



# The Kelsey Coalition

Working to change the systems that failed our kids

## The Rapidly Growing Medicalization of Children and Young People

Data on the number of young people in the US who identify as transgender are incomplete. Available surveys and observational reports reveal exponential increases in schools, clinics, and universities. Research is urgently needed to understand this rapidly growing phenomenon that is becoming increasingly common throughout the US and many countries worldwide. Of grave and urgent concern: these new identities are being quickly and irreversibly medicalized at increasingly younger ages.

### Surveys Show 2-6% of US High School and Middle School Students Identify as Transgender or Nonbinary

Population-based survey data from ten state and nine urban school districts found that 1.8% of high school students identify as transgender while an additional 1.6% were not sure. In some states, these percentages are higher:

- In Oregon, 6% of 8th graders and 5.5% of 11th graders identify as transgender or non-binary. 2019 Oregon Health Teens Survey.
- In Hawaii, over 3% of over 38,000 public high school students surveyed identify as transgender. Hawaii Sexual and Gender Minority Health Report (2018):
- 2% of Minnesota 8th grade girls identify as transgender, while an additional 3% were not sure. Minnesota 2019 Student Survey
- Among Wisconsin high school students, 1% identified as non-binary, 1% as gender fluid, 1% as transgender, and 2% were not sure. Dane County, Wisconsin Youth Assessment Survey, 9th-12th Grade Report (2018). Among Wisconsin middle school students, 2% identify as non-binary, 1% as transgender, and 3% were not sure. Dane County, Wisconsin Youth Assessment Survey, 7th-8th Grade Report (2018).
- Surveys of Maine high school students found 1.5% identify as transgender and 1.6% of students were unsure of their gender identification. Maine Integrated Youth Health Survey (2017)

A 2016 online survey found that 12% adults ages 18-34 identify as transgender or gender nonconforming. GLAAD Accelerating Acceptance 2017. International data show exponential increase in young people seeking treatment at pediatric gender clinics in recent years, with an over-representation of females. In the UK, where the number of girls referred for treatment rose by more than 5000% in less than a decade, an investigation has been ordered.

## **Transgender Identification in Individual Classrooms is Even Higher**

Within individual classrooms, parents and teacher report prevalence as high as 14% within individual classrooms. Officials from the St. Johns County, Florida school district stated that “they were aware of 16 transgender students in their schools, including five at the high school.” Anecdotal observations by students indicate the ubiquity of transgender and nonbinary identities on many college campuses.

## **The Number of Pediatric Gender Clinics Has Risen from Zero to 65 in Just Twelve Years**

Accompanying the exponential rise in young people identifying as transgender has been the rapid growth and expansion of pediatric gender clinics and experimental medical interventions in young people. The first pediatric gender clinic in the US opened in Boston Children’s Hospital in 2007. Seven years later, there were 24. Today, there are at least 65.

Many pediatric clinics have waiting lists. In 2017, Dr. Johanna Olson-Kennedy, Director of the largest pediatric clinic, stated: In LA County alone, there are potentially 23,000 trans/GNC youth, going by statistics. I have the largest gender clinic in the world, and yet we only have room for 900 kids, a tiny fraction of that number. There has to be more supply, and there has to be more capacity. We have to teach more professionals to do this work well, and with great consciousness, thoughtfulness, and compassion.

More and more major hospitals are creating special programs to medically treat children’s identities, such as the new clinic at Johns Hopkins Medical Center that opened in 2018. Other clinics offer services to adults and children of all ages.

In addition to clinics, there are also many private medical practices that provide hormonal interventions for children.

## **Children are Treated with Powerful Hormones and Irreversible Surgeries**

The age at which children are medicalized is getting younger. Puberty-blocking drugs are routinely given to pre-pubescent children. Girls as young as 12 are injected with testosterone, while teen boys are treated with feminizing hormones. The rate of "gender-confirming" surgeries are increasing each year and are being performed on minor children.

The first data on “chest reconstructive surgeries in transmasculine adolescents” was published in 2017. The ages of the girls ranged from 13.4-19.7 years old. In this NIH-funded study, the average age of the girls who received “chest reconstructive surgeries” was 17.5; the youngest was 13. Based on the results of a ten-minute postoperative survey, the study’s author (Dr. Johanna Olson-Kennedy) concluded:

“Changes in clinical practice and in insurance plans’ requirements for youth with gender dysphoria who are seeking surgery seem essential. Youth should be referred for chest surgery based on their individual needs, rather than their age or time spent taking medication.”

When Olson-Kennedy was questioned in a recent court deposition about referring girls for chest surgery, she responded:

“They’re, they’re, they’re not girls. They’re not girls. They don’t identify as girls. So I have referred people who identify as transmasculine or as boys or young men for surgery, yes.”

Girls as young as 16 have had their uterus and ovaries removed. A teenager describes why she opted for a hysterectomy: concern about unknown long-term effects of puberty blockers and “hating the painful shots, he opted for a hysterectomy at age 16 – performed by the same family doctor who had delivered him.”

