</sup>

1. The removal of fatty tissue near the penis to enhance the appearance of length, in some cases.
2. The insertion of implants under the skin of the scrotum to create the look of testicles.

Johns Hopkins further explains that both metoidioplasty or phalloplasty procedures may also include closing of the internal vaginal canal, and a hysterectomy, oophorectomy (removal of the ovaries), or both.<sup>4</sup>

### *Vaginoplasty*

Vaginoplasty is a multi-step sex-rejecting surgical procedure that involves removing the male penis, testicles, and scrotum to construct a pseudo-vulva and pseudo-vagina.<sup>1</sup> The process of vaginoplasty involves rearranging existing genital tissue to create a vaginal opening and external female-appearing genitalia, including the labia.<sup>2</sup> A variation of this procedure, called vulvoplasty, achieves a feminine-appearing outer genital area but with a shallow pseudo-vaginal canal that cannot be used for sexual intercourse.<sup>3</sup>

According to Johns Hopkins, there are “two main surgical approaches” to vaginoplasty surgeries:<sup>4</sup> vaginoplasty with a canal and a vulvoplasty—or a “shallow depth vaginoplasty” without a canal used for “visual aesthetics only.”<sup>5</sup> Johns Hopkins explains that vaginoplasty surgeries can “last between four and six hours” with expected in-hospital recovery to take between three to five days and overall “recovery” lasting up to a year.<sup>6</sup> The procedure requires “consistent daily dilation for the first three months” if a pseudo-canal was conjured.<sup>7</sup>

The Johns Hopkins website further explains that dilation—the forceful insertion of a ‘medical grade dilator’ into the man-made internal open fleshy wound—is vital to ensure the wound does not permanently close (or heal).<sup>8</sup> Johns Hopkins explains that “dilation sessions” may take “30-60 minutes from start to finish including prep and clean up” and that the “dilator must be in place at its full depth for 20 minutes.”<sup>9</sup> According to the Mayo Clinic, these “dilation sessions” are required for the remainder of the male person’s lifetime.<sup>10</sup>

**Narrator:** Vaginal dilation is part of your self-care. You will need to do vaginal dilation for the rest of your life.

**Alissa (nurse):** If you do not do dilation, your vagina may shrink or close. If that happens, these changes might not be able to be reversed.

**Narrator:** For the first year after surgery, you will dilate many times a day. After the first year, you may only need to dilate once a week. Most people dilate for the rest of their life.

Source: screenshot, Mayo Clinic, “Dilation after gender-affirming surgery”

Journalist Benjamin Ryan reported that Oregon Health and Science University urologist Dr. Geolani Dy stated during an online USPATH forum that the typical age for a vaginoplasty procedure “will fall around the seventeen-, eighteen-year-old age range.”<sup>11, 12</sup>

Complications for Phalloplasty, metoidioplasty and vaginalplasty procedures

#### Male-to-’Female’ (MtF) Complications Summary

Studies on male-to-“female” (MtF) surgeries, predominantly penile inversion vaginoplasty, report a high incidence of complications that significantly diminish quality of life. The most frequent issues according to studies include:

- Neovaginal stenosis (narrowing or closing of the artificial canal)
- Bleeding
- Infection
- Delayed wound healing

Furthermore, a substantial number of patients reportedly suffer from:

- Chronic urogenital dysfunction, such as urination dysfunction and difficulties (up to 47%)
- Various forms of incontinence
- Diminished sexual satisfaction<sup>1</sup>

In one study, one-quarter of cases required emergency surgery or reoperation for severe complications including colon damage or clitoral necrosis, and long-term studies reveal persistent problems such as neovaginal prolapse, rectal injury, and rectovaginal fistula.<sup>2, 3</sup>

A 2024 review of multiple studies conducted by Zeki Bayrakstar, professor with the University of Health Sciences and with the Department of Urology, found:<sup>4, 5</sup>

*The most commonly performed technique for primary male-to-female transgender vaginoplasty is penile inversion vaginoplasty. Penile-inversion vaginoplasty is the gold standard of feminizing genital surgery; it uses penile skin to form the neovagina, the glans for a neo-clitoris, and the scrotum and skin for labia majora and minora. However, in cases where the penis/phallus is not sufficiently developed, for example in cases where puberty blockade is applied... vaginoplasty can be performed using ileum and sigmoid colon segments as an alternative method.*

Bayrakstar found the most common complications for both methods to include:<sup>6</sup>

- Bleeding, hematoma
- Infection
- Delayed wound healing

- Neovaginal stenosis
- Flap necrosis
- Urethral stenosis
- Urethral fistula
- Incontinence
- Rectal injury
- Rectal fistula
- Internal organ injury
- Pelvic floor disorders

A cross-sectional study by Kuhn et al. (2011), consisting of 55 transsexual: 52 male-to-”female” & 3 female-to-”male” (based on legal sex change applications from 1981-1990) also reported urogenital issues, with the reported complications 16 years after vaginoplasty to be:<sup>7</sup>

- Urination dysfunction 47%
- Urge 25%
- Stress incontinence 23%
- Never being sexually satisfied 23%
- Urge incontinence 17%
- Stool urgency/incontinence 9.4%
- Inability to empty the bowels/incomplete evacuation 7.6%
- Neovaginal prolapsus 7.5% (essentially issues from the surgical “tucking” of the penis where it is inverted photo of a surgery operation here)<sup>8</sup>
- Need for reoperation for prolapsus 3.4%

In another study by Kuhn et al., evaluating both male-to-”female” and female-to-”male” procedures, using King’s Health Questionnaire, visual analogue scale, perineal and transabdominal ultrasound, urine dipstick and uroflow measurement reported the following:<sup>9</sup>

- Change in urine flow direction 50%
- Feeling of insufficient emptying 22%
- Recurrent urinary tract infection 22%
- Stress urinary incontinence 16%
- Overactive bladder 6%

In a study on combined vaginoplasty technique, which is a two-stage surgery, Papadopoulos et al. (2017), found that emergency surgery or re-operation was performed in one quarter of the cases, specifically in cases where wound infection/abscess colon damage, breast hardness, vaginal stenosis, short vagina, and clitoris necrosis developed.<sup>9</sup>

