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The Best for Children

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March 8, 2021

Dear Honorable Legislators,

My name is Michelle Cretella, M.D., Executive Director of the American College of Pediatricians (ACPeds), a national organization of pediatricians and other health professionals that promotes the well-being of children and upholds the ethical principle of first do no harm. We are the pro-life alternative to the American Academy of Pediatrics. **I urge you to vote YES on HB1570, the SAFE Act.**

Many medical organizations around the world, including the Australian College of Physicians,[1] the Royal College of General Practitioners in the United Kingdom,[2] and the Swedish National Council for Medical Ethics[3] characterize prescribing puberty blockers and cross-sex hormones in youth as experimental and dangerous. World-renowned child psychiatrist Dr. Christopher Gillberg has referred to this as ***"possibly one of the greatest scandals in medical history."***[4] His neuropsychiatry research group at Gothenburg University has called for ***"an immediate moratorium on the use of puberty blocker drugs because of their unknown long-term effects."***[5]

While opposition typically cites the American Academy of Pediatrics support for these interventions in children, I alert you to an article published in the scientific literature in which psychologist Dr. James Cantor discredits the AAP's endorsement of puberty blockers, cross-sex hormones and surgeries for minors as a grave misrepresentation of science. Upon reviewing every reference of the AAP statement Dr. Cantor concluded, ***"[The] AAP's statement is a systematic exclusion and misrepresentation of entire literatures. Not only did AAP fail to provide compelling evidence, it failed to provide the evidence at all. Indeed, AAP's recommendations are despite the existing evidence."***[6]

The vast majority of young children with gender incongruence will outgrow it when supported through natural puberty.[7] In other words, blocking puberty robs these children of the natural developmental period necessary for most to come to accept their bodies. Most gender-distressed teens are ordinary girls and boys who are anxious, depressed, traumatized, and uncomfortable with their bodies and struggling with their identity.[8] Several studies show that teens can embrace their bodies through counseling alone without high-risk chemical or surgical sex-change interventions.[9] Instead, in accordance with the irresponsible "guidelines" from AAP and other groups, gender-distressed teens are being prescribed disease-inducing chemicals, sterilized, and surgically maimed by doctors.[10]

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Puberty is not a disease.[11] It is a critical window of development that is irreparably disrupted by puberty blockers. Puberty blockers, like Lupron, have undergone long-term evaluation for use in children with the disease called precocious puberty, but there are no long-term studies of their use for gender incongruence.[12] Consequently, there is no evidence that puberty blockers are reversible and harmless in gender incongruent youth as is claimed. To the contrary, when normal puberty is artificially arrested, valuable time is forever stolen from these children, time that should be spent in normal development. This time period, during which highly significant and irreplaceable advances in bone, brain, and sexual development occur, is time that can never be given back.

Puberty blockers also have very harmful side effects as reflected in Lupron's package insert. All puberty blockers, including Lupron, arrest sexual development by acting on the brain. Boys are chemically castrated and girls chemically driven into premature menopause for as long as the puberty blockers are used.[13] This developmental arrest may result in permanent sexual dysfunction, infertility,[14] bone loss,[15] and altered brain development.[16] In one report, gender-distressed girls exhibited more self-harm and emotional problems, and greater body dissatisfaction while taking puberty blockers.[17]

Recall that the majority of gender-distressed children embrace their bodies when supported through natural puberty. Yet, all studies in the only study of gender-distressed youth given puberty blockers reveal nearly 100% of them request cross-sex hormones.[18] This suggests that puberty blockers "lock" kids into their gender confusion. As a result, such children who have their development blocked in early puberty, and are later given cross-sex hormones, may be permanently sterilized.[19] Cross-sex hormones also put youth at an increased risk of heart attacks, stroke, diabetes, blood clots, cancer and more across their lifespan.[20] The best long-term evidence we have among adults shows medical intervention fails to reduce suicide.[21]

In summary, many American health professionals, minors and their parents are being led astray by a medical establishment driven by a dangerous ideology and economic opportunism, not science and sound medical ethics. It is the professional medical opinion of our organization that the suppression of normal puberty, sterilization, and surgical mutilation of children constitute atrocities, not healthcare. This is why legislators must act. **Please vote FOR HB1570, the SAFE Act.**

Respectfully,

Michelle Cretella, M.D.

