WHAT RANK-AND-FILE PHYSICIANS THINK ABOUT DEI AND PEDIATRIC "GENDER-AFFIRMING CARE":

EVIDENCE FROM FLORIDA

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EXECUTIVE SUMMARY

Major medical organizations (e.g. medical specialty societies and the American Medical Association) generally take progressive positions on pediatric sex change interventions, DEI, and adjacent issues. For example, the American Medical Association, American Academy of Pediatrics, and Endocrine Society vouch for the supposed safety and efficacy of pediatric sex change interventions, and many medical organizations have publicly embraced DEI.

Polling data indicates that the official position of medical organizations on gender and DEI issues is often at odds with the popular sentiments of the American public. What remains largely unclear, however, is the extent to which the official positions of medical organizations reflect the opinions of rank-and-file doctors.

This report endeavors to understand the extent to which physicians agree with the organizations that nominally represent them. Responses to a survey administered to a random sample of Florida physicians indicate that on DEI and transgender issues, physicians are much more closely aligned with the views of the general public than the views of medical organizations. For example, about two in three respondents believe that the racial composition of the healthcare workforce should not be considered in medical school admissions, and the same proportion support Florida's prohibition on pediatric sex change interventions.

These findings underscore that the near-consensus on DEI and gender issues within legacy healthcare organizations is illusory. Likely, the disconnect between physician attitudes and the positions of major medical societies is due to the proclivity of activist-minded physicians to seek leadership positions. Ideological capture is accelerated by the capitulation of other organizational leaders who may not hold the same views but also do not harbor the same level of passion or willingness to engage in ideological struggle, perhaps in hopes of benefiting their own careers.

BACKGROUND

Most medical associations with a stake in the matter publicly support pediatric sex change interventions. The American Academy of Pediatrics (AAP) calls it "**medically necessary and appropriate**."[1] The American Psychiatric Association "**supports access to affirming and supportive treatment for trans and gender diverse youth and their families, including appropriate mental health services, and when indicated puberty suppression and medical transition support.**"[2] And the Endocrine Society maintains that "**Transgender and gender-diverse teenagers, their parents, and physicians should be able to determine the appropriate course of treatment**."[3] These sentiments are echoed by the American Medical Association (AMA), which appeals to governors to "**oppose state legislation that would prohibit medically necessary gender transition-related care for minor patients.**"[4] The American Society of Plastic Surgeons nobly **stands alone** in the admission that there is "considerable uncertainty" when it comes to the long terms effects of surgical interventions on minors.[5]

Support for medicalized transition tends to come with a host of other values and assumptions. For example, that position tends to present alongside the belief that the meteoric growth in youths and adolescents identifying as transgender reflects more permissive attitudes toward transgenderism rather than mimicry of peers or content seen online. In fact, in 2022 the flagship journal of the AAP published a study by trans activist Jack Turban that purports to **debunk** claims of social contagion.[6] Proponents of so-called "gender-affirming care" for children and adolescents also tend to believe that spaces which were historically segregated by sex should instead be unsegregated or determined by "gender identity" rather than sex.

Support for "diversity, equity, and inclusion" (DEI) also tends to co-occur with certain beliefs or values. One particularly popular set of beliefs among establishment healthcare organizations is that black patients receive worse care due to clinicians' "implicit bias," but that this effect can be mitigated by pairing patients with racially concordant (i.e. same-race) providers. In 2022, the Association of American Medical Colleges (AAMC), alongside 45 other health organizations, submitted an **amicus curiae** brief to the Supreme Court arguing in favor of the preservation of race-based college admissions.[7] The brief plugs the race concordance hypothesis and specifically references a now-debunked study purporting to find that black newborns are more likely to survive if assigned to black doctors. While that study has been **debunked**[8] and affirmative action formally outlawed, the race concordance **myth lives on**.[9]

METHODOLOGY

We received completed surveys from 736 licensed Florida physicians via random sample of the Florida Practitioner Database, May 24-June 2, 2025. Email addresses for medical doctors (MD) and doctors of osteopathic medicine (DO) are publicly available through the Florida Department of Health Public Data Portal. A total of 19,932 email invitations were sent out (representing about one quarter of physicians in the state) of which 5,321 emails were clicked on to open, for a response rate of 13.8% among invitations viewed and 3.7% among surveys completed. Overall, self-reported political party affiliation data indicate that the physicians who completed the survey are **representative of the state** in their political composition[10]: 40% are registered Republicans (compared to 41% of FL voters), 37% are registered Democrats (compared to 31% of FL voters), and 23% are unaffiliated (compared to 25% of FL voters).

