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PLEASE OPPOSE HF 146 GENDER (TRANSITION) AFFIRMING HEALTH CARE
Testimony of Dr. Andre Van Mol, MD

Dear Minnesota House Judiciary Finance and Civil Law Committee:

Gender (Transition) Affirming Health Care (G(T)AHC) imperils already at-risk gender dysphoric youth with experimental and unproven hormonal and surgical gender affirming therapy [GAT], which medicalizes prematurely and permanently. G(T)AHC is not proven effective, not proven safe, does not reduce suicides, and is not the standard of care for gender dysphoria. Scientific and legal evidence 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. G(T)AHC is far out of step with science, and increasingly so with the law.

THE GOVERNMENTS AND MEDICAL/ACADEMIC INSTITUTIONS OF THE UK,^{1 2 3} SWEDEN,⁴⁵ FINLAND,⁶ AND FRANCE,⁷ HAVE REJECTED prioritizing gender-affirming transition in favor of emphasis on mental health evaluation and support.

- The UK is closing down the world's largest pediatric gender clinic, NHS's Tavistock Gender Identity Development Service,⁸ per findings of the Cass Review.⁹
- G(T)AT is radically out of step with the care, science, and law for gender dysphoric youth.

DESISTANCE IS THE NORM FOR MINORS WITH TRANS-IDENTIFICATION, resolving on its own for an average of 85% by adulthood, unless it is affirmed.¹⁰¹¹¹²¹³¹⁴ Why permanently medicalize a child for a condition that usually goes away?¹⁵¹⁶¹⁷

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 ..." ¹⁸
- 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." ¹⁹
- Withers 2020, "trans-identification and its associated medical treatment can constitute an attempt to evade experiences of psychological distress." ²⁰

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 neither a scientific nor a medical organization, and whose SOC's (Standards of Care) appear to be both

internally inconsistent and window dressing that is ultimately not followed. Just calling them SOC's do not make them so.

- 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.
- As for the pro-GAT guidelines and statements (which are not standards of care) from medical and psychological organizations, they are almost always written by WPATH members or repeat such, are not voted on by the rank and file members, and represent the incursion of ideology posing as science. Be wary of them.
- WPATH and similar pro-G(T)AT statements are based on "eminence" and not evidence.

MINORS CANNOT GIVE TRULY INFORMED CONSENT.²¹ They have developing brains, their minds change often, and they don't grasp long-term consequences.^{22 2324} 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."²⁵

PUBERTY BLOCKING AGENTS [PBA] chemically castrate at the level of the brain.²⁶

- PBAs risk infertility by blocking the maturation of sperm and eggs.²⁷ Following them with cross-sex hormones assures sterility.^{28 29}
- PBAs compromise bone mineral density at what should be the period of peak increase.³⁰
- PBAs hinder brain development and compromise sexual function.
- The US FDA added a warning for pseudotumor cerebri (idiopathic intracranial hypertension) July 2022.³¹
- Self-harm does not improve on PBAs.^{32 33}
- PBAs are not proven fully reversible, and long-term complications are known.³⁴

AS FOR CROSS-SEX HORMONES^{35 36 37 38 39 40 41}

- Estrogen use in male biology strongly increases the risks of blood clots, heart attacks, strokes, breast cancer, insulin resistance and more. Risk increases with length of use.⁴²
- Testosterone use in female biology strongly increases the risks heart attacks, strokes, breast and uterine cancer, hypertension, severe acne and more.
- An international panel of endocrinology organizations concluded about testosterone use in women (10/2019)⁴³ "...the only evidence-based indication for testosterone therapy for women is for the treatment of HSDD [Hypoactive sexual desire disorder]...There are insufficient data to support the use of testosterone for the treatment of any other symptom or clinical condition, or for disease prevention....The safety of long-term testosterone therapy has not been established."

MANY REGRET TRANSITION. Many claim their **consent lacked information on GAT/TAT's known risks and available alternatives.**⁴⁴

- Studies downplaying rates of regret habitually show high rates of loss to follow up (20-60%) and set unreasonable strict definitions for regret. (D'Angelo, 2018)..."⁴⁵
- Follow up periods are consistently too short, reporting comes from gender clinics, and those with regret or who detransition say they then avoid gender clinics.⁴⁶

PRO-G(T)AT STUDIES COMMONLY SHARE THE SAME FATAL FLAWS.

"Limitations of the existing transgender literature include general lack of randomized prospective trial design, small sample size, recruitment bias, short study duration, high subject dropout rates, and reliance on "expert" opinion." Pediatric endocrinologist and academic Paul Hruz, MD.⁴⁷

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

- Many parents of gender confused youth report being asked by mental health and medical officials, “Do you want a live son or a dead daughter?” or “Would you rather be planning a transition or a funeral?”
- But G(T)AT is not proven to reduce suicides. In fact, the best studies show worsening of mental health long term for many.
- Bailey and Blanchard: “There is no persuasive evidence that gender transition reduces gender dysphoric children’s likelihood of killing themselves.”⁴⁸
- 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.⁴⁹
- 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” improved the mental health benchmarks.^{50 51}
- There is no one reason for suicide. The U.S. CDC/MMWR “Suicide Contagion and the Reporting of Suicide” recommendations against “Presenting simplistic representations of suicide. Suicide is never the result of a single factor or event, but rather results from a complex interaction of many factors and usually involves a history of psychosocial problems.”⁵²
- About 96% of US adolescents attempting suicide demonstrate at least one mental illness.⁵³
- 90% of adults and adolescents who completed suicide had unresolved mental disorders.⁵⁴

The chemical sterilization and surgical mutilation of otherwise healthy young bodies is not health care.^{55 56 57} G(T)AHC is being rejected by nations formerly leading it. G(T)AHC is unproven child experimentation masquerading as better. Minors should be protected from it. Please oppose HF 146 Gender (Transition) Affirming Health Care.



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

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³ <https://www.england.nhs.uk/wp-content/uploads/2020/12/Amendment-to-Gender-Identity-Development-Service-Specification-for-Children-and-Adolescents.pdf>

⁴ <https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/>

⁵ [Karolinska Policyförändring K2021-3343 March 2021 \(Swedish\).pdf](#);

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

⁶ https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en.pdf/aaf9a6e7-b970-9de9-165c-abadfae46f2e/Summary_minors_en.pdf

⁷ <https://www.academie-medecine.fr/wp-content/uploads/2022/02/22.2.25-Communique-PCRA-19-Medecine-et-transidentite-genre.pdf>

⁸ <https://www.bbc.com/news/uk-62335665>

⁹ <https://cass.independent-review.uk/publications/interim-report/>

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²⁶ Lupron Depot-Ped Injection Label (August 2012) at 12.1 "Mechanism of Action" https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020263s036lbl.pdf.

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