

Addenda #15 – January 2025

Re: Chapter 2, Targeted Casualty: The Nuclear Family

Senate hearing erupts as OB/GYN refuses to answer if men can get pregnant

Fox 11 News, January 14, 2026

A board-certified OB/GYN and medical school professor refused to give a direct answer to Sen. Josh Hawley (R-MO), who repeatedly asked her if men can get pregnant during a Congressional hearing on Wednesday.

Dr. Nisha Verma, an OB/GYN representing Physicians for Reproductive Health, refused to give a “yes or no” answer to the question first raised by Sen. Ashley Moody (R-FL) and again by Hawley because she wasn’t certain what the “goal” was behind the question.

Dr. Nisha Verma is a 36 year old obstetrician and gynecologist, with a BA in Biology & Anthropology and a Doctor of Medicine (M.D.) Verma, who has previously testified in front of Congress on the harms of restricting abortions, was again testifying at a Senate hearing titled, “Protecting Women: Exposing the Dangers of Chemical Abortion Drugs,” when the incident occurred. The question any reasonable medical professional should ask is, what are chemical abortion drugs and are what dangers do they pose for women taking them?

Currently, medical abortions are self-induced by the woman who wants to prevent or terminate a pregnancy. The morning-after pill is a type of emergency contraception used in situations when typical birth control wasn’t used or failed, and in cases of nonconsensual sexual intercourse (rape). This pill is most effective at preventing pregnancy when it’s taken as quickly after unprotected sex as possible. There are two types of morning-after pills currently approved for use by the Food and Drug Administration (FDA). Pills containing ulipristal acetate, most commonly known as ella, are only available by prescription. Pills containing levonorgestrel, commonly known as Plan B One-Step, My Choice, Option 2, Take Action, Aftra and Preventeza, are available for purchase at most pharmacies in states where abortion is un-restricted. Mifepristone, also known as Mifeprex or RU-486, is typically taken once the woman realizes she is pregnant and wants to end the pregnancy up to ten weeks gestation. ^{1,2}

As with any medication, there are risks involved when taking chemical abortion drugs. An April 2025 study by the Ethics & Public Policy Center revealed that adverse events from the abortion pill mifepristone are approximately 22 times more frequent than the FDA currently recognizes. The study, compiled from health insurance claims databases of 865,727 prescribes mifepristone abortions from 2017 to 2023, noted that one in ten women who took the pill had *at least* one serious adverse effect including sepsis, infection or hemorrhaging. The report noted almost 41,000 Emergency Room visits and 5,700 hospitalizations of women who had taken chemical abortion pills. ³

Simply stated, mifepristone, as used in real-world conditions, is not “safe and effective.”

A 2009 study of more than 42,000 women from Finland, found that chemical abortions were associated with an adverse reaction rate four times that of surgical abortions, including an increased risk of hemorrhage and incomplete abortion. ⁴

Chemical abortion has been available in the United States since 2000, when the Food and Drug Administration first approved the use of mifepristone-misoprostol combination. The FDA released a report in early 2025 noting that an estimated 7.5 million women have used abortion pills since that FDA approval was issued. More than 4,200 women experiences an adverse effect from taking abortion pills, certainly not a significant percentage overall, but still significant to women who experienced severe infections, blood loss requiring transfusions, or were hospitalized after taking the pill. The event was certainly a significant event for the loved ones, family and friends of the three dozen women who died from taking the pill. Since the Obama FDA decided that only deaths *must* be reported in 2016, these numbers can be assumed to be significantly underreported; the data reported during the periods before and afterwards show this to be the case. ⁵

In January 2023, the Biden FDA approved the retail sale of abortion pills at pharmacies, just one month after the Office of Legal Counsel deemed chemical abortion was not subject to federal limits or mail-order regulations. In each case, previous regulations banned or limited the use of chemical abortion due to public safety concerns, but no longer was this a concern for the Biden administration. Currently, chemical abortion pills can be purchased in most drugstores in the 36 states where chemical abortion is legal. In states with abortion restrictions or bans, patients can meet with out-of-state providers online and obtain abortion pills in the mail with no physician visit required. Twenty-two states currently have laws to shield healthcare professionals from prosecution who provide abortion pills into states with bans. ⁶

The focus of that January 14 hearing was on the growing reliance of the use of abortion pills in the United States, which is estimated to account for at least 63% of all abortions. Two medical professionals testified at the hearing, a partisan event with Senators praising and prompting the witness who was favorable to their positions, while insulting and attacking the witness that disagreed with them. Dr. Monique Wubbenhorst, a board-certified OB-GYN with more than 30 years' experience in patient care, teaching and research, testified on the dangers of chemical abortion drugs. Dr. Nisha Verma, a board-certified OB-GYN with a BA in Biology & Anthropology and less than ten years' experience, defended the use of chemical abortion drugs. Senator Moody interrupted her testimony to ask her if men could get pregnant. Verma responded that she was unsure where the line of questioning was headed and noting she treats patients with a “range of identities.” Ok, being a “man” is not an “identity,” it is a biological definition based on the individual having one X chromosome and one Y chromosome, as opposed to being a “biological woman” with two X chromosomes. Having a BA in Biology & Anthropology, Verma knows the scientific progression of human beings as well as their genetic makeup, but her political ideology prevented her from answering the question scientifically and honestly. Verma answered based on gender “identities” rather than “biological certainty.” ^{7,8}

