

EP_317 LOST IN TRANS-NATION

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Del Bigtree: [00:01:01] Good morning. Good afternoon. Good evening. Wherever you are out there in the world, it's time to step out onto a very precarious HighWire. As you saw, we have a disclaimer today. I know so many of you use The HighWire as your home schooling class, lots of great information here. This is one of those shows that I am going to tell you, you should probably most definitely watch this yourself as a parent before you decide whether or not you think this is content that is appropriate for your children. We have made the decision to not censor some of the language in some of these videos so that it was the entire feeling of what's happening in this country and around the world, based on the conversation around transgender and rights and things like that. This is a very sensitive topic, we're going to do our best to be sensitive about it, but certainly the conversation is what should our children be being exposed to, and I'd hate to have this show be their first exposure to this conversation, so please make the decision to perhaps push pause, do something else with your children at this moment, and then come back to us.

Del Bigtree: [00:02:09] All right. To start out today's show, there was a headline and an article that absolutely blew my mind, only because it's amazing that Tony Fauci is saying what he's saying now. This was The New York Times. "Dr. Fauci looks back: 'Something clearly went wrong.'" I think it's all summed up perfectly in this paragraph. Anthony Fauci said, "Something clearly went wrong. And I don't know exactly what it was. But the reason we know it went wrong is that we are the richest country in the world, and on a per capita basis we've done worse than virtually all other countries. And there's no reason that a rich country like ours has to have 1.1 million deaths. Unacceptable." I could not agree more, completely unacceptable. This is what I have been saying all along throughout the COVID pandemic, and to think this is coming from the man who is on the cover of Time magazine as our Guardian of the Year. And when

he says, I don't know what wrong, can't figure it out. Well, I have somewhere where we should probably start looking why the United States has done so much worse than India and Africa that were barely affected by this virus and we did so poorly.

Del Bigtree: [00:03:24] You know, I think it all falls at your feet. I mean, honestly, should we just look at the leader of all the decisions that were made throughout this? You had the richest nation in the world. You had the best hospital system in the world. You had more doctors at your fingertips than anybody, but you were the one that decided to deny hydroxychloroquine and ivermectin, two drugs that did really well for India and Africa, it's probably why they're doing so well. You're the ones that locked us down, masked us, social distanced us, kept us outside of our schools, kept us away from our work, destroyed our economy, and then even touted New York as the shining example on the hill where they took sick people and forced them into nursing homes, literally lighting a match in a dry grass field. And all of that, when we're through it, now the greatest nation in the world has the highest amount of deaths. I know we all have friends out there, like, how could you possibly think this guy is a hero? I mean, it would be the equivalent of taking the recent V.P. of Budweiser, we're talking about Alyssa Heinerscheid, who had the genius decision to take a transgender model in Dylan Mulvaney, put her on a Budweiser can, Bud Light, in fact, and then promote her as the new spokesmodel for Bud Light?

Del Bigtree: [00:04:39] I mean, this is marketing at its worst, it was a total disaster. I don't care what your considerations are of transgender or not, let's just think about the types of people that drink Bud Light and ask ourselves, how in the world was this ever supposed to work? Well, in that situation, like most businesses would recognize, it was a totally destructive to the product. Here's the headlines. A 17% drop in sales plunge amid Dylan Mulvaney controversy. And of course, following that, we now know that the "Bud Light executives put on leave after Dylan Mulvaney uproar, report says." And more and more headlines just like that. My point being is that we don't see the VP of Bud Light saying, I have no idea why Bud Light just stopped making money and why no one will buy it. We know exactly why. You were in charge and made horrible choices, just like Tony Fauci did. And the fact that we even listened to this man or consider him to be a hero of any sort, he's one of the biggest losers. He will go down in history, I'm sure.

Del Bigtree: [00:05:41] Certainly if I have any say in the matter, we will make sure that they remember how bad he was. In fact, I think we just have to take it from his own mouth, and The New York Times article. You're right, it's unacceptable, Dr. Fauci, and we will never let this happen again. All right, I have a huge show, as I've said, coming up. I'm going to be speaking with an activist that is speaking out to try and protect children and their discussions about gender and transformation and all that, after her own personal experience. I'm going to talk to Dr. Patrick Flynn, who is called the hormone whisperer, to talk about what it means and what happens to our bodies when we inject ourselves with these gender-transforming hormones. And then I'm going to talk to a father that is fighting desperately for his young daughter's innocence when the school is trying to educate her in a way that he does not see fit. This is a show that is really, you know, you'd have to be hiding under a rock to know what's going on, but we're going to get into all of it. But first, it's time for The Jaxen Report. All right, Jefferey. It's always a great day when Tony Fauci admits that he was one of the great losers of all history.

Jefferey Jaxen: [00:07:00] Yeah. Well, we've watched Fauci squirm over and over, attempting to rewrite history to hide his failures and to skirt responsibility, but this is now catching up to other leaders. Let's look at now former Chicago Mayor Lori Lightfoot. She's in the spotlight here. And let's bring back a video now. This is her, lovingly and in an understanding way, attempting to explain the coming lockdowns to citizens and what they're in store for. Remember those lockdowns that really decreased the living standards for everyone that wasn't a billionaire. Take a look.

Del Bigtree: [00:07:31] Right.

Lori Lightfoot: [00:07:32] This is how it's going to be. We will shut you down. We will cite you. And if we need to, we will arrest you and we will take you to jail, period. There should be nothing unambiguous about that. Don't make us treat you like a criminal.

Del Bigtree: [00:07:51] Amazing. And this is exactly what Fauci is saying. I'm not the one that's responsible, I just recommended everybody get locked down and be treated like criminals. Right.

Jefferey Jaxen: [00:08:01] Exactly. Exactly. So it's hard to imagine why she couldn't win her reelection, but she did not. And this was the headline just recently out of Chicago. "Lori Lightfoot becomes the first Chicago mayor in 40 years to lose reelection." Gee, I wonder why that happened. So, with that attitude she had, she soon after the lockdowns focused on the workers in Chicago, the unionized workers, police, fire. And this was the headline at that time in October, I believe it was 2021. "Lightfoot Defends COVID Vaccine Mandate For City Workers, Says They Owe It To Themselves And The Public." In there, it says "Lightfoot announced the vaccine mandate earlier this week, saying all city workers must be fully vaccinated by Oct. 15th. The move angered union leaders," listen to this, "who had been in the process process of negotiating the mandate with the city." Well, just so turns out, a recent ruling by a judge has reversed that, and these city workers who held their ground, we see this story now repeating over and over, these city workers that held their ground, would not take mandated medicine, have won favor in the court's judgment. So now the new headline reads this. "City of Chicago Employees Fired For Refusing COVID Vaccine Must Be Reinstated, Judge Rules." And if you look in this ruling and start reading, it's 74 pages, but at the bottom, really the reason, the whole idea why they won this was on page 74. You can see these highlighted words, "Failing and refusing to bargain collectively..." We see this appearing five times, failing and refusing to bargain collectively.

Jefferey Jaxen: [00:09:27] So the unions were in good faith trying to to really bargain with Mayor Lightfoot at the time and her office, and she just went out and cut the whole thing short and said, we're doing this, we don't care about bargaining or anything. So the judge looked through and saw that happen and said, this is not right. So we're seeing a lot of these, justice from the COVID response is really playing out in American courts in a big way. American courts are playing a huge role in really bringing reality back to the country here. We saw this in Massachusetts as well. "Mass. State workers rehired after COVID vaccine mandate firings." They're not being offered back pay. So there's different flavors for each one of these, but perhaps one of the biggest shining examples that we've seen was the New York City judge. "New York court orders all city employees fired for being unvaccinated to be reinstated and given back pay." And in this court ruling, the judge did something really interesting. He went right to the heart of the science in his ruling, he put this in black and white. He says this, "Being vaccinated does not prevent an individual from contracting or transmitting Covid-19. As of the day of this Decision, CDC guidelines regarding quarantine and isolation are the same for

vaccinated and unvaccinated individuals. The Petitioners" --the city workers --"should not have been terminated for choosing not to protect themselves." So...

Del Bigtree: [00:10:45] Jefferey, let me just take a moment to just congratulate all of those workers across America that stood your ground. The pressure was huge, you walked away from your job, which must have been incredibly difficult, stressful, trying to feed your families, get through, but you held on to your principles and you ended up standing, as you know, our founding fathers did for this nation. I think about the Boston Tea Party. It's that type of American that makes our Constitution matter, and in this case made our court systems matter. It is really, truly a victory. And I think now, Jefferey, should they ever try to do something this ridiculous again, look how much precedence we have in the courts because these brilliant, amazing Americans stood for their rights and proved that this was illegal, what our government tried to do and what our state agencies tried to do. And now if they ever try to do it again, we will be able to point to these court decisions and say, no, this will never happen again. So truly a shining moment for America, and that little bit of resistance that still is in our blood that makes us the great nation that we are.

Jefferey Jaxen: [00:11:52] Right. And in the legal aspect, you're seeing this side with the people's rights, with the Constitution, with freedom. And it's interesting because Lori Lightfoot didn't show up in court and say, I don't know what you're talking about. I never tried to force a mandate on these people. But Justin Trudeau did. So he is actually trying to rewrite history, this is the Prime minister of Canada, and listen to what he had to say recently in a conversation, a public conversation, mind you.

Justin Trudeau: [00:12:14] So as prime minister, through the greatest public health crisis that we've faced in 100 years in this country, since the Spanish flu, my responsibility was to keep as many Canadians alive as possible. And all of the scientists and the medical experts and the researchers, not just in Canada but around the world, understood that vaccination was going to be the way through this. And therefore, while not forcing anyone to get vaccinated, I chose to make sure that all the incentives and all the protections were there to encourage Canadians to get vaccinated, and that's exactly what they did.

Del Bigtree: [00:13:05] Wow.

Jefferey Jaxen: [00:13:06] Nice try, buddy.

Del Bigtree: [00:13:07] I mean, I love the fact that it just, these people all wish cameras were not rolling on them when they were acting like little dictators. But they were, thank God.

Jefferey Jaxen: [00:13:16] That's such a teachable moment, too, in that 30 seconds, because you see him say, all the researchers and doctors around the world knew the vaccine, so here we go, the scientific consensus looming in the background, just as what they said. And his job was to protect all Canadians, except giving them early treatments, except just letting them go home until they can't breathe and then put them on a ventilator. That was okay until the vaccine came. But, you know, that was his job. So now, let's look at Trudeau, because thankfully we have the Internet and a very simple search of previous videos will show you something like this from Justin Trudeau, from past experiences.

Justin Trudeau: [00:13:49] You deserve a government that's going to continue to say get vaccinated. The best way to get through this pandemic is for everyone to get fully vaccinated. Everyone needs to get vaccinated, and those people are putting us all at risk. We have put forward many, many different measures to encourage, to reassure, to incentivize, to educate, to cajole, to remind people that it's never too late to do the right thing. Anyone boarding a train or a plane will be fully vaccinated. The bottom line: proof of vaccination will be required by no later than the end of this month for all federal employees. And by mid-November, enforcement measures in place will make sure that everyone is vaccinated.

Del Bigtree: [00:14:43] Wow. Amazing to think that he doesn't think taking your job, your ability to get on a bus or a train or travel or go to a grocery store or even protest for that matter, aren't ways of forcing people into compliance. I mean, it's just shocking. But fantastic, right? The fact that all of these leaders that were so outspoken and so confident that the science was on their side are now realizing they're in real trouble, and we've watched so many, Boris Johnson lose his job, Jacinda Ardern in New Zealand, and Cuomo. I mean, it has really, and Lightfoot, I mean, these people are dropping like flies, and I think for the rest that are still surviving, they're thinking, I've got

to try and rewrite history really quick and hopefully nobody will look back at what I actually said.

Jefferey Jaxen: [00:15:25] Yeah, the deck is reshuffling and even the health officials who made some of the the calls on the ground are getting kind of their due here in the spotlight. This is from court records, because Canada had one of the strictest travel bans, so court records show Trudeau brought in vaccine mandate for travel purely based on politics. So the documents made public by a lawsuit showed these health officials were scrambling to find any justification for these mandates, these travel mandates, before they came into effect. So it wasn't quite science-based. And even the FDA is not immune from this, no pun intended. So, this is the headline here, "Vaccines Don't Have to Prevent Infection or Transmission," so they're updating, basically the conversation around vaccination and looking at what we've really reported for the last three years, that this thing was never tested to stop transmission and it didn't. So the FDA, after defending that for so long, is saying, well, maybe we could change the definition, move some goalposts around of this, and it doesn't have to stop transmission. It just needs to do a pretty good job.

Del Bigtree: [00:16:24] Which is amazing, we've talked a lot about this. They changed the definition to protect you from severe disease, which now, the numbers are going to show that that is even a fallacy. But ICAN, our non-profit, is really pushing back on the FDA right now. You have to know everyone out there that we are not going to just let them sit here. And by the way, they are now erasing their only argument they had for mandated vaccines, which is, the vaccines are designed not necessarily to protect you, as Rachel Maddow said, it's not about being selfish for yourself. It's about protecting that other person that cannot take the vaccine. Well, if the vaccine does not stop infection, does not stop transmission, you are now only putting that child or that person that can't get the vaccine at risk, and you don't know it because the vaccine may be hiding your symptoms, turning you into a silent killer. The idea of herd immunity, community immunity, everything they based the mandated vaccine program on, and why none of us were allowed to question it, is dead. We plan on winning on this point in courtrooms all across the country. The FDA has made a fatal mistake in trying to protect this disastrous vaccine program by saying, oh, it's good enough. It's not good enough, it's not good enough, and we're going to make sure the world knows it.

