SCRUTINIZING THE MEDICAL AND HUMAN RIGHTS CONSEQUENCES OF BILL # SF4699, 4/18/2024

This handout summarizes crucial evidence-based information on "Gender Affirming Care" to assist legislators in making an informed decision regarding Bill SF4699. As you will see, it clearly and compellingly shows that MN constituents' well-being demands a "**NO**" vote from legislators.

- Bill SF4699 proposes that "Gender Affirming Care" is medically necessary care and thus clarifies that all health plans must cover it to help restore, maintain, or prevent deterioration of the enrollee's health.
- The standards of "Gender Affirming Care" (GAC) were crafted by the World Professional Association for Transgender Health (WPATH). The protocol proposes that biological girls who identify as boys and experience anxiety about this mismatch should be "transitioned" into boys; the same applies to biological boys who identify as girls. This is accomplished through "social affirmation" and a medicalized pathway consisting of ***puberty blockers***, ***synthetic cross-sex hormones*** and ***sex "re-assignment" surgeries***. We are told that these standards are based on solid empirical evidence and represent the only widely accepted protocol to treat gender dysphoria, decrease the likelihood of suicide and thus, save lives.[1]
- Therefore, at first sight, Bill SF4699 sounds reasonable and fair. Rejecting it would appear harmful, unfair, and even cruel, thus out of the question for many legislators. However, this handout provides undisputable evidence: (a) Bill SF4699 does not pertain to ***civil rights*** with medical consequences, but the other way around; it is about a ***medical*** matter with civil rights consequences. [2] (b) Evidence-based gender literature and reports from eminent scientists, journalists, providers, patients, and parents across the world, overwhelmingly reveals that "Gender Affirming Care" involves a logically inconsistent, flawed and unsubstantiated medical protocol which has inflicted unnecessary harm to thousands of people. (c) Paradoxically, ***Bill SF4699 proposes coverage that violates the 1st and 14th Amendments*** and thus ***impedes the accomplishment of its own goals***.

WHAT IS THE EMPIRICAL EVIDENCE SUPPORTING HEALTH INSURANCE COVERAGE OF "GENDER AFFIRMING CARE"?

"26% of my patients are post-operative regretters… all non-existent data. No one had followed them up… Many of them were too embarrassed … they felt there was no return." Dr. Az Hakeem, psychiatrist [1]