A concurrent survey of 600 Florida voters was fielded via random sample of the Florida Voter File to provide context for interpreting responses from physicians. This sample is representative of Florida voters by age, race, gender, political affiliation, and region of the state.

WHY FLORIDA OFFERS A STRONG TESTING GROUND

Florida often reflects and forecasts national partisan dynamics; random sample surveys of Florida voters can serve as strong bellwethers for national sentiment due to the state's demographic, political, and geographic diversity.[11] Historically, Florida's electoral outcomes and shifts in issue salience, such as attitudes toward healthcare, immigration, or economic policy, have consistently tracked or predicted broader U.S. trends, with the state's results closely aligning with national outcomes in most presidential elections and ballot referenda often preceding similar national movements.

Florida is also a national focal point for cultural and so-called "culture war" issues, particularly around topics like LGBTQ issues, immigration policy, education content, DEI issues, and parental rights. In recent years, the state has been at the center of high-profile legislative battles and executive actions, including recent restrictions on gender and sexuality discussions in schools, and around the portrayal of American history and race.

These policies and the public discourse surrounding them have created an environment where Florida residents are highly aware of, and often engaged in, these cultural debates. The visibility of these issues is further heightened by well-organized counter-efforts including activist campaigns, legal challenges, corporate responses, and widespread media coverage, which together ensure that both sides of these debates are actively present and prominent in the public sphere.

As a result, Florida provides an unusually dynamic landscape for measuring not only where public opinion stands on these issues, but also how contested narratives and organized advocacy shape voter attitudes and behavior – offering insights that are nationally relevant given the state's prominent role in driving and reflecting cultural discourse.

FINDINGS

GENDER QUESTIONS

Survey participants were asked five questions relevant to gender ideology, or the belief that children can be born in the "wrong" body. The first question asks: "To what extent do you support or oppose the following policy: Require that trans athletes compete on teams that match the sex they were assigned at birth?" Potential options include "strongly support," "somewhat support," "somewhat oppose", and "strongly oppose."

Overall, the surveyed doctors mirrored the general population in that they expressed support for sex-segregated sports by a margin of about 3:1. Specifically, 64% of doctors expressed "strong" support for requiring trans-identified athletes to compete with members of their natal sex and an additional 11% "somewhat" supported such policies. Among the general population, 59% strongly supported such policies and an additional 17% somewhat supported them.

TO WHAT EXTENT DO YOU SUPPORT OR OPPOSE THE FOLLOWING POLICY: REQUIRE THAT TRANS ATHLETES COMPETE ON TEAMS THAT MATCH THE SEX THEY WERE ASSIGNED AT BIRTH

	DR	PUBLIC
STRONGLY OR SOMEWHAT SUPPORT (NET)	75%	76%
Strongly support	64%	59%
Somewhat support	11%	17%
Somewhat oppose	9%	9%
Strongly oppose	16%	15%

The results indicate that doctors feel very differently than the organizations that nominally represent them. In 2022 the AMA issued a statement of explicit support, "**affirm(ing) that these athletes be permitted to compete in alignment with their gender identity**."[12] Meanwhile, in a 2021 **news release**, AAP's then-President Lee Savio Beers opined that "Several state legislatures have introduced bills that would…forbid transgender youth from participating on sports teams according to their gender identity. These bills are dangerous…Transgender youth would be denied the ability to participate in sports according to their gender identity."[13] Alongside the American Psychiatric Association and American College of Obstetricians and Gynecologists, the AAP also cosigned a **letter** in opposition to the "Protection of Women and Girls in Sports Act of 2023," expressing concern "about the health and well-being of transgender student athletes who are excluded from participating in school sports consistent with their gender identity."[14]

Doctors apparently know better than the organizations that represent them. Allowing trans-identified youth to participate with athletes of the opposite sex represents a powerful affirmation in favor of their professed gender distress. While other countries now urge talk therapy as a first line of defense and caution against social transition, affirmation-based athletic competition represents a clear signal to the child that they are born of the wrong gender.

Moreover, allowing boys to compete with girls represents a threat to the safety of women given differences in strength across populations: On average, **absolute strength is 40% higher** in men than women.[15] In **multiple instances**, female athletes have sustained significant injuries from trans-identified males competing in women's sports.[16] "Gender identity"-based athletic competition is a dangerous policy for both the trans-identified child and those around them. The three quarters of surveyed doctors who oppose it are right to do so.