Jefferey Jaxen: [00:17:36] And throughout these COVID response, in the last three years, we watched, step by step, of the unscientific moves, the inhumane moves, and often ridiculous moves that the government was making, leaders were making. And now we're seeing on the back end that everyone's trying to backtrack. But something similar is happening in the climate conversation. We're seeing some ridiculous moves there that has a lot of people scratching their head. And it'll be interesting. It seems like it's almost full circle coming around, right when it happens. But this is breaking news, just yesterday. This is Jennifer Granholm during a Senate Armed Services Committee hearing. She's the Biden Energy Secretary. She's a lawyer with no military background, mind you. And she says this, here's the headline. "Biden Energy Secretary Wants All US Military Vehicles To Be Electric By 2030." She believes we can get there. So I guess, the only problem with that is they're going to know who we're going to invade because they're going to be putting up charging stations in the battlefield.

Del Bigtree: [00:18:30] It might actually work against you, right? If you try to get people to put up charging stations, don't put them up if there's any chance America might try to invade. Can you imagine the entire battalion just stopped in the middle of the desert saying, wait a minute, someone said there's supposed to be a charging station right here. Man. I mean, you just can't get more ridiculous, honestly.

Jefferey Jaxen: [00:18:49] No. And so, going from the ridiculous to also the serious, seriously ridiculous, New York City is going to reduce food-based emissions and they're going to cut that. "New York City Aims to Reduce Food-Based Emissions by 33 Percent by 2030." So they show that the third biggest greenhouse gas emissions were food-based emissions behind transportation and buildings. So we already know what they're doing with the transportation, they're cutting that. Building as well. So they say that that 20% of these greenhouse gas emissions come from household food consumption. That's the people there on the ground, and they're trying to basically just phase out meat, phase out dairy, completely move to plant-based foods. There's only a problem, there's a problem with this.

Del Bigtree: [00:19:29] And can I say lab-based foods? Let's go ahead and throw that in there. Plant-based foods seems to mean lab-based food, for those of you that want to maybe put like a big green bow on it. It's not green, it's synthetic and gross and disgusting, is what it really is.

Jefferey Jaxen: [00:19:44] Right. So as these leaders are looking into the future, 2030, 2050, there are some real issues on the ground right now in New York City. So as you're talking about cutting food emissions by 33%, which means basically cutting food, you have this. This is from City Harvest, this is one of New York City's largest food rescue organizations, and they say this: "...food insecurity in our city remains near historic highs. Visits to New York City food pantries and soup kitchens are up 69% in 2022 compared to 2019..." They say 1 in 4 children have food insecurity in New York City, so I don't know how that's going to go with that population, it's a large population, about cutting their food emissions, but, just as ridiculous, in the health sector, is this going on? We're talking about anesthetics now, that's those things that put you out when you go into a major surgery. This was the headline: decreasing anesthetics during procedures without compromising patient care can reduce greenhouse gas emissions. What? All right. So, it says in this article, "...in the study of more than 13,000 patients," you got to wonder if they were given informed consent, what they're about to do. "...the authors set a goal of an average FGF" --fresh gas flow, that goes through the mask to put you out-- "of 3 liters per minute or less for procedures. In March 2021, prior to the intervention, authors determined that the FGF was 5-6 L/min in many cases..." It goes on to say, "By 2021, they recorded an average FGF of 3 L/min or less in 93% of the cases." Yay, they did it. "The researchers now are aiming to reduce the FGF to less than 2 L/min throughout the system." How low can you go, Del, for the climate.

Del Bigtree: [00:21:23] Man, I keep trying to imagine the headline next year. President Biden is looking to lower anesthesia levels to just one click above the patient screaming, owwwwww!

Jefferey Jaxen: [00:21:36] Or the other headline....

Del Bigtree: [00:21:36] I think he needs a little bit more, but that's it. And then God forbid, by the way, Jefferey, that they, I mean, I'm really concerned they're going to discover that what we're all exhaling is CO₂, which happens to be a greenhouse gas. What are they going to do to us? There's just too many of us. We got to get rid of them, we're killing the planet.

Jefferey Jaxen: [00:21:53] Right. So, when you get wheeled into surgery and you see a shot of whiskey there, know we're going back to the good old days because that doesn't emit greenhouse gas.

Del Bigtree: [00:22:01] You can't make this stuff up and no one would believe you. Five years ago, they'd never believe this.

Jefferey Jaxen: [00:22:06] Now, sticking in the medical community here with some more ridiculous. Remember, this is the same medical community, with respect to them, during the beginning stages of the COVID that were sticking people in rooms, weren't contaminating the staff, saying, let's quarantine these people, we're not going to give them early interventions. We're just going to stick them in there because we don't know what's going on. The pendulum is swinging to the opposite side now to reduce carbon footprint. This is the BMJ. This is the headline, it says, "Reusable gowns and drapes in surgery could reduce carbon footprint, analysis shows." So all those surgery drapes and those gowns, after they're soiled, I guess just throw them with a little cap of bleach into the laundry and you should be good to go for the climate. But everything is really....

Del Bigtree: [00:22:44] I mean amazing, as you pointed out, the same climate people that forced us all to just keep throwing all these face diapers into the garbage, on the streets, all over, in our rivers, in our oceans. Now all of a sudden it's like, hey, you know what the real problem is, it's surgeries. Let's lower the anesthesia, let's just rewash all the bloody garments and things that are there, because that'll be just fine. All right.

Jefferey Jaxen: [00:23:05] As crazy as these headlines are, none of them really get to the point of this next one. This next one goes into the stratosphere. So let's bring up Bill Gates, this is our friend here, because he's always circling around in these conversations, whether it's health, now he's climate. "Bill Gates aims to fight climate change by stopping" --wait for it-- "cows from burping." This is a Gates-funded....he has a fund called the Breakthrough Energy Ventures, interesting. And they're trying to reduce methane emissions by putting a supplement in cows' feed to stop them from burping and farting, mind you. And they're saying that that could reduce the emissions coming from cows by 95%. We keep seeing this number, 95%, whether it's vaccines or reducing, it must be some type of talking point number. But that's what Breakthrough

Energy Ventures is doing at the behest of Bill Gates, and the funding of Bill Gates, it's an Australian company. But now we....

Del Bigtree: [00:23:56] I think it's the perfect example of what we should think of when we think of the term 95%. From now on, you hear 95%, I just want you to think: bull farts.

Jefferey Jaxen: [00:24:05] Yeah. Well, now let's bring it down to the individual person and their actual spending on items. So this is Dr. Simon Goddek, this is a Twitter account, and he went to Twitter and put this out. He said, "My Brazilian bank, C6 Bank, is now tracking my CO2 emissions from purchases, travel, etc, and strongly encouraging me to compensate monetarily for them." So here's an image, this is his back-end app for his for his bank, C6. And it says here, you can see -7.88kg of CO2 emissions. Now it's in Portuguese, but it basically says the compensation of the balance is equivalent to the preservation of one tree. So now they're calculating your dollars spent in trees. And you can see here, it shows each one of his transactions down to the granular level and how much CO2 emissions it is giving off. And it's interesting because just a little research into the C6 Bank, you can see who has a large share in this. This is JPMorgan. So the headline, "JPMorgan makes Brazilian retail banking debut with 40% stake in C6 Bank." This is the same JPMorgan who just recently said this: "Seize property to build wind and solar farms." This is Jamie Dimon, JPMorgan chief. These are the green projects, they're saying they must be fast-tracked, says Diamond, to meet these net zero targets, talking about using eminent domain to take people's land, to throw up solar and windmills, and we've already looked at some white papers last week showing how really inefficient these are, and they don't have the capacity to take take forth this energy system that's really being built out or put onto. So this is really interesting.

Del Bigtree: [00:25:43] Let me ask you, this Brazilian bank. Now, there's no repercussions at the moment. This is basically just, they're running a test on how we would track it, probably getting people used to it. But you can tell that this is a test group for our future, folks. This is where this is going. And, I know you probably get sick of me saying it, but I really want to make it clear that I believe in a clean environment. I mean, I really struggle with these issues because, on the one hand, I want clean and healthy fish in every river in America. I want that great old American pastime where we can go

down to the river with our kids, pull a fish out, and be able to eat it. Hunt for food and be able to eat it, and not have it contaminated by all sorts of issues. And that is a problem. And we can fix those problems in the immediate, but we can do it. I think, using the free market balance. You know, we see cars changing, nobody wants a dirtier car they need, we all want better gas mileage. Let the market forces drive these things.

Del Bigtree: [00:26:42] Let good ideas prevail. Mandating them by government, using carbon credit scores and enslaving us, has nothing to do with actually protecting the environment, and that's where I think all this is at. Cutting my food supply is not the answer. You know, all of these things, and so, we're going to continue to cover this. But I do want, as you know, the audience out there to think about, wouldn't it be great if we had cleaner air, less asthma? Wouldn't it be great if every river you could just jump in it and never have a thought about it? And we had some system that made sure that the industries that would like to pollute our rivers are not allowed to. You know, I believe in those protections somehow. But, we have a regulatory agencies that are totally captured by industry, we have a government captured by industry, which makes me leery and skeptical of everything that's being promoted in this space right now. So we're going to continue to show the truth as we see it and try and make our way through. These are very precarious times and very confusing discussions, I think.

Jefferey Jaxen: [00:27:42] And it seems like the little people always come up short on these conversations, whether it's increased control on their lives, or just this. So in 2022, Biden signed the Inflation Reduction Act. This was like a \$750 billion package, and in there was this historic green energy package as well that was going to really supercharge the United States into like this net zero economy. But now we're seeing this, there's a new government government analysis. This is Epoch Times: "Big Banks, Corporations Getting 90 Percent of Biden's Green Energy Credits: Congressional Study." So this is a study by the Joint Committee on Taxation. It's saying that these tax credits are going into the coffers of big banks and billion dollar corporations. So, nothing new under the sun, it seems like, with the climate change, and that's really sad. But let's go back now, we talked about the New York City, the food insecurity there. People really are focused on what their needs are right now. Right now as we speak, not 2030, not 2050. So the Energy Policy Institute at the University of Chicago recently did a survey asking some of these questions. It was a nationwide poll of 5408 adults.

Jefferey Jaxen: [00:28:43] And this is some of the things they found. It says this, "Americans are less convinced that climate change is caused mostly or entirely by humans compared to data from recent years, declining from 60% in 2018 to 49% this year." It also goes on to say about Americans' concerns. Number one, the economy, 82%, where are they getting their jobs, their money, their payroll. And then, number two, health care, 81%. "...continue to be the most important issues to Americans." Climate is coming in third at this point. So we have some really interesting points. Remember, this climate change, you know, ideology, thought, has been really pushed for decades and decades. We were showing clips from like the '60s and '70s. So having less than half Americans really believe that it's their fault is a big change. So for the people in the administration that are really trying to push this net zero by 2030 aggressively, they have a big issue with their talking points and their narrative, because a lot of people are seeing through this and seeing another side of it.

Del Bigtree: [00:29:44] Look, no one wants to see people that can't afford electric cars losing their ability to travel. No one wants to live in a 15-minute city here in the United States of America. No one wants to be told where to live, how to live, how to get around. This is a free country. And so the fact that they're pushing all of these agendas, thinking they control our food, control our movements, control our moral standards, this is what the government is there for. Get out of the way. And I think you're seeing that on all sides of these discussions now, and so those are those are the drops in those numbers. And rightfully so, thank God. I think it's all showing that people are waking up and not just walking around like a bunch of zombies, which I think we were worried about as we were entering into COVID, and now we have these tools and these ridiculous headlines as ways to really start a conversation with those that have been hypnotized, if you will, when you think about Matthias Desmet and the mass formation conversations we've had. We got to pull them out of that hypnosis, and these headlines are really good at doing that.

Jefferey Jaxen: [00:30:45] And Del, one of the most polarizing, so we're talking about polarizing debates, climate change, obviously, we just came from a largely polarizing debate of mandated vaccines, lockdowns, masks, but really, perhaps one of the most polarizing debates in America today, which is saying a lot, is the idea of transgender rights. This is a debate that's going on right now, and there seems to be two kind of large topics that that make up this debate. One of them is the idea of transgender

people, basically in sports, competing in sports. And the other one is, what we've covered before on the show is, the transitioning of children, often without their parental consent, being given some puberty blockers that sometimes have some really big safety issues around them. So this is what's happening right now. The sports issue is really coming to a head. So take a look at what's happening in the news. This is just from the last couple of weeks.

Del Bigtree: [00:31:36] All right.

Various news reporters: [00:31:37] She's the swimmer who created shock waves across the country as the first known transgender athlete to win a Division 1 national title.

Various news reporters: [00:31:45] The 17-year-old Dallas area high school student won the title of champion in the girls state wrestling competition Saturday.

Various news reporters: [00:31:52] Two transgender high school runners. Well, they're kicking up dust in Connecticut, taking the top spots at the State Girls championship, leaving parents wondering if they have an unfair advantage.

Various news reporters: [00:32:02] The first openly transgender athlete to compete in a different sex category to that which they were born at an Olympics.

Various news reporters: [00:32:09] She's transgender, and last year she won a world championship for her age group racing against Women.

Payton McNabb: [00:32:15] I suffered from a concussion and neck injury that to this day I'm still recovering from.

Various news reporters: [00:32:20] Peyton McNabb is talking about an incident last fall when a transgender athlete she competed against spiked a volleyball and injured her.

Payton McNabb: [00:32:27] I may be the first to come before you with an injury, but I won't be the last.

Various news reporters: [00:32:32] Critics say she has an unfair physical advantage over the other swimmers and should not have been allowed to compete.

Various news reporters: [00:32:37] Beggs is a transgender athlete, born a girl, transitioning to become a boy. He takes testosterone injections to make that transition happen. Many believe that provides the young wrestler with an added competitive edge.

Various speakers: [00:32:50] I have said from the beginning, and I stand with it, that I don't want biological boys to compete against women and girls in sports. It's just not fair.

Nancy Hogshead-Makar: [00:32:59] Leah Thomas had ten years on testosterone. If a biological woman was on that much testosterone, she would be banned for life because of the changes that it makes to the body.