Penectomies, orchidectomies, and vaginoplasties are performed on boys as young as 15. In 2014, the youngest surgical transition in the US was on this 16-year old male:

“The sexual reassignment was performed as staged procedures within the last three months, which culminated in the creation of a vagina and clitoris during a 6 hour procedure on July 24, 2014. The patient was on female hormones since age 11 and never developed normal penis and scrotum size. Dr. Gary Alter first removed the testicles and inserted a tissue expander (similar to an internal balloon) in the scrotum several months prior to the final sex change. The expander was progressively filled with fluid through a port during several follow-up visits in order to stretch the scrotal skin and yield enough skin as a graft to line the neovagina. The expander thus enabled the patient to avoid taking skin harvested from the flanks with the resulting unsightly scars. After 2.5 months, the expander was removed during the vaginoplasty and clitoral creation.”

Since then, these procedures have become more common and are performed on teen boys as young as 15. Surgeons describe why they perform these invasive and irreversible procedures on boys rather than wait until they are older:

“In actuality, I don’t think it is age dependent, it is the maturity of the patient. An 18-year-old goes off to college and leaves the parents. They leave that protective environment and everything becomes less important to them in terms of the dilatation and care. Some of my biggest struggles have not been with the 16-year-old group because they are still at the parents’ house—it is the 18-year-olds who disappear and go to college within a few months after their surgery. Those are the patients who are most likely to lapse in their aftercare.” (Surgeon 9)

“Oftentimes, a child in the United States comes in after or during their senior year in high school; they want surgery over the summer and they want to go off to a dormitory in September, in their

first year of college, which is a disaster. And that is a more important situation than just the age of the patient. What is going on socially with the patient is more important than the age.” (Surgeon 16)

“I have found that it is very difficult when the patients have to transition once they are in college. . Plus with their busy schedules and their busy lifestyles, it is very difficult for them to adhere to their dilation schedule. So the reason why I decided to operate on people younger than 18, is that I would prefer that they have their gender reassignment surgery done while they are still at home and their parents can help them adhere to their schedule until a significant period of time has passed so they will not compromise their results.” (Surgeon 15)

“They are 16 and there is a real struggle there because there is a sense of urgency on their part and they are being held back. I get that, they need to go through some steps. But I know that they do not want to do a full transition later in their life; they want to do this so that they can be intimate in college.” (Surgeon 17)

Surgeons removed the penis of Jazz Jennings, a reality show star, at the age 17. Because there was not enough penile material due to the impact of puberty-blocking drugs, Jazz’s stomach lining was used to create a pseudo-vagina.

### **Taxpayers are Funding Pediatric Medical Interventions Through NIH Studies and Medicaid.**

Taxpayer dollars have been used to fund the \$5.7 million NIH observational study, *The Impact of Early Medical Treatment in Transgender Youth*, which is treating children with puberty-blocking drugs and hormones for a non-medical condition. Those as young as eight are eligible for cross-sex hormones. The Kelsey Coalition filed a formal request with the Office for Human Research Protections (OHRP) on April 5 calling for an immediate moratorium pending an investigation. This grant money has also been used to fund a study on mastectomies in teen girls. Yet the grant application makes no mention of using this money for surgeries. The Office of Inspector General has been alerted and asked to investigate this suspected grant fraud.

Taxpayers are also funding these medical interventions through Medicaid, which covers the medical transition of children in several states. In Oregon, where the age of medical consent is 15 years old, minors can obtain “gender-confirming” hormones and surgeries under the Oregon Health Plan, which is also covered by Medicaid.

The number and ages at which children are being hormonally treated are unknown. These hormonal treatments on children are experimental. The medical literature on the health effects of hormonal interventions “in the pediatric/adolescent population is completely lacking.” The drugs used are based on low-quality evidence, or no evidence at all.

A recent large cohort study, which tracked nearly 4,000 transgender-identifying adults receiving hormone therapy for an average of eight years, found that women's risk of heart attack tripled while men's risk of developing venous thromboembolism became five times greater. The full extent of the medical harms of hormonal treatments -- prescribed for lifetime usage -- may not be realized for many years.

The total number of surgeries performed on minor children, and the ages at when these surgeries are performed, are unknown. The only long-term follow-up study among adults who surgically transitioned found substantially higher rates of overall mortality, suicide, suicide attempts, and psychiatric hospitalizations. We simply don't know the future outcomes for children.

Inexplicably, this medical scandal has not been investigated by the US mainstream media.

### **Very Young Children are on the Path to Irreversible Medicalization**

A prominent gender clinician claims that babies send pre-verbal gender messages by tearing barrettes out of their hair and unsnapping their onesies to make a dress as evidence of innate "gender identities." Gender clinicians now recommend that toddlers socially transition so they not only appear, but are treated, as if they were actually the opposite sex. The youngest patient at the Center for TransYouth Health and Development at Children's Hospital is only three years old.

Links to supporting evidence available in the online version of this report:

<https://www.kelseycoalition.org/pubs/The-Rapidly-Growing-Medicalization-of-Children-and-Young-People>