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PLEASE SUPPORT HB 454 SAFE ACT Testimony of Dr. Andre Van Mol, MD

Chair Manchester, Vice Chair Cutrona, Ranking Member Denson, and Members of the House Families, Aging, and Human Services Committee:

HB 454 (SAFE Act) protects already at-risk gender dysphoric youth from experimental and unproven hormonal and surgical gender affirming therapy [GAT], which medicalize prematurely and permanently. GAT – better termed TAT for affirming transition -- is not proven effective, not proven safe, does not reduce suicides, and is not the standard of care for gender dysphoria. The real science is driving an international pushback against GAT in favor of intensive psychological evaluation and support, and the lawsuits over the harms of GAT have begun. Those harmed by gender affirming therapy would now benefit from the means of legal redress afforded by HB 454, something they lack in most other states.

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 ...”¹
- 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.”²
- Withers 2020, “trans-identification and its associated medical treatment can constitute an attempt to evade experiences of psychological distress.”³

DESISTANCE IS THE NORM FOR MINORS WITH TRANS-IDENTIFICATION, resolving on its own for an average of 85% by adulthood, unless it is affirmed.⁴⁵⁶⁷⁸ Why permanently medicalize a child for a condition that usually goes away?⁹¹⁰¹¹

Transition/Gender-Affirming Therapy is Not the “Standard of Care” for Gender Dysphoria.

- Gender affirming therapy (transition) guidelines ultimately derive from activist groups like WPATH (World Professional Association for Transgender Health) which is not a scientific organization and whose SOCs (Standards of Care) appear to be both internally inconsistent and window dressing that is ultimately not followed.

- 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.” GAT is not the standard of care.

MINORS CANNOT GIVE TRULY INFORMED CONSENT.¹² They have developing brains, their minds change often, and they don’t grasp long-term consequences.^{13 1415} 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.”¹⁶

MANY REGRET TRANSITION. Many claim their **consent lacked information on GAT/TAT’s known risks and available alternatives.**¹⁷

- Studies downplaying rates of regret habitually have very high rates of loss to follow up (20-60%) and set unreasonable strict definitions for regret. (D’Angelo, 2018)...¹⁸

THE GOVERNMENTS AND MEDICAL/ACADEMIC INSTITUTIONS OF THE UK,^{19 20} SWEDEN,²²²³ AND FINLAND²⁴ HAVE REJECTED prioritizing gender-affirming transition in favor of emphasis on mental health evaluation and support.

GAT/TATs SUICIDE REDUCTION CLAIM IS A MYTH, used as emotional blackmail.

- Bailey and Blanchard: “There is no persuasive evidence that gender transition reduces gender dysphoric children’s likelihood of killing themselves.”²⁵
- 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.²⁶
 - Many studies that claim GAT successes usually track patients for unacceptably short periods of time, and fail to capture long term problems.
- 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” provided reductions of the mental health care benchmarks examined.^{27 28}

The chemical sterilization and surgical mutilation of otherwise healthy young bodies is not health care.^{29 30 31} This is unproven child experimentation masquerading as better. Minors should be protected from it. Those harmed by GAT would benefit from the avenues of redress this bill provides. Please support HB 454.

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¹ W. Bockting, *Ch. 24: Transgender Identity Development*, in 1 American Psychological Association Handbook on Sexuality and Psychology, 750 (D. Tolman & L. Diamond eds., 2014).