- The concept of "Gender Affirming Care" presents at least 3 logical inconsistencies. First, it assumes that if people feel a mismatch between their gender identity and their biological sex, their belief must be accepted unquestionably. However, "Gender Affirming Care" does not involve exclusively "***affirming"*** the "***gender" identity***, but mainly ***medically changing*** primary & secondary "***sex"*** traits to resemble the opposite sex.[2] Second, transgender ideology assumes that gender identity is ***fixed***, so the mismatch between gender identity and biological sex can cause long-lasting distress if left untreated. However, transgender ideology also assumes that gender identity is ***fluid*** through life. This logical contradiction raises a red flag regarding GAC procedures. Third, the word *"**Care**"* is deceitful because as shown below, it mistakenly implies that GD treatments improve health.
- GAC sex-trait modification procedures to treat GD are based on the "Dutch Protocol", a study conducted in the Netherlands and published in 2014. It included 111 patients with strong children-onset-gender dysphoria who worsened during adolescence and had ***no other mental health issues***. The goal was to test if starting GD intervention during puberty (instead of waiting until adulthood) would improve life-satisfaction. WPATH adopted this protocol in the US more than a decade ***BEFORE*** the results of this study were published. The only evidence of puberty blocker benefits then was one study conducted with one patient! [1]
- The "Gender Affirming Care" protocol rapidly entered pediatric gender clinical settings and spread exponentially due to "run-away diffusion", mistaking the news about an innovative experiment as proven practice, and a potentially non-beneficial or even harmful practice "escaped the lab". [1, 5]
- Gender Dysphoria was extremely rare up to 11 years ago (2-14 in 1000 people, depending on sex). It was restricted mostly to grown adult males and kids with early onset, mostly boys. However, the population of patients with GD has increased exponentially over the last 10 years, affecting now 1 in 10-20 people. During 2017-2020, there was a 20% increase per year for ages 6-17 and an increase of 70% from 2020 to 2021. This was the time when kids stayed at home due to the COVID epidemic, mostly on their phone. [2]
- Research suggests that this gender confusion is of a different kind, mostly females with a sudden GD onset in puberty or adolescence (Rapid Onset Gender Dysphoria) and co-existing psychological conditions (anxiety, depression, suicidality, autism, ADHD, OCD) and/or trauma. [3, 4] It is also possible that this population is more susceptible to well-documented social contagion, misinformation effects, and cognitive distortions. These psychological phenomena have been investigated by thousands of cognitive scientists around the world for decades, including Nobel Prize winner Daniel Kahneman.[6] Historically, psychological factors have been at play in biological females in similar disorders, including hysteria and anorexia. [7] They also play a central role in the recent exponential increase of depression and anxiety, mainly in adolescent girls, and form the basis of recent legislation to place age restrictions in social media and cellphone access. Unfortunately, research on this new ROGD cohort is non-existent. Therefore, expanding access to a medicalized pathway to ***all*** people with GD would be not only unjustified but negligent and irresponsible.
- Shockingly, attempts to replicate the Dutch protocol have been unsuccessful. Systematic reviews have found multiple methodological problems (deficient research design, defective measurement, selection bias, incomplete data, confounding, unaddressed questions) [5].
  - Evidence-based research has found that "Gender Affirming Care" ***does NOT reliably decrease*** Gender Dysphoria and other co-morbidities like anxiety, depression, anger, and suicide rates; sometimes they even get worse. [5]
  - "Gender Affirming Care" protocols ignore scientific principles of well- established disciplines (e.g., biology, genetics, neuroscience). [1]
  - Gender affirming advocate clinicians overgeneralized the Dutch protocol to the ROGD cohort even though there is NO research on the long-term effects of the "GAC" medicalized interventions compared to psychological interventions and no interventions in this population. [1, 3, 4]
- Treatment of fully-grown adult transgender male to females and kids with childhood gender dysphoria as well as reports from former patients has revealed a growing number of harmful side effects, huge gaps, and numerous open questions. [1, 5]
  - Puberty blockers and synthetic cross-sex hormones (testosterone, estrogen) are ***NOT FDA approved*** for GD. They have ***multiple harmful and irreversible life-long*** side effects. For example, they have been shown to cause infertility, sexual organ dysfunction, pain, circulatory system diseases; skeletal system diseases (puberty blockers); mood changes, baldness, cholesterol increase, type 2 diabetes (testosterone), muscle mass and strength reduction, sexual desire reduction (estrogen). Their effect on brain, cognitive and psychosexual development is unknown.
  - Cross-sex surgeries have a ***high percentage of incapacitating and irreversible life-long physical and mental side effects***.

  - A systematic meta-analysis in 2022 found that ***75%*** of 1,731 female-to-male transgender patients undergoing phalloplasty experienced complications, including sexual dysfunction impeding sexual intimacy; 33 % reported urethral stricture or fistula.
  - A 2018 survey found that only ***8%*** of patients undergoing male-to-female surgeries felt "very satisfied" with their sex life.
  - Other patient testimonies: repugnant genital appearance, urinary and defecation complications, necrotic tissue, worsened mental health [5].
- Despite these serious drawbacks, the "Gender Affirming Care" protocol is faithfully followed and promoted by well- known professional organizations that we thought we could trust (e.g., Endocrine Society, American Academy of Pediatrics, American Psychiatric Association, American Psychological Association). This endorsement gives the false impression that flimsy intellectual underpinnings are scientifically based, well-established, and accepted by consensus. [1, 2, 5]
- WPATH SOC8 decreased "gatekeeping" by adding genital nullification surgeries and lowering age requirements and restrictions. [8] Despite protests, these SAC standards are currently enforced in hundreds of clinics and hospitals in the US and abroad, resulting in a ***multi-billion-dollar industry***.[1]
- An increasing number of whistleblowers from gender clinics [9], hospitals[10], and within WPATH itself [7] have leaked written documents and meeting videos, which have uncovered three main alarming findings of what happens behind closed doors.
  (a) WPATH members propose "Gender Affirming Care" guidelines and solutions to questions and complications "on the go". They admit that they are unsubstantiated, incoherent, contradictory, and complicate the future health coverage of patients.
  (b) There is deliberate and widespread institutional corruption, deception, coercion, and data concealment of catastrophic results within WPATH and gender clinics. Medical staff are instructed NOT to record fatalities and NOT to follow up former patients. Data from patients who showed no beneficial effects, quit the treatments, developed medical complications, or de-transitioned are seldom published or purposefully excluded from scholarly articles. This results in a misleading inflation of GAC procedure strengths and drastic underestimation of casualties. [7]
  (c) Minors and vulnerable young adults are being abused by GAC procedures. Neuroscience has demonstrated that the pre-frontal cortex (involved in long-term planning and decision making) and the amygdala (involved in emotional processing) aren't fully developed until around age 26 [11]. Although most medical providers recognize that minors and young adults aren't capable of consenting to the life-long consequences of GAC medicalized procedures, they still place them "in the front seat"! When complications arise, they are blamed for their choices.
- The "gender affirming care" model is NOT accepted by consensus as the only treatment for GD. After thorough systematic reviews of clinical results, the GAC is being reconsidered and formally abandoned in various countries since the early 2020's [12]. In the US, professional and ***non-partisan*** groups like SEGM (Society for Evidence Based Gender Medicine) are raising awareness and proposing alternatives. [13]