Executive Director of the American College of Pediatricians

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[3] https://www.transgendertrend.com/wp-content/uploads/2019/04/SMER-National-Council-for-Medical-Ethics-directive-March-2019.pdf

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The SAFE Act

Intro:
Board certification
Adolescent Medicine fellowship practiced for two years
Academic title
Father of 5, grandfather of 12 with another due Thursday

The issues as I see them are the following:

1) The term "experimentation" in the bill's title is absolutely correct. The drugs used are not FDA approved for these purposes. The academic research is biased toward the outcome desired. The medical journal articles supporting transition have too few subjects, have poor design, cover too brief a period of time, are often retrospective or simply observational. Randomized controlled studies are absent. Claiming "standard of care" status for what are no more than biased unsubstantiated guidelines is arrogant and dangerous to all children Any academic inquiry into those who detransition is not tolerated. I assure you that I am a huge advocate of evidence-based medicine utilizing the best science and practice. This current so-called science to force an ideology on a population is not science.
2) Common sense will tell you that this movement has co-opted the definition of "sex." They would have you believe that sex is not determined by X and Y chromosomes, but by an individual's assignment at birth based on external genitalia. The term "gender" is relatively new to contemporary America. To the new order, gender is sex. Sex is no longer binary nor a biologic phenomenon.
3) Gender identity disorder, now labeled gender dysphoria since 2013 by DSM-5, is real. Childhood dysphoria has had a fairly stable incidence of 0.005-0.014 % among males and 0.002-

0.003 % among girls. There has been an explosion of the diagnosis among teenage girls in the last decade in the West. These teens often have eating disorders, are obese, and not part of the "in" crowd. However, upon declaring themselves to be transgender in today's all-accepting culture, they receive affirmation and even celebratory status. The etiology is multi-factorial. Genetics is not solely the cause based on lack of concordance of identical twins.

4) What are the modalities of treatment currently available to children with gender dysphoria?

Expectant approach – averaging 12 studies on the topic, an average of 85% of prepubertal children will ultimately spontaneously realign their gender identity with their biologic sex without psychiatric intervention.

Reparative approach – the focus is on psychotherapeutics to intervene by identifying and addressing contributing factors. Naysayers quote old data, not the newer psychiatric modalities now in use.

Affirmation approach – the goal is to have the body conform to the gender identity.

Step 1 - This requires prepubertal blockers begun at the onset of puberty. Gonadotropin releasing hormone is utilized to decrease the body's normal physiologic production of estrogen and testosterone. This is often associated with acne, weight gain, stunted growth and decreased bone density.

Claims that the effects are "fully reversible" and "entirely safe" are spurious. The drug is not FDA approved for this purpose. Dysphoria as well as suicidal ideation may be reduced, but still remain high in most patients. It is advocated as a holding pattern until a definitive choice for the next step in therapy is made.

Step 2 – The use of "cross-sex" hormone therapy, i.e., estrogen and testosterone. Side effects/complications include hypertension, infertility, stroke, polycythemia (too high an hematocrit), decreased bone density, lipidemias, obesity,

insulin resistance, and cancers including breast, ovarian, uterine, cervical and prostate. The effect of hormones is not just limited to gonadal tissue. Usually started at age 14-16.
Step 3 – Surgery: mastectomy/breast implants, removal of gonads, external genitalia procedures. Usually no younger than 18 years of age. Only 25% of transitioners make this choice.

Long term follow-up from Sweden of patients who underwent gender transition where transgender is not a social stigma. As compared to controls:
Almost 3 X more likely to have a psych admission.
Almost 5 X more likely to attempt suicide.
19 X greater likelihood to complete suicide.
Almost 3 X increase in overall mortality.
No difference in mental health in those with Expectant therapy and Affirmation therapy.

