

Transcript of Speech to the U.K. House of Lords

Medical Harms associated with the Hormonal and Surgical Therapy of Child and Adolescent Gender Dysphoria

15th May 2019

Thank you Lord Moonie, Posie Parker, and all of you here in the House of Lords, It is a great honor to be here. I am a trained Endocrinologist, a specialist in gland and hormonal disorders, in the United States, State of California. I trained at an academic center in the US and am now in private practice.

Introduction

I would like to begin with a few questions to consider.

1. Is a person born a man or a woman?
2. What happens to a child when normal puberty is blocked?
3. Do we have the technology to turn a boy into a woman or a girl into a man?
4. What is the evidence base for this hormonal and surgical treatment paradigm for trans identifying youth?

Starting first, is a person born a man or a woman?

The answer is no, to both. A person is not born a man. A person is not born a woman. They are born as a girl or a boy.

This may seem an obvious or even unnecessary distinction to make. But it is important. A boy is not a man. A girl is not a woman.

The development of the organs happens in the womb. Most would be satisfied to say that a heart or a kidney is present at birth, fully functioning, and just enlarges with the growing body. This is correct.

But there is another type of development that is important. Something key in fact to humankind's continuing survival that occurs years after birth. And this is the change from boy to man, and from girl to woman.

This change is not sudden and not trivial. There is a very important process which takes place which we call puberty. So whereas a heart at birth is fully functioning, the testicles are not, the ovaries are not. They are quiescent. They are waiting for a signal to come from the brain. This signal comes as early as age 8 in girls and 9 in boys in the US,

which begins the process of pubertal development; and that development continues over several years.

There are 5 stages of sexual development called Tanner stages. Tanner stage 2 is the onset of puberty. Fertility in the male and female is established at later stages generally 4. The sexual organs enlarge and develop so that eventually intercourse becomes possible. Tanner stage 5 is full adult development.

Puberty Blockers

But what happens if this process is interrupted or stopped? This can happen by a problem with the pituitary. The pituitary is a small pea shaped gland which hangs off of the brain and sends signals to the testicles to make testosterone, or the ovaries to make estrogen. A defect in this system is a medical condition whereby puberty may be arrested or may never start. Endocrinologists can treat this condition and allow a continuation of normal development.

Are there medications which can cause this blocked condition? In fact there are. One is called triptorelin. It can stop normal pituitary signaling and is used to treat some medical conditions.

But what about using this medication to stop normal adolescent puberty? What about stopping the process of normal body development that occurred in the womb, but needs to be completed in adolescence? Has this been studied to any degree? Why would one do this?

Gender clinics around the world including in the UK are prescribing medications to stop normal puberty. This with the implication that one might in fact be able to stop the puberty of one sex and then begin another of the opposite sex. This is a false promise. One cannot simply stop normal puberty and then later begin the puberty of the opposite sex.

What are problems which occur due to stopping normal puberty. As I stated earlier, sexual organ development is not complete at birth. Stopping puberty at stage 2 as advised in the Endocrine Society's low quality evidence guidelines will cause infertility. Because the gonads do not develop there is sexual dysfunction. Adding hormones of the opposite sex does not change this condition and in fact worsens it. The final stage for a number of trans identifying youth is to have testicles or ovaries removed thus leading to complete sterility and serious sexual dysfunction.

Given that these blockers may be initiated as early as age 8 to 11, do these children have the capacity to make an informed consent decision as to their future adult choices with regards to bearing children and sexual function?

What were you doing at age 10 say? Maybe building a sand castle, catching butterflies, imagining that you were a butterfly or a cat? What capacity does the child have to understand the consequences of these medications? Really very little.

But are they helping one might ask? Are they helping the child who is confused about their gender? Professor Michael Biggs of Oxford University has done some detective work at Tavistock Clinic and found through Freedom of Information Act requests that in fact these medications are hurting. He uncovered that after a year on puberty blockers "children reported greater self harm" and that "girls exhibited more behavioral and emotional problems and exhibited greater dissatisfaction with their body". In fact the labeling of the medication states one should: "Monitor for development or worsening of psychiatric symptoms."

Cross sex hormones

What about cross (meaning opposite) sex hormones? What are side effects of these medications. Understand first that they are being given to youth in very high doses. Females are being given doses of testosterone that are 10-40X higher than the normal range. Similarly males are being given estrogen in doses that may double or triple or more their bodies ordinary range.

In adults, it has been shown that for males taking estrogen, they have a 5 times increased risk for deadly blood clots. Both males and females have an increased risk of myocardial infarction and death due to cardiovascular disease. Females have an increased risk of hypertension, increased red blood cell counts, breast and ovarian cancer.

Medical Groups

But you might counter, well the medical societies are behind this are they not? Who are you some outlier to come in and try to refute the pronouncements of these prestigious societies? First understand that though these groups may be large in number, that the members have little say as to what these societies pronounce. These societies and associations tend to be controlled by very tiny groups within the organization. Members have little input or knowledge as to the decisions made. The American Academy of Pediatrics for example came out with a position paper in 2018 which effectively allows kids to get hormones and puberty blockers on the basis of self identification alone.

