



American College of Pediatricians®
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Dear Honorable Justices of the Constitutional Court of Bulgaria and the Supreme Court of Cassation,

My name is Dr. Michelle Cretella, M.D., Executive Director of the American College of Pediatricians (ACPeds), a national organization of pediatricians and other health professionals that promotes the well-being of children and upholds the ethical principles of the Hippocratic Oath. This is my statement regarding the fact that transgender-affirmative interventions are not the international standard of care for youth.

First, gender identity, in contrast to biological sex, is neither innate nor immutable. There is no medical test to identify people who claim to be ‘transgender’ because a ‘transgender identity’ exists only in the mind not in the body. Although used interchangeably, sex and gender are not synonyms in medicine. According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), gender is defined as the “lived role” of male or female, resulting from the interaction of cultural and psychological factors with a person’s biological constitution.¹ Gender identity is defined similarly as “a category of social identity” that is determined by the interaction of cultural, psychological and biological factors.¹ Incongruent gender identities (transgender identities) may come to align with biological sex across the lifespan; during childhood, adolescence, and adulthood. In other words, gender dysphoria (which prior to 2013 was classified as gender identity disorder) can desist.² **Clearly, gender identity, rests largely upon a psychological comfort or discomfort with one’s biological sex and is neither innate nor immutable. No one is born in the wrong body; no one is born transgender.**

Many medical organizations around the world, including the Australian College of Physicians,³ the Royal College of General Practitioners in the United Kingdom,⁴ and the Swedish National Council for Medical Ethics⁵ have characterized prescribing puberty blockers and cross-sex hormones in youth as experimental and dangerous. World-renowned child psychiatrist Dr. Christopher Gillberg has referred to this as “**possibly one of the greatest scandals in medical history.**”⁶ His neuropsychiatry research group at Gothenburg University has called for “**an immediate moratorium on the use of puberty blocker drugs because of their unknown long-term effects.**”⁷

The United Kingdom, Sweden and Finland have taken steps to limit these interventions in youth.⁸ In December of 2020, the High Court of the United Kingdom ruled in the case of Keira Bell which barred hormonal interventions in youth under the age of 16, and decreed physicians seek court approval for hormonal interventions in youth between 16 and 18 years of age.⁹ Sweden’s Karolinska University Hospital similarly restricted its use of the Dutch Protocol to children over 16 years of age stating it is “potentially fraught with extensive and irreversible adverse consequences such as cardiovascular disease, osteoporosis, infertility, increased cancer risk, and thrombosis.”¹⁰ Finland, too has issued guidelines restricting these interventions.¹¹

The vast majority of young children with gender incongruence will outgrow it when supported through natural puberty.¹² Blocking puberty robs these children of the natural developmental period necessary for most to come to accept their bodies. Most gender-distressed teens are ordinary girls and

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boys who are anxious, depressed, traumatized, and uncomfortable with their bodies and struggling with their identity.¹³ Several studies show that teens can embrace their bodies through counseling alone without high-risk sterilizing chemical or surgical interventions.¹⁴

Puberty is not a disease.¹⁵ It is a critical window of normal development that is irreparably disrupted by puberty blockers. There are no long-term studies of Lupron or other puberty blockers for gender incongruence.¹⁶ Consequently, there is no evidence that puberty blockers are reversible and harmless in gender incongruent youth as is claimed. To the contrary, when normal puberty is artificially arrested, valuable time is forever stolen from these children, time that should be spent in normal development. This time period, during which highly significant and irreplaceable advances in bone, brain, and sexual development occur, is time – and development – that can never be given back.

Puberty blockers also have very harmful side effects listed in [Lupron's package insert](#). All puberty blockers, including Lupron, arrest sexual development by acting on the brain. Boys are chemically castrated and girls chemically driven into premature menopause for as long as the puberty blockers are used.¹⁷ This developmental arrest may result in permanent sexual dysfunction, infertility,¹⁸ bone loss,¹⁹ and altered brain development.²⁰ In one report, gender-distressed girls exhibited more self-harm and emotional problems, and greater body dissatisfaction while taking puberty blockers.²¹

Prior to implementation of the Dutch Protocol, the majority of gender-distressed children would embrace their bodies when supported through natural puberty. In contrast, all studies of gender-dysphoric youth given puberty blockers reveal nearly 100% of them go on to identify as 'transgender' and request cross-sex hormones.²² This suggests that puberty blockers "lock" kids into their gender confusion. As a result, these children who have their development blocked in early puberty, and are later given cross-sex hormones, may be permanently sterilized rather than spontaneously healed.²³ Cross-sex hormones also put youth at an increased risk of heart attacks, stroke, diabetes, blood clots, cancer and more across their lifespan.²⁴ The best long-term evidence we have among adults shows medical intervention fails to reduce suicide.²⁵

Sadly, many minors and their parents, as well as governments, lay and professional citizens, are being led astray by a vocal sector of the medical establishment driven by a dangerous ideology and economic opportunism, rather than by science and sound medical ethics.

