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September 26, 2025

RE: FTC Request for Public Comment Regarding So-Called "Gender-Affirming Care" for Minors

To Whom It May Concern:

As the agency that has been historically tasked as the federal government's guardian against deceptive health claims and which has brought dozens of enforcement actions in this area, the Federal Trade Commission (FTC) is uniquely positioned to investigate the potentially unlawful activity of medical professionals and organizations that may have violated Sections 5 and 12 of the FTC Act by failing to disclose material risks associated with so-called "Gender Affirming Care" (GAC) or making false or unsubstantiated claims about the benefits or effectiveness of GAC. The American College of Pediatricians (ACPeds) appreciates the FTC's efforts to evaluate whether consumers (in particular, minors) have been harmed by GAC and the opportunity to provide public comment on this important issue.

The FTC's July 9 workshop, which members of ACPeds were pleased to participate in, was an important first step in bringing to light the concerns of doctors, medical ethicists, whistleblowers, detransitioners, and parents of detransitioners in this regard. Following that workshop, the FTC has sought input from the public on any issues or concerns that are relevant to the Commission's consideration of these topics, including by submitting any written data, advertisements, social media posts, disclosures, or empirical research. The American College of Pediatricians is pleased to provide the following comments and evidence regarding fraudulent claims that have been made regarding so-called GAC that have led to unnecessary and unethical medical interventions on children causing irreparable harm to these young patients.

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I. Highlighting major false claims made by the American Academy of Pediatrics (AAP).

The 2018 American Academy of Pediatrics (AAP) Policy Statement purports that so-called "affirmation" at all ages was and is the standard of care for children suffering from gender dysphoria and that delaying such affirmation is harmful. Both of these statements were the exact opposite of the reality at the time, when the standard of care for childhood gender dysphoria in the scientific literature around the world was "watchful waiting", while otherwise supporting the child.

AAP, as an organization and at least some of its individual members, benefit financially from the pharmaceutical companies that produce puberty-blocking drugs and cross-sex hormones, as evidenced in their list of corporate donors[1], which includes Pfizer. Pharmaceutical companies, the AAP as an organization, and at least some of the AAP's members all stood to benefit financially from a reversal of the watchful waiting policy. To accomplish this, the AAP intentionally and knowingly misrepresented its Policy Statement's references regarding alternatives to a so-called "affirming" model.

These deceitful claims were first exposed by Dr. James Cantor (a gender identity expert who formerly worked in Kenneth Zucker's pediatric and adolescent gender clinic in Toronto) shortly after the publication of AAP's policy statement in 2018. His critique was eventually peer-reviewed and published in 2019. He states, "Although almost all clinics and professional associations in the world use what's called the watchful waiting approach to helping transgender and gender diverse (GD) children, the AAP statement rejected that consensus, endorsing only gender affirmation. That is, where the consensus is to delay any transitions after the onset of puberty, AAP instead rejected waiting before transition. With AAP taking such a dramatic departure from other professional associations, I was immediately curious about what evidence led them to that conclusion. As I read the works on which they based their policy, however, I was pretty surprised—rather alarmed, actually: These documents simply did not say what AAP claimed they did. In fact, the references that AAP cited as the basis of their policy instead outright contradicted that policy, repeatedly endorsing watchful waiting."[2] Dr. Cantor goes on to review each of the AAP's misrepresented citations in detail.

In addition to the AAP's dismissal of watchful waiting, the organization also misrepresented data on reparative therapy aimed at assisting people accept their biological sex and process gender dysphoria which they claimed had been used in cases of childhood gender dysphoria and proven to be unsuccessful. However, such therapy has only ever been studied in cases of sexual identity in adults, never in cases of gender dysphoria, and never in cases of children. One such fraudulent claim states, "In contrast [to GAC], 'conversion' or 'reparative' treatment models are used to prevent children and adolescents from identifying as transgender or

[1] "Current Partners." Home. Accessed September 25, 2025. https://www.aap.org/en/philanthropy/corporate-and-organizational-partners/current-partners/.
[2] Cantor, JM. "Transgender and Gender Diverse Children and Adolescents: Fact-Checking of AAP Policy," Journal of Sex & Marital Therapy (2019).

to dissuade them from exhibiting gender-diverse expressions."[3] [And] "Reparative approaches have been proven to be not only unsuccessful but also deleterious ..."[4] Of the six references AAP provides for the above quotes, five pertain to attempts to change sexual orientation (not gender identity) in adults (not children). Only one reference (#40 Cohen-Kettenis) pertains to a Dutch study of gender identity in children, but has nothing to do with reparative therapy; instead, it actually exemplifies a version of watchful waiting.

The AAP Policy Statement deceitfully misrepresents alternatives to "affirming all gender confused children all the time"[5] as "unsuccessful and deleterious"[6] methods of "conversion/reparative therapy."[7] This is ironic since one of their references (Byne, 2016 p.2 as noted by James Cantor) states "[D]elaying affirmation should *not* be construed as conversion therapy or an attempt to change gender identity."

These misrepresentations effectively changed the accepted standards of care for children with gender dysphoria from watchful waiting to hormonal interventions including puberty blocking drugs and cross-sex hormone treatments, from which the AAP and at least some of its members stood to benefit financially.

