



CALIFORNIAN WAR ON DISSIDENT VIEWS, PART 9: “THE AMERICAN COLLEGE OF PHYSICIANS, ANOTHER SCAM”

In this series, we are performing fact-checking and close-reading of the text of the bill. The bill itself is deceptive and fraudulent, and it may prove useful to spell it all out, because any deception that is easily exposed, is not a politically laden subject and cannot be denied.



In the bill, we see an excerpt from a publication of the American College of Physicians ACP (2015) denouncing what they call “*conversion therapy*”. It is made to look as yet another example of “*contemporary science*” on the subject of psychotherapy, along with other organizations. But the text is just copied and pasted, grammar mistakes and all, from the 2009 American Psychological Association Report (APA, see previous article, [part 8](#)). The ACP did no independent research on any client, nor have they spoken with any contested therapist or his/her organization, nor have they reviewed any publication stemming from the latter. Who are the ACP? They have become a political cloak organization made to look like mental health experts. Here is an analysis.

1. No knowledge of psychotherapy

The [ACP](#) is an organization meant for internists (internal medicine). None of the members are into psychiatry or psychotherapy, and neither does the organization cover any other field of medicine. They offer their members resources to help earn Maintenance of Certification points, which are needed to keep on being registered as an internist.



They have no knowledge of mental health issues and neither do they regard it as part of their expertise. They are, according to their [membership guidelines](#), not qualified to issue any guidelines or statements, or to offer certification on matters of mental health. Therefore, any statement outside of internal medicine, is to be viewed as a scam.

Surprisingly, in 2015 the organization issued a [collection of stances](#) which create the illusion as stemming from its own research. One stance has popped up in the bill.

In this article we will review three of the ACP stances to find out who these people are.

2. Stance on gay marriage

“(Document stance no. 5) The American College of Physicians supports civil marriage rights for same-sex couples. The denial of such rights can have a negative impact on the physical and mental health of these persons and contribute to ongoing stigma and discrimination for LGBT persons and their families.”



It is copied literally from the website of the gay-extremist organization, the so-called ‘*Human Rights Campaign*’ HRC. This statement demonstrates how the ACP simply reiterates the way that the HRC lay activists are creating health issues on the spot. These newly fabricated ‘*health impacts*’ can then be used as a wedge to advance political positions. Here for example, we see a polarized and exciting political debate about the subject whether to legalize rights by means of the construction ‘*civil union*’ or by means of the construction ‘*marriage*’. The heat of the political debate is instigated by fanatics who choose to employ an apparently impatient debating style, a ‘*now-or-never*’ attitude.

Having said that, how can this debate affect “*physical and mental health*” of civilians? What “*impact*”, what alarming disaster would that be? A headache? And for whom? Chewing fingernails until they bleed? Drinking a bottle of beer too many because you are annoyed? And how can you say that the USA therefore needs to make a positive choice for marriage and not for civil union, because otherwise mental and physical health is in danger?

This is emotional manipulation based on nothing but nonsense. It is pseudo-science by all professional standards, and fake news, created to achieve fear-mongering.

3. Infiltration by activist interest groups

The respect that society has for the medical community is abused, and organizations like these find themselves increasingly infiltrated by political interest groups. In this case, it is the HRC which is a homosexual organization. They deny the existence of bisexuality. The presence of heterosexual feelings/urges next to the existence of homosexual attractions is not part of their paradigm, and is certainly not promoted as a legitimate view of the ‘self’. They have a binary concept of human sexuality (you are either gay for life, or straight for life), they believe it is fixed from birth, and in doing so, they close their eyes for sexual fluidity which can occur at any time in life. They are extremely aggressive, and staunchly heterophobic.

They project their phobia onto others, thereby calling everyone homophobic, and in doing so, they have come to float, to drown even, in a paranoid world, a bubble in society. Adopting the gay label may seem fun in the short term, but it is the starting shot of the belief of actually being different, a mutant even. The HRC promotes this unproven paradigm over and over again as if it stems from science, which it doesn't. It is the biggest scam of them all.



All phobic aggression is attributed to others, leaving people sitting in a victim stance with no insight into the own way of thinking or feeling. Therapists who rock the boat, who offer insights, are seen as evil, malignant, harmful, much in the same way that the Nazis ultimately came to view the Jews, the eternal enemy, as a menace to the own tribe. The offering of insight is now being criminalized: it is *insight* that is the real victim. The HRC is tribal thinking at its worst, and with the ban on therapy, they show us the inevitable face of paranoia.

