



The Kelsey Coalition

Bioaccuracy Law Project

[Development of the Fiscal Year 2021-2025 Trans-NIH Strategic Plan for Sexual & Gender Minority Health Research](#)

Submitted to the Sexual & Gender Minority Research Office, National Institutes of Health

January 24, 2020

As stakeholders in the above issue, the Kelsey Coalition respectfully requests that the NIH SGMRO's 2021-2025 SGM medical research budget emphasize the following goals:

- Development of best-practices surrounding the treatment of gender dysphoria and detransition
- Rigorous, unbiased research into detransition that includes, without censorship, the experiences of detransitioners who experience regret and harm from gender-based medical interventions
- Strict enforcement of informed consent and anti-sex-stereotype discrimination laws for recipients of NIH funding
- Cessation of NIH funding for K-12 educational materials that unlawfully exploit disabled and GSM children under the guise of “anti-bullying” policies.

About Us

The Kelsey Coalition is a victim-led, nonpartisan, unfunded, volunteer organization that represents individuals and families who've been harmed by gender-based medical intervention. Our singular mission is to promote policies and laws to protect transgender-identifying young people from exploitation and harm.

Our membership includes detransitioners—young people who once believed themselves to be transgender but no longer do, or who have stopped seeking gender-based medical interventions that caused them physical and psychological harm.



The Kelsey Coalition

Bioaccuracy Law Project

Our members' [testimonials](#) reveal that serious pharmacological and surgical interventions, that were once only offered only to consenting adults after extensive medical and psychological screening, are now being offered to children and teens on the basis of momentary statements about feelings that might otherwise remit with time and noninvasive therapy.

These children are not properly screened for comorbid issues; and are not old enough, nor adequately informed, to meaningfully consent to the serious permanent health risks that these interventions entail.

Any national health funding aimed at serving the SGM must include this exploited, and unfortunately growing, population.

Research Bias & Best Practices

Our organization is seeing an epidemic of reports about a novel presentation of gender dysphoria that is as-yet unstudied, poorly understood, and increasingly leading to patient dissatisfaction and accusations of harm.

[International data](#) show an exponential increase in young people seeking treatment at pediatric gender clinics in recent years. A phenomenon that only affected an estimated 0.002% to 0.014% of the population when the [DSM-5](#) was written is now being self-diagnosed by [up to 14% of teens](#) in some peer groups.

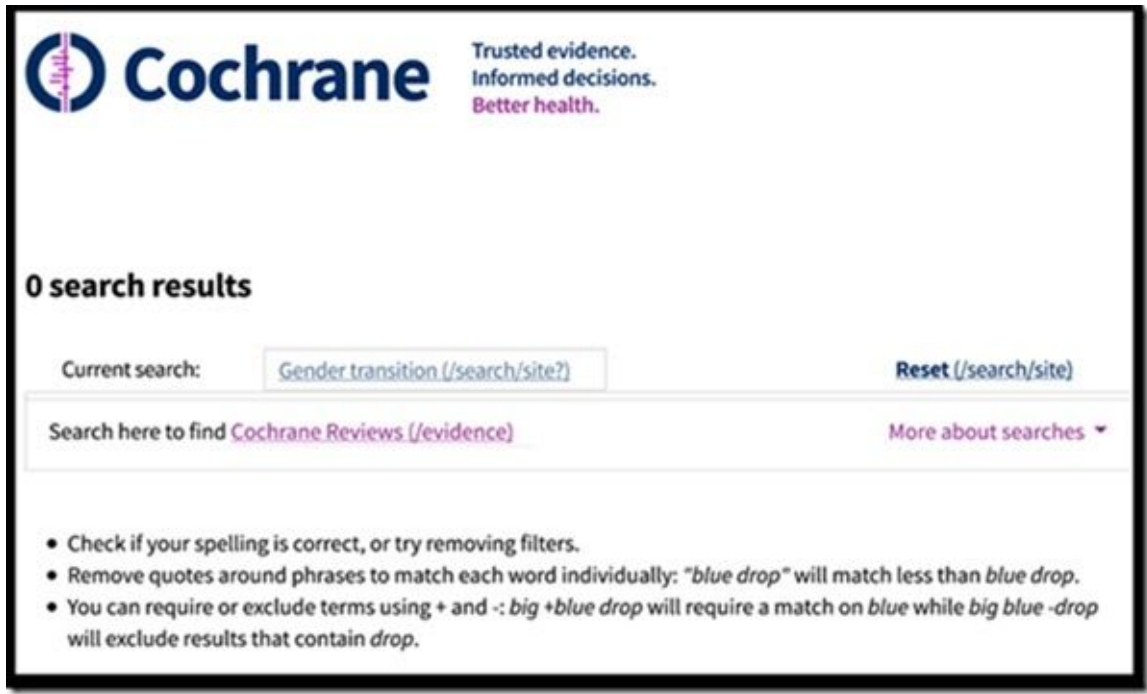
In the mere decade and a half since the first US gender clinic [opened in 2007](#), the number of such clinics has swelled to [more than 65](#). [One](#) such clinic has now been granted NIH funding to [administer off-label drugs](#) to, and remove healthy breasts from, children as young as 13, [in apparent violation of federal ethical guidelines](#) protecting children from exploitation in the research setting.

