

# Inside the Transgender Empire

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## Imprimis (im-pri-mis), [Latin]: in the first place

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The transgender movement is pressing its agenda everywhere. Most publicly, activist teachers are using classrooms to propagandize on its behalf and activist health professionals are promoting the mutilation of children under the euphemistic banner of “gender-affirming care.” The sudden and pervasive rise of this movement provokes two questions: where did it come from, and how has it proved so successful? The story goes deeper than most Americans know.

In the late 1980s, a group of academics, including Judith Butler, Gayle Rubin, Sandy Stone, and Susan Stryker, established the disciplines of “queer theory” and “transgender studies.” These academics believed gender to be a “social construct” used to oppress racial and sexual minorities, and they denounced the traditional categories of man and woman as a false binary that was conceived to support the system of “heteronormativity”—i.e., the white, male, heterosexual power structure. This system, they argued, had to be ruthlessly deconstructed. And the best way to achieve this, they argued further, was to promote transgenderism. If men can become women, and women men, they believed, the natural structure of Creation could be toppled.

Susan Stryker, a male-to-female transgender professor currently at the University of Arizona, revealed the general thrust and tone of transgender ideology in his Kessler Award Lecture at the City University of New York in 2008, describing his work as “a secular sermon that unabashedly advocates embracing a disruptive and refigurative genderqueer or transgender power as a spiritual resource for social and environmental transformation.” In Stryker’s best-known essay, “My Words to Victor Frankenstein above the Village of Chamounix: Performing Transgender Rage,” he contends that the “transsexual body” is a “technological construction” that represents a war against Western society. “I am a transsexual, and therefore I am a monster,” Stryker writes. And this monster, he continues, is destined to channel its “rage and revenge” against the “naturalized heterosexual order”; against “traditional family values”; and against the “hegemonic oppression” of nature itself.

It is clear from this and from other transgender scholarship that the transgender movement is inherently political. Its reconstruction of personal identity is meant to advance a collective political reconstruction or transformation. Some trans activists even view their movement as the future of Marxism. In a collection of essays titled *Transgender Marxism*, activist writer Rosa Lee argues that trans people can serve as the new vanguard of the proletariat, promising to abolish heteronormativity in the same way that orthodox Marxism promised to abolish capitalism.

“In a different era,” Lee writes,

Marxists spoke of the construction of a “new socialist man” as a crucial task in the broader process of socialist construction. Today, in a time of both rising fascism and an emergent socialist movement, our challenge is transsexualising our Marxism. We should think [of] the project of transition to communism in our time—communisation—as including the transition to new communist selves, new ways of being and relating to one another.

This is the great project of the transgender movement: to abolish the distinctions of man and woman, to transcend the limitations established by God and nature, and to connect the personal struggle of trans individuals to the political struggle to transform society in a radical way.

## From the Fringes to the Center

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The trans movement was hatched, then, on the fringes of American academia. But how did it move so quickly to the center of American public life? Like many other things, it began with a flood of cash, as some of the wealthiest people in the country began devoting enormous sums of money to promote transgenderism.

One of these people is Jennifer Pritzker, who was born James Pritzker in 1950. After serving several years in the U.S. Army, Pritzker went into business, having inherited a sizable part of the Hyatt hotel fortune. In 2013, he announced a male-to-female gender transition and was celebrated in the press as the “first trans billionaire.” Almost immediately, he began donating untold millions to universities, schools, hospitals, and activist organizations to promote queer theory and trans medical experiments.

This money was allied with political power, as Pritzker’s cousin, Illinois Democrat Governor J.B. Pritzker, signed legislation in 2019, his first year in office, to inject gender theory into the state education curriculum and to direct state Medicaid funds toward transgender surgeries. Speaking before an audience of trans activists, he proclaimed:

[O]ur state government is firmly on your side, on the side of every gay, lesbian, bisexual, transgender, and queer person in the state of Illinois. . . . Those of you in this room know better than anyone that marriage equality was never the endgame. . . . We’re gonna make sure that all transgender Illinoisans are ensured their basic human rights and that healthcare services are provided to them so that they can thrive.

Here’s an example of how this combination of well-funded activism and political influence works in practice: Pritzker-funded activists at Lurie Children’s Hospital (the largest children’s hospital in Chicago) provide local schools with training, materials, and personnel who promote gender transitions for children, using the hospital’s reputation to give their ideology a scientific veneer. And the more one investigates, the worse it gets. Children are exposed, for instance, not only to trans ideology, but to concepts such as “kink” (unusual tastes in sexual behavior), “BDSM” (bondage, domination, submission, and masochism), binders to flatten breasts, and prosthetic penises.

