



Are “Gender-Affirming” Medical Interventions Being Performed on Minors?

Executive Summary

Opponents of the Vulnerable Child Protection Act claim puberty-blocking hormones, cross-sex hormones, and so called “gender affirming” surgeries, are not being administered to minors because this is prohibited by the Standards of Care of the World Professional Association for Transgender Health (“WPATH”). This claim is false.

1. The WPATH Standards of Care sanction the use of puberty-blockers, cross-sex hormones, and “gender affirming surgeries”– for trans-identifying minors. **Puberty-blockers followed by cross-sex hormones results in life-long sterility.** “Gender affirming surgeries” are more accurately labeled “cross-sex surgeries.” These procedures include double mastectomies (“top surgery”) for girls and genital reconstruction (“bottom surgery”) for both sexes.
2. Because WPATH Standards are not binding, physicians in the trans industry are free to ignore them and prescribe whatever treatments they want – including mutilating surgery.
3. WPATH isn’t a medical-professional organization, but rather an advocacy organization with strong ties to the pharmaceutical industry that stands to reap a multi-billion-dollar windfall from these medical interventions.
4. With the approval of the Endocrine Society, Pediatric Endocrine Society, and American Academy of Pediatrics, puberty-blockers and cross-sex hormones are routinely prescribed for minors. Researchers in California are administering cross-sex hormones to 8-year-olds. There are doctors and clinics in Georgia providing puberty-blockers and cross-sex hormones to minors.
5. Mastectomies have been officially reported on girls as young as 12 and are becoming commonplace in girls ages 14 through 18.
6. Hysterectomies, castration, and other genital surgical procedures have been reported on minors.
7. Doctors affiliated with the trans industry are advocating for fewer barriers and lower ages of consent for sex-reassignment surgery for minors.

Unless statutorily constrained, the trans industry in Georgia will foreseeably offer the full spectrum of “gender affirmation” interventions to minors in the drive to be seen as “state of the art” in transgender medicine.

Evidence of Gender Affirming Interventions on Minors:

- **Cross-Sex Hormones, Puberty-Blockers**
 - ***WPATH Standards.*** <https://www.wpath.org/publications/soc>
- Adolescents may be eligible for puberty-suppressing hormones as soon as pubertal changes have begun. . . . it is recommended that adolescents experience the onset of puberty to at least Tanner Stage 2. Some children may arrive at this stage at very young ages (e.g., 9 years of age). (p. 18)

- Adolescents may be eligible to begin feminizing/masculinizing hormone therapy, preferably with parental consent. (p. 20)
- WPATH is not a medical-professional organization – its membership is open to anyone in the trans industry.¹ WPATH operates as an advocacy organization. WPATH also has strong ties to the pharmaceutical industry, which stands to reap a multi-billion-dollar windfall from these medical interventions.²
 - ***Endocrine Society Guidelines: Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline JCEM September 2017***³
- These guidelines are essentially identical to WPATH standards of care and guidelines of the Pediatric Endocrine Society.⁴ Both endocrine societies admit that based on their own internal rating systems, almost all of their guidelines are based on “very low-quality” or “low-quality” scientific evidence.⁵ Even still, the guidelines are routinely used by U.S. practitioners to treat minors. Here are excerpts:
 - 2.1. We suggest that *adolescents* who meet diagnostic criteria for GD/gender incongruence, fulfill criteria for treatment, and are requesting treatment should initially undergo treatment to *suppress pubertal development*.
 - 2.2. We suggest that clinicians begin pubertal hormone suppression after girls and boys first exhibit physical changes of puberty.
 - 2.3. We recommend that, where indicated, GnRH analogues are used to suppress pubertal hormones.
 - 2.4. In *adolescents who request sex hormone treatment* (given this is a partly irreversible treatment), we recommend initiating treatment using a gradually increasing dose schedule after a multidisciplinary team of medical and MHPs has confirmed the persistence of GD/gender incongruence and sufficient mental capacity to give informed consent, which most adolescents have by age 16 years.
 - 2.5. We recognize that there may be compelling reasons to initiate sex hormone treatment *prior to the age of 16 years in some adolescents* with GD/gender incongruence, even though there are minimal published studies of gender-affirming hormone treatments administered before age 13.5 to 14 years.
- ***Pediatric Endocrine Society Fact Sheets Approving Cross-Sex Hormones for Adolescents***
- “Some transfemale adolescents and adults (individuals who were assigned male at birth and who identify and may live as females) choose to use medications or have surgery, that induce physical changes that simulate female puberty in order to align their physical body with their gender identity.”⁶
- “For some transgender male adolescents and adults, (individuals assigned female at birth and identify as males) it is very important to have the outside appearance match the inside gender identity. For some people this can involve social changes such as hair, clothing styles,