Respectfully,

Michelle Cretella, M.D.

Executive Director of the American College of Pediatricians

References

¹ American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders: DSM-5 (Washington, D.C.: American Psychiatric Publishing, 2013), pp. 451 and 822.

² Ristori J, Steensma TD. Gender dysphoria in childhood. *Int Rev Psychiatry*. 2016;28(1):13-20. See also: Clarke A, Spiliadis A. 'Taking the lid off the box': The value of extended clinical assessment for adolescents presenting with gender identity difficulties. *Clinical Child Psychology and Psychiatry*. 2019;24(2):338-352. Available at <https://journals.sagepub.com/doi/full/10.1177/1359104518825288> Accessed October 26, 2020. See also:

Zucker KJ, Lawrence AA, Kreukels BP, Gender Dysphoria in Adults, *Annual Rev of Clinical Psych*. 2016;12: 217-247 (p.237) Available at

https://www.researchgate.net/profile/Kenneth_Zucker3/publication/291340368_Gender_Dysphoria_in_Adults/links/56fc815108ae8239f6dc4a74/Gender-Dysphoria-in-Adults.pdf Accessed January 23, 2021 (quote p. 237).

³ Australia launches inquiry into safety and ethics of transgender medicine” BioEdge.org, 18 Aug 2019.

<https://www.bioedge.org/bioethics/australia-launches-inquiry-into-safety-and-ethics-of-transgender-medicine/13182>

⁴ <https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2019/RCGP-position-statement-providing-care-for-gender-transgender-patients-june-2019.ashx?la=en>

⁵ <https://www.transgendertrend.com/wp-content/uploads/2019/04/SMER-National-Council-for-Medical-Ethics-directive-March-2019.pdf>

⁶ <https://thebridgehead.ca/2019/09/25/world-renowned-child-psychiatrist-calls-trans-treatments-possibly-one-of-the-greatest-scandals-in-medical-history/>

⁷ [Doctors back inquiry on kids’ trans care](#)

⁸ Cummings DM, “Swedish Hospital No Longer Gives Puberty Blockers or Sex Hormones to Children.” Lifesite News, May 6, 2021. Available at <https://www.lifesitenews.com/news/swedish-hospital-no-longer-gives-puberty-blockers-sex-hormones-to-children> Accessed 6/7/21.

⁹ Ruling of U.K. High Court in Keira Bell Case. Available at <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Clinic-and-ors-Summary.pdf> Accessed 6/7/21.

¹⁰ Karolinska University Hospital Dutch Protocol Policy Available at:

https://segm.org/sites/default/files/Karolinska%20_Policy_Statement_English.pdf Accessed 6/7/21.

¹¹ Finland’s Guidelines for Dutch Protocol in youth Available at:

https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en.pdf/aaf9a6e7-b970-9de9-165c-abadfae46f2e/Summary_minors_en.pdf Accessed 6/7/21.

¹² Jiska Ristori & Thomas D. Steensma, “Gender Dysphoria in Childhood” *International Review of Psychiatry* 28(1):13-20 (2016) at 15; Thomas D. Steensma, et al., “Desisting and persisting gender dysphoria after childhood: A qualitative follow-up study” *Clinical Child Psychology and Psychiatry* 16(4) 499–516 (2010) at 500; Devita Singh, A Follow-Up Study of Boys with Gender Identity Disorder, Dissertation, University of Toronto (2012), <http://images.nymag.com/images/2/daily/2016/01/SINGH-DISSERTATION.pdf>; Thomas D. Steensma, et al., “Factors Associated With Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study” *Journal of the American Academy of Child & Adolescent Psychiatry* 52:582 (2013); Kenneth J. Zucker, “The Myth of Persistence” *International Journal of Transgenderism* 19(2):231-245 (2018).

¹³ Riittakerttu Kaltiala-Heino, et al., “Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development” *Child & Adolescent Psychiatry & Mental Health* 9:9 (2015) at 5; Lisa Littman, “Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria” *PLOS One* 14(3):e0214157 (2018); Tracy A. Becerra-Culqui, et al., “Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers” *Pediatrics* 141(5):e20173845 (2018); Melanie Bechard, et al., “Psychosocial and Psychological Vulnerability in Adolescents with Gender Dysphoria: A ‘Proof of Principle’ Study” *Journal of Sex and Marital Therapy* 43(7):678-688 (2017).