Paranoid people are dangerous people.

The heated debate on relationships in society (which is one of many) and its desired outcome does not lead to pathology, be it physical or mental, nor does it perpetuate pathology, nor does it aggravate pathology, and nor does it lead to an increase in hospital admissions, or to a certain death, suicidal or otherwise.

4. Is the ACP really interested in these subjects?

The stance speaks of "*ongoing stigma and discrimination*" and the report refers to "*health disparities*". Is the ACP really interested in "*stigmatization*" and "*physical and mental health disparities*" as alleged? If so, then why does it not consider the state of affairs at the other end of the political debate?

There, we face people who agree with '*gay civil union*' but not with '*gay marriage*'. They also are heavily stigmatized, called names ("*bigot*"), marginalized, discriminated against, and find that they are often made a caricature of. The medical scientific question is then, in which way does this affect *their* physical and mental health, how big is the "*impact*", and what therapeutic consideration does the ACP find wise? After all, the physician as an unbiased professional needs to be interested in each and every civilian.

But proponents of therapy are portrayed by activists as the enemy, and the ACP has already passed verdict and abandoned them and their health interests. There are many sound and secular reasons to look into the Gay Related Complex, a can of worms of psychological events, issues and double-binds, to be seen if you wish to see. But then again, you need to wish to see before you can actually see.

There are no health issues at stake with any lesbian or gay guy when specifically engaging in political struggle. Medically speaking, there is only hurt narcissistic pride, people feeling very entitled and colluding together in a frenzy. It is called heterophobia, and currently in the USA this phobia, this hatred of the word 'normal', this primordial hatred of the same-sex parent and all that he stands for (heterosexuality and normality), is finally showing its unsightly *derrière*.

In Nazi Germany, censorship and propaganda was heavily used to exert control over the masses. In the EU parliament this week, promoting the ban on conversion therapy was approved of (425 yes, 109 no, 72 absentions). It is now legal in Malta, so it must be legal everywhere in the EU according to the activists, just like we predicted in [our article](#) in 2017.

5. Stance on the term 'family'

The ACP published many more 'policy positions' in 2015. Take for example this one, stance number 3 on their list:

"(Document stance no. 3). The definition of "family" should be inclusive of those who maintain an ongoing emotional relationship with a person, regardless of their legal or biological relationship."

There is nothing medical about the definition of a "family". In our own medical opinion, it is solely a political and legal consideration in the public arena, with legalistic consequences in one way or another, be it in house renting, mortgage, inheritance, hospital admission and visiting rights, etc. But that does not make it a medical affair that can be stretched to pertaining to physical and mental health. In this way, you can stretch everything you meet into a medical issue, if it suits your political activism.

In the references of the document, we read that the ACP stance is grounded on "the Human Rights Campaign's definition of family for health care organizations". It is an activist stance, but whether it is wise or unwise, the point is: such a stance is not a medical scientific problem for the internist.

6. Medicalization of political dispute

In this way, alarmist stories of impending health dangers are attributed to certain political stances. But when we follow this train of thought, what are the health dangers of persons of other political viewpoints when they don't immediately have political decisions going their way in society? They are sick and tired of political debates, but is this a reason to take that sickness and fatigue literally?



Medicalization means morphing

We are seeing the political debate and impatience on the behalf of the debaters being medicalized. And that medicalization is then used by the APA and the HRC as a political weapon to fool legislators who have no idea about what is going on, and therefore take medical professional opinion for granted. The ACP has been morphed into a tool for the ends of private interest groups.

7. No psychological factors in homosexuality?

In the report, the ACP starts off with:

"These recommendations (for the so-called LGBT community, ed) include ... addressing environmental and social factors that can affect their mental and physical well-being, and supporting further research into understanding their unique health needs."

Our comment: Since the legislators are addressing the desirability of psychotherapy or the removal thereof, note that the ACP does not mention, does not define the psychological factors that can affect the mental and physical well-being of homosexuals. In doing so, all psychological factors going on in the mind, be it in the current time or in the past, are excluded from research and hence from therapy.

