February 29, 2024

TO:
The Honorable Chairwoman Brenda Landwehr
Kansas House Committee on Health & Human Services

FROM:

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SUBJECT: HB 2791, Session of 2024

Dear Madam Chairwoman and distinguished Committee Members:

I am a recently retired Pediatrician with an interest in sex-gender discordance which began when I finally encountered my first and only patient 4 years ago who was confused and needed help. I was totally naïve at the time but began digging into the literature. My interest increased when I learned that I have two nieces who think they are guys. I ended up testifying before a legislative committee last January on behalf of a Bill to end sex trait modification procedures (STMP) on minors in Utah. I am a member of Do No Harm, a national organization seeking to protect children from what we know to be harmful practices. I hope you will accept my input even though I am from out of state. But, Rapid Onset Gender Dysphoria, like tornadoes, does not respect state lines, and human sexuality and physiology are no different in Kansas than in Utah.

I have taken the opportunity to view the video of the Committee hearing last February on SB233, as well as reading the majority of attachments to your excellent hearing minutes. I am disappointed to discover that there was virtually no mention of the substantial and growing body of literature in the form of "systematic reviews of the literature" (SRL) which informs the discussion on sex-gender discordance. These reviews are now well established internationally as the highest level of research evidence, ie the "gold standard." They utilize the GRADE system for assessing the quality and reliability of evidence in a standardized fashion. There now are numerous such reviews, including one just released this morning from Germany. ALL of these reviews uniformly demonstrate that the evidence supporting what is euphemistically called "gender affirming care" is based on the scantest of evidence which is of "low" or "very low" quality and certainty. This can be defined as the anticipated outcome is unlikely to be observed. Because of these reviews, European countries are halting or backtracking on these practices applied to minors, and in some cases, actually shuttering gender clinics. The USA is out of touch with the rest of the western world. I seriously doubt that any of the physicians testifying against last year's Bill know anything about GRADE and SRLs. You could ask them. Consequently, I am writing to your Committee to inform you of their existence and what they reveal. I will review a few of these and include some quotes from the papers.

FINLAND *Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors. Recommendation of the Council for Choices in Health Care in Finland (PALKO/COHERE Finland).* This 2020 Finish study is available here:

https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf
Various quotes: "As far as minors are concerned, there are no medical treatments that can be considered evidence-based." "The first-line treatment for gender dysphoria is psychosocial support, and, as necessary, psychotherapy and treatment of possible comorbid psychiatric disorders." "A young person's feelings should not be interpreted as immediately requiring specialized medical examination or treatments." "In light of available evidence, gender reassignment of minors is an experimental practice" (emphasis added).

ENGLAND The Cass Review, perhaps the largest systematic review covering over 2500 publication titles, conducted by the UK National Institute for Health and Care Excellence (NICE) for the UK Public Health Service. The result of this large literature review was to shut down Tavistock, the largest gender clinic in the world. Hiliary Cass is the former head of the Royal College of Pediatricians. Their review was published in two parts in March, 2021:

1) *Evidence Review: Gonadotropin releasing hormone analogues for children and adolescents with gender dysphoria* "CONCLUSION...The results on the critical outcomes of gender dysphoria and mental health (depression, anger and anxiety), and the important outcomes of body image and psychosocial impact (global and psychosocial functioning) in children and adolescents with gender dysphoria are of very low certainty using the modified GRADE. They suggest little change with [puberty blockers]."

2) *Evidence Review: gender-affirming hormones for children and adolescents with gender dysphoria.* "CONCLUSION...The evidence review found limited evidence for the effectiveness and safety of gender affirming hormones in children and adolescents with gender dysphoria, with all studies being uncontrolled, observational studies, and all outcomes of very low certainty. Any potential benefits of treatment must be weighed against the largely unknown long-terms safety profile of these treatments."