Various speakers: [00:33:12] Her lungs are bigger, her back is bigger, her hands are bigger. She just has a tremendous advantage in swimming in the pool against the women, and, you know, and she proved that.

Various speakers: [00:33:22] There's a lot of factors that go into a race and how well you do, and the biggest change for me is that I'm happy.

Ngozi Nnaji: [00:33:33] It allows her to be who she wants to be, and I think that has a little bit more weight than just winning a medal.

Various speakers: [00:33:39] These fears that trans women are a threat to women's sport are irrational fears of trans women, which is the dictionary definition of transphobia, and we need to call it what it is.

Del Bigtree: [00:33:52] I feel like as we dive into this very, very sensitive space, I want to say that I know our audience, I know that you and I and we've talked to them. We've been working on how to approach this show in a way that is appropriate, because truly, we are all about accepting people for who they are. This is a free country. We should respect each other's privacy and stand up for one another. We're all brothers and sisters on this planet together. But this issue really does challenge the lines between

our perspective of ourselves, and, honestly, fairness and reason seem to be hanging in the balance right now.

Jefferey Jaxen: [00:34:38] And you can see with the conversation of inclusion in sports, one of the things just from that that clip we showed was, one of the key points is, biological men competing in women's sports, biological men and boys. And so the Biden administration has weighed into this and they unveiled a Title IX update. So this is the headline from Politico, this was earlier this month. "Education Department unveils Title IX transgender sports eligibility rule." So this is civil rights rule, it's at the federal level, and it originally prohibited sex-based discrimination in any school program that received federal funding. So what they're doing is the new drafts --right now, it's in draft form, they have to have like a 30-day public comment period.

Del Bigtree: [00:35:16] Might be a time to comment, by the way, public. This is what this is all about. But continue on. Jefferey.

Jefferey Jaxen: [00:35:21] Yeah, so the new draft would allow people to compete in sports consistent with their gender identity, so that is what's going on at the federal level. And at the state level, the same conversation is happening as well. So we have the state map here of 21 states, and you can see here that have enacted laws banning transgender students from participating in sports consistent with their gender identity. And so that's what's happening there. So you can see the division is going....

Del Bigtree: [00:35:47] I mean, it's really, I mean, right there, you have to look, it's a majority, if you just look state by state, at least how that map is drawn out, of people saying, this is not a direction we are comfortable going in, which is very interesting.

Jefferey Jaxen: [00:36:00] Right. And the lawmakers in those states, their intention, from my understanding, is not to isolate transgender students, but to protect fair play in women's sports, that's from my my research. But also, you see at the house level, this was the headline just about a week ago, "House passes GOP bill to bar trans athletes on girls and women's teams." That's not going to get out of the Senate, basically, Biden said he would veto that if it came through. So that's where that stands, so you can see, really the push/pull and the conversations back and forth on this, even going all the way up to the executive branch of the government. But there's another conversation that's

happening here. So as people are really passionate about these ideas, passionate about these topics, you're seeing a lot of protests, and something that is different than what we're used to here in America. So in America, when we see some of these big issues being protested over the last century, we have, women's suffrage for voting rights for women, way, way back, Martin Luther King Jr's March on Washington, that's where he did his "I Have a Dream" speech, hundreds of thousands of people showed up there.

Jefferey Jaxen: [00:37:11] And even the Defeat the Mandates rally were, historically, this is going to be really a big deal as we're looking back against mandated medicine, medical freedom. We saw debate, we saw nonviolence, we saw people coming together to really let the ideas battle back and forth. It's not what we're seeing here with a lot of these conversations around the transgender rights in these protests. So let's look at a couple of these, and, I know we were going to give a warning here, so if you have kids in the room, this may be a great time to have them just step outside for about five minutes or so, because we're going to show some video here, there's profanity, but in order to really get to the heart of this, we need to show it as it's happening, so we can have a real debate about this. So this is conservative activist Chris Elston. He's also known as Billboard Chris, and he was in Vancouver protesting, and he's being interviewed by Dan Dicks of Press for Truth at a rally, a transgender rights rally. So take a look what happens.

Dan Dicks: [00:38:19] What do you think that they're getting that kind of representation? I mean, it's clearly was aggressive, violence.

Rally attendant: [00:38:25] You suck. You suck. Fuck you, fuck you, you're not wanted. Fuck you, you're a fucking idiot. You're a fucking....

Chris Elston: [00:38:32] I don't know what to say. I guess these police officers are mostly indoctrinated as well. They're afraid of the mob, I think. I think they're afraid that if they do anything to actually keep law and order, that they'll end up you being on the end of this verbal abuse. So it's just cowardice from everybody all around.

Various rally attendants: [00:38:53] Fuck you, fuck you...

Dan Dicks: [00:38:54] People probably want to know, how do you keep your composure?

Chris Elston: [00:38:57] What's that?

Dan Dicks: [00:38:58] How do you keep your composure?

Various rally attendants: [00:39:03] (continued profanity, shouting, scuffle)

Dan Dicks: [00:39:20] Excuse me, did you just say he came here to incite violence by forcing his opinion on people?

Vancouver police woman: [00:39:25] Yes.

Dan Dicks: [00:39:25] You think he came here to incite violence because they got offended by his sign?

Vancouver police woman: [00:39:31] When you...

Dan Dicks: [00:39:32] What is wrong with you?

Vancouver police woman: [00:39:32] ...talk to someone, and scream at someone, and put your face...

Dan Dicks: [00:39:34] He didn't scream at all.

Vancouver police woman: [00:39:35] Yes, he did

Dan Dicks: [00:39:36] He didn't. They put their face in his face. What is wrong with you?

Vancouver police woman: [00:39:39] Okay. Okay.

Dan Dicks: [00:39:41] How on earth did you become a police officer? She's literally sitting here saying that Billboard Chris is inciting violence by standing there with his sign. Is that really your position?

Vancouver police woman: [00:39:53] Okay, sir. We're done with this conversation.

Dan Dicks: [00:39:55] Yeah, I thought so. I thought so. This is absolutely unbecoming of the Vancouver Police Department. Disgusting.

Del Bigtree: [00:40:05] And amazing, we can see that video, not screaming, it's clear there's this one-sided perspective. The fact that the police aren't there even representing what actually happened there, it's disturbing.

Jefferey Jaxen: [00:40:19] It's very difficult to watch. And, Del, on the other side of this conversation are women working to defend their societal rights and hard-fought equalities throughout the years. An outspoken activist in this space is Kellie-Jay Keen, and here are some of her views and what she's been saying out in public. Take a listen.

Del Bigtree: [00:40:40] Okay.

Various news reporters: [00:40:41] It is the billboard that has caused a lot of controversy this week, now. Feminist blogger Kellie-Jay Keen-Minshull, she put that up. This is the definition of woman

Kellie-Jay Keen-Minshull: [00:40:52] I've noticed, over the last few years, we seem to be losing the word woman.

Various news reporters: [00:40:57] Why do you not say the pronouns that they choose?

Kellie-Jay Keen-Minshull: [00:41:00] I don't care how much effort, I don't care whether they've had surgery. As far as I'm concerned, there is no man on this planet that deserves the pronouns she/her. I really don't think there is any such thing as a woman who isn't born female. By calling some men this word trans woman, which I don't feel makes any sense at all. As soon as we use that word, we then can't talk about keeping

women's spaces for women only. I really don't think you can change sex in any meaningful way. Every cell in the human body has got the DNA code of what sex you are. So, India obviously looks like a woman, but I don't see India as a woman.

Jefferey Jaxen: [00:41:46] Now, Del, she was recently slated to talk at a rally in New Zealand, and we have some footage of that that just happened recently. Take a look at what happened when she did.

Various rally attendants: [00:41:53] (Rally noises, background music)

Del Bigtree: [00:42:57] I mean, she never even got to the microphone to be able to speak her perspective, you know? And so, I say it all the time from our side on the anti-vaxxers, we've got to be able to listen to each other. If we cannot hear each other, then how do we find, you know, how we work with each other? How do we find our middle ground? It's really disturbing when someone's not even allowed to state their opinion and their perspective.

Jefferey Jaxen: [00:43:22] Some really tense moments there as police were really struggling to control that space. Now, back here in America, we have NCAA swimmer Riley Gaines. She tried to speak on campus of San Francisco State University about her views opposing the inclusion of transgender athletes in women's sports. Take a look how that turned out.

Various rally attendants: [00:43:42] (Rally chants, profanity, noises) Trans rights are human rights.... Trans women are women....

Jefferey Jaxen: [00:44:17] Gaines reportedly had to barricade herself in the room with campus security at San Francisco State University for almost three hours until police could disperse the crowd there. So, again, another really tense situation that could have spun out of control even worse.

Del Bigtree: [00:44:30] Well, I mean, look, if the police are keeping you locked in a room for three hours, they obviously think that there's danger there. And, when I think about this, you know, first of all, you know, I'm all about the right to peaceful protest. Very important, but when you use intimidation, physical intimidation, and we have to be

realistic about this. These are women trying to speak out in most of these situations. And the tension being brought upon them is by physical sized men, however they want to call themselves. They have all of the abilities and strength of men against women. So when you look at Riley Gaines, when you look at these, compared to the discussion that's happening here, it's very intimidating. And as we try to do this story, so many women want to be able to speak out and talk about how hard they fought for their rights of equality in sports, something that has been in business, and now to sort of see that under threat is just...and the fact that they can't talk about it because they're being intimidated, it's just not the way this should be. It's not the way conversation and debate should be happening.

Jefferey Jaxen: [00:45:41] Yeah, the public atmosphere around this debate is concerning, and you would hope at this time that a president would be asking for peace and for calm during times like this. But, here's the White House Press Secretary discussing Biden's stance to a roomful of reporters recently. Take a listen.

Karine Jean-Pierre: [00:45:58] LGBTQI=plus kids are resilient. They are fierce, they fight back, they're not going anywhere, and we have their back. This administration has their back.

Del Bigtree: [00:46:15] I mean, using words like they fight back, like we need them fighting. That is not what leadership should be talking about now. We need a time of unity. We need to start being able to converse, not fight. Terrible, terrible advice and words coming from the White House right now. It's very disappointing.

Jefferey Jaxen: [00:46:35] Right. And refusing also to denounce any of these potentially violent acts is also seems to be a misstep from the administration. So it'll be interesting to see how this turns out. This conversation is not going anywhere any time soon, and with Title IX being on the docket and the public space, this is going to be something that I think is really going to be on the front burner of...really even moving into the debates of 2024, for President.

Del Bigtree: [00:46:59] Well, Jefferey, thank you. Amazing report. I think that was one of the more interesting Jefferey Jaxen Reports I've seen. In some ways it was, if you look at it from afar, it's like a Saturday Night Live episode from ten years ago saying, in

the future, this is what your world is going to look like. We are truly living in strange times. Thank you for that in-depth reporting and the sensitivity you're bringing to it. I really appreciate it, Jefferey. Keep up the great work.

Jefferey Jaxen: [00:47:25] You got it. Absolutely, thank you, Del.

Del Bigtree: [00:47:27] All right, we'll see you next week. Well, for many of you, you've been going to our website and checking out The Jaxen Report, but we've decided to kick it up a notch. For so many of you that say, watching The HighWire, there's so much information, it's like trying to drink from a firehose, it's true. And we're sending you all of our data, all of our information but what we've decided to do is take another step in our journalism and our output. We are going to be launching a brand new newspaper called The Informant, it's going to be delivered on May 1st. Here's the deal. You know who gets it? This is going to be bonus content, a bonus project that is going to be available to everybody that donates to ICAN and The HighWire. Obviously, we want more of you to get involved, but this is really our appreciation to you, and giving you a space to get more in-depth information and collate it in a way that is much easier to get through, so that you don't have to try and figure out how to put all the month's information together. We're doing that for you with really great writers we're bringing in. We really look forward to seeing this take off.

Del Bigtree: [00:48:30] And, look, all you have to do is become a recurring donor. I don't care how much, but get involved. We want you to feel what it feels like to be a part of the change, and The Informant is going to be our gift to all of you that are doing that. And so, just, you can either go to the Donate button at the top of the screen and get there, and we're asking for \$23 a month for 2023. But you can be any amount, whatever it is you want to give, I want you to get involved in the process. Is it a dollar a month? Is it a cup of coffee for \$6? We're going to start presenting more of this sort of bonus material, The Informant, we're really excited about doing that for you. But we're never going to take away, The HighWire will always be here, delivered to you for free, we want the information out there, but we really want to inspire more of you to help us do the work that we're doing. Because remember, we're not just reporting on the truth, we're not just giving you details nobody else can or will.

Del Bigtree: [00:49:31] We're also fighting for the issues that we're talking about with our legal work with Aaron Siri, at Aaron Siri & Glimstad, winning lawsuits that nobody thought were possible. Just over a week ago, bringing back the religious exemption to Mississippi is off the charts. That is made possible by you. And so we're going to give all of you that have made that possible a brand new gift. Starting May 1st, The Informant. Sign up now, become a recurring donor so you don't miss out on this great new expression for ICAN and The HighWire.

Del Bigtree: [00:50:05] Okay. Now, obviously, we've already been into some of these very controversial topics, but for many of you, I suppose, maybe you're home schooling, you've turned off your television, you turned off your radios, and maybe you don't want to have anything to do with this. Or, maybe you're so busy, you're running around dropping your child off at school and are unaware of what's really happening there. So for those of you that maybe haven't been paying attention, there's a lot going on in this discussion around gender and gender identity. This is just a taste of how the media is covering this in so many different ways. Take a look at this.

Various news reporters: [00:50:42] Keyan was born Caitlin, but from his earliest memories, he felt trapped in the wrong body, living the wrong life.

Various news reporters: [00:50:48] When Betty Thomas was seven years old, this children's book sparked a conversation about gender.

Betty Thomas: [00:50:55] There was finally a breakthrough in those three years of just complete anger and sorrow.

Various news reporters: [00:51:03] More and more young people are emerging as transgender.