¹⁴ Clarke, A. & Spiliadis, A, “‘Taking the Lid Off the Box’: The Value of Extended Clinical Assessment for Adolescents Presenting With Gender Identity Difficulties,” <https://journals.sagepub.com/doi/10.1177/1359104518825288>, Feb. 6, 2019; Kenneth J. Zucker, et al., “A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder,” *Journal of Homosexuality* 59(2):369-397 (2012); Kelley D. Drummond et al., “A follow-up study of girls with gender identity disorder,” *Developmental Psychology* 44(1):34-45 (2008); Meyenburg B. Gender identity disorder in adolescence: Outcomes of psychotherapy. *Adolescence*. 1999;34:305-313; Kronberg J, Tyano S, Apter A, Wijsenbeek H. Treatment of transsexualism in adolescence. *Journal of Adolescence*. 1981; 4:177-185; Lothstein LM, Levine SB. Expressive Psychotherapy With Gender Dysphoric Patients. *Archives of General Psychiatry*. 1981; 38:924-929; Lothstein LM. The adolescent gender dysphoric patient: an approach to treatment and management. *Journal of pediatric psychology*. 1980; 5:93-109; Davenport CW, Harrison SI. Gender identity change in a female adolescent transsexual. *Archives of sexual behavior*. 1977; 6:327-340; Barlow DH, Reynolds EJ, Agras WS. Gender Identity Change in a Transsexual [male aged 17]. *Archives of General Psychiatry*. 1973; 28:569-576; Philippopoulos, G.S. A case of transvestism in a 17-year-old girl. *Acta Psychother*. 1964; 12: 29–37.

¹⁵ [Jane Mendle](#), et al., “Understanding Puberty and Its Measurement: Ideas for Research in a New Generation” *J. Res. Adolesc. Volume29, Issue1*, March 2019

Pages 82-95 available at <https://onlinelibrary.wiley.com/doi/full/10.1111/jora.12371>; Pilar Vigil, et al., “Endocrine Modulation of the Adolescent Brain: A Review” *Journal of Pediatric & Adolescent Gynecology* 24(6):330-337 (December 2011).

¹⁶ Lupron Depot-Ped Injection Label (August 2012) at 1 “Indications and Usage”, https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020263s0361bl.pdf (“LUPRON DEPOT-PED is indicated in the treatment of children with central precocious puberty (CPP).”); Priyanka Boghani, “When Transgender Kids Transition, Medical Risks are Both Known and Unknown” *Frontline* (June 30, 2015), <https://www.pbs.org/wgbh/frontline/article/when-transgender-kids-transition-medical-risks-are-both-known-and-unknown/>.