A second question within the theme of gender ideology asks respondents about the medicalization of kids and adolescents with gender dysphoria. Specifically, the prompt reads: "Florida has passed legislation that prohibits medical professionals from providing sex change interventions, such as puberty blockers, hormone therapy, and surgery, to individuals under 18. To what extent do you support or oppose that law?" Responses include "strongly support," "somewhat support," "somewhat oppose" and "strongly oppose."

Two thirds of surveyed doctors either "strongly support" (55%) or "somewhat support" (11%) Florida's ban of so-called "gender-affirming care" for minors. In fact, the surveyed physicians were 6 percentage points more likely than the general public (60%) to express support for the ban.

FLORIDA HAS PASSED LEGISLATION THAT PROHIBITS MEDICAL PROFESSIONALS FROM PROVIDING SEX CHANGE INTERVENTIONS, SUCH AS PUBERTY BLOCKERS, HORMONE THERAPY, AND SURGERY, TO INDIVIDUALS UNDER 18. TO WHAT EXTENT DO YOU SUPPORT OR OPPOSE THAT LAW?

	DR	PUBLIC
STRONGLY OR SOMEWHAT SUPPORT (NET)	66%	60%
Strongly support	55%	49%
Somewhat support	11%	12%
Somewhat oppose	11%	11%
Strongly oppose	23%	29%

The results are especially notable given that professionals (including doctors) generally resist any government infringement upon their autonomy. The AMA, for example, calls this type of legislation a "**dangerous intrusion on medicine."**[17] Most of the surveyed doctors, it seems, recognize that prohibition against so-called "gender-affirming care" for minors is not an intrusion but that the interventions themselves are a form of medical abuse that invites or necessitates state intervention.

The sentiments of those two thirds of surveyed doctors who support Florida's pediatric gender care ban are aligned with the prevailing wisdom in most of the Western World. Health authorities in countries such as the UK, Sweden, and Finland have **publicly reckoned** with the dearth of evidence on pediatric "gender-affirming care" and recognized that there is significant risk of inflicting iatrogenic harm – damage caused rather than cured by medical intervention.[18] Nevertheless, U.S. health organizations continue to dig their heels in. While European health authorities reversed course on "pediatric gender-affirming care," the AMA, AAP, American College of Obstetricians and Gynecologists, American Urological Association, American Society for Reproductive Medicine, and American College of Physicians all **affirmed support**

as recently as 2023.[19] Hopefully, lawmakers in other states without bans will follow the lead of rank-and-file physicians and not the organizations that claim to represent them.

Two questions task respondents to assess the degree to which the increase in diagnosis of gender distress might be explained by social forces. Specifically, one question asks about the role that social media use among children and adolescents has played in the increase in the diagnosis of gender dysphoria and another asks about the role that content in K-12 public schools has played. Respondents can answer that these forces have played "a big role," "a small role," or that they are not a factor.

Regarding social media, a majority of respondents overall claim that it has played a "big role" in the increase in the diagnosis of gender dysphoria. Notably, doctors are somewhat more likely than the general public to express that concern (65% vs 56%). Only 12% of doctors and 18% of the general public reported that social media isn't a factor.

DO YOU THINK SOCIAL MEDIA USE AMONG CHILDREN AND ADOLESCENTS HAS PLAYED A ROLE IN THE INCREASE IN THE DIAGNOSIS OF GENDER DYSPHORIA?

	DR	PUBLIC
Social media has played a big role	65%	56%
Social media has played a small role	23%	26%
Social media isn't a factor	12%	18%

Opinion is more divided when it comes to the role of public school classroom content. Doctors were once again more likely than the general public to report that it has played a "big role" (39% vs. 31%) but a minority of respondents in both groups believe it has played a big role, and a slight majority of the non-physician group expressed the belief that classroom content has not been a factor in the increased diagnosis of gender dysphoria. The Florida Parental Rights in Education Act (2022) prohibits classroom instruction on gender identity in kindergarten through grade three, so Florida might be something of a national outlier in terms of the role that schools play in propagating gender ideology.

DO YOU THINK CLASSROOM CONTENT IN K-12 PUBLIC SCHOOLS HAS PLAYED A ROLE IN THE INCREASE IN THE DIAGNOSIS OF GENDER DYSPHORIA?