1) <https://www.wpath.org/MembershipInfo>; 2) <https://www.rt.com/usa/469766-transgender-pharma-drugs-surgery/>; 3) <https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence>; 4) https://www.pedsendo.org/education_training/healthcare_providers/consensus_statements/assets/GenderDysphoricGenderIncongruentCPG.pdf; 5) <https://www.acped.org/wordpress/wp-content/uploads/1.25.2019-Observations-in-a-Gender-Clinic-by-Robles.pdf>; 6) https://www.pedsendo.org/patients_families/Educational_Materials/docs/Feminizing_Therapy_for_Transgender_Females.pdf;

name, pronouns (he/him/his), and for others, it involves changing the body with hormones, such as testosterone, and/or surgery.”⁷

- ***American Academy of Pediatrics Recommendations***⁸

- AAP’s recommendations endorse puberty-blockers and cross-sex hormones for trans-identifying minors:

“Medical Affirmation: This is the process of using cross-sex hormones to allow adolescents who have initiated puberty to develop secondary sex characteristics of the opposite biological sex. Some changes are partially reversible if hormones are stopped, but others become irreversible once they are fully developed.”

- These guidelines and recommendations were created by small committees without input from membership as a whole.⁹ They are based on admittedly “very low quality” or “low quality” evidence and are of highly questionable scientific validity. Nevertheless, practitioners across the country who have little experience in this area and who are confronted with a patient demand for GAT are following the guidelines and regulations and administering these experimental treatments. The claim that this is not happening is, simply, ludicrous.

- ***Olson-Kennedy NIH Study (involving researchers from Boston, Chicago, Los Angeles, and San Francisco) – The Impact of Early Medical Treatment in Transgender Youth -- 2017 Annual Progress Report***¹⁰

“[T]he minimum age for the cross-sex hormone cohort inclusion was decreased from 13 to 8 to ensure that a potential participant who could be eligible for cross-sex hormones based on Tanner Staging would not be excluded based on age alone.”

- ***Examples of the Burgeoning Number of Medical Providers That Administer Hormone Treatments for Transgender Minors.*** Here are some examples:

- Grady Hospital, Gender Clinic, Atlanta
- Intown Primary Care, Atlanta¹¹
- Dr. Sheryl Thacker, Atlanta¹²
- Magic City Wellness Center, Birmingham¹³
- Fenway Health System, Boston¹⁴
- GENECIS Clinic, Dallas¹⁵