The study also reported the following complication rates:<sup>10</sup>

- Delayed wound healing 25%
- Decentralized urine flow 22.5%
- Genital pain 15%
- Bladder infection 15%
- Bleeding 12.5%
- Decreased pseudo-vaginal sensitivity 12.5%
- Impaired bladder function 10%
- Decreased pseudo-clitoral sensitivity, 10%
- Wound infection/abscess% 7.5
- Colon damage 7.5%
- Breast hardness 5.3%
- Vaginal stenosis 2.5% (narrowing or closing of fake canal which is essentially an open wound attempting to mimic a vaginal canal causing pain, bleeding and no capacity for intercourse)
- Short pseudo-vagina 2.5%
- Genital odor 2.5%
- Pseudo-clitoral asymmetry 2.5% (unevenness of the fake “clitoral hood” causing pain and hygiene issues)
- Pseudo-clitoral necrosis 2.5%
- Defecation problem 2.5%

According to a systematic review conducted by Horbach et al. published June 2015 in the *Journal of Sexual Medicine* (analyzing 26 studies with a total of 1,563 cases were examined in this meta-analysis), the urogenital complications following “transsexual” medically unnecessary surgeries were as follows (penile skin inversion vaginoplasty was performed in 1,461 of the cases, ileal or colonic (intestinal-based surgery made to mimic a self-lubrication for the psuedo-vagina) vaginoplasty was performed in 102):<sup>12</sup>

- Pseudo-vaginal structure or stenosis was the most commonly reported adverse outcome with an incidence of 12.0% (4.2-15.0%) (narrowing or closing of fake canal which is essentially an open wound attempting to mimic a vaginal canal causing pain, bleeding and no capacity for intercourse)
- Partial necrosis of the vagina (2.7– 4.2%) (localized tissue death, foul-smelling discharge and can cause severe pain)
- Pseudo-clitoral necrosis (1–3%) (essentially the death of the tissue used to create a fake clitoris, resulting in severe pain, loss of sensation, and dark or blackish in color)
- Pseudo-genital pain (3–9%)
- Rectal injury (2–4.2%)
- Rectovaginal fistula (0.8–17.0%) (injury to the connection between rectum and fake “vagina”)
- Psuedo-vaginal prolapse (1–2%)

- Urethral meatal stenosis (1–6%) (meaning a narrowing of urinary opening)
- Change in voiding function (32%) (essentially the ability to urinate)
- Urinary incontinence (19%)
- Wound dehiscence (12–33%)
- Local abscesses (5%)
- Hematoma (3%) (clotted blood)

#### Female-to-‘Male’ Complications Summary

Female-to-“male” (FtM) surgeries, specifically phalloplasty and metoidioplasty, show **even higher reported complication rates**, with some meta-analyses citing an overall complication rate **as high as 76.5%** for phalloplasty. The most prominent issues are urethral in nature, including urethrocutaneous fistulas (ranging from 15-70%) and urethral strictures (around 25-63%). These severe urological complications necessitate frequent reoperations, with some studies showing a need for reoperation in up to 73% of cases due to fistula or stenosis. Despite these efforts, a significant percentage of patients—up to 30% in one study—are still unable to urinate from the tip of the constructed phallus, and many may require a permanent perineal urethrostomy.<sup>1</sup>

Beyond physical complications, long-term studies, particularly from Scandinavian countries, highlight severe psycho-social and mortality concerns. Research indicates that psychological problems often persist or worsen after surgery, and a significant portion of individuals remain socially isolated, with low rates of sexual satisfaction. Most critically, a Danish study reported a drastically shortened life expectancy for transsexual individuals who underwent surgery, **with an average lifespan reduced by 25-28 years** compared to the general population.<sup>2</sup> This premature mortality is linked to fatal diseases resulting from long-term hormone use (such as cancer and cardiovascular issues), surgical complications, intense psychiatric distress, and elevated suicide rates.<sup>3</sup> The overall conclusion drawn from the reviewed studies is that the combination of severe urogenital complications and persistent psychological distress significantly and negatively impact the long-term quality of life for individuals who undergo sex-rejecting and medically unnecessary ‘gender reassignment’ surgery.<sup>4</sup>

In a meta-analysis conducted by Wang et al., (2022) a total of 1,731 patients who underwent phalloplasty (analyzing 39 articles) were examined and found the following complications:<sup>5</sup>

- **The overall complication rate was reported as 76.5%** (in 75.1% of these cases, the radial forearm free flap was used)
- The urethral fistula rate was 34.1%, and the urethral stricture rate was 25.4%
- Data showed that **more than three out of every four patients (>75%)** who underwent phalloplasty developed complications—mostly urological in nature

A meta-analysis review conducted by Hu et al. (2022, review of 21 studies, using 1,566 cases) reported the following:<sup>6</sup>

- The rate of urethral fistula or stenosis detected after phalloplasty was **found to be 49% [or nearly in one in two patients]** and penile prosthesis complications were found to be 28%<sup>7</sup>

In a study conducted by Veerman et al., (2020) and published in the *American Journal of Urology*, the complications of those who underwent phalloplasty or metoidioplasty techniques, and were followed for an average of 23 months, were reported as:<sup>8</sup>

- Urethral stricture was 63% in both techniques
- Urethral fistula was reported to be 27% in phalloplasty and 50% in metoidioplasty
- The **need for reoperation due to fistula or stenosis was reported to be 73%**, yet despite a reoperation, 30% of people were still unable to urinate from the tip of the phallus
- The authors specifically noted that “[g]enital gender affirming surgery with urethral lengthening is a **complex procedure with a high complication rate**”

Robinson et al. (March 2021) examined a large and heterogeneous group of “transgender men” (1,212 patients, 129 genital reconstructions) and identified a total of 281 complications. These results were sourced from a large, heterogeneous group of participants spanning three continents and dozens of surgical centers. Participants reported:<sup>9</sup>

- More than half of the cases (50.5%) required reoperation
- The rate of urethrocutaneous fistula was reported as 40%
- Urethral stenosis was reported as 32%
- Worsening mental health was reported as 19%
- Penile implants may also accompany phalloplasties and its complications include:
  - infection, erosion, migration, and mechanical failure

The meta-analysis concluded that “complication rates, including urethral compromise and worsened mental health, remain high for gender affirming penile reconstruction.”<sup>10</sup> Specifically, phalloplasty often leads to urethral stricture in over half of the cases and often necessitates reoperation (urethroplasty) in 94-96% of those cases.<sup>11</sup> Even with reoperation, the procedure fails in half of the attempts, often requiring further reoperations or “rescue” urethral externalization surgeries.<sup>12</sup> Ultimately, some patients may face living with a perineal urethrostomy for the remainder of their lives, despite all efforts.<sup>13</sup>

## **Evading Scrutiny**

The U.S. Department of Justice, the Texas Attorney General, and the Texas Children’s Hospital (TCH) in Houston have reached a “landmark resolution” over the hospital’s sex-rejecting “transgender care.”<sup>1-3</sup> TCH agreed to a \$10 million award paid to the state and promised to open the nation’s first ‘detransition clinic.’ This settlement begs a critical question: why does Planned Parenthood, as the nation’s self-proclaimed leader in

‘gender-affirming care,’ seemingly continue to evade further interrogation.<sup>4-7</sup> Instead, it openly boasts of its participation in every facet of ‘gender affirming care’ spanning ‘sex ed’ to referrals for gender-related surgeries.