Not one transgender-related study has met even the most basic study protocols that would qualify it for inclusion in the kind of best-practices meta-studies done by respected organizations like Cochrane.



The Kelsey Coalition

Bioaccuracy Law Project



Instead, the field has become politicized to the point that researchers who merely observe the objective fact that data is lacking are [censured and harassed](#).

Gender medicine standards are determined not by free inquiry about best practices, but by political advocacy groups that, [by their own admission in federal court](#), foster an environment where “skepticism and strong alternative views are not tolerated” even though “large gaps” exist in medical knowledge.

As a result, throughout the period in which these interventions have flourished, [data in support of them have remained essentially nonexistent](#).

The NIH can address this data gap. Having funded exploitive research for profit upon disabled and GSM young people, the NIH owes them its reassurance that, going forward, federal funding will only support those health practices that commit to free, rigorous, skeptical scientific inquiry.



The Kelsey Coalition

Bioaccuracy Law Project

Informed Consent

The increasingly unfettered use of drastic interventions upon what used to be a rare and rigorously screened phenomenon has led to a corresponding increase in the number of [detransitioning young people](#). Not coincidentally, their awareness of the harm they've experienced tends to emerge during their early 20s—precisely the age at which the human brain reaches maturity (and the age before which, outside of the gender context, patients are discouraged from making drastic decisions, such as about sterilization or mastectomies to prevent cancer).

As summarized by neuroscientist Sandra Aamodt [in a recent NPR interview](#), “emerging science about brain development suggests that most people don't reach full maturity until age 25....18-year-olds are only about halfway through that process. Their prefrontal cortex is not yet developed. That's the part of your brain that helps you inhibit impulses.”

And yet, under the [affirmation-based model](#), a child's feelings in one moment are taken as justification for off-label drugs and experimental surgeries that will have drastic effects across the entire life span.

There is no evidence that such an approach is justified. [International governmental guidances](#) acknowledge that “no physical test is available for detecting and measuring gender variance...Hence, clinicians must rely on the young person's own account of his, or her feelings...” Even those who developed the theory of gender identity, such as Judith Butler, in her 1990 book “Gender Trouble: Feminism and the Subversion of Identity,” made it clear that the concept was merely a thought exercise: “There is no gender identity behind the expression of gender...identity is performativity constituted by the very expressions that are said to be its result.”

So, in order to justify pathologizing experiments upon disabled and GSM children for something that can't be defined and probably doesn't exist, the gender industry offers no Cochrane-caliber best practices, only the kind of logical fallacy that has justified every discredited scientific theory, like phlogiston and ritual Satanic abuse: [it's valid because everyone's doing it](#).

Armed with this justification alone, [high-volume](#), for-profit pediatric gender centers' lobbyists have [succeeded](#) at lowering the age of medical consent to the early teens, and even at [exempting the industry's practitioners from liability](#) for the harm they cause when drastically intervening upon children without their parents' knowledge or consent.



The Kelsey Coalition

Bioaccuracy Law Project

In our member testimonies, linked above, you will read that one minor child ran away to Oregon, where the state's high-volume gender center subjected her to testosterone, a mastectomy, and a hysterectomy by the age of 17. The child's parents had no legal right in that state to stop these drastic medical interventions. The child has since undergone phalloplasty. Medicaid funds these medical transitions in Oregon, even for minor children. [A letter from the local gender center](#) verifies that these interventions are performed on children under 18.

Some of our members have had [their custodial rights threatened](#) merely for expressing concern that their children weren't adequately informed or able to give meaningful consent.

Our members' testimonials document that young SGM citizens increasingly grow to regret these interventions only too late, after they've caused serious irreversible harm, including infertility. It's been our members' experience that neither children nor their parents can meaningfully consent to permanent infertility or other serious medical harms, when those harms are undertaken to address what amounts to a non-permanent and non-medical state of mind.

The NIH owes these young people the safeguards to which they're entitled under HHS's regulations protecting human subjects, which (under 45 CFR Part 46(D)) entitle minors to more, not less, stringent protections than their adult counterparts. Grown adults in their 30s must undergo rigorous interviews and evaluation before they're considered fit to consent to vasectomy or tubal ligation. Young people should have even more rigorous screening, particularly when the interventions being considered are cosmetic and are being offered to treat untestable, non-falsifiable concepts.