There is no discussion of the risks of these interventions. Watching and waiting, which is the standard of care for this condition worldwide, was completely ignored as an option

A second point to understand is that actually many more groups are coming out to question this therapy. In Sweden for example, on April 26th of this year the Swedish National Council on Medical ethics, after consultation with both LGBT groups and the parent network GENID and others, wrote a letter to the Department of Social Affairs. They concluded the following:

- 1) That there are big gaps in knowledge and evidence regarding treatment of gender dysphoria in children and youth and that this has to be investigated.
- 2) That prescription hormones which are all being given *off-label* have to be investigated as soon as possible,
- 3) And that treatment recommendations for Gender dysphoria in children and youth have to be revised as soon as possible.

The Swedish Pediatric Society followed with a letter of support just this May 2nd and went on to state that: "Giving children the right to independently make vital decisions whereby at that age they cannot be expected to understand the consequences of their decisions is not scientifically founded and contrary to medical practice."

How about the editor in chief of the British Medical Journal Evidence Based Medicine, Dr. Carl Heneghan?

He examined the evidence base for this therapy in youth and made the following conclusions:

- a. For CSH and PB "the evidence is limited by 1) small sample sizes; 2) retrospective methods, 3) loss of considerable numbers of patients in the follow-up period. 4) majority of studies lacked a control group 5) problems with adherence to treatment, 6) non-blinded studies." In other words the quality of the evidence base is very poor.

He goes on to say that:

"An Archive of Diseases in Childhood letter referred to [Puberty Blocker] treatment as a *momentous step in the dark*. It set out three main concerns:

- 1) young people are left in a state of 'developmental limbo' without secondary sexual characteristics that might consolidate gender identity;
- 2) use is likely to threaten the maturation of the adolescent mind, and
- 3) puberty blockers are being used in the context of *profound scientific ignorance*.

The excesses of this ideology are most apparent in the US whereby the clinician Johanna Olson-Kennedy has been awarded a \$5.7 grant by the NIH for a 5 year study of the effects of puberty blockers and wrong sex hormones on children and adolescents. This is very poorly designed study which is non-randomized and has no control group. It is important to bear in mind that the original Dutch protocol did not allow for cross sex hormones until the age of 16. But Olson-Kennedy's first publication shows the age reduced to 12. And shockingly, we have uncovered evidence by FOIA requests to the NIH, that the Olson-Kennedy group lowered the age to 8 in 2017. Can you imagine 8 year old girls being injected with this very dangerous anabolic steroid? The evidence points to it happening in the US. Does the UK want to follow down this road?

Concluding Thoughts

Mary Wollstonecraft Shelley quotes Milton to open the first chapter of her famous novel: The quote "Did I request thee, Maker, from my clay To mould me man? Did I solicit thee From darkness to promote me?"

"Did I request thee to mold me *man*?" takes on a different significance now does it not? I have a choice do I not? I did not want to be made man, I want to be made woman. I do not want to remain a girl, I want to become a man.

Is this really possible? It is not. As you can see one's desire comes crashing into the reality of human physiology. I've listed to you many known side effects and harms and this is only the beginning. The quality of the evidence is very poor.

What of the regretters? Those young women who are out there and you can find them who regret their trans identity but are left with broken bodies, permanently deepened voices, 5 'clock shadows that do not disappear. What of those who later wish they could bear their own children, but had sex organs destroyed chemically or surgically removed. Who is listening to them? What do we tell these kids when they are adults and we didn't protect their bodies, but instead raced for more "civil rights" protections. What will we tell them exactly? "We were only trying to do what you had asked for."

And how will they reply? "But I was only a child, how was I to know? I did not have the perspective of an adult. Why was I not given the chance to know? Why was I not protected. What has been done to my body cannot be reversed".

Momentous decisions have been made in this House. I think for example of Lord Grenville who in 1807 had gotten The Foreign Slave Trade Abolition bill passed by a large margin in this House first. This Bill later passed in the House of Commons and

went on to receive Royal Assent, thus the beginning of the end of the horrible practice of slave trading.

It is easy to think that one must simply continue on and to write the wrongs of human history. That each seemingly persecuted or ostracized group should have their time and make their voices known. And of course they should have time to make their voices known.

In retrospect it seems very obvious that no one should be enslaved on the basis of skin color or any other attribute. Not at all for any reason.

So now we have this group of children, adolescents and young adults who identify as a gender other than the physical sex that they were born. Furthermore, some are saying we want them to have full access to all of the medical and surgical procedures at any age so that they can at least be given some semblance of becoming the opposite sex. Well we'll simply pass laws and change regulations to make that happen? Right?

I think that you can see from my discussion the very troubling harms introduced by this therapy and the lack of quality short term and no long term studies, so that the answer is not so simple. In fact it appears at this point in time that we are harming these vulnerable youths in so many more ways than we are helping.

Thank you very much.

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