### The TCH Settlement: A Precedent for Fraud

On May 15, 2026, the U.S. Department of Justice (DOJ) announced the resolution, calling it the “first secured under the Department’s ongoing national investigation into violations of federal law in connection with the provision of sex-rejecting procedures on minors.”<sup>8</sup> The DOJ, in coordination with Texas Attorney General Ken Paxton, reached an agreement in which TCH will pay \$10 million to resolve allegations that it submitted false billings to public and private payors to secure insurance coverage for pediatric sex-rejecting procedures.<sup>9</sup> The Department alleged this conduct violated the Federal Food, Drug, and Cosmetic Act, the False Claims Act, and federal fraud and conspiracy laws.<sup>10</sup>

Despite reaching the “landmark settlement” with no admission of guilt, TCH stated it made a “difficult decision to settle” to protect its resources from “endless and costly litigation.”<sup>11</sup> As part of the resolution, TCH committed to establishing a “first-of-its-kind clinic dedicated to restorative care for detransitioners.”<sup>12</sup> Associate Attorney General Stanley Woodward stated the resolution “puts providers of so-called ‘gender affirming care’ on notice that this Department will vigorously enforce federal law where children are put at risk.”<sup>13</sup>

The investigation began in 2023 following the passage of Texas Senate Bill 14, which prohibited the use of puberty blockers and hormone treatments for minors used to reject biological sex.<sup>14</sup> Dr. Eithan Haim, who blew the whistle after TCH continued “gender affirming care” on minors despite claiming it would stop, noted the gravity of the settlement. He said, “The \$10M Medicaid fraud settlement tied to its gender clinic makes it the 2nd largest healthcare fraud settlement involving a children’s hospital in U.S. history.”<sup>16</sup> Dr. Haim questioned how such a “tiny clinic” could generate \$10 million in Medicaid fraud claims, suggesting improper billing was the standard practice.<sup>17</sup> Erin Friday, an attorney and the mother of former trans-identified child, responded that hospitals who do not voluntarily admit to fraudulent billing and do not settle could face “20-fold in damages,” suggesting that other facilities engaging in misdeeds should seek similar deals.<sup>18</sup>

Could such a settlement become alluring to Planned Parenthood since it purports to be a nationwide ‘leader’ in ‘gender-affirming care’?

### Prescribing Life-Altering Hormones to Minors

Live Action’s investigation exposed Planned Parenthood’s readiness to prescribe sex-rejecting, life-altering hormones to minors, including 16-year-olds.<sup>1</sup> During a Live Action hosted livestream, founder and CEO Lila Rose stated that undercover footage the organization gathered showed Planned Parenthood affiliates willingness to prescribe, “life-altering hormones without even a mental health consultation — sometimes even on the same day.”<sup>2</sup>

Dr. Haim also chimed in during the livestream confirming the severity of Live Action’s investigative findings, stating:<sup>3</sup>

*In your investigation, you found a 16-year-old girl got testosterone via telehealth. That’s a Schedule III drug, like ketamine. You can’t just hand that out without evaluation.*

*That’s a pill mill. But this is a federally funded pill mill.*

*If I did that, I’d go to prison. What you uncovered is a crime. This is criminal behavior. Not only should Planned Parenthood be defunded—they should be prosecuted.*

### Detransitioning Neglect

Elle Palmer testified that Planned Parenthood prescribed her male hormones when she was 16, despite a history of severe mental health issues including suicidal thoughts and self-harm.<sup>1</sup> However, when she returned at 19 seeking to detransition, she claimed, “They didn’t know what to do...Planned Parenthood could easily put a teenage girl on testosterone, but no one in the entire state knew how to treat a woman who just wanted her female body back.”<sup>2</sup> (see section “Detransitioner’s Harrowing Testimonies” for additional information)

### Broad Scope of GAC

As previously covered, the ‘gender affirming care’ euphemism is used to describe a broad range of services Planned Parenthood professes to provide or assist with, including social, legal, and medical interventions.<sup>1</sup>

These interventions can generally include:

- **Social:** Providing ‘gender affirming sex ed’, which is actually indoctrination;<sup>2,3</sup> educating on and directly providing resources for products (like bandages, and compression bras) for “chest binding” and “tucking”; and connecting clients with local Planned Parenthood ‘grooming centers’ and clubs.<sup>4</sup>
- **Medical:** Off-label use of sex hormones (e.g., prescribing females testosterone) and puberty blockers (including birth control for minors), along with providing referrals for and actual procedures of body-mutilating surgeries.<sup>5</sup> These hormones and surgeries often cause several negative effects including fertility issues and sterilization according to the U.S. Department of Health and Human Services and the White House.<sup>6,7</sup>
- **Legal:** Referrals to help clients change their name on legal documents.

### Allegations of Fraudulent Billing and Deceptive Practices

In 2025, a workshop was hosted by the Federal Trade Commission (FTC) entitled “The Dangers of ‘Gender-Affirming Care’ for Minors.”<sup>1,2</sup> During the workshop the FTC announced its launch of investigations

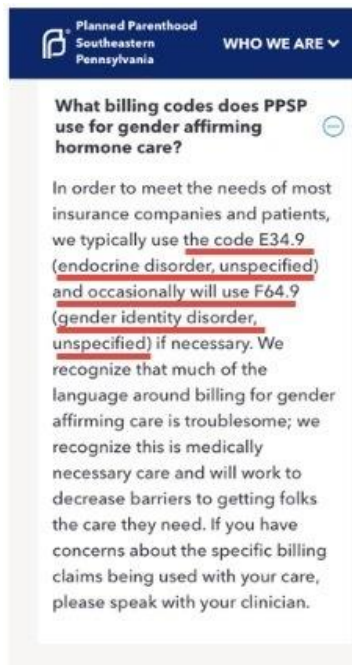
to “examine whether some of the practices in gender-affirming care are deceptive and require greater scrutiny, particularly ‘care’ involving minors.”<sup>3</sup> Citing section 5 of the FTC Act, which prohibits “unfair or deceptive acts or practices in or affecting commerce,” FTC Chairman Andrew Ferguson stated:<sup>4</sup>