Senator Hawley interjected, “Well, the goal [of the question] is the truth. Can men get pregnant? ... The goal is to establish a biological reality,” Hawley added, continuing to push for a direct answer. “I just want to know, based on the science, can men get pregnant? That’s a yes or no question. It really is...” Verma argued that the question was “political in nature” and said she preferred to have a “broader conversation rather than respond in a binary way.” Verma’s answer was “political” in nature as well.

Progressive gender identity supporters insist that a man can become pregnant. “yes, it’s possible for men to become pregnant and give birth to children of their own. In fact, it’s probably a lot more common than you would think,” insists *Healthline’s* K.C. Clements, a queer, non-binary/trans writer and, “educator.”⁹ Clements does *not* have a medical degree. Instead, she holds an M.A. in *Gender Politics* from New York University, regarded as one of the most progressive universities in New York State, due to their gender studies program. “Any individual with a uterus and ovaries can get pregnant. If you don’t have a uterus, emerging technologies like uterus transplants may make it possible for you to get pregnant in the future.” With this declaration, Clements admits that a biological male *cannot* become pregnant naturally, without surgical intervention. It’s all in semantics and how you frame the conversation for progressives.

Note: While successful uterus transplants have been done in biological women, the procedure is only theoretically possible with a biological man and would involve multiple surgeries, a dramatic physical transformation of the male abdomen and pelvis and lifelong use of hormones and physical monitoring.

“Your reproductive organs and hormones may change what pregnancy looks like, but your gender isn’t – and shouldn’t be – considered a limiting factor.”

Comprehensive reviews of medical literature show fewer than 100 verifiable cases where someone that *identified* as male carried a pregnancy.¹⁰ Tracy LaGondino is a biological female who “came out” as Thomas Beatie, a transgender male in 1997. Before her coming out, LaGondino was a model and Miss Hawaii Teen USA pageant finalist. LaGondino underwent “top surgery,” a more pleasant way to describe a double mastectomy, but never had a hysterectomy to remove her uterus, her cervix, her ovaries and fallopian tubes. Even though she *identified* as a man, LaGondino couldn’t bring herself to totally erase the last proof of the biological sex she was born with and have an artificial penis surgically created. It is true that Beatie carried three pregnancies after undergoing artificial insemination (he was married to another woman). But to do so, Beatie ceased taking testosterone for several months to restore the ovarian function and menstrual cycles of her biological female body. Tracy did not go back on testosterone after the birth of her first child, choosing to remain female in order to give birth to another baby. Tracy’s photo appeared in a national gay advocacy magazine, showing her bearded face and pregnant belly. Tracy was even interviewed by Barbara Walters, where she revealed she was pregnant and expecting her second child.¹¹ Tracy and Walters went to great lengths during the interview to portray her marriage to her wife and self-insemination as “normal.” Although Tracy later had “lower surgery,” she could not become pregnant as a transgender man; she could only become pregnant by reverting to the biological female she was and always will be.

I know I'm a white, *cisgender* male, but nothing about that situation strikes me as being "normal." I also admit to intentionally "misgendering" Tracy/Thomas, a violation of anti-discrimination and human rights laws in several Blue, progressive states as well as Canada and the European Union. Dr. Sabra Katz-Wise of the Harvard Medical School claims "When people are misgendered daily... it becomes a burden that can negatively impact their mental health and ability to function in the world."¹² I think that Tracy/Thomas functions just fine in the world given all the publicity she/he has received. Beatie, a global LGBTQ advocate and celebrity, has been interviewed by Barbara Walters and Oprah Winfrey, is an author, public speaker and an entrepreneur. There is even a 10-foot marble statue of a pregnant Tracy/Thomas created by a London sculptor. Tracy/Thomas created a global brand, using his political/celebrity status to build a net worth estimated between \$1 and \$5 million.¹³

Dr. Sabra Katz-Wise co-directs the Harvard Sexual Orientation and Gender Identity and Expressions Health Equity Research Collaborative and is an assistant professor in adolescent/young adult medicine at Boston Children's Hospital. The same Boston Children's Hospital that was the subject of a lawsuit over "reckless" reduction of care assessment of children seeking gender-affirming care at the hospital. Prior to 2018, the hospital had a policy of "allowing" 20 hours of therapy and interviews with patients before making recommendations on the type of treatment they should undergo. In 2018, the hospital cut the therapy and interview time to 10 hours and cut it again to just 2 hours before advising adolescent and *preadolescent* children on life altering treatments.¹⁴