Lurie Children’s Hospital, through its outreach presentations in Chicago public schools, encourages teachers and school administrators to support “gender diversity” in their districts, automatically “affirm” students who announce sexual transitions, and “communicate a non-binary understanding of gender” to children in the classroom. The objective, as one version of the presentation suggests, is to disrupt the “entrenched [gender] norms in western society” and facilitate the transition to a more “gender creative” world. School districts are encouraged to designate “Gender Support Coordinators” to help facilitate children’s sexual and gender transitions, which, under the recommended “confidentiality” policy, can be kept secret from parents and families.

In effect, this results in a sophisticated school-to-gender-clinic pipeline. Teachers, counselors, doctors, and activists on social media and elsewhere—many of whom are employed or subsidized by members of the Pritzker family—push children in the direction of what Chicago-area “detransitioner” Helena Kerschner, recalling her own experience, calls “the trans identity rabbit hole.” And despite frequent claims to the contrary, this is not a temporary or reversible process. Of the children who begin puberty blockers, the medical literature suggests that approximately 95 percent move on to cross-sex hormones, and that 50 percent of the females who begin cross-sex hormone treatments move on to “trans-affirming” surgeries.

## **The Synthesis of All Oppressions**

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Another place my investigation of the trans movement has taken me is Highland Park, Michigan, a city of roughly 9,000 residents located about six miles north of downtown Detroit. Highland Park has been plagued by poverty, violence, and crime for decades. Many of its homes and businesses have been abandoned or demolished. It is teetering on the edge of insolvency, yet it is home to one institution that is overflowing with funds: the Ruth Ellis Center, metro Detroit’s central laboratory for the synthesis of transgender science and politics.

The Ruth Ellis Center’s marketing pitch is an amalgam of all the usual euphemisms: “trauma-informed care,” “restorative justice,” “harm reduction,” “racial equity,” and “gender-affirming care.” In the name of these things, the Ellis Center and its partners conduct large-scale medical experiments on a population of predominantly poor black youths.

Dr. Maureen Connolly, a pediatrician at Henry Ford Health, leads the Ellis Center’s medical partnership, providing puberty blockers, cross-sex hormones, and surgical referrals to scores of Detroit kids. Here’s how she describes the child sex-change process:

Transitioning is an umbrella term to describe the process that someone goes through to bring their external self more closely into alignment with their gender identity. For some people that might mean changing their gender expression and the clothes that they wear or how they wear their hair. It might mean using a new name and different pronouns. And that’s wonderful. For others, it can involve taking medication to make their body more closely aligned with how they identify in terms of gender—typically, that’s masculinizing or feminizing medications or hormone therapy. People can also choose to pursue gender-affirming surgeries, which are surgical interventions to bring their body more closely in alignment with their gender identity.

Keep in mind, again, that in the context of her role at the Ellis Center, Connolly is not talking here about the affluent, educated, male-to-female trans individuals who serve as the public face of the trans movement. She is mostly talking about kids from the Detroit ghetto who

suffer from high rates of family breakdown, substance abuse, mental illness, and self-destructive behavior. As such, one might suppose that they are especially vulnerable to the claim that gender transition will solve all their problems.

“My name is Righteous, first and foremost,” says an Ellis Center patient who now identifies as non-binary and uses they/them pronouns:

I think I might have been about eight years old when I remembered or that I recall having any thought of being transgender or gender non-conforming. . . . It felt like I was an outsider to this whole world of America. On top of not being, you know, a European-American, I was black. . . . Most of my dysphoria comes from people misgendering me. With gender-affirming care, I could get the hormones I needed for free.

Righteous is thus a perfect example of the new synthesis of transgender science and politics. She works as an activist not only for the trans movement, but also for a broader intersectional coalition (i.e., a coalition of oppressed and marginalized groups), including, for instance, the movement to abolish the police. She represents the identity of the oppressed by both nature and nurture and marshals this unique “positionality” to advance the full suite of left-wing social policies.

## **Frankenstein Redux**

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In 1818, Mary Shelley wrote the famous novel *Frankenstein; or, The Modern Prometheus*. The premise of the book is that modern science, stripped from the constraints of ethics and nature, will end up creating monsters. “Trans-affirming” doctors are the post-modern version of the book’s protagonist, Doctor Frankenstein.

According to survey data, up to 80 percent of trans individuals suffer from serious psychopathologies and one-quarter of black trans youth attempt suicide each year. “Gender-affirming care” largely fails to solve these problems, yet the doctors use these failures to justify even more extreme interventions up to the final one: genital reconstruction.

