



The Kelsey Coalition

Working to change the systems that failed our kids

The Harms of Transgender Medicine

Many young people now identify as transgender or nonbinary. Some are suffering from clinically diagnosed gender dysphoria, while others suddenly begin to believe they are transgender after learning about these identities online.¹ Most have underlying and untreated issues,² including autism, trauma, and ADHD.

There are no objective tests or biomarkers³ to prove a person's gender identity. Gender identities are based entirely on feelings⁴ likely to change with time, brain maturity, and non-invasive therapy.

Yet children as young as eight years old are being given powerful puberty-blocking drugs, pre-adolescents are prescribed cross-sex hormones for lifetime usage, and "gender-confirming" surgeries (such as mastectomies, radical hysterectomies, vaginoplasties, and orchiectomies) are performed on teenagers.

Puberty-blocking drugs — described as a safe and reversible intervention — have been known to cause long-lasting health problems, including bone loss and disease.⁵ Over 41,000 adverse reports⁶ have been filed with the FDA. A 2018 study⁷ of long-term risks of puberty blockers found that "the majority of subjects reported long-term side effects ... while almost one-third reported irreversible side effects that persisted for years after discontinuing treatment." If children are given cross-sex hormones after their puberty is blocked, they will be sterilized.⁸

Studies of the impact of cross-sex hormones on adults⁹ have shown that males taking estrogen are at high risk for deadly blood clots. Females taking testosterone have an increased risk of hypertension, increased red blood cell counts, breast and ovarian cancer. Both males and females are at increased risk of myocardial infarction and death due to cardiovascular disease.

The only long-term follow-up study¹⁰ of adults who medically transitioned found substantially higher rates of overall mortality, suicide, suicide attempts, and psychiatric hospitalizations among adults who surgically transitioned. These risks did not become apparent until ten years after transition.

Harmful hormonal and irreversible surgical interventions are performed on children who identify as transgender despite the absence of rigorous long-term studies to prove safety or efficacy.

We simply don't know the future outcomes for children. Despite the paucity of sound research and known health risks, many medical associations (such as the American Academy of Pediatrics¹¹) are promoting these medical interventions in children. And in Oregon, minors as young as 15 years old may receive state-subsidized hormonal treatments and surgeries without parental knowledge.¹²

For young adults, the "informed consent" model is commonly used, which allows them to access cross-sex hormones without a thorough medical or mental health assessment in only one to three visits. One of the main suppliers of hormones is Planned Parenthood: "We offer hormones through a low-barrier "informed consent" model – meaning that in most cases we don't require a referral from another doctor or a letter from a mental health provider."¹³

An increasing number of young people are beginning to express painful regret¹⁴ of surgeries and hormonal interventions that have irreversibly impacted their health, appearance, fertility, and sexual function. Many report that they did not receive proper counseling and were not encouraged to consider non-invasive options. Young people should not be offered life-altering hormonal and surgical interventions that are not supported by rigorous studies establishing long-term efficacy and safety. The risks of irreparable harm and regret are too great.

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