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The Best *for* Children

PO Box 35719  
Gainesville, FL 32635-719  
[www.Best4Children.org](http://www.Best4Children.org)

October 24, 2021

Office of the Attorney General  
Attention Opinion Committee  
P.O. Box 12548  
Austin, Texas 78711-2548  
[opinion.committee@oag.texas.gov](mailto:opinion.committee@oag.texas.gov)

Re: BRIEF: Do gender alteration procedures performed on children constitute child abuse?

Dear General Paxton:

Regarding the question of whether gender/transition affirming procedures in minors constitute child abuse per Texas statute (Sec. 261.001), I offer the following brief supporting the position that it does.

**Exposure of at-risk sexual minority youth to experimental and unproven hormonal and surgical gender affirming therapy [GAT] permanently and prematurely medicalizes said children for a condition that overwhelmingly resolves by adulthood. GAT is not proven effective, not proven safe, does not reduce suicides, and is not the international standard of care for gender dysphoric minors. There is international movement in opposition to GAT in favor of the standard of care, namely watchful waiting with intensive psychological investigation and support of the youth and family.**

**DESISTANCE IS THE NORM FOR MINORS WITH GENDER DYSPHORIA (GD),** resolving on its own for an average of 85% by adulthood.<sup>1 2 3 4 5</sup> Why medicalizing children for life for it?<sup>6 7 8</sup>

**MINORS CANNOT GIVE TRULY INFORMED CONSENT.**<sup>9</sup> They have developing brain, their minds change often, and they don't grasp long-term consequences.<sup>10 11 12</sup>

- Thus ruled the UK High Court in Bell vs. Tavistock last year.<sup>13</sup> The decision specified, "There is no age appropriate way to explain to many of these children what losing their fertility or full sexual function may mean to them in later years."
- Swedish agencies and organizations concluded similarly.<sup>14 15 16</sup>

**PUBERTY BLOCKING AGENTS [PBA] chemically castrate at the level of the brain.**<sup>17</sup>

- PBAs risk infertility by blocking the maturation of sperm and eggs.<sup>18</sup> Following them with cross-sex hormones assures sterility.<sup>19</sup>
- PBAs compromise bone mineral density and hinder brain development at what should be the period of peak increase.<sup>20</sup>
- Self-harm does not improve on PBAs.<sup>21 22</sup>
- PBAs are not proven fully reversible.<sup>23</sup>

**AS FOR CROSS-SEX HORMONES**<sup>24 25 26 27 28 29 30</sup>

- Estrogen use in male biology strongly increases the risks of blood clots, heart attacks, strokes, breast cancer, insulin resistance and more.

Phone: 352-376-1877 • Fax: 352-415-0922 • [admin@acpeds.org](mailto:admin@acpeds.org)

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- Testosterone use in female biology strongly increases the risks heart attacks, strokes, breast and uterine cancer, hypertension, severe acne and more.

**GAT's SUICIDE REDUCTION CLAIM IS A MYTH**, used as emotional blackmail.<sup>31 32 33</sup>

**The international standard of care for youth with gender dysphoria is watchful waiting, including psychological evaluation and support for the child and family.<sup>34 35 36</sup> The chemical castration and surgical mutilation of otherwise healthy young bodies is not health care, and does meet the criteria for child abuse in Texas per Sec. 261.001.**



Andre Van Mol, MD

Board-certified family physician

Co-chair, Committee on Adolescent Sexuality, American College of Pediatricians

Co-chair, Sexual and Gender Identity Task Force, Christian Medical & Dental Assoc.

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<sup>1</sup> APA *Diagnostic and Statistical Manual*, 5<sup>th</sup> edition, "Gender Dysphoria," p. 455.

<sup>2</sup> APA *Handbook on Sexuality and Psychology* (American Psychological Association, 2014), Bockting, W. Chapter 24: Transgender Identity Development, vol. 1, p. 744.