Various speakers: [00:51:08] Under that, there's a whole umbrella of gender identities, where people might have pronouns that change day to day. There might be people who have one set of pronouns for the rest of their life.

Various speakers: [00:51:17] Taking away kids' agency and the right to their own body is, it's just, it's anti-human.

Various speakers: [00:51:25] It typically began in early childhood, ages 2 to 4, little boys insisting, no, mommy, I'm not a boy, I'm a girl.

Various speakers: [00:51:32] When a two-year-old comes up to you and says, mommy, when is the good fairy going to come with her magic wand and change my penis into a vagina? You're like, okay, this is not typical. This is not something a normal child would do.

Various speakers: [00:51:45] I didn't go to medical school. My wife didn't go to medical school. So we trust them and we trust that they know what's best for our kids.

Various speakers: [00:51:55] We're only trying to follow what our medical community says are the best choices you can make as a parent.

Various speakers: [00:52:03] I'd rather have a living son than a dead daughter.

Various speakers: [00:52:06] At what age does the medical transition begin with medication?

Various speakers: [00:52:10] So medical affirmation begins when the patient says they're ready for it. So that could be a kiddo who is just starting puberty and panicking because they're getting breast buds or their penis is getting bigger and busier and they're worried about all kinds of masculine changes.

Various speakers: [00:52:30] It's also exceedingly rare, typically afflicting roughly 0.01% of the population, the majority of whom would have naturally outgrown it on their own, and historically did. Others became what we used to call transsexual adults.

Various speakers: [00:52:45] He just now started hormone blockers. It's an implant. It is to prevent his puberty.

Various speakers: [00:52:53] This is an off-label, untested, experimental use. It hasn't been through any FDA approval process. It's what I would call a chemical conversion therapy.

Dr. Julia Mason: [00:53:02] The development of desire is mediated by the sex steroid hormones. And if you've blocked them, then you've also blocked that development.

Various speakers: [00:53:14] Children actually reported greater self-harm with this medication. Girls exhibited more behavioral and emotional problems, greater dissatisfaction with their bodies.

Dr. Julia Mason: [00:53:24] If you give them to a girl who's already started her periods, you're going to put her into an immediate, sort of violent menopause.

Various news reporters: [00:53:33] Transgender surgeries across the country are on the rise, as more insurance companies are offering coverage for those procedures. And it's not just adults interested in the procedure. Ursula Pari shows us a growing number of teenagers are as well.

Various news reporters: [00:53:46] Now 17, he's had hormone therapy and had his breasts and uterus removed. Keyan is part of a spike in demand for transitioning from teens around the world.

Various speakers: [00:53:56] Today I am having top surgery. It's really, really hard to look in the mirror and see something that doesn't conform to how your brain, or how you think you are.

Various news reporters: [00:54:11] A young woman alleges she was coerced into treatments at the age of 15 that caused permanent mutilation and damage to her body.

Various speakers: [00:54:18] When I was 15 years old, I had a double mastectomy. They removed both of my breasts. I'm 18 years old now, and I'm, quite frankly, I am devastated with what has happened to me.

Keira Bell: [00:54:29] Such a serious process to go down, and it's so experimental because, you know, doctors don't even know, you know, the outcomes of a lot of these treatments that are given out. I should have been, you know, told to wait and not affirmed in my gender identity I was claiming to have, and yeah, just given intensive

therapy, basically, to investigate the feelings that I was having, to try and, you know, figure out how I got to that stage.

Various news reporters: [00:54:55] Parents are not happy with the Rockland Charter School Academy for having transgender discussions in a kindergarten class.

Various speakers: [00:55:03] Why are we doing this? Shouldn't the schools be focused on science and education and learning and reading and writing, and instead they're being taught, are you a boy? Are you a girl? There's...and they're confusing the children.

Various speakers: [00:55:17] People are girls, some are boys, some are both, some are neither.

Various speakers: [00:55:20] Gender is all about how we feel on the inside and how we express ourselves.

Various speakers: [00:55:24] We're telling children when they haven't fully developed that all you have to do is medically transition, and you fit in. I was one of those kids. It got me at 42. Your child doesn't have a chance.

Various speakers: [00:55:41] Planned Parenthood gives out testosterone on a first visit. Depending on the state, it absolutely gives testosterone to minors.

Dr. Phil: [00:55:50] They gave you testosterone immediately?

Various speakers: [00:55:55] Yeah. I essentially just made a phone call and said, I want a transition, and it was immediately given.

Dr. Phil: [00:56:00] Did they do any psychological testing? Did they ask you why? What was your motive?

Various speakers: [00:56:06] No. It was completely self-diagnosed.

Various speakers: [00:56:08] Some of it's a social contagion, in other ways it's iatrogenic, which means that it's actually caused by the medical profession. So you start to get doctors and others misdiagnosing people. This was what happens with anorexia and bulimia. You know, these doctors identify eating disorders and then they publicize them and it gets all this publicity about it, and then the disorder spreads.

Joe Rogan: [00:56:28] But then there's all these gender-affirming care clinics that pop up, and they're enormously profitable, which is terrifying, that they have, same as Eisenhower's speech about the military-industrial complex, they have a vested interest in going into war. These people have an interest in diagnosing people with gender dysphoria.

Various speakers: [00:56:48] If you confuse people about a fundamental element of their identity, then those who are already so confused, they're barely hanging on, are going to fall prey to that and all hell is going to break loose. And that's exactly what's happened in the, you know, in the trans, in the trans situation.

Various speakers: [00:57:05] Can you find it in a blood test? Can you do testings of genetics, or can you do a brain image and find the gender identity in there? You cannot. There is no objective test to diagnosis this yet. We're giving very harmful therapies on the basis of no objective diagnosis.

Various speakers: [00:57:22] As someone who has gone through the process, I think I can sufficiently say, I don't want any children going through that process. It's incredibly turbulent, I guess that's the best word. It's a lot to go through physically, mentally, emotionally. I don't know what kind of world we're living in where it's now become people who don't want that to happen are the abusers and are the ones that are in the wrong.

Various news reporters: [00:57:44] It is the fact that they are mutilating and literally castrating, physically and chemically, minors, in the name of this false ideology. They go right to puberty blockers, right to cross-sex hormones, and they are sterile. Not only that, no orgasms for them in their future. Nice. Is that informed consent for a 14-year-old who's going through body issues? Men cannot become women. Women cannot become men. Biological sex is real.

Del Bigtree: [00:58:14] Obviously, a lot of different opinions on this subject, but when we think about our non-profit here, the Informed Consent Action Network, what is informed consent? What is a child really capable of giving consent, or understanding what these conversations are about? And, I think there could be plenty of conversations about, is there something chemically that's happening in our environment? But today we're really looking at the social side of this, and I think that when you look at this chart, this is a Gallup poll. Just when you think about the change in having these conversations with children. 7.2% of US adults identify as LGBT. That's what most of us understood to be, you know, the sort of the gay rights movement and their place in this world, which is, you know, they're as I said before, I'm totally open and open to them walking with us, they're beautiful people, they're my brothers and sisters. But look what's happened. Look at, as the, you look at the different generations, the millennials, it rises up to 11.2% of them identifying in this category. And now Gen Z, 19.7. This is the latest generation, born in 1997 to 2004, these teenagers now identify, and God knows what's about to happen with these babies and children that are having these conversations in kindergarten and first grade. In order to try and get some understanding of this, because I'm sure I speak for many of you, it's so outside of a frame of reference that I have that we really wanted to get a personal story, someone that was involved and saw that they were having trouble as a teenager, and listened to this sort of new thought system, which says, it's really all about your body, you're in the wrong body. This is the story of Luka.

Luka: [01:00:11] I grew up in the Midwest. I did ballet for the majority of my childhood. I also did lots of different sports. Volleyball, soccer, trap shooting. I didn't ever really think about being a boy or a girl when I was younger, I was mostly just focused on being a kid. Around junior high, so like end of seventh grade time, my parents had begun to, like, split up, the whole, like, changing houses each week thing didn't work well for me, mentally, kind of made me revert into myself in terms of hanging out with people or wanting to go and do things. It was a lot of, at that point, spending time on my phone, outside of school, right around where I like really started to go through puberty, around like 13. I was like finding myself like having crushes on like other girls in my class, and also just feeling uncomfortable with my body at the time, and so I started to go through searching out like different groups for support, learning about like what the LGBT community was, because I grew up sheltered in a way and didn't really know what that

was. So looking more into it, when I heard some of this stuff about like, you don't like certain parts of your body, like your chest, or the fact you're like getting hips because you're going through puberty. Then, if you're uncomfortable with that, maybe you're just born in the wrong body and you're meant to be a boy.

Luka: [01:01:32] I definitely felt understood in a way, just because it felt like it was saying all the right things to describe how I was feeling at the time. Being in more of these chat rooms and stuff, I started to open up about the fact that I was like, oh, well, I don't really like my chest or I don't like the fact I got my period at that point, and I was just feeling like generally uncomfortable with like growing up into a woman at the time. I had been like talking in these chatrooms for a couple of months at that point when it started to be people trying to like get me to contact them outside of that like group setting of the chat room. At first it was normally just, okay, we're going to slowly like talk about this stuff, talk about like sexual stuff. And then from there it got to like, oh, well, can you send a picture of like one part of your body or another? It got to a point where I eventually did begin sending them naked pictures of myself.

Luka: [01:02:26] There was an aspect of like also threatening me if I did not continue with this, being like, I'm going to find you. I'll like to find your parents. I did at the time feel like if I did not continue, then something bad would happen to those around me. At this point, I was severely depressed, I was having trouble getting up and going to school. I was just constantly anxious and like on edge. I did like end up harming myself using a knife on my thighs. A couple of weeks after I had had issues with like the self-harming thing, my parents ended up seeing some of the messages and were so concerned they did end up getting the police involved. When the police came over, they took my phone and went through everything. I also ended up having to pretty much like strip in front of a female officer to look for any signs of abuse and self-harm. At that point, they didn't take me into custody or anything. I spent pretty much the entire night just having a constant like panic attack of like hyperventilating and not being able to breathe, and like, crying and like curling up in a ball on my bed. From that point, I ended up in outpatient hospitalization.

Del Bigtree: [01:03:37] Well, as Luka tries to find comfort or understanding of what's happening with her, of course, her parents are hanging in the balance, trying to figure

out how to understand. And as the psychologist and medical establishment gets involved, Luka decides to make a very strong choice about her future.

Luka: [01:03:57] It was only a couple weeks or so into that first outpatient hospitalization that I ended up telling my parents that I was having issues regarding my body and that I thought I was transgender. They reacted in wanting to be supportive of me, but also at the time very, very afraid, because they were told by like the therapist doctor and the nurse, they're like, okay, if this is the issue that's going on, you need to like affirm this because would you rather have a dead daughter or a living son? I kind of tried just to downplay the fact I was female, like I would wear the chest binder and looser clothing and I had my hair cut at the time. Starting my sophomore year of high school, I'd send my teachers an email before class starts and be like, I would like you to call me by this name and if you could use he/him pronouns, I would appreciate it. That is when I started to go through like high school as a boy. I first started hearing about top surgery, is similar to chest binding, like in all the like online trans spaces, it's one of the things that is talked about so much. You also have a lot of people posting about it and being like, or like making videos about it and being like, okay, well, I got this done and look how like, I feel great after this, this is euphoric, I feel amazing.

Luka: [01:05:21] And so as someone who was uncomfortable with their breasts and was wearing a binder at this point, like consistently, almost like eight hours a day or more, I was like, maybe this will help. And I had talked about it with my therapist at this point a little bit. And from there she was like, yeah, we could get you into someone in your city that can do this. My therapist had like sessions where I was not there and it was just my parents. They thought that like, okay, well, this must be like an established like treatment plan in the medical, like medical world, if they're saying that this is okay. We don't want our kid to, like, kill themselves, so we're going to be supportive. So it was during the summer of 2018, in July, is when I was 16 years old and I had top surgery, or double mastectomy. One thing that I noticed in me was just the complete lack of feeling in my chest, which I, I think it kind of, it definitely freaked me out at first. But I've been told, so many times, that this is going to help me, that I believe it helped me.

Luka: [01:06:31] The next step from there, in the November of my junior year, I ended up starting cross-sex hormones, or testosterone. As a result of taking testosterone, I went through male puberty, or the closest equivalent of male puberty that a female can

have. My voice dropped, my skin got a very different texture, my hair got a different texture, my fat on my body redistributed, I grew an Adam's apple, body hair, just all that stuff. I kind of like having a lower voice, or I kind of like the fact that I got like a more defined jawline, because it was stuff that at the time it was like, okay, well, this is helping me pass as male. The next progressive step, I guess you could say, in the transition that most people are getting was like, oh, get a hysterectomy. The doctor that I went to, like at the gender clinic, she was very much for it. She was like, yeah, if you want this, yeah, we can get, we can do this. And she made it sound like the simplest surgery ever, that there wasn't a lot of health impacts as long as you, like, left your ovaries. I mentioned it to my parents and they ended up talking with the doctor and being like, absolutely not.

Del Bigtree: [01:07:50] It's my honor and pleasure to introduce you to Luka now. Luka, thank you for joining us today.

Luka: [01:07:57] Of course.

Del Bigtree: [01:07:58] And I want to thank you for being brave. This is such a sensitive and controversial issue, and you're sharing very intimate details that I think are important to this discussion, and it's a conversation we're not hearing a lot about. So I want to thank you for taking that time. So let's just take it from that moment, the moment where your parents decide to just put their foot down. They've been going along with you, but the hysterectomy just went too far. What did that feel like for you at the time?

Luka: [01:08:35] I mean, I suppose at the time it was a bit confusing in the sense of like, well, we've gone along with everything else, what makes this different in a sense? Because, you know, like my doctors obviously saying like, yeah, this is a step we can take. And then you have my parents putting their foot down. But looking back, I realize that they put their foot down because they actually had all of the information about what this does to a body, especially because I was so young. Whereas they didn't have that for anything else and they were relying on what they thought was well-established science with a lot of evidence.

