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Advocates for transgender youth rally outside the New Hampshire Statehouse March 7 in Concord. House and Senate committees are holding public hearings on four bills opponents say would harm the health and safety of transgender youth. U.S. bishops issued a document March 20 rejecting gender-affirming medical treatments for transgender individuals. (AP photo/Holly Ramer)



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Though it should seem obvious, it is worth restating that just because something is new or unfamiliar *to you* does not mean that it is necessarily novel or invented, and just because *you* don't understand something does not make it wrong or sinful. This needs to be restated because some people, including some church leaders, cannot seem to remember this before they act in harmful ways.

On Monday (March 20) the United States Conference of Catholic Bishops' Committee on Doctrine published a document titled "[Doctrinal Note on the Moral Limits to Technological Manipulation of the Human Body](#)," which calls for the refusal to provide gender-affirming care to those experiencing gender dysphoria. In the process, those responsible for this document not only deny the reality of transgender, nonbinary and intersex persons, but they also compound the harm experienced by already very vulnerable people.

That a statement like this was coming was not a surprise, but its final scope and content was unknown even to those who had been aware of the document at various stages of its drafting. Predictably, the result is nothing short of a disaster: theologically, scientifically and pastorally.

Theologically, this document is problematic for several reasons. First, while some aspects of orthodox Christian faith are correctly stated, such as that the natural world designed by the Creator is inherently good and that there is a divinely created order, the authors then bestow upon themselves an uncritical authority to determine what constitutes that order absolutely. For example, they state that there are only two genders that conform to one of two biological sexes and that this is a universal and unchanging theological truth. This is an historically and theologically contested claim.

Theology is, as St. Anselm put it, a process of ongoing *fides quaerens intellectum* — faith seeking understanding. Christian theology is dynamic and complex, not easily reduced to simplistic propositional claims. There is a reason why some of the most important dogmatic teachings of the Christian tradition took centuries to develop. It takes time to understand deeply complex realities, such as who God is or what it means to be a human person, and even as we learn more, we never fully exhaust the mystery of reality.

That the bishops assume they understand in totality the incomprehensible complexity of God's creation generally and the human person particularly is a consistent and errant attitude present throughout this document. In every age and time, we continually learn more about the wondrous, mysterious, beautiful and complex creation of which we are also a part. To make absolute claims in the manner present throughout this text is, at best, theologically irresponsible.

**[Related: Critics say US bishops' new statement on transgender health care lacks sound science and trans voices](#)**

Second, the authors of this document use a very narrowly selected set of sources to justify their agenda and preconceived conclusions based on their reading of the principle of totality, which holds in this case that the destruction of one bodily part can be morally justified only for the preservation of the whole body. The core of their argument rests on Pope Pius XII's reflections on the moral status of some medical interventions from the 1950s, footnoted in the document. The authors interpret Pius XII's reflections to conclude that surgical interventions within the context of gender-affirming care can never be morally licit.

However, other ethicists, such as Becket Gremmels in a [2016 article titled "Sex Reassignment Surgery and the Catholic Moral Tradition: Insights from Pope Pius XII on the Principle of Totality,"](#) are much more responsible in approaching the complexity of the question using Pius XII's proposed criteria for assessment. Gremmels, who is system vice president of theology and ethics at CommonSpirit Health, acknowledges that this is an area of medical, psychological and sociological research that is ongoing and that we must approach these complex questions with intellectual humility; that we have a lot we must still learn before we can make absolute moral claims. This is also something Craig Ford Jr. highlighted in an

[interview with NCR](#) earlier this week.

Gremmels concludes his article acknowledging that many questions still need to be considered and that we cannot rush to conclusions. Importantly, on the question of the principle of totality, on which the U.S. bishops' statement places significant justificatory weight, Gremmels writes: "In the meantime, we can at least be confident that Pope Pius XII's insights on the principle of totality show that simply because SRS [sex reassignment surgery] removes healthy, non-pathological body parts and results in sterility does not mean it is unjustified."

The bishops' document exhibits none of this responsible theological and moral restraint. References to the Catechism of the Catholic Church and proof-texting from encyclicals by Popes Benedict XVI and Francis to give a false air of universal conclusiveness does not make a sound theological argument. What do post-conciliar theologians have to say about these questions? What do systematic theologians and theological ethicists, experts from the Catholic Health Association and others with specialized medical and theological knowledge have to say?