<sup>3</sup> Cohen-Kettenis PY, et al. "The treatment of adolescent transsexuals: changing insights." *J Sex Med.* 2008 Aug;5(8):1892-7.

<sup>4</sup> "Do Trans- kids stay trans- when they grow up?" *Sexologytoday.org*, 11 Jan. 2016.

<sup>5</sup> Kaltiala-Heino et al. Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child and Adolescent Psychiatry and Mental Health* (2015) 9:9.

<sup>6</sup> S. Bewley, "Safeguarding adolescents from premature, permanent medicalisation," *BMJ.com*, 11 Feb. 2019.

<sup>7</sup> MK Laidlaw, Q Van Meter, PW Hruz, A Van Mol, W Malone, "Letter to the Editor: 'Endocrine Treatment of Gender-

Dysphoric/Gender-Incongruent Persons: An Endocrine Society\* Clinical

Practice Guideline,'" *The Journal of Clinical Endocrinology & Metabolism*, First Online: Nov. 23, 2018.

DOI: 10.1210/jc.2018-01925.

<sup>8</sup> Brief of *Amici Curiae*, 11<sup>th</sup> Circuit Court of Appeals, Case: 18-13592, Drs. Miriam Grossman, Michael Laidlaw, Quentin Van Meter, and Andre Van Mol in Support of Defendant-Appellant School Board of ST. Johns County, Florida.

<sup>9</sup> Stephen B. Levine (2018): Informed Consent for Transgendered Patients, *Journal of Sex & Marital Therapy*, 22 Dec 2018. DOI:10.1080/0092623X.2018.1518885

<sup>10</sup> National Institute of Mental Health (2001). Teenage Brain: A work in progress. [http://www2.isu.edu/irh/projects/better\\_todays/B2T2VirtualPacket/BrainFunction/NIMH-Teenage%20Brain%20-%20A%20Work%20in%20Progress.pdf](http://www2.isu.edu/irh/projects/better_todays/B2T2VirtualPacket/BrainFunction/NIMH-Teenage%20Brain%20-%20A%20Work%20in%20Progress.pdf).

<sup>11</sup> Pustilnik AC, and Henry LM. Adolescent Medical Decision Making and the Law of the Horse. *Journal of Health Care Law and Policy* 2012; 15:1-14. (U of Maryland Legal Studies Research Paper 2013-14).