- ¹⁷ Lupron Depot-Ped Injection Label (August 2012) at 12.1 “Mechanism of Action” https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020263s036lbl.pdf; Christina Jewett, “Drug used to halt puberty in children may cause lasting health problems” *Stat* (February 2, 2017), <https://www.statnews.com/2017/02/02/lupron-puberty-children-health-problems/>; Andrea C. Wilson, et al., “Leuprolide acetate: a drug of diverse clinical applications” *Expert Opinion on Investigational Drugs* 16(11):1851-63 (2007); Trine Tsouderos, “‘Miracle Drug’ Called Junk Science” *Chicago Tribune* (May 21, 2009), <https://www.chicagotribune.com/lifestyles/health/chi-autism-lupron-may21-story.html>.
- ¹⁸ Jacqueline Ruttimann, “Blocking Puberty in Transgender Youth” *Endocrine News* (January 2013), <https://endocrinenews.endocrine.org/blocking-puberty-in-transgender-youth/> (“Most transgenders become infertile as a result of the hormonal switching medications. Estrogens diminish sperm production in males, and testosterone’s cessation of menses can cause polycystic ovaries in women; these changes usually lead to infertility.”)
- ¹⁹ Lupron Depot Label (June 2014) at 6.5 “Postmarketing”, https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/020517s036_019732s041lbl.pdf; Priyanka Boghani, “When Transgender Kids Transition, Medical Risks are Both Known and Unknown” *Frontline* (June 30, 2015), <https://www.pbs.org/wgbh/frontline/article/when-transgender-kids-transition-medical-risks-are-both-known-and-unknown/>; Christina Jewett, “Drug used to halt puberty in children may cause lasting health problems” *Stat* (February 2, 2017), <https://www.statnews.com/2017/02/02/lupron-puberty-children-health-problems/>.
- ²⁰ Christopher Richards, Julie Maxwell, & Noel McCune, “Use of puberty blockers for gender dysphoria: a momentous step in the dark” *Archives of Disease in Childhood* 104(6):611 (2019); Christian J. Nelson, et al., “Cognitive Effects of Hormone Therapy in Men With Prostate Cancer” *Cancer* 113(5):1097-1106 (2008); Denise Hough et al., “Spatial memory is impaired by peripubertal GnRH agonist treatment and testosterone replacement in sheep,” *Psychoneuroendocrinology* 75:173 (2017); Denise Hough et al., “A reduction in long-term spatial memory persists after discontinuation of peripubertal GnRH agonist treatment in sheep,” *Psychoneuroendocrinology* 77:1 (2017).
- ²¹ Michael Biggs. “Tavistock’s Experimentation with Puberty Blockers: Scrutinizing the Evidence”. *Transgender Trend*. March 2, 2019.
- ²² Brik T, Vrouenraets LJJ, de Vries MC, Hannema SE. Trajectories of adolescents treated with gonadotropinreleasing hormone analogues for gender dysphoria [published online ahead of print March 9, 2020]. *Arch Sex Behav*. doi:10.1007/s10508-020-01660-8; Kuper LE, Stewart S, Preston S, Lau M, Lopez X. Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy. *Pediatrics*. 2020;145(4):e20193006; Annelou L.C. de Vries, et al., “Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study” *The Journal of Sexual Medicine* 8(8): 2276–2283 (2011). Wiepjes CM, Nota NM, de Blok CJM, et al. The Amsterdam cohort of gender dysphoria study (1972-2015): trends in prevalence, treatment, and regrets. *J Sex Med*. 2018;15(4):582–590; Carmichael P, Butler G, et al. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. medRxiv 2020.12.01.20241653.
- ²³ Leena Nahata, et al., “Understudied and Under-Reported: Fertility Issues in Transgender Youth—A Narrative Review” *Journal of Pediatrics* 205:265-271 (February 2019); Jacqueline Ruttimann, “Blocking Puberty in Transgender Youth” *Endocrine News* (January 2013), <https://endocrinenews.endocrine.org/blocking-puberty-in-transgender-youth/>; Julie Compton, “Transgender men, eager to have biological kids, are freezing their eggs” *NBC News* (March 5, 2019), <https://www.nbcnews.com/feature/nbc-out/transgender-men-eager-have-biological-kids-are-freezing-their-eggs-n975331>.
- ²⁴ Darios Getahun, et al., “Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study” *Annals of Internal Medicine* 169(4):205-213 (August 21, 2018); Talal Alzahrani, et al., “Cardiovascular Disease Risk Factors and Myocardial Infarction in the Transgender Population” *Circulation* 12(4):e005597 (2019); Katrien Wierckx, et al., “Prevalence of cardiovascular disease and cancer during cross-sex hormone therapy in a large cohort of trans persons: a case-control study” *European Journal of Endocrinology* 169(4):471-478 (2013); Priyanka Boghani, “When Transgender Kids Transition, Medical Risks are Both Known and Unknown” *Frontline* (June 30, 2015), <https://www.pbs.org/wgbh/frontline/article/when-transgender-kids-transition-medical-risks-are-both-known-and-unknown/>.
- ²⁵ Cecilia Dhejne, et al., “Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden” *PLOS One* 6(2):e16885 (2011) available at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885>; see also David Batty, “Sex Changes Are Not Effective, Say Researchers” *The Guardian* (Jul, 30, 2004) available at <https://www.theguardian.com/society/2004/jul/30/health.mentalhealth>; <https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/>; Wiepjes CM, den Heijer M, Bremmer MA, Nota NM, de Blok CJM, Coumou BJG, Steensma TD. Trends in suicide death risk in transgender people: results from the Amsterdam Cohort of Gender Dysphoria study (1972-2017). *Acta Psychiatr Scand*. 2020 Jun;141(6):486-491. doi: 10.1111/acps.13164. Epub 2020 Mar 12. PMID: 32072611; PMCID: PMC7317390; Simonsen, R. K., Giraldi, A., Kristensen, E. & Hald, G. M. Long-term follow-up of individuals undergoing sex reassignment surgery: Psychiatric morbidity and mortality. *Nord J Psychiatry* 70, 241-247, doi:10.3109/08039488.2015.1081405 (2016).