	DR	PUBLIC
K-12 education has played a big role	39%	31%
K-12 education has played a small role	20%	16%
K-12 education isn't a factor	41%	53%

Most doctors who believe that the increased diagnosis of gender dysphoria is at least partly explained by contagion online and within classrooms are at odds with supposed healthcare "experts." In 2022, the AAP flagship journal, Pediatrics, published a study from activist Jack Turban that purported to debunk the social contagion hypothesis. Much hay has appropriately been made of the study methodology, which pediatric gender skeptic Jesse Singal appropriately observes makes the study "**genuinely worthless**."[20] Meanwhile, despite **clear empirical evidence**[21] of social contagion, the AAP along with support from the American Medical Association, American Psychiatric Association, Endocrine Society and others **authored** a 2022 brief of amici curiae which explicitly states that "there is no evidence to support the social contagion 'theory.'"[22] The radical content that kids are exposed to within classrooms and online is clearly making an impression, and doctors are right to believe the evidence of their eyes and not the official position of medical organizations.

A final question on gender ideology naturally follows from questions about social contagion. That is, should the rapid increase in the diagnosis of gender dysphoria be treated as the byproduct of increased social acceptance and awareness — and therefore a cause for celebration — or a byproduct of social contagion — and therefore a cause for concern?

ACCORDING TO REUTERS, 15,172 KIDS AGES 6-17 WERE DIAGNOSED WITH GENDER DYSPHORIA IN 2017. IN 2021, 42,167 KIDS AGES 6-17 WERE DIAGNOSED WITH GENDER DYSPHORIA. WHICH STATEMENT BEST CAPTURES YOUR FEELING ABOUT THE INCREASE IN THE DIAGNOSIS OF GENDER DYSPHORIA AMONG YOUTHS AND ADOLESCENTS?

	DR	PUBLIC
The increase should be a source of concern	64%	49%
The increase should be cause for celebration	1%	3%
The increase is neither a source of concern nor a cause for celebration	35%	47%

About two thirds of doctors (64%) answered that the increase in the diagnosis of gender dysphoria among youths — from 15,172 in 2017 to 42,167 in 2021 — should be treated as a cause for concern. Meanwhile, only 1% said that the increase should be cause for celebration, while 35% said it was neither a cause for concern nor a cause for celebration. Doctors feel differently from the general public, who are evenly divided on whether the increase in the diagnosis of dysphoria is cause for concern (49%).

Most doctors are also at odds with "experts." An AAP **blog post** observes that "Some providers may worry that patients 'coming out' as transgender in adolescence is due to external factors such as peer influence, social media, or past trauma. Much of this fear stems from a poorly written article that resulted in the fictitious phenomenon, Rapid Onset Gender Dysphoria."[23] In reality, the evidence **in favor** of Rapid Onset Gender Dysphoria is robust and the associated rise in the diagnosis of gender dysphoria among youths and adolescents should be treated with alarm.[24]

DEI QUESTIONS

Diversity, equity, and inclusion bureaucracies have become embedded across American healthcare, and with them the attendant ideologies of racial essentialism and racial separatism. To be sure, DEI influences medical school **admissions**,[25] **medical training**,[26] **clinical practice**,[27] and **research**[28]. It has become part and parcel of American medicine, with "experts" and professional organizations leading an ideological crusade that portrays DEI in medicine as **medically necessary**.[29] Meanwhile, dissent from this radical transformation is scarcely tolerated and those who attempt it are either **denied a platform**[30] or **professionally sanctioned**.[31]

The first question about DEI concerns racial concordance in medicine, or the popular idea that patients experience better health outcomes when treated by doctors of the same race. Specifically, respondents are asked whether patients have better health outcomes when they are of the same racial or ethnic background as the doctors who treat them.

DEI in medicine almost fully hinges on the veracity of the concordance hypothesis. After all, if doctors are in fact afflicted with "implicit bias" toward patients, it's reasonable to assume that this phenomenon is attenuated by matching patients to doctors of the same race. And if that's true, then race-conscious medical school admissions policies might be justified as serving the interests of patients.

PATIENTS HAVE BETTER HEALTH OUTCOMES WHEN THEY ARE OF THE SAME RACIAL OR ETHNIC BACKGROUND AS THE DOCTORS WHO TREAT THEM

	DR	PUBLIC
True	31%	22%
False	69%	78%

Most respondents don't believe in concordance mythology. Only 31% of doctors and 22% of other respondents reported a belief that the concordance hypothesis is true. While 7 in 10 doctors reject the concordance hypothesis, it is notable that the proportion who accept it is higher than the proportion within the general public.[a] Likely, the higher likelihood of belief in the benefits of concordance among doctors reflects exposure to the concordance hypothesis. Whereas most of the general public is likely unaware of the academic theory that patients receive better care from doctors of the same race, physicians are likely to have encountered the argument. After all, it is practically preached as gospel across the healthcare establishment. The AAMC **led**[32] (with the support of 45 health professional and educational organizations) a **factually tenuous**[33] amicus brief in support of affirmative action, engaging in extreme **cherry picking**[34] to misrepresent what the academic literature **actually says** about race concordance (the preponderance of evidence rejects the hypothesis).[35] Indeed, the concordance hypothesis is racialized pseudoscience, and it's reassuring that most doctors can see through the farce.