*Congress has entrusted me with protecting citizens from deceptive acts and practices and one of the reasons we are here today is to examine whether some of the practices in gender-affirming care are deceptive and require greater scrutiny by the FTC.*

Similar to the TCH settlement over “false billings to public and private payors,” expert speakers during the FTC workshop raised similar questions regarding Planned Parenthood’s use of insurance billing codes for its GAC.<sup>5</sup>

### Allegations of Deceptive ICD Codes

During the FTC workshop, after reviewing multiple medical documents of several detransitioners, psychiatrist Dr. Miriam Grossman alleged that deceptive language and potentially fraudulent use of International Classification of Diseases (ICD) medical codes.<sup>1-3</sup> ICD codes are used to receive financial reimbursement for services, including ‘gender affirming care.’ Grossman pointed to Planned Parenthood Southeast Pennsylvania affiliate which states on its website to use codes like E34.9 (endocrine disorder, unspecified) and “occasionally” F64.9 (gender identity disorder, unspecified) to meet insurance requirements for financial reimbursement.<sup>4-6</sup> Dr. Grossman explained that in the cases she evaluated, medical documents showed young, “physically healthy people” with **only psychiatric diagnoses** being given these codes.



Source: Screenshot of Planned Parenthood Southeastern Pennsylvania, accessed May 20, 2026; edited- red lines added.

## Unverified Treatments

Endocrinologist Dr. Michael Laidlaw further emphasized that the FDA has not approved any drugs to treat gender dysphoria—a “legitimate *psychological diagnosis*” that GAC ‘treatments’ address.<sup>7</sup> Laidlaw and others suggest GAC providers use off-label drugs under the false premise of aligning biological bodies with subjective feelings—a scientifically impossible feat. Dr. Grossman accused Planned Parenthood and similar providers of “fraud and deceptive practice.”<sup>8</sup>

## Critical Unanswered Questions

Despite receiving tax-payer funds (via ‘sex ed’ programs and Medicaid dollars), Planned Parenthood provides no specific breakdowns of its GAC services, leading to critical unanswered questions:<sup>9-11</sup>

- Are these ICD codes considered ‘false billings’ for “public and private payors to secure insurance coverage,” as suggested in the TCH settlement?
- What are the demographic breakdowns (especially age) of GAC patients, and how much, if any, is reimbursed with federal tax-payer funds (Title X, Medicaid, CHIP)?

While the DOJ and FTC investigate multiple organizations, hospitals, and clinics, including WPATH, the Endocrine Society and others, *one of the nation's largest self-proclaimed leaders in sex-rejecting ‘gender affirming care’ providers, Planned Parenthood and its affiliates, seemingly continues to evade investigation.*

## Congressional Scrutiny

Planned Parenthood of Greater New York (PPGNY) is currently facing scrutiny from the Subcommittee on Delivering on Government Efficiency for alleged non-compliance with investigative requests. The Subcommittee sent a letter expressing concern that PPGNY “may be commingling federal funds and using them for unpermitted purposes,” given that Planned Parenthood receives nearly \$800 million in federal funds annually.<sup>1,2</sup> PPGNY’s own reports show a steady increase in its Gender-Affirming Hormone Therapy (GAHT) visits, amounting to **more than a 75% increase** in merely four years.

PPGNY annual reports its GAHT steadily increasing from its 2022 reporting to 2025:

- 2022: 3,843 visits<sup>3</sup>
- 2023: 4,473 visits<sup>4</sup>
- 2024: 5,769 visits<sup>5</sup>
- 2025: 6,755 visits<sup>6</sup>

## Affiliate Explosive Growth

Other examples of *just a few affiliates* that have reported substantial increases in their GAC services while evading further investigation include:<sup>7</sup>

- Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky (PPGNHAIK): **increased over 80%** from 2024 to 2025.<sup>8,9</sup>
- Planned Parenthood Great Plains (PPGP): **over 125% increase** in sex-rejecting appointments from 2021-22 to 2024-25.<sup>10,11</sup>
- Planned Parenthood Greater Texas: **86% increase** in gender-related appointments from 2023 to 2024.<sup>12</sup>
- Planned Parenthood Greater Washington and North Idaho (PPGWNI): **over 50% increase** in its GAC visits from 2024 to 2025.<sup>13,14</sup>

## A Call for Comprehensive Investigations

Planned Parenthood, which remains an abortion industry giant and is the self-proclaimed leader in sex-rejecting 'gender affirming care,' deserves to be heavily scrutinized by every government oversight agency possible.<sup>1,2</sup> Planned Parenthood and its affiliates specifically target minors through perverse indoctrination cloaked as 'sex ed,' robust 'grooming centers' and clubs, and broadly applied 'gender affirming care' services, all while receiving fungible tax payer dollars.<sup>3-7</sup>

## Detransitioners' Harrowing Testimonies

As illustrated in this report, a person's biological sex, intertwined with each individual's humanity, is an inherent and fixed reality from the moment of fertilization and is either (and only) that which they were created to be, a human male or human female. No amount of off-label prescriptions, reality-denying pseudoscience, or medically unnecessary, body-mutilating surgeries that Planned Parenthood or its allies promote could ever change this fundamental truth.

As a self-proclaimed leader in "gender-affirming care," Planned Parenthood guides every dehumanizing and sex-rejecting step along the taxpayer subsidized pathway of destruction from initial grooming, sex ed programs, and direct involvement in social and medical 'transitions.' Planned Parenthood even offers dedicated "care coordinators" to assist in the delusions it perpetrates.

Consequently, a growing number of lawsuits and personal testimonies reveal the destructive and deadly consequences of this ideology.

Independent journalist Benjamin Ryan reported there are at least 27 known lawsuits involving "detransitioners."<sup>1</sup> Ryan further reports that these lawsuits are in addition to two lawsuits filed on behalf of deceased family members who died after receiving "gender-transition treatment," one of whom tragically died by suicide. Experts expect such deaths to increase.<sup>2</sup>

**Yet, when these individuals attempt to heal from the destruction caused by the "gender-affirming" ideology and "care"—erroneously sold as "healthcare"—Planned Parenthood is conveniently silent, and has nothing to offer.**

Cristina Hineman

Cristina Hineman had barely turned 18 years old, when a Planned Parenthood nurse practitioner provided her with a prescription for testosterone, according to court documents.<sup>1,2</sup> Hineman's lawsuit divulged that she had suffered from extreme depression and suicidal ideation, and was diagnosed with Asperger's syndrome (a developmental condition previously associated with the autism spectrum affecting one's social and ruminating/routine behaviors), none of which was allegedly considered or even inquired about by Planned Parenthood.<sup>3,4</sup> Instead, in less than a 30 minute appointment, Planned Parenthood diagnosed Hineman with "gender identity disorder" prescribing her "a 3-month supply of gel testosterone at this 'initial visit.'"