Del Bigtree: [01:09:27] And as you talk about that well-established science, is that, I mean, are the psychologists that are speaking, are they very confident about what

they're saying in this space? And do you have a sense of their background? Like, I mean, this feels like fairly new territory for psychologists. Are they representing it that way?

Luka: [01:09:52] It was never represented to me as if it was a new thing. It was represented to me as if, oh, this is just like something we do, and we have, you know, science to establish this. They talk about it similarly, I suppose, when you hear someone who has a very strong belief that something will work. They talk about it like that, not like people who have mountains of evidence and well planned-out studies with high quality evidence. They don't talk about it from that perspective. Because people who actually care about the science behind it are also willing to accept that what we do have is very low quality, and we need more, and it will always be changing, and we could be wrong. Whereas the professionals in support of this that I've heard speak or I've spoken with, they very much frame it more so in the sense of a belief that this will work.

Del Bigtree: [01:10:57] Now, you spoke about, almost like a placebo effect, in that having had the top surgery, you didn't really have much feeling, but you felt like, oh, this is supposed to solve my problems, so it must be. What was that feeling like? I've watched some of these videos, there is this elation to it. Did you feel an elation and how long did that last?

Luka: [01:11:23] I think for me it was less of feeling elated and a lot more of feeling like a pressure had lifted from my chest. And when you think about it, that is exactly what did happen. Because, you know, once I had the surgery, I didn't need to bind anymore. So it really did make it where, if you're crushing your ribs for eight hours each day, of course it's going to feel like a weight was lifted when you no longer have to do that, even if the surgery was never really necessary to accomplish that in the first place.

Del Bigtree: [01:12:03] Obviously, you're young, and part of this conversation is, young people really involved in these conversations are having discussions about sex and what that means, and it seems to be getting younger and younger. How much of this had to do with your attraction, and did you imagine what future relationships would be with you as a man, or was it more just about yourself? Was it more about partnership or was it more about yourself?

Luka: [01:12:37] I think at that age it was very much more about myself. And you know, I think it's probably like that for a lot of young people because I don't think 16-year-olds are exactly thinking that far ahead in terms of like, oh, what is my future long-term relationships going to be like? It was very much, oh, if I sort myself out, then I can deal with that later, because I wasn't even in the mindset of processing what that would actually be like at the time.

Del Bigtree: [01:13:15] And in that process, as you were looking at hysterectomy, are there discussions of further, more dramatic surgeries?

Luka: [01:13:25] It was really going through the steps of like, this is what I'm supposed to do. And it hadn't gotten to that part where, after the hysterectomy, any other surgeries were discussed. But it very much did go down the line of like, okay, well, I have a flat chest, and so I think that the next thing for my transition would be, okay, we're going to start hormones so you pass more as male. And then after that, it was like, okay, we've gotten used to that, we've kind of synched to it. What's next? What's the next step? The next step is, well, it would be a hysterectomy, so that way you don't get pregnant. Just stuff like that.

Del Bigtree: [01:14:05] When did you start to question the decisions that you'd made? Did it happen slowly or did something trigger it when you started thinking maybe this isn't the right path for me?

Luka: [01:14:21] I would say the first time I really questioned if this was right was very, very briefly, the thought popped into my head during the spring of my freshman year of college, so which would have been last year, where it really popped in my head of at the time, I had gotten to the point where I was very tired of taking a pill every day in the form of the SSRIs I was on. And so I decided that I really wanted to stop that and wean off of them and then really work on myself and be able to manage it without manage anything I was still dealing with at that point without medication. And, as a part of that, of course, as I'm getting off this one medication, it did slip in my head of like, well, I don't want to be reliant on medication, but I still am taking hormones every week via injection. And then at that point, you know, end of the semester rolled around, I was still taking testosterone, I went to go work for the summer, so the whole like stopping it slipped to

the back of my mind. After the summer was over, though, some things almost clicked and I just started thinking more about, well, what do I want my life to look like now? What do I want for my future, what do I want for my future relationships, what do I want if I want children? And along with that, also realizing just how much I was tied down to a medical industry because of the fact that I needed a pharmacy nearby to fill this prescription. I had to have the syringes and the sharps container and make time for this injection every week, even though I at that point hated doing it, because it just hurt and it wasn't making me feel better, and at that it felt like it was tearing me apart.

Del Bigtree: [01:16:36] Can I ask you a question just about the SSRIs that you decided to start getting off of? And I've talked to lots of people for all the different reasons they're taking it, but did those start before you'd made this decision to transition or were they added on to a part of the program after you made that decision?

Luka: [01:17:04] They were before. I, throughout my teenage years, I had been on several different medications for depression, anxiety at various different doses, but it was it was before.

Del Bigtree: [01:17:20] How did those make you feel?

Luka: [01:17:23] They really blunted out my emotions to the point where I really wasn't feeling anything. Like instead of having any highs or any lows, it was just like a baseline of, I wasn't getting excited about things, I wasn't really feeling sad at that point. And, I got to the point where I was like, anything I've gone through, I can't work through these if I don't feel some of those emotions and really figure out where they're coming from and how to help them. I got tired of just blunting everything out when I really wanted to work on it. And then it got to the point where, around last year when I stopped, I realized there was so much that I was never even given a chance to work on because of how blunting these were to my ability to even feel and process emotions.

Del Bigtree: [01:18:20] Would you have perhaps made a different choice in the idea of transitioning if you hadn't been on those drugs?

Luka: [01:18:29] I feel like maybe if I hadn't been on them, I would have at least been given a chance to maybe work through some of what I went through, at least

emotionally, and really maybe benefit from therapy, but then again, it was almost solely focused on the transition thing anyway, so, who knows?

Del Bigtree: [01:18:56] Just so I'm clear, that really came from interactions with people online. It wasn't coming from your teachers inside your school or nurses, this was something you really found this community online that really started enrolling you in this thought that this was your issue. Is that the correct representation?

Luka: [01:19:15] Yeah, it really took what, at the time, were both issues from being preyed upon, but then just also normal teenage insecurities, and really, really kind of twisted them into this feeling of, you're just a boy trapped in the wrong body, or if you even think, if you're even questioning if you're trans, it means you're trans.

Del Bigtree: [01:19:40] And so there's obviously a lot of support when you were thinking about the idea that you might be in the wrong body, you should transition. Is there support when you start moving the other direction, when you want to detransition, is there the same level of support that's available to you?

Luka: [01:19:59] No, absolutely not. There is barely any, aside from the few other people who are vocal about it who will share their experiences for it, or small communities online that get frequently attacked for even talking about the subject. Medical professionals don't know what to do with you. There's no larger really support groups for this. It's a very, very isolating feeling. They were so supportive going one way, and then the minute you mention that you made a mistake or you didn't want this or this didn't work, all of a sudden they don't really want much to do with you.

Del Bigtree: [01:20:51] You started doing research, you started looking at what you'd been through posting, we've talked about this drug Lupron, a puberty blocker which wasn't something you did, but what happened when you started hosting? Is anyone aware of the science around this and asking questions about what you were involved in. How were you treated when you did that?

Luka: [01:21:13] Yeah, I had posted something that just went through like the side effects of Lupron and other places it has been used and the problems that occurred when it was used. And I posted something about the Florida Board of Medicine doing a

review of the evidence and something with the NHS. And I didn't really give my opinion on these either, I just posted them because I was like, oh, well, that's interesting, this is information. You know, I thought people would want to have this information. And that's when a few people were like, I can't talk to you anymore, and told me that, if you keep posting stuff like this, you are killing trans kids. And it was at that point that I was like, that's, but that's not, this is just information, and everyone deserves to have all of the information. And how is me merely posting the side effects of a medication actively being used harming someone? And that was one of my moments where I was like, I really don't understand why any questioning of this community...it seemed like that because, any place that you're not allowed to ask questions should be seen as a very dangerous one.

Del Bigtree: [01:22:46] I agree. So how long ago did you decide then, you back off of the SSRIs, you're getting off of those. And then the testosterone, how long ago did you stop taking the testosterone shots?

Luka: [01:23:00] I stopped taking testosterone in, it would have been late September, early October of....so it's been less than a year still.

Del Bigtree: [01:23:11] Well, Luka allowed us to spend some time with her and discuss some of the issues that are going on through this phase of her life that is now referred to as detransitioning. This is what that is all about.

Luka: [01:23:28] Yeah, so since I've stopped T, my acne has gone really bad, I've tried to use like concealer on it and that just made things worse, so I just kind of have to leave it at this point. Along with that, just the general, like, even though I'm off T, I still have like issues with like facial hair, body hair, and just, obviously, my voice is kind of stuck this way now that I'm off T as well. Also from testosterone, even though I don't take it anymore, I developed an Adam's apple while I took it, and so that is kind of just there now, I can't do anything about it. The only option would be surgery, which I'm not wanting to look into at the moment. It's been months since I have officially stopped taking T. Nothing in my system have restarted yet to make estrogen or anything like that, and so I was essentially going through like almost like menopause symptoms of like feeling nauseous, getting headaches, my joints still hurt even off of T. Physically, it's just a lot of wait and see. Wait and see what will get better. Wait and see what will

bounce back versus what we pretty much know is permanent. I was like, I do kind of want a family someday, have I ruined my chances of having biological children at 20 years old because of something I did as a teenager. Looking back, as I do regret getting the mastectomy, I take responsibility for my part in it, but I also can't be the only one. I was a teenager who had a history of mental health issues at this point, and approached with the idea of like, hey, I want to cut this part of myself off to feel better. And the medical community went, yeah, okay. It became, no, you're born in the wrong body, there is something wrong with you and you need to be medicalized to fix this. Like it was a certain, like, loss of innocence, of childhood.

Del Bigtree: [01:25:57] You and I both know that we've been trying to figure out if you would be able to do this interview because you really aren't feeling very good at this time. Do you mind sharing with me sort of what's going on with your health as you're sort of going through this process?

Luka: [01:26:13] Yeah. At the moment, and this has been an issue as I've gone off T and it's getting progressively more apparent that there was damage done while I was on T, and it's like almost been slowly revealing itself the longer my body is off of it. But lately I've been having heart issues where it's just like it's chest pain, it's my heart is beating way too fast, or feels like it's skipping at times, and it makes me feel like I might pass out. And when that happens, it really is a matter of just, I need to lay down and I'm almost out of commission for the day. Similarly, I still deal with joint pain, and, there are my days with that, too, where I'm just stuck in bed, I can't do much.

Del Bigtree: [01:27:08] What kind of doctor are you working with and is this like something they do a lot of? Do you feel like they know what they're doing?

Luka: [01:27:18] The only doctor I have been able to get into to talk to about this stuff has been a doctor who essentially is the same kind that I went to when I was on T. She is someone who specializes in transgender care, and while she's nice enough and has offered to help me, she doesn't really know how. She told me, I really don't know what to do with you, there is no protocol for this, which is one of those things where that's not reassuring to hear from a medical professional that you came to because your body is falling apart. And in other terms of finding someone else, finding anyone else who's

willing to kind of work through the damage done and actually help me has been incredibly hard.

Del Bigtree: [01:28:15] I would think that's very scary. I mean, just any health issue, we like to think that there's specialists that really know what they're doing here, and yet this is such a new thing. I guess you're, you're, you know....

Luka: [01:28:28] Yeah. I did tell my original physician, back in January on a quick zoom call with her that was supposed to be like my annual appointment, I told her everything that was going on about my...about how this was wrong, I didn't believe I could consent to this at the time, about my joint pain. And she essentially told me that... She was like, yeah, I should probably see someone, but also that this was just, this was just part of my gender journey, and took almost no care or responsibility in the fact that she was one of the people that put me down this path.

Del Bigtree: [01:29:16] I mean, someone that you really put a lot of trust in really helped facilitate a very aggressive path for a child. And then the moment you really seek to have some understanding, they're just not there. What does that feel like?

Luka: [01:29:35] It really does feel like a complete like sense of just, you've been abandoned by the medical community. They were, you know, the medical community was more than happy to put you down this path where you would have been reliant on them for life. And then, when you come back to them, and you tell them, well, I was just a kid. Why did you, I need help, why did you let me do this? Can you help me? It turns around into, this pain you're going through is just part of your journey, and, essentially, not much help is given, if any.

Del Bigtree: [01:30:15] What has your relationship with your parents been? Recently, I mean, obviously they tried to work through, they put their foot down on the hysterectomy, and now, where are they at in all of...in this journey?

Luka: [01:30:32] It's still, of course, complicated because this whole issue, of course, is complicated, but it's getting better, having to tell, especially my mom, about everything, probably one of the hardest and most heartbreaking things I ever had to do. Because she was someone that did have, like vocally had reservations about the mastectomy,

and those were essentially quashed by everyone around her out of, you know, you can't speak up about this, you can't, you have to affirm. And so having to call her and be like, I messed up and I'm sorry. You know, I had to, I had to tell her, I'm so sorry, you were right. I should have....I should have listened when you told me to wait or that I was too young, or that someday maybe I'd want to have kids or want my body the way it was. But we're slowly trying to work through everything, and I feel like in some ways it has brought us closer, that, specific with her, that she has her daughter back now.

Del Bigtree: [01:32:03] There's going to be a lot of parents watching, or are watching right now, and, do you imagine, is there anything your parents could have done, your mom, especially, to move you in a different course? Or do you just feel like this whole thing is stacked against the parents and their ability to intervene?

Luka: [01:32:26] I feel like, specifically with how the system is set up now, where it is essentially affirmation only, and parents who question it are, you know, they're shut down or they are emotionally blackmailed with the threat of suicide. I've talked to a lot of parents who have taken a lot of different approaches to how to handle these issues with their kids, and they all come from a place of love, no matter what path they take. But in terms of what could have really helped me, I think, if my parents really would have maybe shut down the Internet access and really kind of, you know, if you're taking one thing away, replacing it with another, so if we're taking away the Internet, replacing it with more like actual quality family time, and just making sure I knew I was loved and supported and cared for how I was, and that I didn't need surgery to change that, or anything to change that. And that, you know, puberty is uncomfortable, but you will make it through it. And I wish that the medical community would have given me therapy for the issues I actually needed help with and helped me build the skills to get through those issues, as opposed to affirming what could almost be seen as like a disassociation or maladaptive coping skill of reverting into this identity.