A follow up question naturally arises from the concordance question. That is, should universities consider the ethnic/racial composition of applicants within the admissions process, or should applicants be admitted solely based on merit, even if that results in few minority students being admitted.

WHICH COMES CLOSER TO YOUR VIEW ABOUT EVALUATING STUDENTS FOR ADMISSION INTO A COLLEGE OR UNIVERSITY:

	DR	PUBLIC
Applicants should be admitted solely on the basis of merit, even if that results in few minority students being admitted	68%	59%
An applicant's racial and ethnic background should be considered to help promote diversity on college campuses, even if that means less room for applicants that would otherwise have been admitted or admitting some students who otherwise would not be admitted	32%	41%

For doctors, the proportion who believe admissions should be solely based on merit (68%) mirrors the proportion who reject concordance theory.[b] Interestingly, while doctor respondents are more likely than the general public to embrace concordance, they are less likely to affirm value in race-conscious admissions. Likely, the apparent disconnect is explained by self-interested politics. Most Americans don't attend college, and the majority who do attend **non-selective institutions** that accept most applicants, regardless of race or merit.[36] For these Americans, the idea of race-conscious admissions is an abstract concept that never threatened them and is unlikely to threaten their offspring (i.e. probabilistically, their children are less likely to attend selective colleges). Doctors, on the other hand, were high academic

a Notably, a majority of non-white doctors (63%) also reject the concordance hypothesis.
b Non-white doctors are only slightly less likely (63%) to agree that admissions should be determined by merit.

achievers who likely attended a selective undergraduate institution and then prevailed through a highly competitive medical school application process. Unless they checked the right identity box (i.e. they are from an "underrepresented group,") affirmative action would have lowered their odds of acceptance and proven or could prove detrimental to their offspring, who more likely aspired to or aspire to attend a selective university.

Healthcare "experts" see it differently from rank-and-file physicians. As mentioned, the AAMC alongside 45 health professional and educational organizations publicly came out in favor race conscious admissions when the process was successfully challenged at the Supreme Court. Even after the Supreme Court ruled against race conscious admissions in Students for Fair Admissions v. Harvard (2023), many leaders across healthcare **remain fixated**[37] on ensuring that admissions criteria serve racial goals, and the outcome is an admissions process that still often permits **lower scores** from students from "underrepresented groups."[38] This chicanery doesn't serve anyone's interest. Hopefully, the sensibilities of doctors will win out over the organizations that claim to represent them.

DEI orthodoxy in healthcare holds that not only is racial consciousness scientifically advisable, but also morally appropriate. Health disparities and differences in representation in medicine and other high-status fields are either the downstream effect of historical racism or a byproduct of systems that remain racist, or so the thought goes. The two final questions about DEI address how physicians and the public feel about these orthodoxies.

First, respondents are asked whether they agree that it's possible to identify which groups should be classified as "oppressor" or "oppressed" based on whether members of those groups are over- or under-represented relative to their proportion of the population.

WE CAN IDENTIFY WHICH GROUPS SHOULD BE CLASSIFIED AS OPPRESSOR OR OPPRESSED BASED ON WHETHER MEMBERS OF THOSE GROUPS ARE OVER- OR UNDER-REPRESENTED RELATIVE TO THEIR PROPORTION OF THE POPULATION.

	DR	PUBLIC
Agree	29%	37%
Disagree	71%	63%

Overall, most doctors (71%) and the public (63%) do not believe that it's possible to identify oppressor or oppressed groups based on representation. But leaders in healthcare ostensibly feel differently. In making sense of the underrepresentation of black doctors (compared to their share of the population overall), the American Medical Association is of the belief that efforts to "**maintain the white, male-dominated power structure in American society…led to a host of inequities and injustices in health care that remain today**."[39] The AAMC frames the issue similarly, stating that "**from systemic racism to economic disadvantage, Black men face numerous obstacles in their path to medicine**."[40]

Consistent application of the principle that representation in high status fields reflects group coziness with some invisible power structure would indicate that Asians and Jews are uniquely exploitative. Of course, health leaders don't say as much because it's patently absurd and because they don't hold themselves to the consistent and logical application of principles. Perhaps that's why so many physicians reject these orthodoxies.

