

## Testimony in support of the Alabama Vulnerable Child Compassion and Protection Act

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Alabama State Legislature  
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My name is Peter Sprigg, and for 19 years I have been doing research, analysis, and commentary for Family Research Council on public policy issues related to marriage, family, and human sexuality, with much of my focus over the last five years being on the transgender issue.

I urge you to support the Vulnerable Child Compassion and Protection Act.

According to the American Psychiatric Association, studies have shown that anywhere from 50% to 97.8% of children who experience gender dysphoria do *not* grow up to be transgender adults, if left to themselves without physical medical interventions.<sup>1</sup> The kind of interventions prohibited by this bill are premised on the belief that a transgender identity is inevitable and immutable in children with gender dysphoria, and that therefore we should move them down that path as far and as fast as possible. However, the data show that this belief is clearly unfounded.

Puberty-blocking drugs are normally used in children who have an abnormal physical condition called “precocious puberty” that causes them to begin puberty at an exceptionally early age—for example, five or six. The drugs halt this process until they are withdrawn at the normal age of puberty—say, 11 or 12—allowing the child to then develop in the same way as his or her peers.

Using these drugs in children with gender dysphoria turns that process on its head. Giving them to a child at the normal age for puberty to begin does not treat an abnormal condition, it creates one; and it does not enable normal development, it prevents it. Those who endorse this protocol defend it by saying it is “fully reversible”—but we don’t actually know that, because there is no record in the medical literature of what happens to a child who goes on puberty blockers at the age of 11 and withdraws them at the age of 18. Puberty involves other forms of development besides the sexual, including bone growth, increase of height, and brain development, and the consequences of blocking that development at the normal age are unknown.

In one prominent early study of the use of puberty blockers for gender dysphoria, 100% of the 70 children being studied went on to take cross-sex hormones.<sup>2</sup> This strongly suggests that in practice, puberty blockers do not leave options open for children, but instead lock them in to an unnatural course of development.

Media coverage of a recent study<sup>3</sup> suggested that puberty blockers reduce the risk of suicide in transgender children. I analyzed the full text of the study, and concluded this coverage was misleading. In fact, the study’s raw data showed that four out of nine measures of mental health were worse for those who said they received puberty blockers than for those who said they wanted them but did not receive them. Most dramatically, the data indicated that those who received puberty blockers were actually twice as likely to have had a suicide attempt that resulted in hospitalization in the last 12 months.<sup>4</sup>

At one time, cross-sex hormones—testosterone given to make a biological female appear more masculine, or estrogen given to make a biological male appear more feminine—were given primarily to adults. However, it is clear they are now being administered for gender dysphoria at younger and younger ages. Teenagers who are too old for puberty blockers because their puberty is already well underway may request to go on hormones immediately. Children who have received puberty blockers may go on cross-sex hormones after the blockers are withdrawn in order to create a sort of artificial puberty of the opposite biological sex.

However, these hormones carry potential risk for several serious health problems. They include:

- Blood clots
- Breast or uterine cancer
- Coronary artery disease
- Strokes, aneurysms, and brain hemorrhages
- Severe liver dysfunction; and
- High blood pressure.<sup>5</sup>

Neither puberty blockers nor cross-sex hormones have been approved by the Food and Drug Administration for the purpose of treating gender dysphoria. The use of drugs “off-label” is not illegal under federal law, but it means that they have not been proven to be safe and effective for this purpose. What we are witnessing is a vast medical experiment upon vulnerable children—but one being conducted without the institutional review, human subjects protections, and long-term follow-up that normally are part of experimental medicine.

Gender reassignment surgery is the least likely of these procedures to be performed upon minors, but it is happening increasingly often and at younger and younger ages. One major study reported on biological females receiving double mastectomies as young as 13.<sup>6</sup> And transgender teenager Jazz Jennings, star of a reality TV series, underwent genital surgery to turn his penis into an artificial vagina at the age of 17—with major complications and a second surgery following.<sup>7</sup>

Supporters of these procedures—puberty blockers, hormones, and surgery—sometimes claim that they are well-established and “evidence-based.” This is misleading at best. I analyzed a summary of the clinical practice guideline issued by the Endocrine Society in 2017.<sup>8</sup> Twenty-four of the specific guidelines were potentially relevant to the care of minors who seek gender transition. Some of these were only “ungraded good practice statements”—which means they were supported by *no* evidence. Some were only “weak recommendations”—which meant that even the pro-transgender task force was unwilling to say that they would produce more benefit than harm. Only 8 of the 24—one third of the total—were called “strong recommendations.” Even among those, all but one were supported only by evidence of “low” or “very low” quality.<sup>9</sup> Such ratings mean that the purported evidence base for all of these procedures is extraordinarily weak. Ideology—not science—is driving the expansion of these procedures.

Performing these gender transition procedures on minors violates the primary principle of medical ethics—“First, do no harm.” Please protect the vulnerable children of Alabama by supporting this bill.

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<sup>1</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5* (Washington, D.C.: American Psychiatric Publishing, 2013), 455.

<sup>2</sup> A. de Vries, T. Steensma, T Doreleijers, P. Cohen-Kettenis, “Puberty Suppression in Adolescents With Gender Identity Disorder: A Prospective Follow-Up Study,” *Journal of Sexual Medicine*, 2010.

<sup>3</sup> Jack L. Turban, et al., “Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation,” *Pediatrics* 145, no. 2 (February 2020).

<sup>4</sup> Peter Sprigg, “Do Puberty-Blocking Drugs Make Transgender Kids *Less* Likely to Commit Suicide, or *More*?” *FRC Blog*, February 13, 2020; online at: <https://www.frcblog.com/2020/02/do-puberty-blocking-drugs-make-transgender-kids-emessem-likely-commit-suicideor-emmaoreem/>.

<sup>5</sup> W. Hembree, P. Cohen-Kettenis, et al., “Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline,” *Journal of Endocrinology & Metabolism* 102(11), November 2017, p. 3886.

<sup>6</sup> J. Olson-Kennedy, J. Warus, V. Okonta, M. Belzer, and L. Clark, “Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts,” *JAMA Pediatrics* 172(5) 2018 May, 431–436; online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5875384/>.

<sup>7</sup> Katie Muldowney, et al., “Transgender teen and 'I Am Jazz' star Jazz Jennings on sharing the final steps of her transition journey: her gender confirmation surgery,” *ABC News*, October 15, 2018; online at: <https://abcnews.go.com/Health/transgender-teen-jazz-star-jazz-jennings-sharing-final/story?id=58513271>

<sup>8</sup> Hembree, et al.

<sup>9</sup> Peter Sprigg, “The Evidence Suggests Gender Transition Procedures for Minors are Experimental,” *FRC Blog*, February 13, 2020; online at: <https://www.frcblog.com/2020/02/evidence-suggests-gender-transition-procedures-minors-are-experimental/>.