Noteworthy is the fact that the famous "Dutch Studies" (DeVries, 2011, 2014) which form the basis for gender affirming care practices worldwide, were deemed to be of such low quality that they could not even be GRADEd; so, they were excluded from the analysis of over 2500 papers! Both parts can be accessed here: *https://cass.independent-review.uk/nice-evidence-reviews/*

SWEDEN *Care of children and adolescents with gender dysphoria. Summary.* Accessed here. *https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2022-3-7799.pdf*

This reports on Sweden's multi-lingual systematic literature review of published literature between 2015 and 2022 by Socialstyrelsen, The National Board of Health and Welfare, February, 2022. I am unclear if their actual literature review is available in an official English translation. This has been reviewed by the Society for Evidence Based Gender Medicine (SEGM) here: *https://segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth*

Their conclusions: "The risks of puberty suppressing treatment with GnRH-analogues and gender-affirming hormonal treatment currently outweigh the possible benefits..." Furthermore, these treatments...for young people should be provided within a research context." To date there are no

established research protocols in Sweden. Interestingly, this SRL was initiated following the occurrence of spinal fractures due to osteoporosis in a few of their “treated” children.

NOTE: Sweden is the most open, liberal, diversity-accepting nation in the world. Consequently, neither gender dysphoria, nor the failure of gender affirming care to improve outcomes can be blamed on minority stress (stress due to opposition of the surrounding community or individuals).

OTHERS There are more reviews from France, Switzerland (Cochrane Library), Germany and the USA. In the USA, one conducted by the Canadian researchers who invented the GRADE system 20 years ago on behalf of Florida, and another in 2016 by the HHS Division of Health Care Financing regarding an application for a National Coverage Analysis (NCA) for payment for surgeries. That request was denied due to lack of evidence showing efficacy and safety.

Finally, I would like to address the problem with **WPATH**. There is one very large SRL on clinical practice guidelines (CPGs) conducted by British researchers (Dahlen et al, 2021); *International clinical practice guidelines for gender minority/trans people: systematic review and quality assessment; BMJ Open 2021;11:e048943. doi:10.1136/bmjopen-2021-048943.* Except for CPGs specifically targeting HIV/infectious disease prevention (from WHO), all the CPGs scored very low across all seven domains assessed for quality and reliability. This includes the guidelines of WPATH and The Endocrine Society. Here are some of the author’s comments:

"DISCUSSION...Statement of principal findings. WPATH cannot be considered [a] gold standard." "Consistency between CPGs could not be examined due to unclear recommendations within the applications for clinicians, UK and international policymakers and patients...Clinicians should be made aware that gender minority/trans health CPGs outside of HIV-related topics are linked to a weak evidence base," "Clinicians should proceed with caution, explain uncertainties to patients ..." "...independent external review is important to avoid bias and bad practices, examine use of resources, resist commercial interests." "WPATH is based on lower-quality primary research, the 'opinions' of experts and lack of evidence."

NOTE: The reviewers gave WPATH an overall score of 31% and criticized it for biased funding; ‘anonymous donor’ and the Tawani Foundation (owned by the far left-leaning Chicago Pritzker family). The Endocrine Society guidelines earned a score of 56%. The President of the Endocrine Society, Stephen R. Hammes, MD, runs a “gender clinic” in New York.

CONCLUSION Based on the above referenced information alone, I hope you can see the need to halt STMPs on young people in Kansas and across the nation. They are indeed experimental practices, except that the physicians aren’t even conducting and publishing quality, long-term (>3 years) prospective research. To this date, NOT ONE such study has happened! If they did, and were honest clinicians instead of activists, they themselves would have halted their practices years ago. Such behavior used to be the norm, but obviously not anymore. Furthermore, they are aided and abetted by politicized, ideologically captured professional societies which have lost the trust of many physicians, most of whom are scared to speak out for fear of losing their jobs. I know that Kansas has some of these. Realize that the esteem of a professional organization is NOT a substitute for quality research and evidence.

Thank you.

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