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www.ACPeds.org

admin@acpeds.org

PO BOX 357190
Gainesville, FL
32635-7190

PLEASE OPPOSE HF2280 GENDER (TRANSITION) AFFIRMING RIGHTS ACT
Testimony of Dr. Andre Van Mol, MD

Gender (Transition) Affirming Medical Interventions (G(T)AMI) imperil already at-risk gender dysphoric youth with experimental and unproven hormonal and surgical gender procedures, which medicalizes prematurely and permanently. Transition interventions are not proven effective, not proven safe, does not reduce suicides, and are not the standard of care for gender dysphoria. Scientific and legal evidence is driving an international pushback against G(T)AMIs in favor of intensive psychological evaluation and support, and the lawsuits over the harms of transition affirming interventions have begun. G(T)AMI is far out of step with science, and increasingly so with the law.

THE GOVERNMENTS AND MEDICAL/ACADEMIC INSTITUTIONS OF THE UK,^{1 2 3 4} SWEDEN,^{5 6 7} FINLAND,⁸ AND FRANCE,⁹ HAVE REJECTED prioritizing gender-affirming transition in favor of emphasizing extended mental health evaluation and support.

- The UK closed the world's largest pediatric gender clinic, NHS's Tavistock Gender Identity Development Service,¹⁰ per findings of the Cass Review.¹¹
- G(T)AMI is radically out of step with the care, science, and law for gender dysphoric youth.

DESISTANCE IS THE NORM FOR MINORS WITH TRANS-IDENTIFICATION, resolving on its own for an average of 85% by adulthood, unless it is affirmed.¹²¹³¹⁴¹⁵¹⁶ Why permanently medicalize a child for a condition that usually goes away?¹⁷¹⁸¹⁹

GENDER DYSPHORIA CARRIES THE OVERWHELMING LIKELIHOOD OF UNDERLYING MENTAL HEALTH PROBLEMS, ADVERSE CHILDHOOD EXPERIENCES/TRAUMAS, FAMILY ISSUES, and impressively higher rates of neurodevelopmental issues like AUTISM SPECTRUM DISORDER, all of which usually predate the onset of gender dysphoria.^{20 21 22 23 24 25}

THE MEDICAL LITERATURE IS CLEAR: DO NOT PREMATURELY AFFIRM.

- *APA Handbook on Sexuality and Psychology*: "Premature labeling of gender identity should be avoided." "This approach runs the risk of neglecting individual problems the child might be experiencing ..." ²⁶
- 2020 Nordic J of Psychiatry: "An adolescent's gender identity concerns must not become a reason for failure to address all her/his other relevant problems in the usual way." ²⁷
- Withers 2020, "trans-identification and its associated medical treatment can constitute an attempt to evade experiences of psychological distress." ²⁸

Transition/Gender-Affirming Medical Intervention is Not the "Standard of Care" for Gender Dysphoria.

- The 2017 Endocrine Society Guidelines, the first from a medical organization, specifies this disclaimer on p. 3895: “The guidelines cannot guarantee any specific outcome, nor do they establish a standard of care.” G(T)AT is not the standard of care.
- Pro-transition guidelines and statements from medical and psychological organizations are almost always written by WPATH (World Professional Association for Transgender Health) members. WPATH is neither a scientific nor a medical organization, and their SOCs (Standards of Care) are highly suspect. Just calling them “Standards of Care” does not make them so.

MINORS CANNOT GIVE TRULY INFORMED CONSENT.²⁹

- Children have developing and immature brains; their minds change often; they are prone to risk taking and vulnerable to peer-pressure; and they don’t grasp long-term consequences.^{30 31 32 33}
- A UK High Court in Bell vs. Tavistock (2020) specified, “There is no age appropriate way to explain to many of these children what losing their fertility or full sexual function may mean to them in later years.”³⁴

PUBERTY BLOCKING AGENTS [PBA] chemically castrate at the level of the brain.³⁵

- PBAs risk infertility by blocking the maturation of sperm and eggs.³⁶ Following them with cross-sex hormones assures sterility.^{37 38}
- PBAs compromise bone mineral density at what should be the period of peak increase.³⁹
- PBAs hinder brain development and compromise sexual function.
- The US FDA added a warning for pseudotumor cerebri (idiopathic intracranial hypertension) July 2022.⁴⁰
- Self-harm does not improve on PBAs.^{41 42}
- PBAs are not proven fully reversible, and long-term complications are known.⁴³

AS FOR CROSS-SEX HORMONES^{44 45 46 47 48 49 50}

- Estrogen use in male biology strongly increases the risks of blood clots, heart attacks, strokes, breast cancer, insulin resistance and more. Risk increases with length of use.⁵¹
- Testosterone use in female biology strongly increases the risks heart attacks, strokes, breast and uterine cancer, hypertension, severe acne and more.
- An international panel of endocrinology organizations concluded about testosterone use in women (10/2019)⁵² “...the only evidence-based indication for testosterone therapy for women is for the treatment of HSDD [Hypoactive sexual desire disorder]...There are insufficient data to support the use of testosterone for the treatment of any other symptom or clinical condition, or for disease prevention....The safety of long-term testosterone therapy has not been established.”