Sex-Stereotype Discrimination

In its landmark 1989 [Price Waterhouse](#) decision, the US Supreme Court deemed unlawful any practices that result in disparate impact upon citizens on the basis of sex stereotype. This is reflected in federal health regulations such as Section 1557 of the Affordable Care Act, which includes the term "sex stereotype" discrimination among its lists of prohibitions.

Yet current transgender treatment models promote the discriminatory notion that otherwise healthy young people should be labeled as pathological solely for failing to conform to sex stereotypes. They are then subjected to experimental medical interventions solely to bring them in line with the stereotypical appearance and behavior



The Kelsey Coalition

Bioaccuracy Law Project

of the opposite sex—even though [the vast majority desist from gender dysphoria](#) once they learn to accept their own, healthy individuality.

Further, the industry now [disproportionately](#) targets the disabled—children who are neuroatypical due to developmental conditions like [autism](#), or who are victims of trauma and other comorbidities.

Our members' testimonials attest that autistic young boys are being [considered for drastic intervention](#) against parents' wishes merely because they like “ballet and...sparkle ponies” instead of “run[ning] around the creek with swords and archery,” and draw people with “huge, ginormous eyelashes.”

This is the unlawful enforcement of sex stereotypes by medical means. GSM, disabled, and otherwise non-stereotypical children are entitled to federal protection from it, and NIH's funding goals should reflect that obligation.

Inappropriate and Exploitive K-12 Gender Curriculum

Federal law prohibits public schools from interrogating children about their private sexual feelings, or from coming between children and their parents. But public school is where our member victims first began to believe they were in the wrong bodies, usually immediately following exposure to unscientific and exploitive curriculum that promotes unlawful sex stereotypes under the guise of “anti-bullying” lessons.

We have no doubt that the NIH means well when it envisions devoting part of its 2021-2025 SGM funding to K-12 anti-bullying, harassment and suicide prevention policies.

But we must warn NIH that these materials often serve the opposite purpose from what is intended.

The following images were submitted to us by members of our coalition, and are taken from actual K-12 anti-bullying, harassment and suicide prevention curriculum administered to their children—often just before their children, and sometimes large numbers of their children's peers, began to endorse feelings of gender dysphoria and the belief that they needed to medically impersonate the sex stereotypes of the opposite sex.



The Kelsey Coalition

Bioaccuracy Law Project

PART 4 CONTINUED

Teacher Resources

Positive Prevention PLUS Facebook Page
www.facebook.com/PositivePreventionPLUS

Youth Risk Behavior Surveillance (YRBS) Data:
<http://cdc.gov/HealthyYouth/yrbs/index.htm>

Oregon Healthy Teens Survey (OHT) Data:
<http://www.oregon.gov/oha/PH/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx>

Advocates for Youth
www.advocatesforyouth.org

Advocates for Youth
New Resources, News, Events

ABOUT ISSUES RESOURCES & TOOLS MEDIA SHOP

Search Results: affirm

...ected under school, local, or federal policies and class curricula. No student should have to choose between a having quality education and affirming your identity." Ose Arhegan, college student and nationally recognized trans activist. "Being in an unsupportive high school en...

... to be seen and to have our voices uplifted, valued and heard; the right to bodily autonomy and to have our intersectional identities affirmed; public policies...

...ected under school, local, or federal policies and class curricula. No student should have to choose between a having quality education and affirming your identity." Ose Arhegan, college student and nationally recognized trans activist. "Being in an unsupportive high school en...

A Call to Action: LGBTQ Youth Need Inclusive Sex Education

...ce for LGBTQ youth. "All young people benefit from comprehensive sex education which addresses sexual orientation and gender identity in an affirming and respectful way," said Debra Hauser, President of Advocates for Youth. "Further, LGBTQ youth have the right to informat...

Statement on the Confirmation of Tom Price

...ng screenings for sexually transmitted infections (STIs) and HIV, contraceptive care, pregnancy-related care, HPV immunizations, and gender-affirming healthcare for transgender youth, among other services. That is all in addition to concerns about corruption which surround this n...

Please complete the questions below, using people in your own life

5. Have you ever felt bad about your body share with the class,

Imagining a Different Gender Activity. Ask students to stand up, turn around twice, and sit down again. Then say, "I want each of you to imagine that you are a different gender, gender identity, or sexual orientation than you currently are."

Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread

What about trans people, s

You are being pressured to spend the night

What is your limit

Ask students to list all the possible feelings they experience about this hypothetical situation. Ask

School/Teacher/Period: _____

Full Name: _____

Initials: (e.g. SJK) _____

Birth date: (e.g. 03 / 23 / 1998) _____ month _____ day _____ year

Gender:

☐ Female

☐ Male

☐ Transgender

☐ Gender Queer

☐ Two-Spirit

Age:

☐ 11-12

☐ 13-14

☐ 15-16

☐ 17-18

☐ 19-20

de: _____

Agree/Disagree: post 'agree' and 'disagree' signs in the room, then re the questions as you desire. Ask students to stand under a sign that r opinion, and invite volunteers to share their points of view.

