

Traversing the Landscape of Transgender Politics, Part II

[Part I](#)

by [Sarah Dillingham](#) (December 2019)



The Truth was Revealed, Egon Schiele, 1913

The [first installment](#) of this two-part series examined the postmodern origins of our incipient political landscape, in which a small handful of transgender activists have imposed vast, unprecedented impacts on both rule of law and popular culture with dizzying speed. A mere decade ago, we enjoyed broad cultural consensus in our understanding of dimorphic biological sexes and the language describing them, shared by the vast majority of transgender people who relied on this framework of recognized biological norms to identify their dysphoria and transition from one dimorphic gender identity to the other. No more. The gatekeepers of our collective ethos have conceded in unison that biological sex is a social construct determined by voluntary gender identification, and objective reality is an afterthought to be subjugated by emotional comfort and social justice. This follow-up essay will explore the far-reaching implications and unintended consequences of these concessions.

What happens when lawmakers and media outlets enthusiastically submit to trans activists who deploy postmodern queer theory to assert that gender is simultaneously a social construct and an innate determinant of biological reality, in an imaginary context in which gender is simultaneously fixed and infinitely mutable, so that a child's stated gender identity must be affirmed with irreversible medical interventions even as we must acknowledge that his self-perceived gender may transmute by the day, hour, or moment within a spectrum of infinite possibilities?

What happens when a descriptor such as “women,” for instance, no longer specifically describes biological females, but rather all people who choose to declare themselves as such? Shifts in language cannot similarly shift the objective biological reality of sexual dimorphism; but these shifts *can* change the application of social rules constructed to navigate the constraints of biological reality—especially if the architects and enforcers of those rules are prone to moral cowardice in the face of political activism. Nowhere is this more apparent than in application of [Title IX](#) in women’s sports. Amid very little pushback from the professional arbiters of each sport, biological males have begun to dominate women’s competitions with stunning alacrity.

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As mentioned in Part I, June Eastwood, a biological male, was welcomed onto the University of Montana women’s cross country running team with great fanfare and high praise from the mainstream press and professional associations, after only a year hiatus from competing on the men’s team as an athlete born and identifying as male. Eastwood was named “Big Sky Female Athlete of the Week” in the wake of other biological males suddenly dominating sports competitions legally designated for biological females: transgender cyclist Rachel McKinnon instantly [dominated](#) the 35-39 category in 2018, setting a world record to qualify, and three biologically female high school athletes filed a [federal discrimination complaint](#) in Connecticut earlier this year after two

biologically male competitors suddenly captured winning titles in state competitions. Connecticut is one of 17 states which allow transgender athletes to compete on girls' teams without restrictions, in accordance with the Obama administration's [2016 guidelines](#).

The fallacy of this policy and legitimacy of the girls' formal complaint is illustrated by the stark biological reality governing the outcome of a women's mixed martial arts competition in 2014: Fallon Fox, a biological male allowed to compete in the women's MMA division, [broke the skull](#) of opponent Tamikka Brents, who reported she had "never felt so overpowered ever in [her] life." Allowing biological males to participate in sports competitions designated for women is fundamentally unfair—and in the case of direct contact sports, physically unsafe—because it is the objectively indisputable biological distinctions between males and females which inspired both the discriminatory laws and practices implemented before Title IX, and the enactment of the law to remedy them. Girls and women—by which I mean biological females—required a legal remedy in 1972 in order to gain equal access to educational opportunities afforded to boys and men, *including* opportunities to compete in sports which confer [myriad demonstrable benefits](#).

Biological sex is determined by chromosomes, hormones and endocrine function, internal reproductive organs, external genitalia, and secondary sex characteristics. While medical conditions exist which cause deviations in one or more of these sex characteristics, it is the dimorphic organization of sex traits among mammals, including humans, which fundamentally dictates the biology of sex and allows the species to reproduce. These distinct sets of characteristics, which cannot be entirely recreated or conferred through

transition therapies, are not only objectively real and measurable; they are [*fundamentally meaningful*](#) in sporting competitions. Biological males, on average, have a greater overall percentage of lean muscle, greater cardiovascular capacity, and longer and denser bones than biological females. Hormone therapy and reassignment surgery do not entirely mitigate these distinctions.

Trans activists argue that the number of transgender athletes competing in the women's field is relatively insignificant, and that the civil rights of transgender athletes supersede any infringement on the rights of biological females to compete in a fair playing field. However, as is evidenced by the instantaneous dominance of biologically male athletes allowed access to women's teams who were far less successful competing among opponents of their own biological sex, all it takes is one or two average male competitors to permanently skew the field of top-rated female competitors. It's not the entire pool of athletes which affords the viability of the category, but rather the disparity among the top few competitors. After a few seasons of defining women's sports as a category in which all males and females who identify as women may compete, biological females will have no opportunity to succeed. This negates the fundamental purpose of competitive sports.