II. Other false claims that are made by the leading medical organizations, and the science behind why the claims are wrong.

1. Claim: Gender identity is inborn and unchangeable.

The AAP's 2018 policy statement, which is currently in effect, states that gender identity, "results from a multifaceted interaction of biological traits, developmental influences, and environmental conditions."[8] Similarly, the World Professional Association for Transgender Health (WPATH) assumes a biological basis for gender identity in its current standards of care, stating, "In addition to biological factors influencing gender development, this research demonstrated psychological and social factors also play a role (Perry & Pauletti, 2011). While there has been less focus on gender identity development in TGD [transgender] youth, there is ample reason to suppose, apart from biological factors, psychosocial factors are also involved (Steensma, Kreukels et al., 2013)."[9] They go on to use the irrelevant example of biological tests on so-called "intersex persons" (persons suffering from disorders of sexual development) as

[3] Rafferty, J., AAP Committee on Psychosocial Aspects of Child and Family Health, AAP Committee on Adolescence, AAP Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. Pediatrics, 142(4),e20182162 doi:10.1542/peds.2018-2162
[4] Ibid
[5] Ibid
[6] Ibid
[7] Ibid
[8] "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents | Pediatrics | American Academy of Pediatrics." American Academy of Pediatrics, October 1, 2018. https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for.
[9] E. Colman, et al., (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: 10.1080/26895269.2022.2100644

evidence for this claim, "Neuroimaging studies, genetic studies, and other hormone studies in intersex individuals demonstrate a biological contribution to the development of gender identity for some individuals whose gender identity does not match their assigned sex at birth (Steensma, Kreukels et al., 2013)."[10]

There is currently no evidence for these fraudulent claims. Calls have been made for further "emergent" research to try to discover evidence, but the reality is that there is no way to identify a gender identity through imaging studies or blood tests.

One call for further studies came from researchers in 2018 who claimed that their "review of existing family and twin studies summarizes significant and consistent evidence for the role of innate genetic factors in the development of both cisgender and transgender identities."[11] But the reality is that molecular genetic testing is not reliable, as the researchers are forced to implicitly concede only two sentences later, stating, "Additional studies with many more individuals are needed to determine the heritability of gender identity more precisely and to characterize the genetic architecture of gender identity through genome-wide association studies."[12] In other words, their research does not provide the significant and consistent evidence they claim.

As Dr. Scott S. Field of ACPeds notes, "gender ideologues have emphasized stereotypic characteristics or preferences ('gender roles') that are frequently associated with males versus females. These could include preferences for dolls and roll playing, cooking and crafts, tenderness, and babysitting or childcare for females. Male-associated characteristics and preferences include sports, aggression, and mechanical 5 inclinations." However, as researchers reported in the Proceedings of the National Academy of Sciences, "analyses of gender-related data revealed extensive overlap between females and males in personality traits, attitudes, interests, and behaviors. Moreover…substantial variability of gender characteristics is highly prevalent, whereas internal consistency is extremely rare, even for highly gender-stereotyped activities. (Carothers and Reis' data). These findings are in line with previous reports that sex/gender differences in abilities and qualities are mostly nonexistent or small, that there is extensive overlap between the distribution of males and females also in behaviors, interests, occupation preferences, and attitudes that show larger sex/gender differences (24, 25), and that there are no or only weak correlations between gender characteristics (18, 20, 21)."[13] This diversity of personality traits among individuals, regardless of their sex or gender, undermines activists' reliance on stereotypes. MRI results, therefore, may be able to identify certain traits in individuals, but cannot claim that those traits demonstrate the person to be either male or female.

Furthermore, gender identity is defined not as a biological reality but rather as "one's internal feeling of gender."[14] Internal feelings, of course, are neither biological nor subject to

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[10] Ibid

[11] T. J. C. Polderman et al., "The Biological Contributions to Gender Identity and Gender Diversity: Bringing Data to the Table." *Behav Genet* 48, no. 2 (Mar 2018), https://doi.org/10.1007/s10519-018- 9889-z.

[12] Ibid

[13] Joel, D., Berman, Z., Tavor, L., et al. Sex beyond the genitalia: The human brain mosaic. (2015). PNAS, 112(50), 15468-15473. https://pnas.org/cgi/doi/10.1073/pnas.1509654112

[14] Field, S. S., MD, FCP. (2025b). *Gender ideology: where it came from, what it is, and what are its consequences*. https://biologicalintegrity.org/wp-content/uploads/2025/07/Gender-Ideology.-Scott-S.-Field-MD.-May-2025.docx-1.pdf

scientific testing. The only attribute that is both biological and subject to scientific testing is biological sex, which "is determined by the design to reproduce, with females and males both contributing genetic material for their offspring, where the female egg receives the male sperm in the process of reproduction. The information (X or Y chromosome) in the sperm determines whether the offspring will be female or male."[15] As Dr. Field reminds us, "Gender identity along with any other identity based on thoughts, desires, and feelings, can readily change. Sex, on the other hand, cannot be changed."[16] This point has, in fact, not only been conceded but trumpeted by gender ideologues who, after initially claiming that gender identity was stable or innate, in recent years have proclaimed that it is instead fluid, thereby contradicting the entire notion of a biological basis for gender identity. It should go without saying that, as more than 75,000 medical professionals have affirmed in the Doctors Protecting Children Declaration we championed, "Medical decision making should not be based upon an individual's thoughts and feelings, as in 'gender identity' or 'gender expression', but rather should be based upon an individual's biological sex. Medical decision making should respect biological reality and the dignity of the person by compassionately addressing the whole person."[17]