Del Bigtree: [01:34:15] So now you're obviously you're getting very active, you're speaking out publicly, you are doing things like this, and we're very appreciative of that. You know, there's a real push now, and very sort of just right now with states, school systems, looking at even making these conversations start younger. We're looking at third, fourth grades, parents that are grappling with their child and secrecy rules, where the parents aren't being told that the children are being asked about their gender

identities. You were 16, which is still very young. When you think about nine-year-olds, ten-year-olds, 11-year-olds that are now being approached with this conversation, what are your thoughts about that?

Luka: [01:35:15] I think kids should be kids and they they should be left out of this. You know, they deserve a safe environment, where if a kid is having these struggles that they can talk through with their parents or an actual professional that is trained, like medically for mental health, and not a teacher, about what is going on. And be given a chance to grow up and most likely grow out of these feelings. But at that same time, when you are introducing these concepts to kids, where it very much feels like you are asking them to put themselves in a box, you are, in a way, killing off a portion of that magical, imaginative exploration that is childhood. By asking these kids to label themselves, to have to put themselves in such a box, boxes which are often really defined on regressive gender stereotypes of, oh, if you like pink, and you like pink and dolls, maybe you're you're just a girl, and if you're a tomboy, maybe you should be an actual boy. It really is, in a way, ending a sense of childhood innocence through the guise of being kind. And, obviously, parents also shouldn't be kept in the dark about this.

Luka: [01:36:51] I always find it funny that the same people that talk about, if these children are at risk of either severe mental co-morbidities or suicidal ideation, why you would almost break your duty as a mandated reporter by keeping that a secret. I think families need to be involved, regardless of really what a child's going through. Having that supportive environment where the parents are active in their child's life is very important. And if a teacher is so afraid of abuse happening at home, they shouldn't be keeping that a secret that way either. They need to go to the proper people to report that to so that can get sorted out. No matter what is happening between...no matter what is going on, there should never be a situation where you have a teacher and a kid going, oh, don't worry, don't tell, just don't tell your parents, this is our secret. And that throws up so many red flags if that is happening, regardless of what that topic is.

Del Bigtree: [01:38:07] I've seen you in some of these discussions really getting pushback from the transgender community about this idea, and the real conversation right now is, do we give children puberty blockers, keep them from going through puberty, so that this decision they've made at a very young age can almost be

permanent, and some people will call it medical castration. Why should a child be making a permanent decision? What do you say to those that are in the community that said, it saved my life, kids will commit suicide if they're not given this control over their body, how do you respond to that attack really from the community that you had sought to join?

Luka: [01:39:00] I mean, I suppose going point by point here. In terms of pausing this, it's not a neutral act, you are interfering directly in stages of development that, once your time to go through those stages of development passes, you really can't get that back, it is not a neutral pause button. And from these studies we do have, we also know that it is well-documented that the vast majority of young children dealing with these issues, if allowed to go through natural puberty, where their brain matures a little bit and is flooded with the correct hormones and their body starts to develop, they will grow out of these feelings, and oftentimes maybe will just grow up to be gay. We also know, I'm aware there are people in the community who say that this saved their life, and I do kind of have two responses to that is, oftentimes these are people who maybe went through it, let's say ten years ago, when the process was very, very different and they did receive pushback on these feelings. But also, you can say that looking back, but you don't know what would have happened had you been given the chance to grow up without that. You know, you don't know if maybe like psychological intervention and waiting would have been the best, because it is very easy to look back, you know, and say, this saved my life, when you know the grass is always greener for you still. And, I also suppose in terms of children being given this much autonomy, kids are very, like I mentioned, they are very imaginative, they are very almost fluid in how they explore the world.

Luka: [01:41:11] And I think cementing a decision a child has at, let's say, like nine, is really, you are taking such a gamble with both that child's health and their future, and you are making it on their behalf, because you are the adult. That child, regardless of how much they're saying they want something, they cannot understand the long-term impacts of that. And you are taking that gamble. And, you know, it's one of those things where if we look back and we all thought about what we were like when we were nine and imagine having what we wanted at that time cemented into permanent reality, I think we would be living in a very worrying world if we all did that, and so it should be just as worrying in these cases. Because a child really doesn't have a concept of what

fertility or an actual, loving, committed adult relationship is like. They don't have that concept. They're children, they don't really have the capacity to understand that full concept. They don't understand what early osteoporosis or any of these other side effects truly mean. And I think we live in a very worrying world where we have taken the barriers that are necessary in childhood development for kids to push back on and healthily push against to explore themselves, and instead of keeping those barriers so kids actually have that room to explore themselves within the confines that they are still children, instead, we have taken away those barriers completely and replaced it with a medical industry that can only affirm.

Del Bigtree: [01:43:09] That's really brilliantly stated and I hadn't really thought about that, that it's almost hypocritical in that you're saying, let the child explore, and then you're locking them into one of the explorations they took. Instead of, if we're going to be open-minded about let the child explore in and out of the worlds that they want to sort of play with as children, it's really, really important, I think. And I just want to thank you so much for taking this time, and I think this is obviously a conversation that we're all so very confused about. And I also want to say that, my heart goes out. It is clear, there's a lot of gender dysphoria or however we discuss it, confusion in the space, for whatever that's worth. I think these are troubling times. There's a lot of Internet, you know, even in the fact that the Internet sort of is making us all alone, we're not interacting as much. I mean, how much are all of those issues coming into play here? But it's been very helpful, and I know it's not easy to talk about the things that you are. You are really, truly courageous in the work that you're doing. And I also want to say to you, we talk to a lot of doctors, and so I'm going to do some research --I even have one coming up here in a minute that I'll talk to-- but we're going to try and see if we can't find someone that is a little bit better equipped to handle what you're going through and see if we can't help out, okay?

Luka: [01:44:45] Thank you. I appreciate it.

Del Bigtree: [01:44:47] All right, Luka, take care, and I look forward to hearing how your journey continues and wish you all the best.

Luka: [01:44:54] All right. You too.

Del Bigtree: [01:44:55] All right. Well, Luka is not alone. It's unfortunately not really even an anomaly anymore. People trying to get the story that they felt like they were coerced into a decision that they didn't want to make. Parents grappling with their children that are going through this. But there are marches and conferences and things happening. We sent a camera crew out to two events, one out in California, one out in Austin, to ask some questions about this issue.

Various speakers: [01:45:32] I am a detransitioner.

Various speakers: [01:45:34] I am an 18-year-old de-ransitioner.

Various speakers: [01:45:36] I originally came out publicly with my story in January of 2020 while I was still in transitioning.

Various speakers: [01:45:42] I've seen firsthand the horrors that transitioning so young can bring.

Various speakers: [01:45:46] I came out here to share my experience as somebody who I felt could have avoided this.

Various speakers: [01:45:51] Our goal overall is to bring awareness to detransition. We've gone through it, we've escaped out of it, and we're exposing the truth of their life.

Various speakers: [01:46:04] At 15, I underwent a double mastectomy and my breasts were permanently removed. I wanted to be a mother one day, and if I were to continue down the path of being a full male, I never would be able to do that. I stopped transitioning.

Various speakers: [01:46:18] I started socially transitioning at the age of 15. Medicalization began at 17 with a very high dose of testosterone.

Various speakers: [01:46:26] When I turned 18, my birthday present to myself was cutting off my boobs.

Various speakers: [01:46:31] I went on testosterone and estrogen blockers at age 17, and then age 19 I had a double mastectomy. But that mastectomy went very wrong, I ended up having massive bilateral hematoma, which is like pooling of blood underneath the skin. And my surgeon, he was nowhere to be seen. It was just, let me take your money, let me like, you know, use a scalpel on you, and then (clicking noise, hands raised).

Various speakers: [01:46:51] I knew in the beginning there wasn't going to be any support. They claim to be the good guys, but the good guy does not yell at people, silence them, give them credible death threats.

Various speakers: [01:47:01] Unbeknownst to me, my daughter was being socially transitioned into believing that she was a boy.

Various speakers: [01:47:07] My daughter's school was transitioning, socially transitioning her behind my back, and she had a teacher who was using male pronouns and a new made up name for her. This was when she was 11 years old.

Various speakers: [01:47:20] My daughter decided that she was a boy at the age of 13. And I watched my daughter mental health decline significantly when she took on a trans identity.

Various speakers: [01:47:31] We had a parent that came to us and we had teachers that came to us that they were being told by the administration that Title IX includes confidentiality to lie to parents, telling these children that they can't trust their parents with this critical issue that they're dealing with in their life. You're undermining the very foundational element of that which nurtures a child.

Various speakers: [01:47:52] In that moment, we say we might be trans we are automatically affirmed and given a pathway to medicalization and surgery.

Various speakers: [01:48:00] Even adult patients who I've talked to, they feel like they were duped into something, that they were lied to by the doctors, that they weren't really given the full picture of how transitioning would affect them.

Various speakers: [01:48:12] Parents are being lied to who are vulnerable with suicidal children, and being told that if they don't affirm, medicalize, mutilate, and sterilize their child, that that child will kill themselves, and it's just not true.

Various speakers: [01:48:27] We're in a society where there's a quick fix for everything. They want to give you a pill for everything. They want to give you a procedure for everything.

Various speakers: [01:48:34] Most of the kids are on some sort of medication all the time. My daughter's friends group, they're all like popping pills at an insane pace.

Various speakers: [01:48:46] The adults in the community were telling them it could be helpful for them to take drugs that could ruin their endocrine system and get surgeries that could leave them with pain for life and incontinence and risk of sepsis.

Various speakers: [01:49:05] There's no one on the medical side who can help them detransition because this is all an experiment. They don't understand why the detransitioners have pain. They don't understand why things ache. They don't understand why they have incontinence. They don't know.

Various speakers: [01:49:24] There's also, I think, a huge profit incentive to this, and my doctors, none of them really followed up with me after I stopped transitioning.

Various speakers: [01:49:33] Gender industry is a \$1.2 billion industry. If you have a so-called sex change and you have, for example, a double mastectomy and a phalloplasty and then another phalloplasty and then a corrective phalloplasty and then maybe you get a little bit of a metoidioplasty. We are talking quarter of \$1 million over the course of 15 years. So, we'd love to have a transgender patient, right? It's money right in your pocket.

Various speakers: [01:49:56] I want to stop the practice of medically transitioning and harming these children.

Various speakers: [01:50:01] We have to get this away from children because children are very impressionable young minds. We need actual safeguards.

Various speakers: [01:50:08] This is a gender war. It's a cult and children and mentally ill people are on the front lines, going straight down the conveyor belt to the altar to cut off body parts.

Various speakers: [01:50:21] This is mutilating otherwise beautiful, perfect young children. We need to stop these procedures for everybody under the age of 18.

Various speakers: [01:50:29] We have to finally legislatively ban this practice.

Various speakers: [01:50:32] I do know people who very well at least believe that they were going to end their life if they didn't get transitional medicine. I do feel like if we gave people psychological interventions that maybe we wouldn't be seeing the necessity for the medical interventions whatsoever.

Various speakers: [01:50:48] They say a woman is, is a Barbie. And what they say a man is is G.I. Joe. And nobody's either of those. We're all in the middle and we should celebrate our differences and never tell a child that everything is wrong with their body.

Various speakers: [01:51:03] You don't cut off body parts of children when they don't fit right. You teach them how to live into themselves.

Various speakers: [01:51:13] We're perverting people's completely normal feelings and their struggles that their bodies are wrong and that they should change them. And that's not right.

Various speakers: [01:51:23] We should be teaching people from the get-go is that you are whole. Nothing will make you whole, you have to find that within yourself.

Del Bigtree: [01:51:34] You know, as I watched that video, some of these people that have gone through this gender transition, the parents talking about the health implications no one's talking about, you know, aching joints and fatigue and fevers and incontinence and all of these things. And I just think how little is known about this, and as I was working on this, one of my favorite doctors out there came to mind, Dr. Patrick Flynn. They call him The Hormone Whisperer. He is the author of "I Disagree," and I

wanted to ask him some questions, so I'm really psyched to be joined by Dr. Patrick Flynn right now. Dr. Flynn, it's great to see you.

Dr. Patrick Flynn: [01:52:15] Del, great to see you as always.

Del Bigtree: [01:52:17] Now, I know you've been watching Luka's story and this discussion, and what I find shocking is really, as from Luka's perspective, how little is known. And one of the things you and I have been on stages speaking all over the country, you've been all over the world, you're very focused on how even more important than vitamins is, you know, hormones and our balance. And so I really wanted to ask you, what happens to a body when we just inject a woman with, or a girl with testosterone, a child, or we take a boy and inject them with estrogen. Is it just that simple, easy peasy, and now we're just turned to a different gender. I have to imagine, since you are so specific about every little nuance of your hormones affecting your future, what are your thoughts on this issue?

Dr. Patrick Flynn: [01:53:17] Well, to me it's very scary for the things that because there's a big difference between men and women that comes their hormones. For example, if you just even take a look at the basic science of how hormones are produced and converted, you understand that the females will have different enzymes in a higher level enzymes to help convert their hormones to other forms. Males have this a little differently, so they're not at the same level. And to give you an example, if you look at just testosterone itself, guys can actually handle a certain level of testosterone because what it does is actually produced and then converted to other forms. So they're meant, their body's biologically meant to take it. And therefore, if it gets too high or too low, there's physical and there's mental things that happen to even if boys or men get too high or too low testosterone. It gets even a little bit more devastating when it comes to women because they have so many more conditions that can happen if they end up with estrogen dominance or even low progesterone. But the thing is this, they each have different factors that cause them to convert to different forms, and I can give you an example. If you look at the normal ranges of just even like, let's say, estrogen for males, if you look at the dramatic increase for women is about 4 or 5 times more than a than a male.