No research is done, no research is recommended. After which these activists can safely conclude that no developmental factors contribute to the mental state of affairs of homosexuality.

It is as if homosexual people don't have a mind at all, and that they are just reactive creatures, jellyfish being tossed around by the tides and the currents. The passive victim stance is on its way to becoming state ideology, at least if you are a guy and are sexualizing other guys.



Other people on the other hand are regarded as being fully accountable.

Now that the ACP blandly refuses to insert psychological factors in the equation, it will be of no surprise that they denounce a psychological approach of same-sex attractions. Psychotherapy is then called '*conversion*' therapy, a horrible term for talk therapy about topics which have been recognized as the Gay Related Complex.

8. Unscientific list of references

In its list of 83 references, half of them showed up saying: "*Error 404*", "*Page Not Found*", "*Please take a subscription*", "*Url out of date*", making substantiation impossible. Many are political opinion articles in newspaper clippings, and a quarter are statements issued by non-scientific radical gay-lib organizations or stemming from the pseudo-science called LGBT-psychology.

Basically, the policy stances rely heavily on articles issues by the "*Journal of the Gay and Lesbian Medical Association*", 2000, which is a pseudo-scientific organization created to market its stances as if they were scientifically valid. After all, '*LGBT-science*' says *beforehand* that you were born gay, and then they take it from there. A developmental approach to homosexuality is denied *by definition*.

Therefore, obviously there cannot be any room for psychotherapists who perform research and therapy from a personal developmental paradigm. '*LGBT-science*' is frowned upon by mainstream medical organizations, and so the activists have created their own "*Medical Associations*", posing as unbiased mainstream sources of objective information. In this way, their fraudulent world-view of being '*born that way*' is laundered into the mainstream narrative.

Journalists especially are targeted in this way. Without further ado, they publish everything as being scientific if the article stems from one or other journal. If it says "*LGBT*", then they assume even more strongly that these guys know their stuff.

In the ACP document, the political-activist gay organization '*Human Rights Campaign*', with its PR task force, is also often cited as a source of objective information. Even the ACP falls in this trap. And of course the 2009 APA Report that we discussed in part 8 is quoted over and

over again.

9. Stance on so-called “conversion” therapy

“(Document stance no. 8) The College opposes the use of “conversion,” “reorientation,” or “reparative” therapy for the treatment of LGBT persons.”

This sentence is pasted and copied into the bill. In these paragraphs in the ACP report from which the sentence stems, we see that the ACP internists have done no more than pasting and copying three paragraphs of the 2009 APA Report, and then merchandizing it as the presumed result of rigorous research. The three paragraphs were originally published on the APA website in 2009, published on the HRC website in 2011, pasted by the ACP into their report in 2015, and then copied and pasted into the draft of the bill in 2018.



When you do extremely close reading, you will find that the ACP expanded just a tiny bit on the APA paragraphs. It changed the very last sentence about therapy causing “emotional” harm into: therapy causing “emotional and physical” harm! After all, these people are internists! They need to add that term “physical”, in order to justify their alarming publication as being an internist.

The ACP has done no independent research on the subject, and to this day, it is a mystery where the addition “physical harm” came from. It takes an enormous twist of imagination to ascertain physical harm to any form of psychotherapy; for the psychiatric community it would be groundbreaking if the internists can actually demonstrate patients in their wards treated for the effects of licensed psychotherapy. As a doctor you are compelled to publish this disturbing novelty in a mainstream peer-reviewed medical journal, such as their own Annals Of Internal Medicine (A.I.M.). Mind you, pre-existent pathology does not count: you would need to prove a valid causal relationship. There is no article to this extent in the A.I.M. The 2009 APA Report has merely been copied.

10. Conclusion

The use of the American College of Physicians (2015) in the bill as a presumed additional source of information next to the stances in the old 2009 APA Report is a scam. They are internists and do not have the credentials to pass any verdict on psychotherapy. The 2009 APA Report has been extensively criticized with more than 250 articles proving the contrary in the Narth document, but the ACP does not mention this in



any way. All medical associations that are mentioned in the bill have solely copied and pasted passages from the 2009 APA document, with no own research on therapy clients, and are listed in the bill in order to create an illusion of “*contemporary science*”. The APA 2009 document was a scam, and therefore so is the rest, since they all rely on it.

The text of the bill is fraudulent and deceptive.

To be continued.

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