The lawsuit further alleges that neither the form nor Planned Parenthood's staff explained the "numerous known risks and side effects of testosterone on girls or women, including, but not limited to: vaginal atrophy, vocal pain or damage, possible changes to sexual orientation, emotional lability, anger or emotional expressions, changes to bone density and structure (e.g., over-broadening of the shoulders, altering pelvic development, etc.), facial masculinization, and development of permanent masculine features, such as an Adam's apple."<sup>5</sup>

Live Action News reported that the lawsuit additionally claims that "Hineman didn't truly receive care at Planned Parenthood." It states:<sup>6</sup>

*Diagnosing a patient with gender identity disorder and providing a prescription for cross-sex hormones to treat gender identity disorder or gender dysphoria after a single, thirty-minute meeting where no mental health evaluation or assessment was performed and where no attempt was made to resolve myriad mental health comorbidities are appalling breaches of the standard of care.*

Planned Parenthood continued to prescribe testosterone to Hineman, even allegedly increasing its dosage twice, which Hineman attributed to impacting her decision to eventually "[go] under the knife" for a mastectomy. Live Action News reported, "Very soon after her mastectomy, Hineman longed to live as a woman and regretted her attempt to transition. About six weeks after her mastectomy, she suffered a mental breakdown.<sup>7</sup> Emotional and full of regret, she attempted to find even small ways to reclaim her femininity." However, after returning to the same Planned Parenthood to enquire about possible side effects after ceasing the use of testosterone, the staffers could offer Hineman no information on any process of 'detransitioning.'<sup>8</sup>

Hineman stated that she realized the Planned Parenthood staffer, "had no idea..." She added, "That was kind of the moment I just realized, like, wow, like, this woman doesn't even know what she's talking about. I don't understand how my consent could have been informed if the person prescribing it to me doesn't even

know what happens if I stop. Let alone me knowing.”<sup>9</sup>

#### Helena Kerschner

In 2023, Helena Kerschner testified to Kentucky lawmakers of her experience with Planned Parenthood sex-denying ‘care,’ stating:<sup>1-3</sup>

*I made an appointment at a Planned Parenthood a few weeks after my 18th birthday. The appointment took about one hour and none of the clinicians I saw were interested in what was behind my desperation to change my body.*

*They told me that because I seemed “so sure,” they would forgo doing blood tests and prescribe the hormones that day. I told the clinicians that I wanted a high dose, because I wanted to see more changes in my body. They agreed, and prescribed me 100mg of testosterone per week.*

According to the *New York Post*, in an appointment that lasted less than an hour, the amount of off-label testosterone Planned Parenthood prescribed Kerschner was “**four times** the typical starting dose.”<sup>4, 5</sup> In her testimony, Kerschner further detailed her struggle as a teen with depression, an eating disorder, and acts of self-harm.<sup>6</sup> Kerschner alleged that the testosterone sent her into a mental health crisis stating:<sup>7</sup>

*Very soon, I began to experience drastic changes to my emotions. I physically lost the ability to cry; when the desire arose my body refused to produce tears. I began experiencing uncontrollable episodes of rage and paranoia, where I was a danger to myself and others. I lost control over my body in many ways.*

*This had an extremely negative effect on my mental health, and unfortunately I blamed it on myself and believed I had developed a new mental illness. After about eight to 10 months on the testosterone, these episodes of what can only be described as delusion escalated and I was hospitalized.*

*I was hospitalized twice due to the effects testosterone had on my mind and body... This time was so dark that it caused me to question the original promises of a joyful trans life, and in February of 2018 I stopped taking testosterone and began the journey of detransitioning.*

Kerschner continued her testimony, stating:<sup>8</sup>

*Not only was my life in serious danger due to the reckless and nonsensical prescription of testosterone, but the mental process of undoing that harmful belief system, putting the pieces of my life back together after the events I have described here in modest detail, and facing the emotional issues that made me vulnerable to this in the first place, has been a long and painful process that I have yet to fully complete.*

Kerschner closed by asking legislators to “act to protect children and teens from this dangerous movement.”<sup>9</sup>

Cat Cattinson

In an interview with the group Independent Women, Cat Cattinson said that when she began questioning “gender ideology, she began losing her natural singing voice, which she stated was “very important” to her as a “semi-professional singer.”<sup>1,2</sup> Cattinson explained that she was prescribed testosterone by a Planned Parenthood doctor after a short 30 minute phone call.<sup>3</sup>

Cattinson testified:<sup>4,5</sup>

*When I was talking to the doctor at Planned Parenthood, it was so easy for me to be like... “Yeab, I’ve struggled with an eating disorder, but that’s really gender dysphoria. I struggled with depression and anxiety, but of course it’s just because I was really trans this whole time. It was really my gender dysphoria that is the root issue and same thing with alcoholism and everything else.*

*So essentially, what that does is it causes this superficial treatment process that is really just addressing the physical body and its body modification basically. You’re trying to use body modification to treat a mental illness.*

Cattinson further described how, without ever meeting her in person, a different Planned Parenthood doctor had allegedly written her a recommendation letter required for her scheduled medically unnecessary mastectomy, which she explained she only cancelled because of the concerning side effects she was experiencing from taking testosterone.<sup>6</sup>

After ceasing the use of testosterone, Cattinson stated that for the first month she had “never felt worse in my life” and reported “sink[ing] into a deep depression” becoming essentially “bedridden like I couldn’t even get up or do anything for myself...[it] was like a really really dark period having lost my voice and then just having...hours and hours in my bed...it was probably the worst depression I’ve ever been in...”<sup>7</sup>

Cattinson described the **freedom** she enjoyed **only after** she “stopped believing in gender identity [ideology]” stating:<sup>8</sup>

*It was actually **extremely freeing** and I was able to accept myself as a female, as a woman, without attaching any kind of toxic negative gender stereotype to that because **the truth** with what’s called transition, I actually call it **body modification and mutilation...because it’s impossible for humans to change sex, so by affirming gender dysphoria and telling someone they actually can be the opposite sex, it’s only going to encourage and enable that person to mutilate their body and sterilize themselves.***