Instructions: From the time we are born, we are told how we are supposed to act, dress and speak based on the sex we are assigned at birth — just as if we had been given a script and asked to follow it throughout our lives. In the space below, please provide examples of some of the ways we are close to Kelsey Coalition@gmail.com how we are supposed to behave based on whether someone is assigned "male" or "female" at birth.



The Kelsey Coalition

Bioaccuracy Law Project

[This report](#) describes in detail how political organizations dictate protocol that undermines parent-child relationships by directing schools not to inform parents when their children exhibit signs of gender dysphoria and social contagion. Two public school teachers from our membership have provided testimonials about this, one from [Oregon](#) and another from [Illinois](#).

In one widely publicized case, a physically disabled child was taught that he was “non-conforming” to sex stereotypes simply because his Individualized Education Plan for a digestive disability allowed him to use the staff toilet. Without notifying parents, the teacher diagnosed the child as “transgender” and taught him the stereotypical belief that people who use private bathrooms must be in the “wrong body.” While the school district [has disclaimed responsibility](#) for causing the child’s trauma, curriculum obtained by our members confirms that the teacher’s “affirmation” approach is mandated top-down by school administration. The child was severely traumatized, and the parents are in litigation with the school district.

Under the guise of preventing bullying and harassment, curriculum has flourished that itself bullies and harasses disabled and SGM students; forcing them to answer questionnaires and stand under signs indicating their private sexual thoughts and private family relationships; and portraying their own healthy individuality as pathological “nonconformity” deserving of medical intervention.

Indeed, a [prominent gender-industry lobbying publication](#) instructs public schools to subject children whom educators label stereotypically “non-conforming” to a privacy-invading public “outing” in front of staff, community members, other students and families. The only community members missing from the meeting? The student’s own parents:



The Kelsey Coalition

Bioaccuracy Law Project

TIMELINE		
Which of the following will take place in relation to this student's gender transition, and when will it occur and who will be responsible for making it happen?		
Activity	Date	Lead
<input type="checkbox"/> Initial Planning Meeting	_____	_____
<input type="checkbox"/> Lessons/Activities with Other Students	_____	_____
<input type="checkbox"/> Communications with Other Families	_____	_____
<input type="checkbox"/> Training for School Staff	_____	_____
<input type="checkbox"/> Parent Information Night About Gender Diversity	_____	_____
<input type="checkbox"/> Class Meeting with Parents	_____	_____
<input type="checkbox"/> Identifying and Enlisting Parent Allies	_____	_____
<input type="checkbox"/> Identifying and Enlisting Peer Allies	_____	_____
What are the specific follow-ups or action items emerging from this meeting and who is responsible for them?		
Action Item	Who?	When?

When the parents of distressed children exercise their federally protected free speech to protect their distressed children from this bullying and harassment, they are labeled “unsupportive” and in some cases referred to the authorities:

Unsupportive Parents or Caregivers
activities, even in circumstances in which other students, parents , or community members raise objections or concerns.
of this effort, it is important to educate the student's family members about the serious consequences of refusing to affirm their child's gender identity. Sharing

Our members also send us documentation that sex-stereotype conformity is being enforced through resources intended for disabled students, by labeling SGM students disabled and placing them on special-education plans for the sole purpose of channeling school disability resources toward encouraging SGM students to believe that they are



The Kelsey Coalition

Bioaccuracy Law Project

pathological and in need of having their body pharmacologically and surgically intervened upon.

Indeed, the very same gender industry that [assures federal courts](#) that “being transgender implies no impairment in a person’s judgment, stability, or general social or vocational abilities,” [disseminates](#) political pamphlets instructing schools to use resources intended for disabled students to portray as disabling any school interaction that does promote affirmation-based interventions as legitimate and proven science.

And, because disability services are re-routed to serve the for-profit gender industry, students who are actually disabled go without necessary services—like the Oregon child who was encouraged to use the opposite-sex bathroom instead of the staff bathroom that he needed. Our members report that schools are refusing to honor parents’ reasonable-accommodation IEP and 504 requests that their disabled children *not* be taught that their disabled bodies are wrong, or that their healthy SGM peers are disabled like them.

This is publicly funded bullying and harassment of disabled and SGM students under the guise of NIH-funded “anti-bullying” programs. The NIH owes these students its pledge that their privacy, dignity and bodily integrity will be protected.

Thank you for your consideration.

Sincerely,

Katherin Kirkpatrick, Legal Strategies Coordinator
kelseycoalitionblp@gmail.com
202-567-7008



The Kelsey Coalition

Working to change the systems that failed our kids

www.kelseycoalition.com