

Statement for the Record
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House Judiciary Subcommittee on the Constitution and Limited Government
The Dangers and Due Process Violations of ‘Gender-Affirming Care’

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Chairman Johnson, Ranking Member Scanlon, and Members of the Subcommittee, I appreciate the opportunity to share this testimony as you consider the dangers and due process violations of ‘gender-affirming care’.

The Center for Urban Renewal and Education (CURE) rejects dangerous medical experimentation on children. The current landscape of youth gender medicine is marked by a lack of consensus and substantial research gaps, despite the claims of leading advocates of medically transitioning youth. CURE challenges the claims used to justify such life-changing interventions due to the following:

- 1.) ***These treatments are risky for anyone, especially children.*** The use of gonadotropin-releasing hormone antagonists on gender-non-conforming children and adolescents is considered to be “off-label” and is done without approval from the U.S. Food and Drug Administration (FDA)ⁱ. Bicalutamide is a male hormone blocker, approved to treat cancer, being used to transition natal males that identify as female. This drug promotes breast development in young males within months of use, despite not having been introduced to cross-sex hormones (estrogen)ⁱⁱ. Lupron is a puberty blocker that has been infamously linked to severe long-term health issues. Females who used the drug reported osteoporosis, chronic pain, degenerative disc disease, depression, anxiety, and suicidal ideations. Lupron has had more than 25,000 adverse events and 1,500 deaths reported to the FDA regarding its useⁱⁱⁱ.

- 2.) ***Informed consent cannot be provided given the lack of clinical studies and longitudinal research.*** The World Professional Association for Transgender Health’s (WPATH) latest Standards of Care (version 8) stated the following regarding medically transitioning adolescents^{iv}:

“A key challenge in adolescent transgender care is the quality of evidence evaluating the effectiveness of medically necessary gender-affirming medical and surgical treatments ... Despite the slowly growing body of evidence supporting the effectiveness of early medical intervention, the number of studies is still low, and there are few outcome studies that follow youth into adulthood. Therefore, a systematic review regarding outcomes of treatment in adolescents is not possible.”

- 3.) ***The significance of parental consent in these procedures is diminished by the WPATH guidelines, which state***: “Parent(s)/ caregiver(s) may be too rejecting of their adolescent child and their child’s gender needs to be part of the clinical evaluation process. In these situations, youth may require the engagement of larger systems of advocacy and support to move forward with the necessary support and care.”
- 4.) ***There is no consensus on the actual suicide risk.*** Some reports put trans suicidal attempts as low as 20%^{vi} and as high as 56%^{vii}. There is no consensus on the actual suicide risk. Widely cited research commonly utilizes self-reported feelings of depression and suicidal thoughts and attempts to support the premise that medical interventions for gender dysphoric youth are “lifesaving” in effect. This type of research has methodological limitations that make it nearly impossible to determine the actual risk. The few studies on completed suicides among the trans adult population lend no support to the idea that medical transitions reduce suicide risk when tracking actual suicides after transitioning. For example, a longitudinal study done in Sweden from 1979 to 2003 found that medically transitioning was associated with higher levels of suicide^{viii}.

Conclusion

CURE recognizes the experimental nature of youth gender medicine. We do not support using children as lab rats. We urge Congress to take action to restrict these unregulated and unproven medical experiments on children.

ⁱ Kendall Tietz, “FDA Sued for Concealing Information about Children’s Off-Label Use of Puberty Blockers, Cross-Sex Hormones,” *Fox News*, February 28, 2023, www.foxnews.com/media/fda-sued-concealing-information-childrens-label-use-puberty-blockers-cross-sex-hormones.

ⁱⁱ Anna Neyman, John S. Fuqua, and Erica A. Eugster, “Bicalutamide as an androgen blocker with secondary effect of promoting feminization in male-to-female transgender adolescents,” *Journal of Adolescent Health* 64, no. 4 (2019): 544-546, doi: 10.1016/j.jadohealth.2018.10.296.

ⁱⁱⁱ Darcy Spears, “More Women Come Forward with Complaints about Lupron Side Effects,” *KTNV 13 Action News Las Vegas*, February 12, 2019, www.ktnv.com/news/investigations/more-women-come-forward-with-complaints-about-lupron-side-effects.

^{iv} E Coleman et al, “Standards of care for the health of transgender and gender diverse people, version 8,” *International Journal of Transgender Health* 23, no. 1 (2022): S1-S259, doi: 10.1080/26895269.2022.2100644.

^v E Coleman et al, “Standards of care for the health of transgender and gender diverse people, version 8,” *International Journal of Transgender Health* 23, no. 1 (2022): S1-S259, doi: 10.1080/26895269.2022.2100644.

^{vi} “2023 U.S. national survey on the mental health of LGBTQ young people,” *The Trevor Project*, accessed July 22, 2023, <https://www.thetrevorproject.org/survey-2023/>.

^{vii} Russell B. Toomey, Amy K. Syvertsen, and Maura Shramko, "Transgender adolescent suicide behavior," *Pediatrics* 142, no. 4 (2018): e20174218, doi: 10.1542/peds.2017-4218.

^{viii} Cecilia Dhejne et al, "Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden," *PLoS One* 6, no. 2 (2011), doi: 10.1371/journal.pone.0016885.