Cattinson closed her interview by stating:<sup>9</sup>

*I think in the future looking back it's going to be a huge scandal and we're going to have a lot of **regretful young people who can't have children** or their voices irreparably changed or **they've cut off body parts that they'll never get back.***

Elle Palmer

In 2025, during a Connecticut state legislative committee hearing, Elle Palmer testified to the 'care' she received from Planned Parenthood when she was just 16 years old despite vocalizing the mental health struggles she faced at the time.<sup>1,2</sup> She stated:<sup>3</sup>

*Ten years ago when I was 15, I came out to my parents as a transgender boy.*

*One year later, I was prescribed testosterone at Planned Parenthood. I was 16. I told the doctor about my traumatic female puberty with debilitating painful periods, severe suicidal thoughts, and self-harm, and anxiety so bad that I dropped out of school. I told him that I went to a children's mental hospital three times before I was 14.*

*You might be surprised to hear that the doctors, nurses, and therapists not only knew these things, but they believed the root cause was due to my internal sense of gender identity. Transition was supposed to be the cure. Not even a history of sexual abuse will stop these medical professionals from putting a young girl on testosterone.*

Palmer contrasted Planned Parenthood's eager willingness to provide her, as a minor, with its 'gender-affirming care' with the extraordinary **lack of care** she received after she wished to 'detransition' stating (emphasis added):<sup>4</sup>

*When I was 19, I went back to Planned Parenthood. I told them I was female to male but I wanted to go back to female. **They didn't know what to do.** As weeks turned to months eventually every single doctor had called me back saying, "I don't know. Maybe another doctor can help you." **Planned Parenthood could easily put a teenage girl on testosterone, but no one in the entire state knew how to treat a woman who just wanted her female body back.***

After beginning the long journey towards 'detransitioning,' Palmer expressed the struggles she faced:<sup>5</sup>

*For the first year of my transition, I looked like a man wearing a bra. Can you imagine being a 20-year-old woman that people mistake for a man?...The amount of times I was called sir **left me thinking I would never be seen as a female again.** Almost six years later, I still have a deep voice ... **This effect is permanent.***

Live Action News captured Palmer's clear message to lawmakers that gender dysphoria "is not life or death."<sup>6</sup> A teenage girl does not need testosterone to survive," and she urged lawmakers to help protect "other

detransitioners like me, **who didn't understand the life sentence that they signed up for** (emphasis added)...”<sup>7</sup>

#### Planned Parenthood's Noticeable Silence

Planned Parenthood's noticeable silence regarding the “detrans” conversation, and its seeming unwillingness or inability to help, is telling. It seems as though it is about more than just the loss of revenue from individuals who abandon the ‘trans’ ideology and the practices that Planned Parenthood previously helped many of these individuals to embrace.

If Planned Parenthood were to acknowledge and assist ‘detransitioners’—those seeking to return to physical wholeness in alignment with their biological human reality—it would be forced to confront and contend with the fundamental lies and deception inherent in its core ideology and subsequent actions, ranging from abortion to ‘sex ed’ and of course its notorious ‘gender-affirming care.’

In essence, by recognizing the ‘detransitioner’ and their unique needs, Planned Parenthood would be forced to concede that **objective truth and reality *do exist and are contrary to everything the major abortion and trans industry giant stands for and was built upon.***

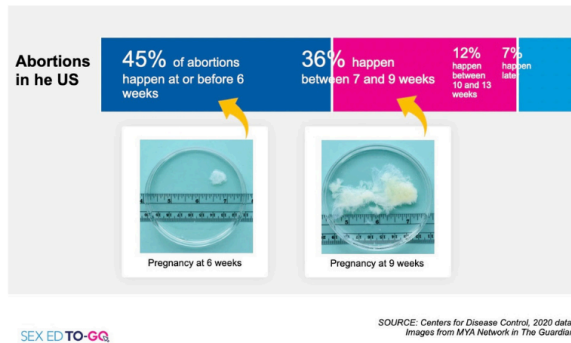
How? The answer is really quite simple. The existence of detransitioners (those who seek to return back to physical wholeness aligned with reality, or reverse damage caused by ‘gender affirming care’) falsifies the ‘transgender’ ideology that Planned Parenthood promotes—that a person’s sex is inherently intertwined in that person’s very humanity, and can not ever be removed or changed to match how someone subjectively ‘feels.’ If this ideology is false, then the entire structure built upon its distorted ideological foundation is fundamentally called into question.

Every human body is uniquely created, serving as evidence of our shared humanity. Science, when conducted earnestly and honestly, merely affirms this fact. Consequently, each person's unique body is a self-evident reflection of this reality, pointing to something more substantial and powerful and out of the control of subjectivity. To deny any person the opportunity to realize the fullness of that reality by encouraging and actively participating in the destruction of their physical body at any stage of development is a rejection of their humanity. By definition, this is the antithesis of healthcare.<sup>1</sup>

Planned Parenthood's intentions appear far more ominous through its deliberately dehumanizing theories and practices. The same dehumanizing theories and rhetoric used by Planned Parenthood – to liken the pre-born human child to dryer lint and the use of debunked photographs to make the mass genocide of the most innocent of humans more palatable to society — is also used to pervert the minds and bodies of born children and adults through ‘gender affirming care.’

## Planned Parenthood's False Depictions of Pre-born Human Beings

### When Abortions Happen



Planned Parenthood's false depictions of preborn human beings as "dryer lint"  
Source: Planned Parenthood' SETG and Canva photo of dryer lint.

### The Pre-born Human in Reality



Christina's 7-week-old baby died after she took the abortion pill. Photo courtesy of Christina and used with permission.

#### 7½-Week Embryo



A baby at only 7 weeks, 4 days – when many abortions take place. (See [www.ehd.org](http://www.ehd.org) for more scientifically accurate photos and videos.)

Preborn humans in reality

Source: photo 1, courtesy of Christina (used with permission); photo 2, EHD.

This leading anti-life organization seems eager to position itself as an arbiter in the 'creation' of a new being, contrary to the very humanness inherently intertwined in every person, who becomes dependent on its services to sustain this fabricated, subjective reality. Planned Parenthood rejects, mocks, and dismisses anything that contradicts its narrative, including detransitioners and the recognition of the same humanity evident in the

pre-born child it kills.

Detransitioners, unlike the small and defenseless preborn child whose broken bodies are easily flushed down a toilet after a chemical abortion or sucked up limb by limb through a powerful vacuum, are left to figure out how to pick up their own broken pieces by themselves.