The final, related question asks whether "individuals who are members of groups that have engaged in oppression deserve to have their privileges taken away, while individuals who are members of groups have been oppressed deserve restitution for the collective and historic wrong doings done to their group."

INDIVIDUALS WHO ARE MEMBERS OF GROUPS THAT HAVE ENGAGED IN OPPRESSION DESERVE TO HAVE THEIR PRIVILEGES TAKEN AWAY, WHILE INDIVIDUALS WHO ARE MEMBERS OF GROUPS THAT HAVE BEEN OPPRESSED DESERVE RESTITUTION FOR THE COLLECTIVE AND HISTORIC WRONGS DONE TO THEIR GROUP.

	DR	PUBLIC
Agree	41%	41%
Disagree	59%	59%

Doctors and the general public are aligned in that about 3 in 5 reject ideas of collective blame/punishment and collective reward/restitution. But whether it's medical school admissions or clinical practice, the idea of redistribution based on racial/ethnic identity is popular and mainstream among the healthcare establishment. The AMA for example **endorsed** prioritizing minorities during the initial rollout of the COVID-19 vaccine.[41] And for its part the AAMC Center for Health Justice **advocates in favor of reparations**.[42] These divisive policies do nothing to advance health, let alone the American principles of individual responsibility and self-reliance.

CONCLUSION

This survey of Florida physicians reveals a profound misalignment between rank-and-file doctors and the progressive stances of major medical organizations on DEI and gender issues. While leading medical bodies advocate for race-conscious admissions, pediatric gender-affirming care, and DEI frameworks rooted in concepts like racial concordance and implicit bias, the data shows physicians overwhelmingly reject these positions.

This disconnect suggests that activists within medical societies drive policy, unrepresentative of broader physician views. Likely, governance structures favor ideologically driven leaders, sidelining pragmatic rank-and-file clinicians focused on evidence-based care and patient safety, as well as other ambitious leaders who go along to get along with the activists.[43] The findings challenge the illusion of consensus, highlighting how leaders might erode trust in medicine by prioritizing social engineering over popular opinion and common sense.

Moving forward, policymakers should heed these grassroots insights: expand bans on pediatric interventions, enforce colorblind admissions post-Students for Fair Admissions, and reform medical organizations to amplify intellectually diverse voices. Ultimately, restoring medicine to its core principles—do no harm, evidence over ideology—will be necessary to safeguard public health and rebuild institutional credibility.

ENDNOTES

1 Szilagyi, M. (2022, August 10). Why we stand up for transgender children and teens. American Academy of Pediatrics. **https://www.aap.org/en/news-room/aap-voices/why-we-stand-up-for-transgender-children-and-teens/**

2 American Psychiatric Association. (2023). Position statement on treatment of transgender (trans) and gender diverse youth. **https://www.psychiatry.org/getattachment/8665a2f2-0b73-4477-8f60-79015ba9f815/Position-Treatment-of-Transgender-Gender-Diverse-Youth.pdf**

3 Endocrine Society. (2024, May 8). Endocrine Society statement in support of gender-affirming care [Press release]. **https://www.endocrine.org/news-and-advocacy/news-room/2024/statement-in-support-of-gender-affirming-care**

4 American Medical Association. (2021, April 26). AMA to states: Stop interfering in health care of transgender children [Press release]. **https://www.ama-assn.org/press-center/ama-press-releases/ama-states-stop-interfering-health-care-transgender-children**

5 Do No Harm. (2024, August 14). ASPS admits no evidence for "gender-affirming care," breaks with consensus [Blog post]. **https://donoharmmedicine.org/2024/08/14/asps-gender-affirming-care-evidence-consensus/**

6 American Academy of Pediatrics. (2022, August 3). Study finds no evidence of social contagion among transgender youths. AAP News. **https://publications.aap.org/aapnews/news/21888/Study-finds-no-evidence-of-social-contagion-among**

7 Association of American Medical Colleges. (2022, October 31). AAMC leads amicus brief in support of consideration of race in higher education admissions [Press release]. **https://www.aamc.org/news/press-releases/aamc-leads-amicus-brief-support-consideration-race-higher-education-admissions**

8 Borjas, G. J., & VerBruggen, R. (2024, September 16). Do Black newborns fare better with Black doctors? The limits of measuring racial concordance. Manhattan Institute. **https://manhattan.institute/article/do-black-newborns-fare-better-with-black-doctors**