Dr. Blair Peters is a plastic surgeon (he uses he/they pronouns) who performs trans genital surgeries at the publicly-funded Oregon Health & Science University and whose specialty is creating artificial sex organs. “I think what we’re becoming very known for at OHSU is genital surgery,” he says. “A prime example of that is a procedure called phalloplasty, which is the creation of a penis. And we now have a robotic vaginoplasty program [that] has been a kind of game changer for patient care.”

As I have previously detailed in *City Journal*, the process for robot-assisted vaginoplasty is gruesome:

According to a handbook published by OHSU, surgeons first cut off the head of the penis and remove the testicles. Then they turn the penile-scrotal skin inside out and, together with abdomen cavity tissue, fashion it into a crude, artificial vagina. “The robotic arms are put through small incisions around your belly button and the side of your belly,” the handbook reads. “They are used to create the space for your vaginal canal between your bladder and your rectum.”

This procedure is plagued with complications. OHSU warns of wound separation, tissue necrosis, graft failure, urine spraying, hematoma, blood clots, vaginal stenosis, rectal injury, fistula, and fecal accidents. Patients must stay in the hospital for a minimum of five days following the procedure, receiving treatment for surgical wounds and having fluid drained through plastic tubes. Once they are home, patients must continue transgender hormone treatments and manually dilate their surgically created “neo-vagina” in perpetuity; otherwise, the tissue will heal, and the cavity will close.

The castration business is booming. According to Peters, the gender clinic at OHSU has “the highest volume on the West Coast”—and with the help of the robot, his team can perform multiple vaginoplasties per day. The phalloplasty program has a 12-to-18-month waiting list for consultations and an additional three-to-six-month waiting list for surgical appointments.

A less common but more symbolically apt surgery performed by Peters and his colleagues is known as “nullification,” in which a smooth, continuous skin covering from the abdomen to the groin is created following a castration or vaginectomy. In other words, the genitalia are replaced by nothing. Nullification surgery is the perfect symbol for the ideology behind the trans movement: the pursuit of the Latin *nullum*, meaning “nothing”; or the related *nihil*, the root of the English word “nihilism.” Trans ideology is animated by a profound nihilism that denies human nature and enables barbarism in the name of progress.

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The future of transgender medicine is in flux. Major American institutions have rallied to its support, with the major medical associations going so far as to call on the federal government to investigate and prosecute its critics. At the same time, some cracks are showing. Detransitioners, a group comprised of mostly young women who have accepted their biological sex after transitioning to various degrees, are going public about the dangers of gender medicine in deeply affecting personal terms. Organizations such as Do No Harm have filed lawsuits and launched advocacy campaigns to curb transgender procedures on minors. And increasing numbers of doctors, who had previously been cowed into silence, are beginning to speak out. State legislators have also taken notice. Earlier this year, I worked with whistleblowers at Texas Children’s Hospital to expose child sex-change procedures that were being conducted in secret. The exposé attracted the attention of Texas lawmakers, who immediately passed the final version of a bill to ban such procedures.

Jennifer Pritzker, Maureen Connolly, Blair Peters, and their ilk occupy the heights of power and prestige, but like Doctor Frankenstein they will not be able to escape the consequences of what they have created. They are condemning legions of children to a lifetime of sorrows and medical necessities, all based on dubious postmodern theories that do not meet the standard of Hippocrates' injunction in his work *Of the Epidemics*: "First, do no harm." Although individuals can be nullified, nature cannot. No matter how advanced trans pharmaceuticals and surgeries become, the biological reality of man and woman cannot be abolished; the natural limitations of God's Creation cannot be transcended. The attempt to do so will elicit the same heartbreak and alienation captured in the final scene of Mary Shelley's novel: the hulking monster, shunned by society and betrayed by his father, filled with despair and drifting off into the ice floes—a symbol of the consequence of Promethean hubris.

A doctor at a major children's hospital had this to say about what puberty blockers do to a child's mind, body, and soul:

This medication is called a "gonadotropin releasing hormone agonist" and it comes in the form of monthly injections or an implant. And because it simulates the activity of this hormone, it shuts down the activity of the hypothalamus. The hypothalamus is this almond-sized structure in your brain, it's one of the most primal structures we have, and it controls all the other hormonal structures in your body—your sexual development, your emotions, your fight-or-flight response, everything. . . . And I always think that if someone were to ask me, Where is it that you would look for the divine spark in each individual? I would say that it would be somewhere "beneath the inner chamber," which is the Greek derivation of the term hypothalamus. To shut down that system is to shut down what makes us human.

This is why we must fight to put the transgender empire out of business forever.