So why have rule makers acquiesced so readily to new guidelines? There seems to be an unspoken assumption that the new pediatric [*standard of care*](#) discussed in [Part I](#) of this series will eventually eliminate the glaringly obvious handicaps these new policies currently impose on biologically female competitors. If the new AAP recommendations are universally implemented, all young children diagnosed with gender dysphoria will be begin taking puberty-blocking drugs

by age 9-12, followed by cross-sex hormone therapy and “gender affirmation” surgery. If this agenda takes hold, eventually there will be no male transgender athletes who’ve gone through natural puberty competing with biological females. Setting aside for a moment the potentially dystopian implications of this imagined future, there’s no data available on the long-term effects of this protocol or the distinctions between transgender athletes who miss puberty and biological females at the aggregate level. Will transgender athletes who follow this protocol nonetheless retain advantages? How many decades will post-pubescent biological males continue to participate in women’s sports? How much longer will biological females have any reasonable incentive to compete in sports at all?

Whether we consider gender dysphoria to be a mental disorder, an intersex condition, or simply a state of being within the norms of a sexually non-binary species, all reasonable people should recognize that distinct categories for sporting competitions are functionally necessary, and the only viable way to define those categories is by classes of physiological characteristics reflecting ability; i.e., by biological sex. Trans athletes may still be allowed to identify as they choose, while participating in categories named “biological females” and “biological males,” which could include women and trans men, and men and trans women, respectively. These categories could easily be structured to retain the established language of transgender identity which activists insist upon; but they would require new sets of rules governing eligibility based on use of hormones. This might necessitate either exclusion or creation of a separate category for athletes who take synthetic hormones for any reason. Such a system would introduce new levels of complexity, especially given the paucity of data on how synthetic hormones affect long-term health and comparative physiological advantages. But complexity is warranted, since

only a policy tethered to objective reality can ensure the viable future of intramural and professional sports.

Of course, this untethering of public policy from objective biological reality extends beyond the realm of sports. Feminists have made [compelling arguments](#) that redefining “women” to mean voluntary gender identity puts biological females at physical and medical risk. The most [comprehensive study](#) available on long-term outcomes of transition found that while the male-to-female post-transition population maintained the same rate of violent crimes as the overall biological male population, the female-to-male post-transition group reached the male level of violent criminal behavior. This finding has grave implications for housing biological males who identify as women with biological females in women’s shelters and segregated correctional facilities, which are segregated specifically to protect biological females from documented, tangible [risk of male violence](#) at the hands of transgender women or [violent criminals who impersonate them](#).

Expanding the definition of any legally protected group, whether women or LGBTQ+, to be self-identified, self-defined, and infinitely open-ended creates openings for individuals outside the established minority group to exploit legal protections with nefarious intent. An [illustrative case is Jessica Yaniv](#), a biological male with a dubious legal history who leveraged transgender status to maliciously entrap biologically female beauticians into violating Canadian human rights law. Yaniv targeted local aestheticians who performed “bikini” waxing services in their homes, a service universally understood to mean waxing of the female outer pubic area. Yaniv requested appointments while maintaining active social media profiles with the name “Jonathan (Jessica) Yaniv” and images displaying male secondary sex traits. When the vendors

refused services based on biological sex, Yaniv was initially successful in [filing 16 human rights violations](#) and was granted a publication ban, which blocked the media from publishing any former name or investigating past history. Yaniv, if successful, would receive up to \$35,000 in damages from these defendants.

The trial commenced in July and was meticulously documented by citizen Twitter journalist @goinglikeelsie, whereupon [salacious and damning details began to emerge](#). Evidence surfaced demonstrating that Yaniv had likely approached underage girls inappropriately both online and in person, and revealed exchanges reflecting possible characteristics of sexual predation and [autogynephilia](#). Independent professional witnesses testified that waxing male genitalia involves handling of both the penis and scrotum, and requires special training to avoid injury of delicate tissues. More importantly, direct handling of the penis and scrotum usually results in sexual arousal, and it's a common expectation among clients receiving a "manzillian" waxing service that the aesthetician bring them to climax if they become aroused. Performing a "manzillian" in a private home with children present, with no other adults or personal protection, on a client with potential criminal sexual compulsions and potentially ambiguous expectations for sexual services, is not a reasonable legal or social requirement for any biological female. And yet, the criminal charges were pending for months and destroyed the professional and personal lives of numerous defendants before these details came to light.

