



American College of Pediatricians®
The Best *for* Children

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July 22, 2019

The Honorable Jerome M. Adams, MD
United States Surgeon General
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Humphrey Building, Suite 701H
Washington, DC 20201

Dear Dr. Adams,

We are leaders of medical and mental health organizations dedicated to providing evidence based healthcare in keeping with the ancient medical ethics principle of first do no harm. We write to inform you of a grave public health concern impacting children and adolescents diagnosed with gender dysphoria (GD). It is an issue so dire that the Royal College of General Practitioners in the United Kingdom issued an unprecedented warning to the public earlier this month.¹ Harmful hormonal and surgical interventions, which have not undergone long term study for childhood and adolescent GD, are being routinely prescribed to gender dysphoric youth as the new "standard of care" in lieu of ethical psychotherapy. This is despite the fact that 61-98% of affected children will outgrow their GD if allowed to progress through natural puberty.² Alarming, some states even allow children to "consent" to these interventions without parental involvement.^{3,4}

Medical intervention for treating children with GD begins with pubertal blockade. Gonadotropin releasing hormone agonists, or their equivalent, are given to halt puberty by inducing the abnormal iatrogenic state of hypogonadotropic hypogonadism. This is typically followed by the administration of cross sex hormones with doses gradually increased to achieve adult sex hormone levels appropriate for the opposite sex. At some point thereafter, but prior to age of majority, gonads and breasts may be surgically removed, and operations performed to simulate genitalia of the opposite sex.^{5,6,7} The deleterious consequences of these interventions include, but are not limited to, sterility, sexual dysfunction, surgical complications, thromboembolic and cardiovascular disease, osteoporosis, malignancy, and persistently elevated rates of suicide.^{8,9,10,11,12}

There is no psychological or medical test to differentiate between the majority of youth who will desist from their GD and the minority who will persist. Yet, healthcare professionals are increasingly prohibited from investigating psychosocial factors which may contribute to children's incongruent gender identity. Instead, health professionals are required to immediately reinforce children's choice to identify as something other than the reality of their

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biological sex, sending them down the toxic medical and surgical path described above.¹³ Health professionals who deviate from this "gender affirming therapy" risk being marginalized, discriminated against or otherwise penalized.¹⁴ This is happening at a time when health professionals' conscience rights are increasingly under threat.¹⁵ As a result, without your intervention, not only will increasing numbers of children come to suffer under this large-scale unethical medical experiment, but also many of us will be coerced to choose between harming some of our most vulnerable patients and leaving clinical practice.

As the Nation's Doctor who has pledged to lead with science, we respectfully request that you issue a Call to Action on this matter. It is our hope that the OSG office will:

- Issue a SG warning, advisory or admonition which will advise children's health professionals of the serious and irreversible health risks to children and adolescents from medical interventions for GD.
- Include these health concerns in the Public Health Reports - SAG Journals
- Call for meta-analyses of the pertinent psychiatric and medical literature which can be used to determine evidence-based standards of care and public policy rooted in the ancient medical ethics principle of first do no harm.

We look forward to receiving your response.

Sincerely,

Michelle Cretella, MD
Executive Director of the American College of Pediatricians

Quentin Van Meter, M.D.
President of the American College of Pediatricians
Pediatric Endocrinologist

Mark Chuff, LPC
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Jane Orient, MD
Executive Director of the Association of American Physicians and Surgeons

Steven White, MD
Health Policy Committee Chair of the Catholic Medical Association

Keith Vennum, MD
President of the Alliance for Therapeutic Choice and Scientific Integrity

Paul McHugh, M.D.
University Distinguished Service Professor of Psychiatry at Johns Hopkins Medical School and the former psychiatrist in chief at Johns Hopkins Hospital

cc: Secretary Alex M. Azar, II & Mr. Roger Severino

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