WHAT ARE THE CIVIL RIGHTS IMPLICATIONS OF MANDATING HEALTH INSURANCE COVERAGE OF "GENDER AFFIRMING CARE"?

"It's out of their developmental range sometimes to understand the extent to which some of these medical interventions are impacting them." WPATH member [7]

"... most of the kids [with Gender Dysphoria] are nowhere in any kind of a brain space to really, really talk about it [reproduction] in a serious say. That's always bothered me, but you know, we still want the kids to be happy ... happier in the moment, right?" Daniel Metzger, pediatric endocrinologist [1]

- The goal of health policy is to protect and promote the health, safety, and morals of the community. According to the 14th Amendment, State laws must treat an individual in the same manner as other people in similar conditions and circumstances. Consequently, health insurance coverage in our state must not discriminate based on race, sex, age, and disability.
- People experiencing gender dysphoria (GD) deserve health insurance that covers high-quality treatments based on strong peer-reviewed empirical s evidence, just like any other health issues and just like everyone else. Treatments must reliably result in enduring improvements for the intended populations, with reasonably low risks and side effects.
- However, the "Gender Affirming Care" protocol violates the civil rights of this minority group and thus, it violates the 14th Amendment.
  - The "Gender Affirming Care" protocol submits children, teenagers and vulnerable young adults with GD to permanent medicalized alteration of their physiology, mutilation of healthy body organs, and involuntary sterilization. This goes against UN human rights and ethical bodies. XXXUN Thus, the GAC treatments received by the GD minority are radically inferior to the treatments received by individuals suffering from similar physical or mental distress under similar circumstances (e.g., Generalized Anxiety Disorder, phobias, physical illnesses). [1, 7]
  - Although Bill ***#SF4699*** requests the inclusion of diagnoses, the GAC approach to GD involves no diagnostic tests. The GD diagnosis is provided by the patients themselves, regardless of age and co-morbidities. As an article of faith, providers must immediately interpret patients' reports of stress and feelings of body discomfort as being transgender and send them over the medicalization pipeline, no questions asked. Providers are discouraged from holding exploratory sessions fearing accusations of "conversion therapy". Therefore, patients are NOT screened to find out answers to critical questions: a) What is the origins, evolution, constancy, and severity of the gender confusion? (b) Is the distress due to typical puberty struggle, or to pre-existing trauma (e.g., death, divorce, abuse) or to mental health (depression, anxiety, autism, PTSD, ADHD, OCD, psychosis)? (c) Is the gender confusion temporary (90% of teenagers who are neither socially nor medically affirmed [1]) or likely to persist? (d) What treatment approach is preferable for the patient? (e.g., cognitive behavioral therapy, dialectical behavioral therapy, systemic therapy, careful watching). No other physical or mental conditions are medically treated based exclusively on patients' self-diagnoses & requests. [9, 16, 17]
- The "Gender Affirming Care" protocol hinders freedom of speech; thus, it violates the 1st Amendment.
  - Scientists, doctors, therapists, counselors, and other professionals are mandated to follow the "gender affirming care" agenda with all their patients, clients and students, no matter their age and mental health. Those who doubt this credo, encourage questions and discussion, entertain alternatives, or present empirical evidence against it, have been professionally silenced and penalized. [1]
  - Parents are forced to obliviously authorize psychosocial and medicalized procedures for their children. If they raise questions or concerns, they are silenced, accused of bigotry and blamed for risking their child's life [15]. Many are investigated by Child Protection Services and lose physical custody of their children. Frequently, minors (including my daughter, here in MN) are medicalized even without parental consent. [1]
  - A growing number of former patients with GD receiving GAC are openly reporting being misled and pushed through medicalized transition even when expressing doubts or when there is no need. They realize that their obsession to alter their biological sex was driven by trauma, mental health issues, and/or fantasy misinformation from social media. They report ***NO*** improvement in their GD and instead, are left with a list of additional physical and mental calamities and a lower quality of life [1, 9, 16, 17]. Although "de-transitioners" are silenced, excluded and bullied, some are talking, a growing number of malpractice lawsuits are in progress in the US and abroad and scandals are becoming bigger and louder. [7]