Dr. Patrick Flynn: [01:54:25] A male has roughly a range of about 0 to 40, and if you look it this way, and take a look at this, it's just a simple research there. You know, sex is a major determinant, once skin, of some of the enzymes that we do have. There's great research out there, you can pull up from PubMed, and to show that they have much more capability of converting that. Now, if they automatically stick that level of estrogens into a male, their body is not meant to handle it. It can't, it doesn't even have the specific load. I can show you some research, I just saw what happened to Kelly Klein there where she was in New Zealand. New Zealand actually on their medical, one of their medical websites, they even talk about how these certain enzymes right there, the drug metabolism. If you look, there's certain enzymes we have and you can see they're called P450 3A4, it's part of your liver, part of your small intestine. But look at six down, look that right down.

Dr. Patrick Flynn: [01:55:10] Women have higher levels, more activity than men. And what that shows is this: their ability to convert hormones, their ability to convert estrogens, is predominantly much higher with them. So I actually had something that I can sit right here in my labs right here, and this drove me absolutely crazy. So I have this hospital, this person had labs sent to me. They have female adult ranges, they have male adult ranges, and then they have transgender ranges. And this was a male for their estradiol, their estrogen levels. And all of a sudden I had to call the hospital because I said, listen, I had labs sent down to me by a patient, and all of a sudden I look and they go, hey, listen, the male estradiol ranges go from roughly 20 to 60. The females obviously go from 70 to 200. Okay. But the transgender for males converting to a female is 100 to 200. How do you determine where are you going to put that value in there? And they had no other reason, they said this. What they put down on their form when they put male or female, that's where we put their ranges in. And it was interesting. So even though the patient was a....

Del Bigtree: [01:56:17] So the patient's deciding, not doctors, not medicine, not science, it's just whatever the patient's doing and whatever their psychologist has decided to roll with, there you have it. What are the health implications of a woman, let's say, having too much testosterone in their body, if that happened naturally, which is something you would deal with, what are the health implications of that for a woman?

Dr. Patrick Flynn: [01:56:41] Well, two things. Take a look at Luka when she was transitioning before. Look at her skin. Did you see the acne? Did you see the changes in her facial structure? But also, here's what happens. You have an increased testosterone like that, you're going to end up with major conditions. You're going to (unclear). On top of it, if you kind of look, if those levels get even higher, they can have both forms of cancer. The sad part of that is this: is they're not meant to handle that levels of testosterone, so therefore, they end up with major conditions. But here's the one thing, and here's the one thing, I'm gonna give you an example of a, this is about 2008. Don't quote me exactly, but it was around 2008. I had a young girl that came in, she came with her mother, and she ended up having a cystic acne and she had some excessive facial hair growth. She had some really strong periods. So it happens, I said, listen, let's get your hormones measured. And at this time, I asked her for her past doctor's labs. And of course, we can get into it, they have a very incomplete how to look at both female and male hormones, so we properly tested her, we did a whole array of tests that way. I got them back and her testosterone levels were really high. Well, what happens is this: we so focus on the physical things that happen. We could see it, and I saw her testosterone levels were about probably about 84, if I remember, which is almost double the range.

Dr. Patrick Flynn: [01:57:47] And I looked at her and said, listen, I said there's physical manifestations that happen with hormones, but there's also psychological ones that happen. And she goes, can you explain? I said, well, listen, testosterone is a very aggressive, dominant, it can actually gives even a male sex drive over that. Her mom stopped me and said, can we talk about something? And the daughter's right there, she's about 19 years old. She looks and says, she says, hey, listen, she goes, we're here because my daughter also thinks she's a boy. And I looked there and I saw the shame come over this young lady, and I looked at her, I looked her right in the eyes, I said, I got a question for you. Do you understand that this, what if I told you that you can control it? And she perked up a little bit. I said, do you understand? Hormones by nature are called messengers. Therefore, if you have these elevated messages going in your body, it's going to affect you both physically and psychologically, and it can change how you view the world. It can change how you see yourself. It can change how you see the other sex. It can change how you see everything. And actually she started to cry because she realized that she didn't have control over something that was going abnormal in her body. And within three months of getting her hormones back to normal,

all of a sudden she came in for a consult, and I wasn't going to retest her hormones for about six months.

Dr. Patrick Flynn: [01:58:58] And she came in at about three months or so, and her mom and (unclear) just giddy as can be. And my job was not to worry the manifestations happened, it's to get those hormones back to normal because when you get those hormones back to normal, the skin changes, those period changes, those hair changes. By nature, you're genetically programmed to go back to normal, and if there's wrong messages, guess what? If the messages start to go right, all of a sudden they're so happy they sit down and say, doc, doc, doc, guess what? And she goes, I now feel like a young woman now. So I ran her lab. Testosterone drop right back down to normal. And no joke, to this day, she's doing fantastic, she's married, has kids now and everything. But, and that's where, when I see these people that actually are going through this, I have big, I have a lot of empathy for them because you know why? Ladies, you know this. Let's say that you just have period cramps or you have some other psychological thing that happens, depression, anxiety, because your hormones are too low or too high. It's out of your control. It really is. We think that we can control this, and then we look at them and go, you know, you're just making the choice. What if I told you that there could be hormonal issues that could lead to these psychiatric issues that could really change how you view the world and view yourself?

Del Bigtree: [02:00:13] It's been fun when you speak, there's a lot of fun to your talks because you just talk about how we're judging each other a lot and maybe we just need to adjust and take a look at our hormones. And in this case, you have children that are, you know, you have doctors that don't know what they're talking, they're like forcing a total shift on the body. Just sort of wrap this up because I want solutions. I hate doing stories, you know, Luka is out there really trying to warn children, warn parents, making really important statements about the Internet and watching how our children are being trained in this. But can I ask you this? When you watch the story of Luka, there's obviously this growing body of people now, as you watch these rallies that are going on, that are trying to detransition out of this. Is there a space, I mean, they they seem to be up against doctors that are saying, we don't know what to do here. Though the story you just told is about a natural girl, I mean, who's naturally out of balance, is there a possibility of fixing some of that, it is so totally radically hit their body with an unnatural charge of either estrogen in a boy or testosterone inside of a young girl?

Dr. Patrick Flynn: [02:01:23] Well, of course, because here's what happens. When you put that level of testosterone into the body. Remember, it has to metabolize, it has to convert to other forms, and their organ systems are not meant to deal with that. So they don't, really they don't have the support or the enzymes to do it that way, so that can be supported and you can see that transition. I would love to have the opportunity to not only work with Luka, get her tested properly, because that's the biggest thing. The one thing I can tell you, in all of hormonal health, the sad part is this: doctors do not do the right things to actually even test them. So what they're doing is they're trying to make decisions on them that's incomplete. I can actually tell you, I have a mother in this studio in our studio right now that dealt with the same thing with their daughter. And what happens is, she wanted to take, they wanted to give her testosterone to transition her. The sad part is this. I'm like, did they ever test your hormones? And the answer overwhelmingly is no. Well, she already had abnormal hormones. So you're going to now give her synthetic other hormones to make them more abnormal? And it's really sad. There's so much help for individuals like Luka, and I would love to have the opportunity just to have a conversation with her. And then guess what? Show her what can be done. Because here's what happens. Even her body, even though they've manipulated it chemically, and they've altered it. Guys, there's so much hope and there's so much things that can be done because your body wants to be normal. It's been altered chemically, but what if we could support its regeneration? What if we could support its growth? What if we could normalize those hormones back to level and we can see those things transition truly back to that female state that she belongs in?

Del Bigtree: [02:02:54] Awesome. I'm definitely going to connect you after the show with Luka and let you sort of take that conversation from there. For people that are interested, whether it's just in their own hormones out of balance or perhaps they're watching the show right now, or they've been handed this show by a friend saying, I know your child is going through this, what's a great way that they could reach out to you and make contact and perhaps get some proper testing done to see if they can get their lives and their hormones back into balance?

Dr. Patrick Flynn: [02:03:23] Yeah, we have clinics all over the US. Just go to TheWellnessWay.com. Find the clinic up there, we have clinics all over. Also, if you ever want to follow my stuff that way, I have a huge Instagram page, it's just

dratricksflynn. I share information that, and you can see the people debate on it all the time as they do here, and I've been kicked off many of the platforms before, but they always seem to let me back on and share more information, so that'd be a great way to actually for people to follow.

Del Bigtree: [02:03:48] All right, Dr. Flynn, thank you for taking the time. Very enlightening, and I love that you're out there helping people through all sorts of issues around their hormones. So take care, hormone whisperer, I'll see you out there in the talking circuit soon, I'm sure. So take care, thanks for joining us.

Dr. Patrick Flynn: [02:04:04] You betcha. Thanks, Del.

Del Bigtree: [02:04:05] All right. So to sort of like close out this discussion, I think we've gone through a lot of different parts of it, transgender and sports and women's rights, and then what happens if you've made this decision? But now, when we think about the child, which is I think the part of this that we're all the most sensitive about. You know, I have a daughter that's nine years old, I have a son that's 14. We are fairly in control of their environment. We started our own school, we didn't like where it was going during COVID. But I know so many of you out there are trusting the school system you're in. You're busy, I get it. You know, there's only so many fires we can put out in a lifetime here. But imagine that you find out that maybe your kindergartner, first grader, or maybe even fourth grader, they read this book in school. This is one of those, and we've seen it all. I've seen the protests at school board meetings, and here's just a couple excerpts, but this is basically, let me just, the idea is this is a story about a little girl that's born and she thinks she's a boy. And some very, you know, it's sweet but confusing art. There's even a boy in here that sees himself as a boy that's wearing a dress all around. So it's all sort of thrown up in the air, at least from what storybooks used to have in it when I was a child.

Del Bigtree: [02:05:28] But here's just a couple of excerpts so you just get a sense of what is being read to some children in this country in their schools. When a baby is born, a grown-up says, it's a boy or it's a girl. If a brand new baby could talk, sometimes that baby might say, no, I'm not. When a baby grows up to be transgender, it means that the grown-up who said they were a boy or a girl made a mistake. And in this case, it really points out the parents, later on, as they find their way in this book, my mom and

dad talked to my teacher and we found a group for kids like me, boys and girls and kids who weren't boys or girls. All of us were transgender. We talked about serious things like bathrooms and teasing. We also talked about fun things like video games and books and toys. I don't know what our parents talked about, probably the same things, not necessarily, you know, and I think that that's what's at the heart of this. Where is the appropriate time? And sure, there's always these issues where there's children, some, you know, small group of children going through difficult, confusing times. God knows what's happening inside their households. But what about the majority of children that wouldn't really be thinking about this at all? One parent did find out this book was read to his young daughter in school and he's doing something about it. This is him in a school board meeting.

Steve Schneider: [02:06:58] You see what you created? I'm talking to all of you up here. You guys created this. I just wanted to know what was going on with my kid beforehand. That's it. See the spectacle? I feel no shame in standing for what I believe in. And I'm here today because my rights as a parent were taken from me. No matter your position, I think we can all agree that schools need to include parents before teaching things other than basic education. I came to CVUSD in the past and voiced my concerns only to be brushed away like I meant nothing. There was no inclusion then, there is no inclusion now. I'm not sure how or why you would think that an eight-year-old could understand what transgender even means. In fact, that six-minute video only confused my daughter more. I wonder if Maple considered this, or if you had. You discuss inclusion in one breath and in the other you exclude parents. That makes no sense. Ladies and gentlemen of the board, you have made it abundantly clear to people in the Conejo Valley that you will continue to pursue questionable subject matter without parental inclusion. It's unacceptable. As you see this evening, this community is mobilized to stand up for parental rights. You created a false narrative of hate. I don't hate anyone out here, by the way, I just want you to know that. In fact, I think I could honestly say I love every person in this community. I don't care what sex you are. I don't care if you're trans or not. This is not about hate. This is about love and inclusion, which you seem to keep forgetting about. A parent's right to decide what's best for their child must always be a part of any school policy and a fundamental part of our educational system. These are our kids, not yours. I've told you that quite a few times. Don't forget that. I'll be in the hallway here if anyone has any questions, and we can have an open conversation about this.

Various speakers: [02:08:53] Great brother.

Del Bigtree: [02:09:10] I'm joined now by Steve Schneider. He is actually suing Conejo Valley School District for violating parental rights. Steve, thank you for taking the time to join us today.

Steve Schneider: [02:09:20] Thanks for having me.

Del Bigtree: [02:09:22] Look, when I hear about this story, especially in liberal media, it's like you're out trying to kill gays, you're trying to book burn, Right? Which is amazing, and there's an irony to that. But when we watch you speak, you're doing, and I think speaking about this the way I'm trying to today, which is, we have to be involved in the conversation. We have to be able to find a way to have an open conversation, and you feel like you were robbed of that opportunity. Explain why.

Steve Schneider: [02:09:57] You know, I think as parents, we need to approach situations, especially with young children, seven and eight years old, and this situation that affects my family, we need to approach this as parents and be willing to entertain ideas from both sides. In this case, you're villainized immediately if you speak out against their narrative, and that's out of fear on their side. What initially got this whole thing started last year for me and my family was when that book was read to my daughter. We were completely put out, so that way we weren't included in this. In fact, unless my daughter had said something, we would have never known that this was read to the classroom. And everything that fell in line from that day forward was one extreme to the next, to the point where myself and other parents involved said, how is this going from a simple discussion to protests? It just really didn't make sense initially.

Del Bigtree: [02:10:58] Right. And what was the reason given for reading the book to a group of children at that age?

