

Young Woman Who Transitioned to Male Prosecutes UK Health System

Keira Bell, now 21, started “transitioning to male” at just 17. [She now regrets the whole process](#) and last week brought a landmark legal challenge at the UK’s Royal Courts of Justice against the Tavistock and Portman NHS Trust.

In an interview she says they affirmed her “trans” desire, with no exploration of why she felt like that: “It was just accepted, and they were trying to deal with it [by putting] me on to the treatment path.”

Soon after reaching 16, [Bell was referred to the Tavistock Centre](#) (a specialist mental health trust based in north London), where she was prescribed puberty blockers and then testosterone. These, she says, forced many changes in her teenage body. Her voice dropped, hair sprouted on her face and body, and her sex drive increased. Her bones started losing density, she suffered symptoms commonly associated with the menopause, and her tears dried up – at moments of extreme emotion she would react with a lump forming in her thickening throat rather than shedding tears.

On leaving college she changed her name by deed poll and applied for a government-authorized Gender Recognition Certificate making her officially male. Around the same time she was referred by her doctors for a double mastectomy, which she underwent aged 20, in 2017.

And yet her personal problems seem not to have been investigated. Her parents had separated when she was around five and she and her sister were shuttled between them. Having always felt like a “tomboy”, as she reached her teens she

started to feel alienated from her peers and different from all the other girls she knew and started to suffer from mental health issues.

Bell now says that about a year after her breast surgery she began to have serious doubts – in the company of men, she never felt like she fitted in, and [realized that she wasn't the same as biological men](#): “I would always be female no matter how hard I tried”, she says, adding: “I just am a woman ... And that is it.”

Now in a same-sex relationship, she says [the rest of her life will be “negatively affected”](#) because, in the attempt to find confidence and happiness, she made a “brash decision” as a teenager, [like a lot of teenagers](#). (They certainly do, and [in ever-increasing numbers](#): referrals to the Tavistock’s Gender Identity Development Service increased from 97 in 2009 to 2,590 in 2018, with girls comprising 76 percent of cases.)

The role of the internet and peer pressure has been noted as driving this trans trend, but so far the opinion-forming classes seem to have been too busy enjoying the ride on the bandwagon to slam on the brakes. In contrast, only last month the Advertising Standards Agency (ASA) was considering banning Instagram advertisements “selling cosmetic surgery to teenage girls” such as lip fillers and breast enhancements, after campaigners said they had seen a rise in the number of children getting enhancements to look like the reality TV stars they followed on social media.

While it is illegal to perform cosmetic procedures on under-18s, unlike with food and drinks considered to be high in fats, sugar or salt, there are no advertising restrictions for cosmetic surgical procedures. However, the ASA’s director of committees, Shahriar Coupal, said: “This is an important consultation which seeks views on a proposal to introduce tighter restrictions around the advertising of cosmetic interventions, strengthening protections for young people and

better [protecting them from potential harm.](#)”

And yet in recent years, in uncritical TV programs and on the internet, young people have been sold the really harmful idea that a man can become a woman, and a woman can become a man – or even that they may have been born into the wrong body. The Government has now made clear that such messages must be [excluded from sex and relationships lessons](#), and yet they still cling to the fiction that adults can “change sex” – that a Gender Recognition Certificate can perform the impossible in making women officially men and vice versa.

Moreover, the National Health Service (NHS) will pay for all the surgery and hormones involved, as well as paying for the inevitable physical problems arising from these, and the unaddressed psychological problems – even while telling the taxpayers who fund all these “treatments” that they are burdening the health services by indulging in unwise and harmful lifestyle choices.

We are constantly told that regarding COVID-19, the Government is following the science, but where is the science underpinning these transgender interventions – and where are the men of science when we need them? As it is, they are leaving the poor benighted slaves of superstition (ie, Christians) to point out the fallacy of a pernicious ideology that is ruining the lives of so many children.

But Ms. Bell’s case illustrates the fact that long ago it was decided by the governing classes that family break-up was not a problem for children – indeed, it was the answer to the problem of marriage – and the new trans fad offered a welcome distraction from the fall-out from their own rotten social philosophy: young people with mental health issues must be in the wrong sex. And the population control movement must be rejoicing that at last they have found a “right on” reason for sterilizing those with mental health problems.

Keira Bell is only just beginning to cry again, and she will have plenty to cry about, since she may not be able to have children of her own. Sadly, it may take her current legal challenge to bring about real change – not from male-to-female or female-to-male, but from insanity to common sense.

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