## **Conclusion**

By weaponizing pseudo-scientific fallacies rooted in the legacies of depraved ideologies and actions through abortion, sex-ed, and ‘gender-affirming care,’ Planned Parenthood perpetuates systemic dehumanization beginning with the pre-born, transforming the sanctuary of the womb into a site of death. But Planned Parenthood’s calculated assault against humanity extends further. For those who survive to birth, Planned Parenthood aims to poison their minds through its deceptive ‘sex-ed’ and permanently damage their bodies and fertility through life-altering, body-mutilating procedures marketed as ‘gender care.’ Tragically, this entire destructive trajectory is sustained through the use of American taxpayer funds.

**Every tax-payer dollar sent to Planned Parenthood forces the American public to subsidize the nation’s cultural, moral, and physical decay.**

The self-defeating practice imposed upon U.S. taxpayers must end. The U.S. needs liberation from the oppressive cycle of falsehoods and immortality orchestrated by Planned Parenthood that erroneously labels its path of destruction as “health care.” The reality is that if federal subsidies persist, Planned Parenthood’s defiant rejection of objective reality—manifested in its ongoing assault against human life and identity—will only grow.

**Planned Parenthood must be permanently and irrevocably *defunded*.**

The funds once used to prop up Planned Parenthood should be redirected towards truly life-affirming health care and much needed objective reality-embracing research geared toward helping the growing number of victims of Planned Parenthood’s sex-rejecting and life-denying propaganda and practices.

## **Call to Action**

- Permanently defund Planned Parenthood’s access to Medicaid dollars.
- End all funding for all tax-payer subsidised sex education programs with direct ties to Planned Parenthood and any organizations with historical and current ties to Planned Parenthood, i.e. Advocates for Youth, SIECUS and the Kinsey Institute.
  - This end of all funding must include grants for Teen Pregnancy Prevention Program (TPPP), and Personal Responsibility Education Program (PREP).

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For more information and resources, contact: Live Action at [info@liveaction.org](mailto:info@liveaction.org)

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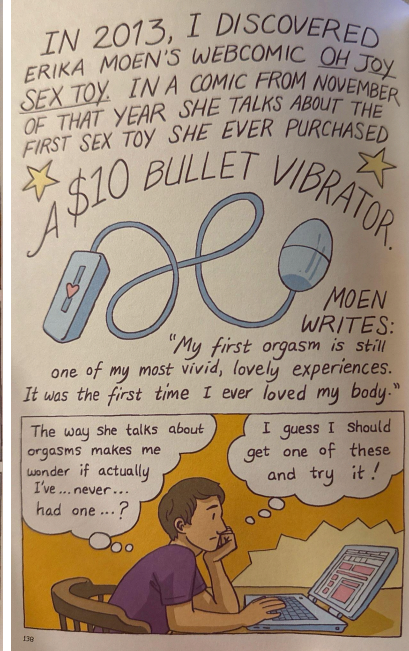
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# Warning: Sexuality Explicit Photos

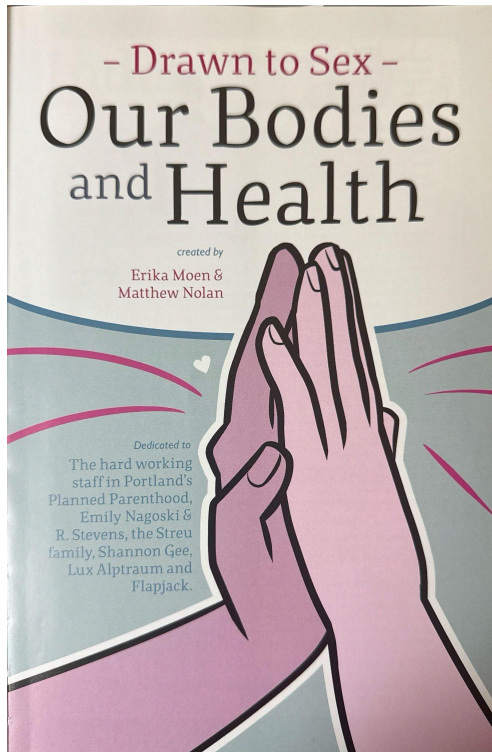
## Appendix 1

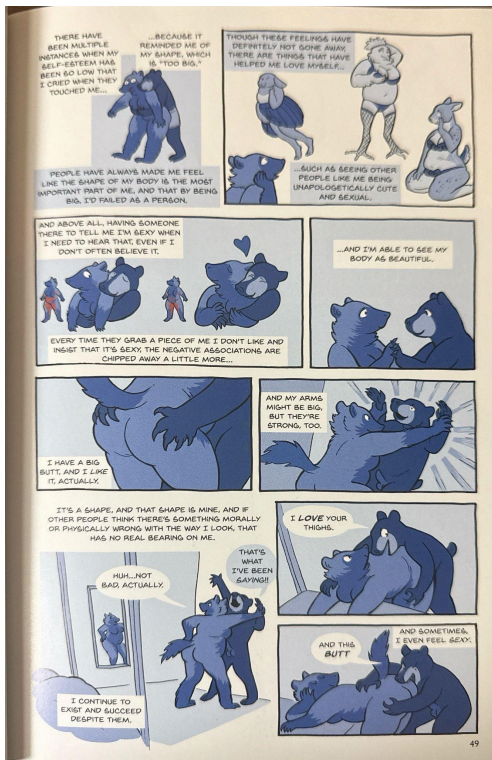
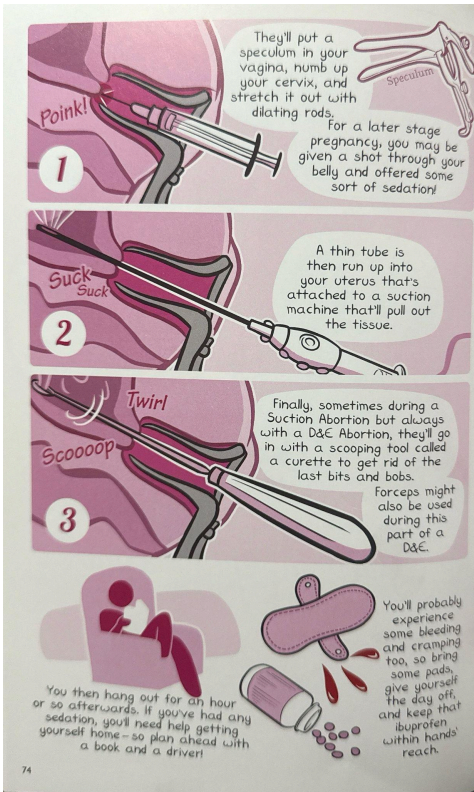


Source: *Gender Queer: A Memoir* by Maia Kobabe, 167, 166, 130, 139, 135, 61.

