

NEWS & POLITICS

Transgender Tragedy: This Baby Died Because the Mother's Medical Records Listed Her as Male

BY TYLER O'NEIL 10:54 AM ON MAY 16, 2019



This week, *The New England Journal of Medicine* published a bizarre story. A “transgender man” entered a hospital with severe abdominal pains. Because she was identified as a man, the doctors naturally did not think to treat her for labor and delivery, so she tragically lost the baby. Rather than emphasizing the danger of placing gender identity over biological sex, both the journal and *The Washington Post* made the absurd claim that the hospital should not have ruled out pregnancy for a man.

“He was rightly classified as a man” in the medical records and



appears masculine, Dr. Daphna Stroumsa at the University of Michigan-Ann Arbor, wrote in the journal article. “But that classification threw us off from considering his actual medical needs.”

“The point is not what’s happened to this particular individual but this is an example of what happened to transgender people interacting with the health care system,” she added.

[*The Washington Post’s Marilyn Marchione*](#) argued that this case should make doctors aware of the “blurred lines” in medicine. Citing the journal article, she claimed that the case “points to larger issues about assigning labels or making assumptions in a society increasingly confronting gender variations in sports, entertainment and government. In medicine, there’s a similar danger of missing diseases such as sickle cell and cystic fibrosis that largely affect specific racial groups, the authors wrote.”

Yet this conclusion is forced at best, and merely serves to blind people to the truth of the story.

The 32-year-old woman was not identified, but the journal noted that she told the nurse she was transgender at the emergency room. The record listed her as male. She hadn’t had a period in several years and had been taking testosterone, which decreases ovulation and menstruation. She quit taking the hormone after she lost health insurance.

The mother had taken a home pregnancy test and it came out positive. She also had wet herself, a possible sign of ruptured membranes and labor. A nurse ordered a pregnancy test but considered her stable and her problems non-urgent.

Hours later, a doctor evaluated her and confirmed pregnancy. They took an ultrasound and found clear signs of fetal heart activity, but part of the umbilical cord had slipped into the birth canal. Doctors prepared to do an emergency c-section, but the baby's heartbeat stopped in the operating room.

The Washington Post reported these words, "Moments later, the man delivered a stillborn baby."

Tellingly, the authors wrote that if a clearly identified woman had shown up with similar systems, the woman "would almost surely have been triaged and evaluated more urgently for pregnancy-related problems." In other words, the confusion of transgender identity prevented the doctors from giving this mother the care she needed.

The toxic doublespeak of transgender identity runs throughout the journal article and the *Washington Post* story. Marchione actually defined "transgender men" as people "who are considered female at birth but who identify as male" and wrote that they "may or may not be using masculinizing hormones or have had surgical alterations, such as womb removal."

This kind of explanation is clear gaslighting. From the moment of conception, human beings are either female (two "X" chromosomes) or male (one "X" and one "Y"). Some people have intersex conditions, where their reproductive organs do not develop normally and many of them are sterile. This is not a "third sex," however, as human reproduction involves one male and one female.

When a reproductively-healthy biological female identifies as a man, that does not *make her a man*. Unless she undergoes surgeries that

sterilize her, she can still get pregnant.

Yet the embrace of transgender identity in medicine and in journalism has led people to make absurd statements, such as claiming that “men” have female sex organs and that “men” can get pregnant and deliver babies. This is lunacy.

To be clear, some people have a serious condition of experiencing severe discomfort from persistently identifying with the gender opposite their biological sex (gender dysphoria). These struggles deserve sympathy, but it is entirely wrongheaded to embrace a false transgender identity in the name of helping these people.

This is akin to telling a teenage girl who struggles with anorexia (thinking she is fat when she is really thin) that she is truly fat and should starve herself. Whatever the anorexic girl’s “fat identity,” the fact is that she needs food to survive, and attempts to starve herself are unhealthy.

In this mother’s tragic case, the medical profession’s rapid embrace of transgender identity actually cost a human life. This unborn baby had done nothing to deserve death, but because the baby’s mother identified as a man and because medical records listed her as male, her baby was not given the help this most vulnerable human needed to survive.

“It’s a very upsetting incident, it’s a tragic outcome,” Dr. Tamara Wexler, a hormone specialist at NYU Langone Medical Center, told the *Post*.

Yet she drew an absurd lesson from the tragedy. “Medical training should include exposure to transgender patients” so health workers

are better able to meet their needs. “A lot of doctors who are practicing don’t have that in their training.”

“There are implicit biases that need to be addressed,” Nic Rider, a transgender health specialist and psychologist at the University of Minnesota, told the *Post*. He insisted that training is not enough. People must be re-educated to stop thinking of human beings as male and female.

Health records may use male and female templates “for gender” but “it doesn’t mean that we just throw out critical thinking or think about how humans are diverse,” Rider argued.

Basic biology is accurate. Only women can get pregnant. Even though this mother identified herself as transgender, she should have been seen as a woman. Her false identity is not “diversity,” and in this case, it made it harder for doctors to save the life of her baby.

Accurate medical records cannot erase biological sex. Men and women have different health needs, and even when a transgender person takes hormones and surgery, his or her body is still impacted by his or her biological sex. In the case of a “transgender man” like this, doctors need to know that she is truly female — this can be a matter of life and death.

The tragedy in this case is not “those bigoted doctors and nurses” but the prevailing fiction that this woman is “really a man.” Had the medical records not listed her as male, her baby might be alive today.

Follow Tyler O’Neil, the author of this article, on Twitter at [@Tyler2ONeil](https://twitter.com/Tyler2ONeil).

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Tyler O'Neil is an author and conservative commentator. He has written for numerous publications, including The Christian Post, National Review, The Washington Free Beacon, The Daily Signal, AEI's Values & Capitalism, and the Colson Center's Breakpoint. He enjoys Indian food, board games, and talking ceaselessly about politics, religion, and culture. He has appeared on Fox News' "Tucker Carlson Tonight." He is the author of [Making Hate Pay: The Corruption of the Southern Poverty Law Center](#). Follow him on Twitter at [@Tyler2ONeil](#).

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