This is the same Boston Children's Hospital was sued in 2025 for using fraudulent billing codes to ensure minors receive insurance coverage for puberty blockers. The program that Dr. Sabra Katz-Wise is associated with, made initial diagnosis of hundreds of adolescent children with central precocious puberty (CPP) as young as age ten, the time when most children are just beginning to go through puberty. Let that sink in for a moment... Medical professionals make snap diagnoses after two, 1 hour evaluations, prescribe puberty blockers to *preadolescent* children to stop development of their biological sexual development, beginning the initial steps of gender transitioning. Prior to 2019, Boston Children's Hospital diagnosed CPP in exactly zero ten year old children. In 2020, after reducing the interview process to 2 hours, medical professionals diagnosed 33 ten year old children with CPP. In 2021, 33 ten year olds were diagnosed with CPP and in 2022, 94 ten year olds were diagnosed with CPP.¹⁵

Dr. Nisha Verma was conflicted during her Senate testimony. On the one hand, she knew the *scientific* truth; that a biological male, with intact genitalia, *cannot* become pregnant. On the other hand, the religion of gender-ideology that she worships, tells her that biological men *can* become pregnant. But this religion fails to qualify the biological and chemical changes that must happen first for this to occur. It cannot occur naturally. It is an artificial construct created by the gender revolution and promoted by the useful idiots who support it. Like Barbara Walters.

A Clear and Present Danger – Threat #1: Progressive Democrat Marxism

Addenda #15 References:

1. Morning-After Pill; Cleveland Clinic, November 21, 2024
<https://my.clevelandclinic.org/health/treatments/23386-morning-after-pill>
2. Mifepristone Tablets (Termination of Pregnancy); Cleveland Clinic, January 2026
<https://my.clevelandclinic.org/health/drugs/23726-mifepristone-tablets-termination-of-pregnancy>
3. The Abortion Pill Harms Women; Insurance Data Reveals One in Ten Patients Experience a Serious Adverse Event; Ethics & Public Policy Center, April 28, 2025
<https://eppc.org/publication/insurance-data-reveals-one-in-ten-patients-experiences-a-serious-adverse-event/>
4. Immediate complications after medical compared to surgical termination of pregnancy; National Library of Medicine, October 11, 2009
<https://pubmed.ncbi.nlm.nih.gov/19888037/>
5. Mifepristone U.S. Post-Marketing adverse Events Summary through 12/31/2024; U.S. Food and Drug Administration, April 21, 2025
<https://www.fda.gov/media/185245/download>
6. Medication Abortion; Guttmacher Institute-State Laws and Policies, December 1, 2025
<https://www.guttmacher.org/state-policy/explore/medication-abortion>
7. Hawley, Moody react after heated Senate abortion hearing exchange: ‘Can men get pregnant?’; Fox News, January 14, 2026
<https://www.foxnews.com/politics/hawley-moody-react-after-heated-senate-abortion-hearing-exchange-can-men-get-pregnant>
8. Senate HELP Hearing (1/14/26) – Protecting Women: Exposing the Dangers of Chemical Abortion Drugs; YouTube, January 14, 2026
<https://www.youtube.com/watch?v=M3PNge7JnRQ>
9. Can Men Get Pregnant?; Healthline, October 1, 2025
<https://www.healthline.com/health/transgender/can-men-get-pregnant>
10. How Rare Is It For a Man to Get Pregnant?; infertilitycarehub, June 21, 2025
<https://www.infertilitycarehub.com/archives/12423>
11. Barbara Walters Uses Pregnant ‘Man’ to Redefine Sexes; Newsbusters, November 10, 2008
<https://www.newsbusters.org/blogs/culture/colleen-raezler/2008/11/13/barbara-walters-uses-pregnant-man-redefine-sexes-family>
12. Misgendering: What it is and why it matters; Harvard Medical School, July 23, 2021
<https://www.health.harvard.edu/blog/misgendering-what-it-is-and-why-it-matters-202107232553>
13. Thomas Beatie; Wikipedia, December 27, 2025
https://en.wikipedia.org/wiki/Thomas_Beatie
14. Boston Children’s Hospital drastically slashed time requirements for kids to transition genders; ex-employee; New York Post, October 31, 2024
<https://nypost.com/2024/10/31/us-news/boston-childrens-hospital-dramatically-cut-time-requirements-for-kids-to-transition-testimony/>
15. Source: Boston Children’s Hospital Could Be Illegally Tricking Insurers Into Covering Sex Changes, DOJ Suggests; The Daily Caller, October 10, 2025
<https://dailycaller.com/2025/10/10/boston-childrens-hospital-insurers-doj-case-sex-changes/>



Tracy LaGondino
Miss Hawaii Teen USA



Thomas Beatie
Pregnant Man & wife Nancy

Note: Thomas Beatie filed for divorce from wife Nancy Gillespie, who inseminated him for their three children, in 2012 after nine years of marriage, then married his second wife, Amber, in 2016. Amber then gave birth to a child by artificial insemination in 2018.

I swear, you can’t make this stuff up!