MANY REGRET TRANSITION. Many claim their consent lacked information on GAT/TAT’s known risks and available alternatives.⁵³

- Studies downplaying rates of regret habitually show high rates of loss to follow up (20-60%) and set unreasonably strict definitions for regret. (D’Angelo, 2018)...⁵⁴
- Follow up periods are consistently too short, reporting comes from gender clinics, and those with regret or who detransition say they subsequently avoid gender clinics.⁵⁵

PRO-TRANSITION STUDIES COMMONLY SHARE THE SAME FATAL FLAWS.

“Limitations of the existing transgender literature include general lack of randomized prospective trial design, small sample size, recruitment bias, short study duration, high subject dropout rates, and reliance on “expert” opinion.” Pediatric endocrinologist and academic Paul Hruz, MD.⁵⁶

THE SUICIDE REDUCTION CLAIMS OF TRANSITION ARE MYTHS, used as emotional blackmail.

- Many parents of gender confused youth report being asked by mental health and medical officials, “Do you want a live son or a dead daughter?” or “Would you rather be planning a transition or a funeral?”
- But G(T)AMI is not proven to reduce suicides. In fact, the best studies show worsening of mental health long term for many.
- Bailey and Blanchard: “There is no persuasive evidence that gender transition reduces gender dysphoric children’s likelihood of killing themselves.”⁵⁷
- A 2011 Swedish study of all their post-sex reassignment surgery adults showed a completed suicide rate 19 times that of the general population 10 year out, along with nearly 3 times the rate of overall mortality and psychiatric inpatient care.⁵⁸
- A 2020 study by Bränström and Pachankis, claiming to be the first total population study of 9.7 million Swedish residents, ultimately showed neither “gender-affirming hormone treatment” nor “gender-affirming surgery” improved the mental health benchmarks.^{59 60}
- There is no one reason for suicide. The U.S. CDC/MMWR “Suicide Contagion and the Reporting of Suicide” warned against “Presenting simplistic representations of suicide. Suicide is never the result of a single factor or event, but rather results from a complex interaction of many factors and usually involves a history of psychosocial problems.”⁶¹
- About 96% of US adolescents attempting suicide demonstrate at least one mental illness.⁶²
- 90% of adults and adolescents who completed suicide had unresolved mental disorders.⁶³

The chemical sterilization and surgical mutilation of otherwise healthy young bodies is not health care. ^{64 65 66} G(T)AMI is being rejected by nations formerly leading it. G(T)AMI is unproven child experimentation masquerading as better. Minors should be protected from it. Please oppose HF2280 G(T)ARA.



Andre Van Mol, MD

Board-certified family physician

Co-chair, Committee on Adolescent Sexuality, American College of Pediatricians

Co-chair, Sexual and Gender Identity Task Force, Christian Medical & Dental Assoc.

¹ <https://arms.nice.org.uk/resources/hub/1070871/attachment>
and <https://arms.nice.org.uk/resources/hub/1070905/attachment>

² <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

³ <https://www.england.nhs.uk/wp-content/uploads/2020/12/Amendment-to-Gender-Identity-Development-Service-Specification-for-Children-and-Adolescents.pdf>

⁴ https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-interim-service-specification-for-specialist-gender-dysphoria-services-for-children-and-young-people-22.pdf

⁵ <https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/>

⁶ [Karolinska Policyförändring K2021-3343 March 2021 \(Swedish\).pdf](#);

[Karolinska Policy Change K2021-3343 March 2021 \(English, unofficial translation\).pdf](#)

⁷ <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2022-3-7799.pdf>

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- ⁹ <https://www.academie-medecine.fr/wp-content/uploads/2022/02/22.2.25-Communique-PCRA-19-Medecine-et-transidentite-genre.pdf>
- ¹⁰ <https://www.bbc.com/news/uk-62335665>
- ¹¹ <https://cass.independent-review.uk/publications/interim-report/>
<https://cass.independent-review.uk/wp-content/uploads/2022/07/Cass-Review-Letter-to-NHSE-19-July-2022.pdf>
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