



Oppose AB 2119

Foster care: gender affirming health care and behavioral health services

Testimony of Dr. Andre Van Mol, MD, References to Scientific Literature follow:

- 1) Transgender belief in childhood carries an overwhelming probability of desistance.
- 2) Underlying issues need addressing; foster children are more likely to have them.
- 3) The short and long-term risks of transitioning are sobering.
- 4) Lack of proven safety or benefit for minors:
 - a. It's not pro-science—it's no science.
- 5) Regret and de-transitioning are not rare, but what's gone is gone.
- 6) A child or teen has a developing brain; adult decisions are beyond them.

CONCLUSION:

This bill facilitates children being railroaded into dangerous protocols lacking proven long-term records of safety and efficacy for a condition that usually desists.

TESTIMONY REFERENCED TO SCIENTIFIC LITERATURE

1) **Overwhelming probability of desistance.** 80-95% of minors with gender dysphoria/transgender identification will desist by adulthood. Professional literature consistently reports that gender dysphoria in children is far more likely to resolve than persist.^{i ii iii iv v}

2) **Underlying issues need addressing first**, and there can be many. Various psychological problems, parental and family dynamics, environmental/relational difficulties, and social contagion can contribute, even in the best of homes.^{vi vii viii ix x xi xii}

- **Foster children**, by definition, experience precisely the type of **family and relational disruption known to be potentially causative** for gender dysphoria and same-sex attraction.
- The *APA Handbook on Sexuality and Psychology* cautions against a rush affirm and transition that “runs the risk of neglecting individual problems the child might be experiencing and may involve an early gender role transition that might be challenging to reverse if cross-gender feelings do not persist” (Bockting, W. Chapter 24: Transgender Identity Development, p. 750).

3) **The short and long-term risks** and permanent consequences **of a minor undergoing transition** are sobering.

- Hormone blocking of puberty followed by administration of cross-sex hormones can cause permanent sterility; and the removal of internal reproductive organs through reassignment surgery always does.
- Hormone blocking of puberty can leave too little genital tissue for later reassignment surgery by minimizing genital growth.
- The World Professional Association for Transgender Health Standards of Care lists these among cross-hormone therapy risks:^{xiii}
 - For women: polycythemia, weight gain, balding, sleep apnea, possible cardiovascular disease, diabetes type 2, bone density loss, and increased risk of cancers (breast, cervical, ovarian, and uterine).
 - For men: gallstones, weight gain, blood clots (venous thromboembolisms), and sexual dysfunction; also possible cardiovascular disease, diabetes type 2, and breast cancer.
- WPATH states genital and non-genital (face, hair, voice, chest, buttocks, etc.) sexual reassignment surgeries involve many short and long term risks.^{xiv}
- A patient, minor or adult, who undergoes gender transitioning will be a patient for the rest of their life. Lifelong need for sex hormones and management of their complications; along with further surgeries and management of surgical consequences, complications and shortcomings must be taken into consideration.^{xv xvi}

4) The **long-term benefits and safety to a child** undergoing hormonal therapy and surgical transitioning **have not been documented.** It is impossible to recommend gender transitioning to minors as evidence-based or even safe.

- The NIH in 2016 began the largest-ever study of transgender youth, and it is the first to track medical effects of delaying puberty and only the second to follow its psychological impacts.^{xvii}
- WPATH Standards of Care confirms, “To date, no controlled clinical trials of any feminizing/masculinizing hormone regimen have been conducted to evaluate safety or efficacy in producing physical transition.”^{xviii}
- The UC San Francisco Center of Excellence for Transgender Health states, “the impact of GnRH analogues [puberty blockers] administered to transgender youth in early puberty and <12 years of age has not been published.”^{xix}
- There is no evidence that all children who express gender-atypical thoughts or behavior should be encouraged to become transgender.^{xx}
- A 2011 Swedish study of adults found a post-gender-reassignment suicide rate 19 times that of the general population despite Sweden being overwhelmingly LGBT affirming.^{xxi}
- A 2001 study showed high rates of depression and suicidality in post-transition people.^{xxii}

5) **Regret is neither rare nor limited** to conservatives and/or people of faith.^{xxiii}

- Two left-leaning, pro-LGBT groups (**YouthTransCriticalProfessionals.org** and **4thWaveNow.com**) are opposed to hormonal therapy and surgery for children and adolescents due to high rates of regret and many de-transitioning later. Strongest statements from post-transition members.^{xxiv}
- SexChangeRegret.com is a site committed to the topic.

6) **A child or teen has a developing brain**, so they aren’t “there” yet for adult decisions.^{xxv xxvi}

^{xxvii} Minors are not allowed to vote, serve in the military, purchase alcohol, sign contracts, or provide informed consent for a number of things until adulthood because of this reality. At a minimum, gender reassignment is a very adult decision, and no one should make it before adulthood. No one.

Andre Van Mol, MD

Board-certified family physician

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

ⁱ APA *Diagnostic and Statistical Manual*, 5th edition, “Gender Dysphoria,” p. 455.

ⁱⁱ *APA Handbook on Sexuality and Psychology* (American Psychological Association, 2014), Bockting, W. Chapter 24: Transgender Identity Development, vol. 1, p. 744.

ⁱⁱⁱ Cohen-Kettenis PY, et al. “The treatment of adolescent transsexuals: changing insights.” *J Sex Med.* 2008 Aug;5(8):1892-7.

^{iv} “Do Trans- kids stay trans- when they grow up?” *Sexologytoday.org*, 11 Jan. 2016.

^v 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.

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