Steve Schneider: [02:11:07] So one of the children coming back from the winter break, I guess there was one child that transitioned. These are seven- and eight-year-old kids in the third grade, had transitioned from a girl to a boy. And rather than just a quick discussion or a million of other ways they could have handled it, they decided to play a

video of a transgender child reading the book "Call Me Max." And in their perspective, this was to promote inclusion within the classroom. But it led to a lot of other things.

Del Bigtree: [02:11:41] It's a very confusing book. I mean, like I said, you are suggesting this is a girl who sees herself as a boy, then is out playing with a boy that's wearing a dress, but the boy sees himself as a boy but loves wearing dresses, and so, it's this whole space of, I suppose, acceptance in a way. Yet I keep, as a father, and, you know, questioning, you start wondering about, you know, grooming. Is there a grooming going on? Is there a moving a child? These are such susceptible minds to any thought you give them. Can I ask you this? Is sex ed being taught at that age in your school?

Steve Schneider: [02:12:25] Sex ed comes in around the seventh grade. And I mean, that's a whole nother topic. I mean, the sex education program, it's horrifying. I mean, if you've Googled the The Gingerbread Man of Sexuality and some of the other photos, photos depicting men that could become pregnant, it's kind of taken a turn that's so inappropriate. It's definitely not age-appropriate, and the school districts seem to believe that this is the path that should be taught. This is what our children should be learning. You're generally supposed to be given the opportunity to pull your child out of, you know, to opt out. And in most cases, you are. In the instance that happened with last year, we weren't even given the proper notifications ahead of time. The links that were provided by the school district didn't work, and when one parent spoke up about it, the superintendent in the school, his name is Mark McLaughlin, he had said that she had clicking problems. If you're at the top of a school district and a parent approaches you with a legitimate concern, the last thing you should try to do is call them out and try to make them seem unintelligent or that they're in the wrong. You know, leaders accept responsibility for their actions and admit to their faults and find a way to fix things.

Del Bigtree: [02:13:50] So tell me about your lawsuit. You're bringing a lawsuit. We got in contact with you through Amy Bohn and PERK, who we've teamed up with at ICAN, to get into some of the issues we cover a lot around vaccines, forced vaccinations. Why the lawsuit? Why go that far?

Steve Schneider: [02:14:11] You know, we were left with no choice. In the beginning of this, when that book was shown to my daughter in the classroom, there was a lot of

pressure on my daughter. In fact, some of the kids in her classroom really pushed a narrative that was extremely hard on my child socially. They wanted her to shave her head, they wanted to all dress like boys. And, this is something that's not leaving our schools. It's here, and a lot of groups are pushing into the schools with their idea of what's best for my children. Well, you know, my kids are going to stay in public schools. I can't afford to send my kids to private, and this lawsuit is the one way that I could hold to my oath as a father, to my children, to make sure that I can protect them. And it only goes so far when your kids come home, you check their social media, you stay involved, but you really got to focus in on what's going on in school these days because there's wild teachers out there doing some crazy things. But fortunately, we have a few good ones in this district that are still remaining.

Del Bigtree: [02:15:15] Do you feel like a minority in this conversation? Because it sure seemed like a lot of the crowd there was behind you when you came out of the school, a lot of cheering, But you are in California, I think Newbury Park or in that area somewhere around there, so what's the climate like there on this conversation?

Steve Schneider: [02:15:33] You know, I almost think at times it's 50/50. Sometimes I think we outnumber them, but there's a whole bunch of people out there that support us quietly, and I have to assume that the same is for the reverse, for the other side. What you didn't see in that video is the majority of people that were off-camera outside, and there was a substantial amount of them as well. And they're active in the community, but the reality is, I don't think that they represent the transgender community to the fullest. I mean, the reality is, I took a deep dive in learning more about this community because I knew nothing about it, and these are just activists, and they're there to cause problems and to shake things up and they want to push as much as they can, but the transgender community people that I've met, like Scott Nugent from What is a Woman, one of the most amazing resources and become one of my greatest friends along the way, and the majority of people just want to be left alone and live their lives, but these people want to push it on my family and other families in this community.

Del Bigtree: [02:16:37] I wonder, as I look at this, my concern is that it has the potential of having a backfire effect, which is, where we are working towards trying to be more inclusive, more understanding that there are people going through all sorts of different things, when they start interjecting this, forcing people like yourself to bring lawsuits,

creating places where we're getting sort of a more volatile conflict, that it's forcing a battle where we shouldn't have a battle and forcing us to take very strong sides when it seems the goal should be trying to find some unity here in a way that makes sense for everybody. Does that make sense?

Steve Schneider: [02:17:20] It absolutely does. The first time I went to the school board, I had told, you had to fill out a blue card, you got to put your information, a phone number. And I made it very clear to the school board, as well as to Mark McLaughlin, that I raised the concern of what happened at Maple Elementary School and that I would like a phone call and that we could talk this out. And it fell on deaf ears. I never received a call, nothing happened, and ultimately, that's what led to a local newspaper running the first article is because there was no communication with the schools. This matter probably could have been resolved. And in the beginning, I said, we could have made something really beautiful happen, when people can communicate and come up with a solution to a problem. That's what parents do.

Del Bigtree: [02:18:09] Yeah. Do you have advice for parents out there, or as you're getting to be sort of a face of this discussion, certainly we're all about solutions here. What do you see are the solutions for parents that are watching this around the world?

Steve Schneider: [02:18:23] You know, for the viewers watching today, I think that right now you could jump on your phones, you could, one, look into PERK. PERK is doing some amazing things, they have some fantastic resources that are going to help parents, and they're in the fight big time. And that's why I went with them. Along the way, Amy Bohn has been fantastic with helping me step by step. Along with that, I think that if you believe this isn't happening in your school district, you need to pick up your phone, you need to Google like indivisible and then key word your community, your city on there, and look up unity along with your city. If you put those keywords in, you're going to see groups in your schools, and those are the ones in my community that are trying to affect what's happening with with our children. One person in particular I would like to actually point out, her name is Megan Goebel, and she's part of the school district on the LGBTQ District Advisory Council. And she helps write policies for the transgender, LGBTQ, whatever you want to call it, within my community. Now, this is a woman who has a transgender six-year-old, and I don't believe her values coincide with mine, but yet she's the one sitting at the top unwilling to have a conversation with

parents, and it's going to be her way and no one else's way. So these are problems that are affecting everyone in the United States and in your own communities, you will find that these people are there.

Del Bigtree: [02:20:07] Do you, when you've looked and you're deep in this, is there a deeper agenda? What runs through your mind, is this really just about accepting a group of people or is there something else going on? Certainly it feels like it's, when we look at these secrecy laws we're looking at, I know PERK is fighting to keep that from happening in California, but it feels like this is a part of trying to create an excuse for reasons we tear children away from their parents and make them see their parents as being out of touch and wrong, along with vaccines, gender discussions. All of this feels like an attack on the family. Is that the sense you're getting?

Steve Schneider: [02:20:49] Yeah, you know, I can't argue it because there's no other logical reason why this would be happening. You know, if you have somebody on the other side of an issue that's unwilling to hear you, they're not there for a conversation, they're there to push whatever it is they want. And, you could break this down and look at this as a monetary value. How much is each child worth to the pharmaceutical companies over the course of their lifetime? I mean, will these children, who transition, be able to be removed from hormones once they transition? Does that mean that's a subscription service that our health care providers or that our health insurance companies are going to have to pay for these hormone shots throughout the rest of their lives? I heard one statistic that each child that goes on hormones is worth about \$1.5 million over the course of their lifetime, just pharmaceutical drugs. So, we could look at it from a lot of perspectives, I don't want to go into any of my theories regarding it. What it really comes down to is parents being involved and communities standing up, and at this point, it's all or nothing. Parents need to get involved and we need to look further into what's going on in our schools. And we need to show up to school boards and we need to ask the difficult questions. We need to force the difficult conversations, and we need to do it with an open mind and an open heart. Because, you know, me and the rest of my community, we don't hate anybody. This is not about hate. This is about love. We love our children. We know the other parents love their children as well, and, we're still here sitting, waiting to have this conversation and come up with something amicable. But the reality is, we're going to be waiting a while on that.

Del Bigtree: [02:22:39] Steve, I want to thank you for being such a considerate and thoughtful voice in this space. It's really important that we keep composure. You're doing a brilliant job at that. I think it's important that we do sue, that we do push back and say, we're not having this, if that's what it takes to get a conversation, I think that's the right move, so we stand behind and support your desire to have a very important conversation, not just in your school, but in schools across this country, and I would assume the world is dealing with this. So thank you for taking the time to enlighten us on what you're going through right now.

Steve Schneider: [02:23:15] Thanks for having me.

Del Bigtree: [02:23:15] All right, take care. You can visit PERK's website. My understanding is they have some recommendations and things that you can go through if you want to look at these issues around your schools and dealing with your children, so definitely check out the work that they're doing there. They're on top of it. I love Perk, we've teamed up with them many times with ICAN, just a great group of thoughtful individuals, as I know we all should strive to be. As I close this out, I think for those of us that think, oh, it's not going to get to us, we found a training video, and this is a video that's I think is probably popular, I'm sure there's many like it, training doctors on how they're supposed to talk to your child when you are not in the room. I think this is important, you should know this is happening so that you can have the conversations with your child before they find themselves in this conversation.

Physician: [02:24:14] I wanted to ask you a question. I'm asking all of my teenage patients this, and I had your mother step out of the room because what we discuss here is confidential and private, but as your parent, she is able to look at your medical record for whatever we put on there. Okay. So what we discuss here, we can just talk about it, and there are certain parts that, if you want me to just make a note for myself, then I will make that note. But otherwise it will be in your record if it's asked for, they will have access to that. So I want to ask you about your gender identity, are you comfortable having that conversation right now?

Patient: [02:24:46] Sure.

Physician: [02:24:47] All right. Would you say that you identify as a boy, girl, transgender or non-binary, or maybe some other gender?

Patient: [02:24:53] Actually, I don't really identify as a boy or a girl. I know some people look at me and think I'm a boy, but it doesn't really bother me.

Physician: [02:25:00] Awesome. I'm glad it doesn't bother you, that's really good. So for our system, I'm going to go ahead and put Other, if that's okay with you, because I feel like, from what you're telling me, being specific about girl, boy, transgender, or non-binary doesn't fit. Is Other okay?

Patient: [02:25:14] Yeah.

Physician: [02:25:14] All right. And we can have further conversation about your gender identity if you'd like, now or maybe at another time, but we can talk more about it to help you kind of navigate what that looks like for you.

Patient: [02:25:23] Okay, that sounds great. It might be different the next time I come in to talk to you.

Physician: [02:25:26] Awesome. Sounds good.

Training video announcer: [02:25:27] In this scene, the clinician did several things well. First, he politely asked the adolescent patient's parent to leave the room so he can have a private conversation with the patient. Second, he made sure the patient knew that, although their conversation is confidential, any information in the medical record could be read by a parent. He also asked the patient for permission to put the information in the medical record. Finally, the clinician was supporting and affirming with the patient.

Del Bigtree: [02:26:05] You know, I watched that video and there's so many different thoughts. And I will tell you, we've been really investigating this conversation for some time. This is only the tip of the iceberg, even though I know we've dealt with a lot of different issues here. There's so much to this conversation. What I want to say to you, though, is, as Steve Schneider said, we can't disengage from this. We can't stick our

heads in the sand. And I also want to recognize that I see the difficulty here for the establishment, whether it's schools or hospitals. There are children that are being raised in horrible households with terrible parents that do terrible things and don't handle conversations well at all and drive their kids into all sorts of issues with their own mental health. And what is an establishment group supposed to do, if it's not for the school looking out for that child, who can? Who is going to be able to throw up that red flag if it's not that school nurse or doctor that can step in? There are clearly sensitive issues here, and what we have got to realize, the healthy parents, the majority of this nation in the world that care about our kids, have loving communication, is that these systems are designed in many ways for that that aberrant, lowest common denominator, that family that is handling things very inappropriately. I don't know. We've got to be at the table to have these conversations. These are important conversations, and The HighWire, what we're trying to do is show, as much as we can, all sides of this, because it's not just one issue, it's not just that we can write off that child that really is confused, really is scared, is going through something, whether it's a chemical imbalance or something happening in the house, just like the work that we do here, cares about that, maybe smaller group of kids that are being hurt by vaccines and people being hurt by vaccines.

Del Bigtree: [02:28:03] We can't also just look the other way on children that are being left all alone in a very scary place where, for some reason, they are questioning who they are, what is going on. But I will say this. I think it's our job, the healthy families, those of us that are in that space, to prepare our children to know how to handle when the establishment is going to come at them with an issue that is not theirs. And we also have got to get involved. We got to get on school boards. We've got to start running for city council. We've got to get involved in this process because folks, it is closing in on us from all sides. A lot of this is not being handled right, and the biggest problem that I see in this country, especially as I see us as sort of a beacon of light and truth for the world, is that we're not being allowed to have a full conversation with all of the conversation on the table. We should not be allowing one group of people to dictate what we're allowed to say and what we're not. We are all emotional beings.

Del Bigtree: [02:29:10] We are all intelligent beings. I believe in humanity when it's allowed to communicate, we must get back to communication. We must end the censorship of those who do not agree with us or we will truly lose what is special about

humanity. We will lose our freedom. We will lose our liberty. It is only in standing, truly in what America has in this First Amendment right, to speak our minds and be heard by each other. That means I have to accept you and give you your moment to express yourself, and then you have to take the moment to let me express myself, and let's see what we can agree on, what we disagree on, and then be able to find a balance and a way forward. It is possible. It's why we're still here as a species. But if we keep inviting governments to come in and fix this stuff for us, we're going to be in a whole lot of hurt. This is The HighWire dealing with sensitive issues at the very best we can for all of you. I hope we've handled this in a way that was acceptable. Certainly look forward to your comments. We will, I'm sure, be covering more of this issue in the future and others like it, because these are the moments that are affecting our lives. This is the world that we live in, and I believe we can make this world a better place. We can be better communicators, and that's what we're striving to prove on The HighWire. I'll see you next week.