

Key Points for Legislators Kansas SB 63

I am a pediatric endocrinologist with 46 years of experience in the novel field of transgender (formerly transexual) patients. The opponents of this bill have considerably less experience. I have a vested interest in this legislative effort.

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 occurs if the patient is allowed to progress completely through natural puberty (over 16 published studies over the past 15 years). **The only truly compassionate care is to provide in depth evaluation of mental health of the patient and family and to provide counseling to resolve all underlying depression and anxiety.** 100% of my transgender patients have significant precedent mental health issues.

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 month in NEJM on the prospective collection of two years' data is flawed by elimination of mentally troubled patients and downplaying of patients who dropped out, and the suicide deaths of two study participants

“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 British Medical Journal has very recently rated the WPATH guidelines “0” on a scale of 0-6, and has rated the Endocrine Society Guidelines “1” on that same scale. The alphabetical listing of some 20 societies given by opponents at the recent Senate Committee Hearing would suggest that each of these organizations carefully crafted their own guidelines after significant deliberations by their membership. In truth, the ideologues in the leadership of these organizations just gave their stamp of approval to the existing WPATH and Endocrine Society Guidelines. The 67,000 members of the American Academy of Pediatrics had no

input in their organization's policy statement. The major input was from the Human Rights Campaign.

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

As the recent Cass Report from the UK documented, 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 gonads and 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.

By approving SB 63 , Kansas will join the brave, forward-thinking group of states who have, like the majority of European countries, seen the need to protect the suffering transgender children and adolescents from harm.



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