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- <sup>12</sup> Stringer, H. (Oct. 2017) Justice for teens, *APA Monitor on Psychology*, pp. 44-49.  
<http://www.apamonitor-digital.org/apamonitor/201710/MobilePagedArticle.action?articleId=1169604&app=false#articleId1169604>
- <sup>13</sup> <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>
- <sup>14</sup> <https://www.transgendertrend.com/wp-content/uploads/2019/04/SMER-National-Council-for-Medical-Ethics-directive-March-2019.pdf>.
- <sup>15</sup> <https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/>
- <sup>16</sup> [Karolinska Policyförändring K2021-3343 March 2021 \(Swedish\).pdf](#);  
[Karolinska Policy Change K2021-3343 March 2021 \(English, unofficial translation\).pdf](#)
- <sup>17</sup> Lupron Depot-Ped Injection Label (August 2012) at 12.1 “Mechanism of Action”  
[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2011/020263s036lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020263s036lbl.pdf).
- <sup>18</sup> Michael K. Laidlaw, Quentin L. Van Meter, Paul W. Hruz, Andre Van Mol, and William J. Malone, Letter to the Editor: Endocrine Treatment of Gender-Dysphoria/Gender-Incongruent Persons: An Endocrine Society\* Clinical Practice Guideline, *JCEM*, Online, November 23, 2018.
- <sup>19</sup> Howard E. Kulin, et al., “The Onset of Sperm Production in Pubertal Boys. Relationship to Gonadotropin Excretion,” *American Journal of Diseases in Children* 143, no. 2 (March, 1989): 190-193,  
<https://www.ncbi.nlm.nih.gov/pubmed/2492750>.
- <sup>20</sup> Polly Carmichael, Gary Butler, et al.. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK.  
medRxiv 2020.12.01.20241653; doi:<https://doi.org/10.1101/2020.12.01.20241653>
- <sup>21</sup> Michael Biggs, The Tavistock’s Experiment with Puberty Blockers, 29 July 2019,  
[http://users.ox.ac.uk/~sfos0060/Biggs\\_ExperimentPubertyBlockers.pdf](http://users.ox.ac.uk/~sfos0060/Biggs_ExperimentPubertyBlockers.pdf)
- <sup>22</sup> Polly Carmichael, Gary Butler, et al.. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK.  
medRxiv 2020.12.01.20241653; doi:<https://doi.org/10.1101/2020.12.01.20241653>
- <sup>23</sup> Gallagher, Jenny Sadler et al. Long-Term Effects of Gonadotropin-Releasing Hormone Agonist and Add-Back in Adolescent Endometriosis. *Journal of Pediatric and Adolescent Gynecology*, Volume 31, Issue 2, 190. (2018)
- <sup>24</sup> Alzahrani, Talal, et al. “Cardiovascular Disease Risk Factors and Myocardial Infarction in the Transgender Population.” *Circulation: Cardiovascular Quality and Outcomes*, vol. 12, no. 4, 2019, doi:10.1161/circoutcomes.119.005597.
- <sup>25</sup> Getahun D, Nash R, Flanders WD, Baird TC, Becerra-Culqui TA, Cromwell L, et al. Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study. *Ann Intern Med*. [Epub ahead of print 10 July 2018]169:205–213.doi: 10.7326/M17-2785.
- <sup>26</sup> Irwig MS. Cardiovascular Health in Transgender People. *Rev Endocr Metab Disord*. 2018 Aug 3 epub.
- <sup>27</sup> Nota NM, et al. Occurrence of Acute Cardiovascular Events in Transgender Individuals Receiving Hormone Therapy. *Circulation*, 139(11), 2019, pp. 1461-1462.
- <sup>28</sup> Getahun D, Nash R, Flanders WD, et al. Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study. *Ann Intern Med* 2018; 169(4): 205-13. doi: 10.7326/M17-2785.
- <sup>29</sup> *Journal of Clinical & Translational Endocrinology* 21 (2020) 100230
- <sup>30</sup> *Diabetes Care* 2020 Feb; 43(2): 411-417; [World J Diabetes](#). 2020 Mar 15; 11(3): 66–77.
- <sup>31</sup> Sadjadi, Sahar. “The Endocrinologist’s Office—Puberty Suppression: Saving Children from a Natural Disaster?” *Journal of Medical Humanities*, vol. 34, no. 2, 2013, pp. 255–260., doi:10.1007/s10912-013-9228-6.

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<sup>32</sup> Limentani A. The significance of transsexualism in relation to some basic psychoanalytic concepts. *International Review of Psycho-Analysis* 1979; **6**: 139-53.

<sup>33</sup> J. Michael Bailey and Ray Blanchard, "Suicide or transition: The only options for gender dysphoric kids?" 4thwavenow.com, Sept. 8, 2017. <https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/>

<sup>34</sup> James M. Cantor (2019): Transgender and Gender Diverse Children and Adolescents: Fact-Checking of AAP Policy, *Journal of Sex & Marital Therapy*, DOI:10.1080/0092623X.2019.1698481

<sup>35</sup> de Vries, A. L., and P. T. Cohen-Kettenis. 2012. Clinical management of gender dysphoria in children and adolescents: The Dutch approach. *Journal of Homosexuality* 59(3): 301–320.

<sup>36</sup> Michael Laidlaw, Michelle Cretella & Kevin Donovan (2019) The Right to Best Care for Children Does Not Include the Right to Medical Transition, *The American Journal of Bioethics*, 19:2, 75-77, DOI: [10.1080/15265161.2018.1557288](https://doi.org/10.1080/15265161.2018.1557288)