An American survey by a pro-trans group revealed that approximately 8% of those that transitioned detransitioned.

We need to recognize the human dignity of those suffering from gender dysphoria, for they unquestionably do suffer. We must show compassion and support social justice while maintaining the truth regarding human biology - recognizing the emotional, spiritual and physical natures of human sexuality.

In conclusion, you should vote for this bill because 1) this therapy is driven by ideology more than sound science, 2) it is experimental using subjects that cannot give consent and consenters who usually are not offered other options, 3) the outcomes are not encouraging and 4) it is an expense with little if any positive gain. Representatives, please protect the children of the state of Arkansas.

You have to be 18 to get a tattoo in the state of Arkansas without parental approval. You have to be 21 to purchase alcohol. Transition therapy is a much more significant choice to make. A child should be of the age of majority to make a decision that has permanent irrevocable consequences.

Answers to opposition letters:

The proposition that hormone therapy is medically necessary is false. It would not block young people from getting essential care. There are references to other bills about schools, sports, etc. Those issues are not part of this bill.
Parents' rights to care for their children are restricted by the state when the state decides the parents' wishes are not in the best interest of the child. E.g., blood transfusions/Jehovah's Witness. There are no appeals to religious beliefs to anchor this bill.
Anecdotal events are frequently moving, but are not grounds for decision making.

My name is Billy Burleigh and I used to be transgender.

As a child I had the reoccurring thought that, "God made a mistake, I'm a girl." I prayed before going to bed and, every time I prayed, I asked, "God, please make me a girl before I wake up." If I could have, I would have quickly chosen any path that would have transformed me into a girl.

A few years after passing the age of responsibility, I sought help for the disconnect between my mind telling me I was a woman, and my body telling me I was a man. In seeking help and doing my own extensive medical research, the message I received was that I had to change my body to match my mind. After seeking any other path forward, I decided to take the therapists' and medical researchers' advice to change my body.

I started on a testosterone blocker and estrogen. My emotions were up and down, and my body was changing, but I was supposedly on this new road to happiness and that made me happy.

In my first surgery I had a penile inversion, an Adam's apple shave, and a brow shave. After the surgery, the doctor and nurses had difficulty stopping the bleeding from my new "vagina." My artificial vagina was packed with gauze and a sandbag was placed on my lower abdomen, but the bleeding did not stop. Later mom told me that going into my hospital room was awful. The odor in the room was like that of an overly saturated tampon. I received a blood transfusion and plasma and, eventually, the bleeding stopped. My two week stay in the hospital turned into a three week stay. But changing my penis to an artificial vagina required two surgeries, so about four months later I was back for part two. My money was low at that point, so I did not have any family or friends accompany me – I went through this second surgery on my own.

After this, I had additional feminization surgeries, but no matter how many I had, every time I looked in the mirror, I saw a man staring back at me. I tried hard to resolve the conflict between my mind and my body but after seven years of trying, I had more problems at that point than I had when I started on the road of transition.

The bottom line is that the therapists and medical researchers were wrong – changing my body did not resolve my internal conflict and it did not make me happy, but what it did do was drain my financial resources and left a scarred body.

I have fully transitioned back to male, I am happily married, I have two beautiful stepdaughters, and I have peace of mind and body.

Lastly, I was past the age of responsibility and I made a horrible mistake. In hindsight, I am male and I was born into the right body. The therapists and medical researchers failed to help with my underlying problems. They identified me as transgender and they were wrong. How often are they wrong?

Thank you for your time and for hearing my testimony.

Question: You stated that the therapists and medical researchers failed to help you with your underlying problems. What do mean by this?

Later in life I heard it said that everyone has a need to be acceptance, secure, and significant. Though I hadn't heard this before, I agreed with this statement and I started thinking about how I had tried to satisfy these needs in my younger years. I had some problems as a child – I was very skinny, I wasn't athletic, and I didn't seem to fit in with the other boys. I did, however, seem to fit in well with the girls and I enjoyed playing with them more than I enjoyed playing with the boys. As a boy, I didn't feel accepted or secure, and I most certainly didn't feel significant. But if I were a girl, I believe I would have felt accepted and would have felt more secure. And, with my childhood thinking, I may have been more significant to my dad. In hindsight I see that I had several underlying problems that very well may have reinforced the false thought that I was a girl. The therapists never did uncover these underlying issues, and my research on transgenderism failed to turn anything up on these basic needs.