9 Evans, A. (2025, January 23). Anatomy of a myth: How a debunked racial concordance study infiltrated every corner of the medical field [Research report]. **https://donoharmmedicine.org/research/2025/racial-concordance-influence-study**

10 Florida Department of State, Division of Elections. (2025, November 13). Voter registration - By party affiliation. **https://dos.fl.gov/elections/data-statistics/voter-registration-statistics/voter-registration-reports/voter-registration-by-party-affiliation**

11 Cyphers, K. (2025, March 10). Florida man: The nation's mirror? The predictive strength of the Sunshine State and its power as a research tool and policy driver [Blog post]. Substack. **https://decyph.substack.com/p/florida-man-the-nations-mirror**

12 American Medical Association. (2016, June 13). H-470.951: Medical applications of cognitive enhancement [Policy statement]. **https://policysearch.ama-assn.org/policyfinder/detail/H-470.951?uri=%2FAMADoc%2FHOD.xml-H-470.951.xml**

13 American Academy of Pediatrics. (2021, March 16). American Academy of Pediatrics speaks out against bills harming transgender youth [Press release]. **https://www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-speaks-out-against-bills-harming-transgender-youth/**

14 American Psychiatric Association. (2023, April 17). Letter in opposition to H.R. 734, the Protection of Women and Girls in Sports Act of 2023 [Letter to The Honorable Kevin McCarthy and The Honorable Hakeem Jeffries]. **https://www.psychiatry.org/getattachment/0fea994f-2c69-44fa-a127-996d495065dc/APA-Letter-Opposition-H-R-734-04172023.pdf**

15 Ben Mansour, G., Kacem, A., Ishak, M., Grillo, L., & Ftaiti, F. (2021). The effect of body composition on strength and power in male and female students. BMC Sports Science, Medicine and Rehabilitation, 13, Article 150. **https://doi.org/10.1186/s13102-021-00376-z**

16 Perry, S. P. (2024, March 5). Trans athlete injures multiple girls, forcing team to forfeit. Wither thou, feminism? The Heritage Foundation. **https://www.heritage.org/gender/commentary/trans-athlete-injures-multiple-girls-forcing-team-forfeit-wither-thou-feminism**

17 O'Reilly, K. B. (2021, April 27). Why anti-transgender bills are a dangerous intrusion on medicine. American Medical Association. **https://www.ama-assn.org/public-health/population-health/why-anti-transgender-bills-are-dangerous-intrusion-medicine**

18 Sapir,. L. (2023, February 21). Finland takes another look at youth gender medicine. Tablet Magazine. **https://www.tabletmag.com/sections/science/articles/finland-youth-gender-medicine**

19 Endocrine Society. (2023, June 12). AMA strengthens its policy on protecting access to gender-affirming care [Press release]. **https://www.endocrine.org/news-and-advocacy/news-room/2023/ama-gender-affirming-care**

20 Singal, J. (2022, August 5). The new study on rapid-onset gender dysphoria published in "Pediatrics" is genuinely worthless. Singal-Minded. **https://jessesingal.substack.com/p/the-new-study-on-rapid-onset-gender**

21 Greenberg, K. D. (2025, January 3). Evidence backs the transgender social-contagion hypothesis. The Wall Street Journal. **https://www.wsj.com/opinion/evidence-backs-the-transgender-social-contagion-hypothesis-40937876**

22 American Academy of Pediatrics et al. (2022, July 18). Brief of Amicus Curiae American Academy of Pediatrics et al. in support of Plaintiffs-Appellees (No. 21-2708) [Amicus curiae brief]. U.S. Court of Appeals for the Eighth Circuit. **https://www.aclu.org/cases/brandt-et-al-v-rutledge-et-al?document=Amicus-Brief-of-American-Academy-of-Pediatrics-et-al-in-Support-of-Plaintiffs-Appellees**

23 Lim-Liberty, F., & Smith, J. (2023, August 15). Supporting our transgender and gender-diverse youth. American Academy of Pediatrics. **https://www.aap.org/en/news-room/aap-voices/supporting-our-transgender-and-gender-diverse-youth/**

24 Fox News. (2023, July 29). Researchers argue 'rapid onset gender dysphoria' does exist, despite narrative against it. **https://www.foxnews.com/media/researchers-argue-rapid-onset-gender-dysphoria-does-exist-despite-narrative-against-it**