- **Surgery (Mastectomies and Sex-Reassignment Surgery, or SRS)**

- ***WPATH Standards (non-binding)***

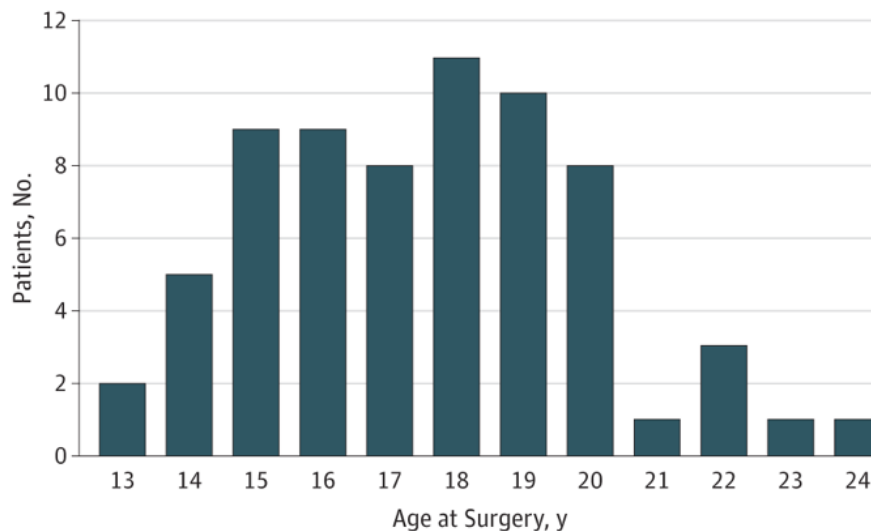
“Chest surgery in FtM patients [mastectomies] could be carried out *earlier than the age of majority*, preferably after ample time of living in the desired gender role and after one year of testosterone treatment.” (p. 21)

7) https://www.pedsendo.org/patients_families/Educational_Materials/docs/Masculinizing_Treatment_for_Transgender_Males%20.pdf; 8) <https://pediatrics.aappublications.org/content/early/2018/09/13/peds.2018-2162>; 9) <https://newspunch.com/cross-sex-hormones-can-now-be-given-to-us-children-as-young-as-eight/>; 10) https://docs.wixstatic.com/ugd/3f4f51_a929d049f7fb46c7a72c4c86ba43869a.pdf; 11) <http://intownprimarycare.com/> 12) 404.874.3102; 13) <https://www.magiccitywellnesscenter.org/trans-health-care/>; 14) <https://fenwayhealth.org/wp-content/uploads/TH-38-Affirming-Care-for-Gender-Diverse-Youth-Brochure-Final-Web.pdf>; 15) <https://www.childrens.com/specialties-services/specialty-centers-and-programs/endocrinology/programs-and-services/genecis-program>

- **Dr. Johanna Olson-Kennedy NIH Study at LA Children’s Hospital – Mastectomies Performed on Girls as Young as 13.**¹⁶

At the time of survey the mean age of postsurgical participants was 19 years-old, with a range from 14-25 years-old. The length of time between survey and chest surgery varied from less than 1 year to 5 years. The mean age at chest surgery in this group was 17.5 years-old, with a range of 13-24 years-old, with 33 participants (49%) being younger than 18 years. Of the 33 postsurgical participants younger than 18 years-old at surgery, 16 (48%) were 15 years-old or younger (Figure).

From: Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts



- A gender therapist with the Kaiser Permanente healthcare organization in Oakland, California admits: “In terms of masculinizing top surgery, I think 12 is the youngest who’s had surgery through our program”¹⁷
- At a conference in California, Dr. Olson-Kennedy of Children’s Hospital Los Angeles dismissed concerns about allowing adolescents to access mutilating surgeries: “Actually, people get married when they’re under 20. Actually, people choose colleges to go to. Actually, people make life-altering decisions in adolescence. All the time. All the time. And honestly, most of them are good.” Referring to possible regret when an adolescent girl undergoes a double mastectomy, Olson-Kennedy continued: “If you want breasts at a later point in your life, you can go and get them.”¹⁸
- Atlanta plastic surgeon Dr. Sheldon Lincenberg will perform double mastectomy/chest reconstruction on a minor patient with a therapist’s letter.¹⁹
- A Charlotte plastic surgeon performs double mastectomies on trans-identified minors, with so-called parental consent and a therapist’s letter.²⁰

16) <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2674039>; 17) <https://www.kelseycoalition.org/pubs/The-Rapidly-Growing-Medicalization-of-Children-and-Young-People>; 18) <https://thefederalist.com/2018/09/12/u-s-doctors-performing-double-mastectomies-healthy-13-year-old-girls/>; 19) <https://www.drincenberg.com/>; 770.730.8222; 20) <https://cosmeticconcierngemd.com/>