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In [a reply to critics](#) of his 2016 article mentioned above, Gremmels notes that some of the questions that need to be explored are really about metaphysics and theological anthropology, and they must be considered before we can talk about what is morally licit. This is precisely the point Jesuit Fr. Kevin FitzGerald of Georgetown University [makes in a 2016 article](#) and one I also make in my 2019 book [\*Catholicity and Emerging Personhood: A Contemporary Theological Anthropology\*](#), which also includes underutilized medieval theological resources for thinking through some constructive trajectories.

Despite the bishops' claim in a [press release](#) that the document was "developed in consultation with numerous parties," there is no evidence from the text itself that the bishops incorporated any specialized knowledge from theological experts who work on the matters they address here. Instead, the contents of the document appear to reflect the public views of their preselected, ideologically driven

committee [consultants](#).

Scientifically, there is absolutely nothing redeemable about this document. The language used and the presumptions expressed betray a gross ignorance of what the medical and scientific communities have taught the world about an admittedly specialized and complex reality. Recourse in this document to proof-texted passages from Genesis, for example, are as irresponsible in identifying historical, social and scientific realities today as claiming that the Earth was created in six 24-hour days according to the same superficial reading of Scripture.

The [Pontifical Biblical Commission's 1993 document](#), "The Interpretation of the Bible in the Church," explicitly forbids such literalist interpretation. Such readings of Scripture would not suffice for [sound theological work](#), so why would they be sufficient for alleged scientific claims about human personhood, sex, gender and identity?

Additionally, the document contains glaring generalizations and frequent conflations among discrete scientific questions. For example, there seems to be a confusion between genetic engineering, broadly speaking, and the particular question of medical interventions for gender-affirming care.





A doctor holds a stethoscope in this illustration photo. (CNS/Reuters/Regis Duvignau)

On this latter point, it is also worth noting that the document does not acknowledge the breadth of treatments and practices in gender-affirming care, which can include surgical interventions (admittedly the most serious and invasive) that are themselves wide-ranging (there's a big difference between what is commonly referred to as ["top" versus "bottom" surgeries](#), for instance), as well as non-surgical social adaptations such as adjusting how one dresses, presents themselves, names themselves or selects pronouns.

It's not just that the bishops misunderstand the complex dynamics of the issues they attempt to address, it's that they signal strongly that they are not interested in understanding even the basic facts and reality. The authors of this document should have consulted with and learned from actual experts in the areas of human sexuality and gender from within the scientific and academic communities.

Finally, this is a pastorally disastrous document. It is on this point that the bishops have failed those entrusted to their pastoral care. As with the 2019 document on "gender theory" from the [Congregation for Catholic Education](#), this U.S. bishops' document appears to have been drafted, published and imposed on the people of God without consultation with or inclusion of the experiences, realities and voices of the people it most directly affects.

Pope Francis has called for the church to embrace a "culture of encounter," and yet this statement reflects a culture of paternalism, arrogance and dismissiveness, signaling that the bishops are not interested in encountering trans, nonbinary and intersex people but only interested in denying their very existence and experiences.

It may sound harsh, but reading this document reminded me of abusers who claim to be "acting out of love and concern" but do nothing but cause greater harm and violence. The tone of this document reads like something written by abusive parents invoking "tough love" as they send their queer children to "conversion therapy." The authors of this document want so badly for their vision of the world to be true, to be simple, to be comfortable for them, that it appears as though they do not stop to think about the consequences of their actions or the veracity of their claims. They do not seem to understand the distinction between intention and impact.

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Statements like this one, especially if they are used by health care providers to deny or restrict gender-affirming treatment to trans and nonbinary people, contribute to a culture of death. Easily accessible and publicly available data makes clear that the trans community — [especially trans youth](#) — is at a disproportionately [high risk for suicidal ideation, death by suicide and self-harm](#), especially when they are not able to access necessary gender-affirming care.

Documents like this one are a form of formal cooperation with evil because there are people who will read this and use it to justify excluding real people, harming real people or denying medically necessary treatment to real people, and this last point is the clearly stated intention of the authors.

Again, the bishops of the United States, in an effort to address what they imagine is an ethical problem or social evil, instead increasingly diminish their moral authority and pastoral relevance through their own epistemological arrogance and refusal to learn from others. So perhaps rather than listening to the bishops' misguided instructions, we should instead acknowledge the reality and listen to the experiences of trans, nonbinary and intersex persons.

As Christians we should bear witness to the truth this document seeks to erase: that transgender people *exist*; that nonbinary people *exist*; that intersex people *exist*. God loves them and does not desire their psychological, spiritual or physical harm, even if some of their fellow Christians do.

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