My name is Joseph Backholm. I am an attorney and senior fellow with Family Research Council in Washington D.C. The bill before us today would do two things. It would prohibit surgically or chemically altering the bodies of minors who identify as transgender and it would prohibit the use of taxpayer dollars for such purposes.

Gender dysphoria is a real and challenging medical condition. Those who experience it deserve our compassion and respect. But we are here today because gender dysphoria, and the concept of transgenderism more broadly, is now much more than a medical condition. It is also a social and political phenomenon.

The increase in those claiming to be transgender can only be described as astronomical. In most western countries, teenage girls seeking treatments have risen between 1000% and 5000%.

A gallop poll released in February of this year found that the percentage of those in Generation Z (1997-2002) who identify as transgender is nine times higher than Generation X or Baby Boomers.

A Brown University study found that referrals to transgender treatment centers had grown 2000% in just seven years.

The same study found that among transgender teenagers, more than one-third had friend groups that were 50% or more transgender. This is more than 70 times higher than what would be statistically expected.

This phenomenon is referred to as rapid onset gender dysphoria.

It is not only a cultural phenomenon, it is also a business. Hundreds of new clinics exist exclusively to help people look like the opposite sex. Planned Parenthood, more famous for being the nation's largest abortion provider, now claims on it's website to be the second largest provider of cross-sex hormones in America.

In a recent interview, a former Planned Parenthood employee described their interest in cross-sex hormones this way.

"[T]rans-identifying kids are cash cows, and they are kept on the hook for the foreseeable future in terms of follow-up appointments, bloodwork, meetings, etc., whereas abortions are (hopefully) a one-and-done situation," she noted.

According to that same employee, the decision to provide cross-sex hormones to minors was being made by a clinic manager who had "no prior medical experience" and whose former job was managing at Wendy's.

However, even if the treatments are provided by medical professionals, they are experimental. There are no randomized clinical trials on the use of cross-sex hormones for these purposes.[1]

But there are known risks. Those risks include blood clots, cardiovascular disease, highblood pressure, diabetes, and more. Beyond that, interfering with puberty will always have an impact. You can't pause

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normal development without lifetime ramifications. Even if puberty resumes, they will be shorter, smaller, and generally less developed.

Compounding the risk of these treatments is the fact that puberty blockers have not been found to improve mental health. One early (2010) study reported, "Gender dysphoria did not resolve as a result of puberty suppression."[2]

A more recent (2018) study reported that "our psychometric data suggest that . . . the impact [of puberty blockers] on reducing psychological difficulties is limited."[3]

In the same way, surgical interventions do not show long-term benefits.

Suicide rates, psychiatric morbidities, and mortality rates remain markedly elevated after gender reassignment procedures have been performed.[4]

The most thorough follow-up of sex-reassigned people—a Swedish study extending over 30 years, found that ten to 15 years after surgical reassignment, **the suicide rate of those who had undergone sex-reassignment surgery rose to 20 times higher than the rest of the population.**

Birmingham University in England reviewed more than 100 studies of post-operative transexuals. The conclusion, as reported by The Guardian newspaper in England was, that "**none of the studies provides conclusive evidence that gender reassignment is beneficial for patients.**"

The inability to prove a benefit from surgically or chemically altering your sex is why the Obama Administration, in 2016, refused to pay for it under Medicaid. Despite receiving a request that its coverage be mandated, they refused, citing lack of evidence that it benefits patients.

This is undeniably a challenging topic for everyone involved. But given the irreversible damage, and lack of benefit these treatments provide, the SAFE Act is reasonable and necessary.

The alternative is likely a future in which thousands of former children look at themselves with regret and wonder where all the adults were.

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