

**Kansas Senate Public Health and Welfare Committee**  
**Proponent for SB12**  
**14 February, 2023**

**NO BIOLOGIC BASIS FOR TRANSGENDER**

No test exists for a diagnosis to be made- it is based on the opinion of a child or adolescent.

There is no such thing as a male or female brain

Published studies indicating “born that way” are deeply flawed

**GENDER IDENTITY IS A STATE OF MIND**

Counseling has always been the first and most effective way of resolving the issue  
80-98% resolution of incongruence between biology and gender identity of the patient is allowed to progress completely through natural puberty (over 16 published studies over the past 15 years)

**MYTH OF COMPLETED SUICIDE IF TRANSITION IS NOT ALLOWED**

The only entire population studies done are from Swedish data and prove mental health is NOT improved by transition.

The studies purporting benefit are flawed by selection bias and passive review of retrospective convenience sample surveys

The article published last week on the prospective collection of two years’ data is flawed by elimination of mentally troubled patients and downplaying of patients who dropped out

**“STANDARDS OF CARE” ARE PUBLISHED AND ACCEPTED BY THE VAST MAJORITY OF PRACTICING PHYSICIANS AND THEIR PROFESSIONAL ASSOCIATIONS**

The so-called standards of care are actually only guidelines promoted by activists within the professional societies based on opinion and absolutely no scientific studies

The often cited “Dutch Protocol” on which these guidelines are based has just been completely decimated by an extensive scientific review as having no basis- data were hand-picked to prove a point and write guidelines. When ALL the data is reviewed, it disproves the theory of any benefit to the child’s mental health by transitioning socially, medically, or surgically. In other words, no child should be subjected to such interventions.

**THE MYTH THAT SOCIAL, AND MEDICAL INTERVENTIONS ARE REVERSABLE AND CAUSE LESS HARM THAN NOT APPLYING THEM**

Social interventions to reassign an incongruent gender trip the family fabric apart and disrupt the child’s social environment in ways that can’t be repaired.

Puberty blockers are not a “pause” but are instead a very slippery pathway to use of wrong-sex hormones (99% of patients who start puberty blockers in the U.S.

proceed). Delaying or interrupting puberty in adolescence causes irreversible bone mineral loss. Normally-timed natural puberty changes a number of body organs including the brain. Stopping such changes during the adolescent years has not been studied, despite calls to do so before proceeding with the standardization of treatment protocols

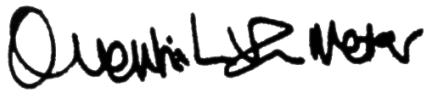
The serum levels of wrong-sex hormones is exponentially greater than body is designed to endure without causing serious induced risk of cancers, stroke, and heart disease, and which make the patient drug dependent for the remainder of their lives

No validly designed published studies show more benefit than harm

These children are sterilized.

#### THE MYTH THAT REGRET OF TRANS PATIENTS IS NEGLIGIBLE

De-transitioners have been bullied into silence, but have finally found their voice both on-line and by bringing lawsuits against those who sent them down the transition pathway.

A handwritten signature in black ink that reads "Quentin L. Van Meter". The signature is written in a cursive, somewhat stylized font.

Quentin L. Van Meter, M.D. F.C.P.  
Immediate Past President, American College of Pediatricians  
Board Certified Pediatric Endocrinologist  
Adjunct Associate Professor of Pediatrics, Emory University School of Medicine and  
Morehouse School of Medicine