WHAT SHOULD LEGISLATORS DO REGARDING BILL SF4699?

"The road to hell is paved with good intentions… I was one of the Democrats who paved the road that we're currently on. I'm here to ask you to give us a chance to find our way back." Jamie Reed, former gender clinic case manager and whistle blower [9]

Bill ***#SF4699*** proposes mandating all health insurance companies to cover "Gender Affirming Care" procedures (GAC). Based on the information presented in this handout, GAC submits minority children, teenagers and young adults with gender dysphoria to unnecessary iatrogenic harm. The only barrier left for many is lack of affordability. Passing Bill SF4699 would widen access to GAC and thus eliminate their last chance for safety, increasing civil rights and freedom of speech violations. Hence, in the name of all young people with Gender Dysphoria in MN and their families (including my daughter and her friends, who developed GD out of the blue and have pre-existing mental health diagnoses), I urge you to:

1) Review the information presented in this handout; email any questions and requests for additional sources to acry27@hotmail.com
2) **Vote "NO" to Bill #SF4699.**
3) Contemplate proposing a new bill that *bans* insurance companies from covering "Gender Affirming Care" for people 26 years old or younger.
4) Contemplate crafting a new bill to support gender dysphoria research with high scientific rigor and ethical standards. There are three impending needs: (a) to investigate the different kinds of gender dysphoria based on onset age, biological sex, etiology, co-morbidities, and cognitive functioning; (b) to compare different medical and psychological treatments; (c) to follow up ***all*** patients for decades. With outstanding hospitals and research institutions in MN (including the world-famous Mayo Clinic in my hometown Rochester), we are in a unique position to place ourselves at the top of high-quality gender research and care in the nation and in the entire world for decades to come.

REPRESENTATIVE RECOMMENDED SOURCES

1. Book on the historical, scientific, medical, and social context of transgender care by pediatric psychiatrist: https://www.miriamgrossmanmd.com/about-4-1
2. Transgender policy in context, Leo Sapir: https://www.youtube.com/watch?v=LvJFAvADio8
3. Dysphoria types: https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing/
4. ROGD: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330
5. Myth of reliable research: https://www.tandfonline.com/doi/full/10.1080/0092623X.2022.2150346
6. Cognitive illusions https://www.researchgate.net/publication/358695619_Cognitive_illusions_Intriguing_phenomena_in_thinking_judgment_and_memory
7. Leak: "WPATH Files" full report (3/2024): https://environmentalprogress.org/big-news/wpath-files and panel discussion video: https://drive.proton.me/urls/BNR7XTN6ZG#W38StBTjHhNH
8. WPATH SOC8 and strong protest: https://beyondwpath.org/
9. Whistle blower Affidavit from former gender clinic case manager: Jamie Reed: https://ago.mo.gov/wp-content/uploads/2-07-2023-reed-affidavit-signed.pdf?sfvrsn=6a64d339_2
10. Sample whistle blower video: Dr. Haim: https://www.youtube.com/watch?v=s9bb0VMiklo
11. Teenage brain: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3621648/#:~:text=The%20development%20and%20maturation%20of%20the%20prefrontal%20cortex%20occurs%20primarily,helps%20accomplish%20executive%20brain%20functions
12. Gender medicine turnaround abroad (2022): https://segm.org/gender-medicine-developments-2022-summary
13. Non-partisan evidence-based gender medicine organization: https://segm.org/
14. United Nations against involuntary sterilization: https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/News%20and%20events/Stories/Forced%20Sterilization%20document%20pdf.pdf
15. De-transitioners article: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8604821/
16. Sample de-transitioner video: Teenager Chloe Cole (5'): https://www.youtube.com/watch?v=DSGgR3W_jjg
17. Sample de-transitioner video: Young adult with mental disorders Rachel Foster: https://www.youtube.com/watch?v=2RJYmKHBgCM