# Warning: Sexuality Explicit Photos

## Appendix 2

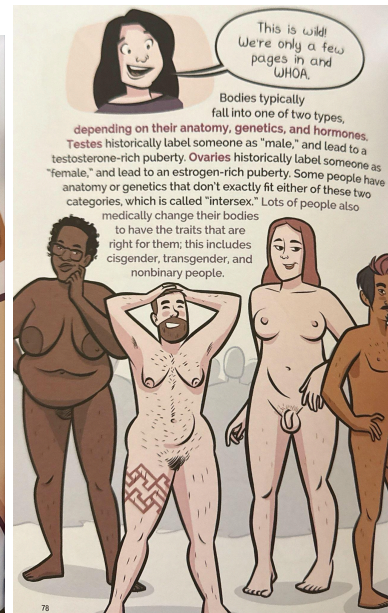
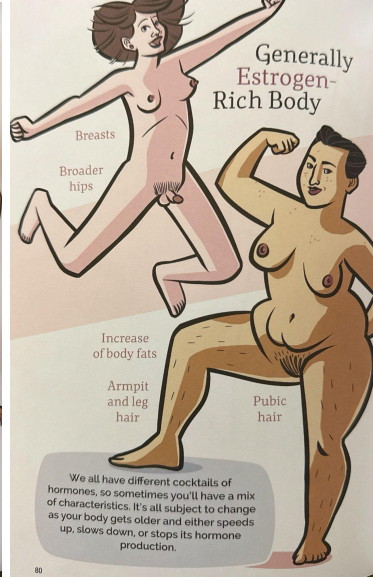


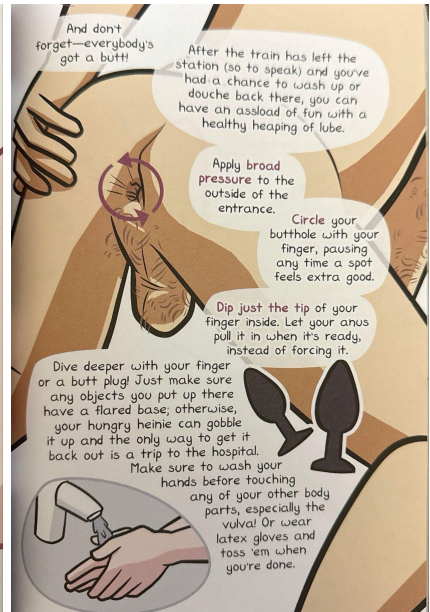
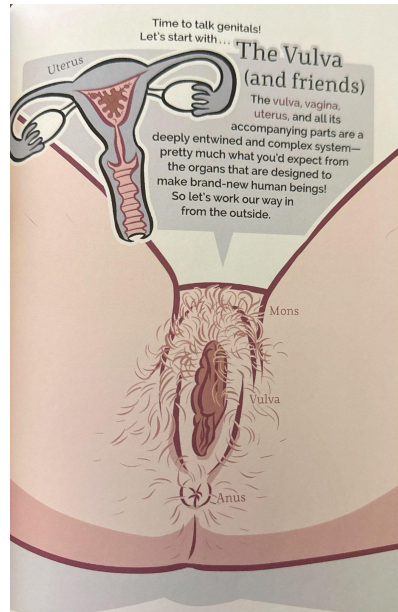
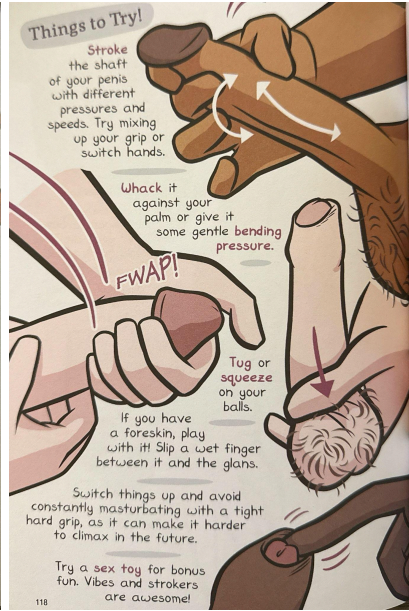


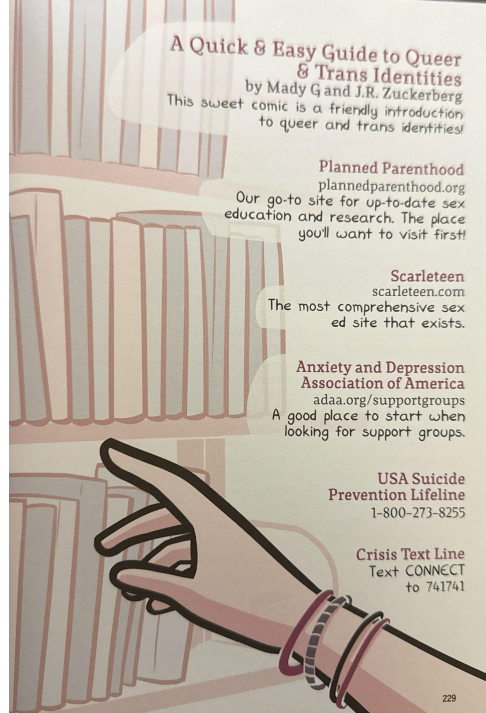
Source: *Drawn to Sex Our Bodies and Health* by Erika Moen & Matthew Nolan, front cover, 15, 9, 37, 32, 74 (completely omits preborn child), 49, 40.

# Warning: Sexuality Explicit Photos

## Appendix 3







Source: *Let's Talk About It: The Teens's Guide to Sex, Relationships, and Being a Human*, by Erika Moen & Matthew Nolan, 64, 80, 82, 78, 66, 118, 83, 119, 165, 229.

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### **Beyond the Classroom: Planned Parenthood's "Grooming" Centers, Clubs & SBHC's**

#### "Grooming" Centers

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5. Ibid.
6. Ibid.
7. Ibid.

Planned Parenthood's Noticeable Silence

1. "Health Care," *Merriam-Webster.com Dictionary*, accessed May 5, 2026, <https://www.merriam-webster.com/dictionary/health%20care>.



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