25 Do No Harm. (2025, July 17). Skirting SCOTUS Part III: Exposing medical schools' race admissions [Blog post]. **https://donoharmmedicine.org/2025/07/17/skirting-scotus-part-iii-exposing-medical-schools-race-admissions/**

26 Sibarium, A. (2024, April 9). 'Pedagogical malpractice': Inside UCLA medical school's mandatory 'Health Equity' class. Washington Free Beacon. **https://freebeacon.com/campus/pedagogical-malpractice-inside-ucla-medical-schools-mandatory-health-equity-class/**

27 Goldfarb, S. (2023, July 18). Medical reparations have arrived. City Journal. **https://www.city-journal.org/article/medical-reparations-have-arrived**

28 Kingsbury, I. (2023). Sloppy mass-shooting study is an example of woke mythmaking. City Journal. **https://www.city-journal.org/article/sloppy-mass-shooting-study-is-an-example-of-woke-mythmaking**

29 Association of American Medical Colleges. (n.d.). The importance of equal opportunity in medical education and health care. **https://www.aamc.org/about-us/mission-areas/medical-education/my-story-matters**

30 Do No Harm. (2024, May 24). New England Journal of Medicine brooks no dissent of DEI [Blog post]. **https://donoharmmedicine.org/2024/05/24/new-england-journal-of-medicine-brooks-no-dissent-of-dei/**

31 Joseph, A. (2021, June 1). JAMA editor-in-chief stepping down after backlash from podcast that questioned racism in medicine. STAT News. **https://www.statnews.com/2021/06/01/jama-editor-in-chief-stepping-down-after-backlash-from-podcast-that-questioned-racism-in-medicine/**

32 **https://www.aamc.org/news/press-releases/aamc-leads-amicus-brief-support-consideration-race-higher-education-admissions**

33 Greene, J. P. (2023, July 10). Justice Jackson's trifecta of wrong on "research" on racial preferences. The Heritage Foundation. **https://www.heritage.org/courts/commentary/justice-jacksons-trifecta-wrong-research-racial-preferences**

34 Kingsbury, I. (2023, July 6). The Association of American Medical Colleges' selective research. City Journal. **https://www.city-journal.org/article/the-association-of-american-medical-colleges-selective-research**

35 Do No Harm. (2023, June 29). Racial concordance in medicine: The return of segregation [Research report]. **https://donoharmmedicine.org/research/2023/racial-concordance-in-medicine-the-return-of-segregation**

36 DeSilver, D. (2019, April 9). A majority of U.S. colleges admit most students who apply. Pew Research Center. **https://www.pewresearch.org/short-reads/2019/04/09/a-majority-of-u-s-colleges-admit-most-students-who-apply/**

37 Kingsbury, I. (2024, May). Skirting SCOTUS: How medical schools will continue to practice racially conscious admissions [Research report]. Do No Harm. **https://donoharmmedicine.org/wp-content/uploads/2024/05/Skirting-SCOTUS-How-Medical-Schools-Will-Continue-to-Practice-Racially-Conscious-Admissions.pdf**

38 Kingsbury, I. (2025, July). Skirting SCOTUS Part III: Exposing medical schools' race admissions [Blog post]. **https://donoharmmedicine.org/2025/07/17/skirting-scotus-part-iii-exposing-medical-schools-race-admissions/**

39 Madara, J. L. (2021, February 17). Reckoning with medicine's history of racism. American Medical Association. **https://www.ama-assn.org/about/leadership/reckoning-medicine-s-history-racism**

40 Association of American Medical Colleges. (2020, November 18). Black men make up less than 3% of physicians. That requires immediate action, say leaders in academic medicine. **https://www.aamc.org/news/black-men-make-less-3-physicians-requires-immediate-action-say-leaders-academic-medicine**

41 American Medical Association. (2020, October 2). AMA statement on framework for equitable COVID-19 vaccine allocation [Press release]. **https://www.ama-assn.org/press-center/ama-press-releases/ama-statement-framework-equitable-covid-19-vaccine-allocation**

42 Alberti, P. M., Grayer, D. C., Alvarado, C. S., & Megibow, E. (2024, April 16). Racial justice and health equity: Public perspectives on reparations in America. AAMC Center for Health Justice. **https://www.aamchealthjustice.org/news/research/reparations**

43 Fenn, H. H., & Miceli, K. (2025, August 27). Diagnosis disconnect: Medical associations don't speak for all doctors. RealClearPolitics. **https://www.realclearpolitics.com/articles/2025/08/27/diagnosis_disconnect_medical_associations_dont_speak_for_all_doctors.html**

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