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- ² Riittakerettu Kaltiala, Elias Heino, Marja Työläjäarvi & Laura Suomalainen (2020) Adolescent development and psychosocial functioning after starting cross-sex hormones for gender dysphoria, *Nordic Journal of Psychiatry*, 74:3, 213-219, DOI: [10.1080/08039488.2019.1691260](https://doi.org/10.1080/08039488.2019.1691260)
- ³ Withers, R. (2020) Transgender medicalization and the attempt to evade psychological distress. *J Anal Psychol*, 65: 865– 889. <https://doi.org/10.1111/1468-5922.12641>.
- ⁴ APA *Diagnostic and Statistical Manual*, 5th edition, “Gender Dysphoria,” p. 455.
- ⁵ APA *Handbook on Sexuality and Psychology* (American Psychological Association, 2014), Bockting, W. Chapter 24: Transgender Identity Development, vol. 1, p. 744.
- ⁶ Cohen-Kettenis PY, et al. “The treatment of adolescent transsexuals: changing insights.” *J Sex Med*, 2008 Aug;5(8):1892-7.
- ⁷ “Do Trans- kids stay trans- when they grow up?” *Sexologytoday.org*, 11 Jan. 2016.
- ⁸ Kaltiala-Heino et al. Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child and Adolescent Psychiatry and Mental Health* (2015) 9:9.
- ⁹ S. Bewley, “Safeguarding adolescents from premature, permanent medicalisation,” *BMJ.com*, 11 Feb. 2019.
- ¹⁰ MK Laidlaw, Q Van Meter, PW Hruz, A Van Mol, W Malone, “Letter to the Editor: ‘Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline,’” *The Journal of Clinical Endocrinology & Metabolism*, First Online: Nov. 23, 2018. DOI: 10.1210/jc.2018-01925.
- ¹¹ Brief of *Amici Curiae*, 11th Circuit Court of Appeals, Case: 18-13592, Drs. Miriam Grossman, Michael Laidlaw, Quentin Van Meter, and Andre Van Mol in Support of Defendant-Appellant School Board of ST. Johns County, Florida.
- ¹² Stephen B. Levine (2018): Informed Consent for Transgendered Patients, *Journal of Sex & Marital Therapy*, 22 Dec 2018. DOI:10.1080/0092623X.2018.1518885
- ¹³ National Institute of Mental Health (2001). Teenage Brain: A work in progress. http://www2.isu.edu/irh/projects/better_todays/B2T2VirtualPacket/BrainFunction/NIMH-Teenage%20Brain%20-%20A%20Work%20in%20Progress.pdf.
- ¹⁴ Pustilnik AC, and Henry LM. Adolescent Medical Decision Making and the Law of the Horse. *Journal of Health Care Law and Policy* 2012; 15:1-14. (U of Maryland Legal Studies Research Paper 2013-14).
- ¹⁵ Stringer, H. (Oct. 2017) Justice for teens, *APA Monitor on Psychology*, pp. 44-49. <http://www.apamonitor-digital.org/apamonitor/201710/MobilePagedArticle.action?articleId=1169604&app=false#articleId1169604>
- ¹⁶ <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>
- ¹⁷ <https://www.reddit.com/r/detrans/>.
- ¹⁸ D’Angelo, R., Syrulnik, E., Ayad, S. *et al*. One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria. *Arch Sex Behav* (2020). <https://doi.org/10.1007/s10508-020-01844-2>
- Citing: D’Angelo R. Psychiatry’s ethical involvement in gender-affirming care. *Australasian Psychiatry*. 2018;26(5):460-463. doi:10.1177/1039856218775216
- ¹⁹ <https://arms.nice.org.uk/resources/hub/1070871/attachment>

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

²⁰ <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

²¹ <https://www.england.nhs.uk/wp-content/uploads/2020/12/Amendment-to-Gender-Identity-Development-Service-Specification-for-Children-and-Adolescents.pdf>

²² <https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/>

²³ [Karolinska Policyförändring K2021-3343 March 2021 \(Swedish\).pdf](#);

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

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https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en.pdf/aaf9a6e7-b970-9de9-165c-abadfae46f2e/Summary_minors_en.pdf

²⁵ J. Michael Bailey and Ray Blanchard, "Suicide or transition: The only options for gender dysphoric kids?" 4thwavenow.com, Sept. 8, 2017.

<https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/>

²⁶ Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Langstrom N, et al. (2011) Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. PLoS ONE 6(2): e16885. doi:10.1371/journal.pone.0016885.

²⁷ Bränström R, Pachankis JE: Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. Am J Psychiatry 2020; 177:727-734. <https://doi.org/10.1176/appi.ajp.2019.19010080>

²⁸ Kalin NH: Reassessing mental health treatment utilization reduction in transgender individuals after gender-affirming surgeries: a comment by the editor on the process (letter). Am J Psychiatry 2020; 177:765 <https://doi.org/10.1176/appi.ajp.2020.20060803>

²⁹ James M. Cantor (2019): Transgender and Gender Diverse Children and Adolescents: Fact-Checking of AAP Policy, Journal of Sex & Marital Therapy, DOI:10.1080/0092623X.2019.1698481

³⁰ de Vries, A. L., and P. T. Cohen-Kettenis. 2012. Clinical management of gender dysphoria in children and adolescents: The Dutch approach. Journal of Homosexuality 59(3): 301-320.

³¹ Michael Laidlaw, Michelle Cretella & Kevin Donovan (2019) The Right to Best Care for Children Does Not Include the Right to Medical Transition, The American Journal of Bioethics, 19:2, 75-77, DOI: [10.1080/15265161.2018.1557288](https://doi.org/10.1080/15265161.2018.1557288)