- **Hysterectomies, Castration**

- ***American Academy of Pediatrics*** recommendations allow surgery for some trans-identifying minors: “Surgical Affirmation: Surgical approaches may be used to feminize or masculinize features, such as hair distribution, chest, or *genitalia*, and may include removal of internal organs, such as ovaries or the uterus (affecting fertility). These changes are irreversible. Although current protocols typically reserve surgical interventions for adults, they are *occasionally pursued during adolescence* on a case-by-case basis, considering the necessity and benefit to the adolescent’s overall health and often including multidisciplinary input from medical, mental health, and surgical providers as well as from the adolescent and family.”²¹

- ***Dr. Tandy Aye, Stanford Medical School, Argues in TED Talk for SRS on Minors***

<https://www.youtube.com/watch?v=L240CPOJ6FM>

- ***Dr. Johanna Olson-Kennedy, Children’s Hospital Los Angeles, lobbies for SRS on minors***
Dr. Johanna Olson-Kennedy of LA Children’s Hospital, one of the better known “gender specialists” in the United States, is lobbying for the next WPATH Standards of Care (SOC 8) to support lowering the age of consent for genital “sex affirmation” surgery to below age 18.²²

- A Charlotte surgeon performs urogenital surgery on trans-identified patients 16 and up.²³
- A Charlotte plastic surgeon also operates on trans-identified minors.²⁴
- UC-San Francisco touts on its website a female patient who had a hysterectomy at 16.²⁵
- Los Angeles plastic surgeon/urologist advertises “successful” 2014 castration and creation of faux female organs on a 16-year-old boy.²⁶
- Reality TV star Jazz Jennings was castrated at age 17.²⁷
- A gender therapist with Kaiser Permanente in Oakland, California, admitted that vaginoplasties are performed on children as young as 16.²⁸
- Vermont has eliminated the minimum age requirement for SRS, which is covered by Medicaid.²⁹
- Oregon law allows minors to get SRS as young as 15, without parental consent.³⁰
- **“How Young Is Too Young? Ethical Concerns in Genital Surgery on the MTF [Male to Female] Transgender Adolescent”**

“During the last decade, the age of youths presenting for gender confirmation has steadily fallen. Transgender adolescents are being treated with gonadotropin-releasing hormone analogues [puberty blockers] and subsequently cross-sex hormones at early or mid-puberty, with genital surgery as the presumed final step in treatment for female-affirmed (male-to-female) individuals. Despite the minimum age of 18 as eligibility to undergo irreversible procedures, anecdotal reports show that vaginoplasties of female-affirmed patients under 18 have been performed by surgeons, thereby contravening the World Professional Association for Transgender Health Standards of Care.”³¹

21) <https://pediatrics.aappublications.org/content/pediatrics/early/2018/09/13/peds.2018-2162.full.pdf>, p.7; 22) <https://4thwavenow.com/2016/03/20/minor-surgery-top-us-gender-doc-agitates-to-lower-age-for-genital-surgery/>; 23) <http://cthcg.org/master-provider-directory/medical-2/other-specialists/surgeons/bernard-taylor-md-facog-fpmrs/>; 24) <https://cosmeticconciierge.md.com/>; 25) <https://www.ucsf.edu/news/2016/06/403226/free-be-he-she-they>; 26) <http://www.prweb.com/releases/2014/09/prweb12141694.htm>; 27) https://en.wikipedia.org/wiki/Jazz_Jennings; 28) <https://www.kelseycoalition.org/pubs/The-Rapidly-Growing-Medicalization-of-Children-and-Young-People>; 29) <https://www.burlingtonfreepress.com/story/news/2019/06/12/vermont-opens-door-gender-affirming-surgery-youth-transgender-trans-kids/1381261001/>; 30) <https://www.medicaldaily.com/gender-reassignment-surgery-now-available-oregon-minors-without-parental-consent-342670>; 31) <https://onlinelibrary.wiley.com/doi/full/10.1111/jsm.12387>

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