Biological females also bear the brunt of negative outcomes from shifting medical guidelines permeated with postmodern distortion of sex-specific language. A [baby was stillborn](#) in May of this year after critical miscommunication between the

mother, a trans man, and medical staff. (While transformations of language may make it possible for “a man to have a baby,” a biological male certainly cannot.) Lactation consultants, midwives, and obstetricians are increasingly discouraged from using language describing the human breast when treating their lactating patients, and are left with the [vague and inadequate terminology](#) of “chest-feeding.” This euphemism may obfuscate the troubling lack of research on the health effects of synthetic hormone therapy for breastfeeding biological females and their babies in both the short and long term. Worldwide breastfeeding rates plummeted during the 20th century and have only begun to bounce back in recent decades; loss of the inherited collective wisdom of breastfeeding has led to high failure rates and [negative outcomes](#) for mothers and babies, particularly in developing countries where babies are at significantly higher risk of malnutrition and death if their mothers can’t learn to breastfeed successfully. These mothers can’t afford to indulge in postmodern wordplay which obfuscates their fundamental biology and experiences. Similarly, girls and women at risk of being forced into child marriages and other abuses specific to their biological sex must retain the conceptual tools which define their predicament if they hope to escape it.

But perhaps the most ominous aspect of the gender identity thought experiment is the means by which children are being indoctrinated. On its face, the concept of “[Drag Queen Story Hour](#)” in public libraries across the country has been promoted as a wholesome opportunity to teach young children about diversity and inclusion, encouraging them to accept themselves and others. The practice of inviting men dressed in full drag to read stories of love and acceptance to preschoolers has become ubiquitous, and tragically, has allowed child sex offenders to [gain access](#) to children and [commit sex offenses](#) in full view of library staff and parents alike. That sex

offenders seek respite and opportunity at these events should not surprise us, when we consider that drag shows, while an [endearing icon of gay culture](#) for many, ultimately embody an adult form of entertainment. Drag shows are essentially a burlesque art form which involves adult sexual signaling, subtle though it might be by contemporary standards. Sadly the parents and organizers of these events are too drenched in the good feelings of woke inclusion to consider the [recklessness](#) of convening preschoolers for a drag performance.

The natural consequence of normalizing drag shows for preschoolers should not surprise us either: the [“drag kid” phenomenon](#) was bound to emerge eventually in this climate. While it’s standard and healthy for children of all ages play dress-up, cross-dress, and vamp theatrically within protected childhood environments, the public promotion of child drag queens and the collective adult encouragement of children to perform drag shows on broad public display puts [these kids at risk](#) from pedophiles. Children necessarily can’t distinguish between innocent, playful theatrics versus the overt sexual signaling they’re being urged to mimic. The obfuscation of biological sexual dimorphism and basic definitions of gender roles exacerbates this confusion—confusion [predators are eager to exploit](#).

The spectacle of “drag kid” promotion in the media and the pedophiles it attracts begs the question: why would institutions expose children to this risk? Are we sliding down a slippery slope, to ultimately land at normalization and acceptance of child sex offenders? Some would argue that there’s [evidence to support this hypothesis](#). But whether intended or not, there’s a more glaring consequence of intense and orchestrated exposure to myriad cross-gender role playing examples at these early ages, beyond the laudable goal of

encouraging LGBTQ+ acceptance at ages before biases have taken hold. These exposures facilitate the tracking of small children into the new “gender affirmation” protocols outlined by the AAP. The more cultural exposure we implement, the more young kids will identify with this group and either self-select or find themselves aggressively tracked into social and medical “gender affirmation therapy.” Whether these cultural exposures are premeditated, orchestrated initiatives [implemented by wealthy ideologues](#) within the medical and pharmaceutical industries, or they are spontaneous and involuntary eruptions of popular culture, broad implementation of “gender affirmation therapy” to a rapidly increasing swath of the population carries grave implications. Chemical and surgical transition therapies are associated with multiple [lifetime health risks](#) including sterilization, impaired sexual function, elevated risks of cancer, stroke, endocrine disruption, and [remorse](#), with dwindling opportunity to safely detransition.

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When children experiencing gender dysphoria are given the opportunity to explore their identity in the context of traditional therapy and social acceptance, [80-95% go on to feel comfortable and happy](#) identifying with their natal biological sex. While the shift from traditional “watch and wait” therapy to the gender affirmation protocol is too recent to acquire reliable data, we know that the Dutch team who [developed the gender affirmation protocol](#) observed no desistance in their patients. These radically different outcomes imply that children have limited opportunity to

accept their biological sex if they are never exposed to standard concepts of biological norms or allowed to experience puberty. Popular culture [celebrates](#) gender dysphoria as [normative](#), and promotes the idea that chemical and surgical transition therapy are advanced enough to deliver the appearance and function of innate sex characteristics, while denying debilitating, irreversible lifelong side effects of medical transition. This is a delusional transhumanist fantasy which deprives patients seeking treatment for gender dysphoria of the informed consent they deserve. Lawmakers and medical providers are clearly swept up in this delusion, so it's up to rational citizens and healthcare consumers to reclaim a popular culture firmly grounded in objective reality. If we hope to preserve our health and collective sanity, we have little time to waste.

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