Even the rare (less than .1%) occurrence of disorders of sexual development (DSD) in infants reinforce the biological reality of the sex binary, as medical testing can determine their sex and, "Many individuals with DSD…have a reduced capacity to reproduce, which illustrates that DSD conditions are disorders of the sex binary, not alternative sexes."[18]

2. Claim: It is a fact that social transition carries no harm and is fully reversible.

In its 2018 policy statement, AAP lists "social affirmation" as being unequivocally reversible both in a chart of the various phases of transition and in the statement, "Social Affirmation: This is a reversible intervention in which children and adolescents express partially or completely in their asserted gender identity by adapting hairstyle, clothing, pronouns, name, etc. Children who identify as transgender and socially affirm and are supported in their asserted gender show no increase in depression and only minimal (clinically insignificant) increases in anxiety compared with age-matched averages."[19] The Pediatric Endocrine Society also states, "Social transition is completely reversible."[20]

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[15] Ibid
[16] Ibid
[17] "Doctors Protecting Children Declaration." Doctors Protecting Children, February 18, 2025. https://doctorsprotectingchildren.org/.
[18] Ibid
[19] "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents | Pediatrics | American Academy of Pediatrics." American Academy of Pediatrics, October 1, 2018. https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for.
[20] "Transgender Care - Pediatric Endocrine Society." Pediatric Endocrine Society - Advancing Endocrine Health in Children and Adolescents, June 24, 2020. https://pedsendo.org/patient-resource/transgender-care/.

On the contrary, a review of studies on the impact of social transition on children and adolescents in 2024 revealed that "most [of the studies] were of low quality,"[21] leading researchers to warn of "the absence of robust evidence of the benefits or harms of social transition for children and adolescents."[22] Even these "low quality" studies, however, could not claim that social transition carries no harm and is fully reversible, but rather, "found mixed evidence"[23] regarding mental health outcomes for adolescents.

The APA Handbook on Sexuality and Psychology and the Endocrine Society Guidelines warn that embarking on social transition without a thorough assessment of the mental health issues for the patient may prematurely push them toward medical interventions to transition. Dr. Kenneth J. Zucker of the Center for Addiction and Mental Health in Toronto makes the same argument in summarizing the therapeutic model and approach used in the Gender Identity Service at the Center. Dr. Field expands on this point, noting that "affirmation of a false gender/sexual identity is often pursued while neglecting needed resolution of underlying mental stress from sexual abuse and other adverse childhood experiences that are frequently associated with transgender identities."[24] He further emphasizes that even "Psychiatric researchers who are determined to affirm transgender identity also acknowledge that schizophrenia spectrum disorder occurs up to 50 times more often in transgender-identifying individuals than in those whose gender identity aligns with their biological sex. Likewise, using U.S. hospital encounter data, 'all mental disorder diagnoses' were identified 7.94 times greater in trans- than in cis-gender patients in a multivariate analysis of 2007 to 2014 national data."[25]

This indicates that social transition not only bypasses serious mental health issues that may be contributing to a child's gender dysphoria but also reinforces delusional thinking, specifically, "the false belief that one's sex can be whatever is perceived or desired,"[26] which can only further the child's mental distress. As Dr. Field explains, "What is obviously a mistaken thought has been encouraged and accepted as reality."[27] Moreover, it is being encouraged and accepted as reality by "adults like psychologists, school counselors, and parents,"[28] the very people children look to for direction and discernment of the truth. "When those trusted adults promote and/or affirm a false sexual identity, children internalize that falsehood to their own detriment."[29]

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[21] Hall R, Taylor J, Hewitt CE, *et al*, Impact of social transition in relation to gender for children and adolescents: a systematic review. *Archives of Disease in Childhood* Published Online First: 09 April 2024. Doi: 10.1136/archdischild-2023-326112

[22] Ibid

[23] Ibid

[24] Field, S. S. (2025). *Trans-sexual deception*. https://biologicalintegrity.org/wp-content/uploads/2025/07/Trans-sexual-Deception.-Scott-S.-Field-MD.-May-2025.docx.pdf

[25] Ibid

[26] Ibid

[27] Ibid

[28] Ibid

[29] Ibid

Simply put, "thousands of individuals are having their delusions reinforced…while their underlying psychological problems are ignored."[30]

Furthermore, research has shown that "a large percentage of prepubertal transgender-identifying children desist in that identity and come to accept, if not embrace, their biologic sex, especially if they are not encouraged and aided in their attempts to 'pass as' the opposite sex,"[31] in other words, if they are not encouraged to socially transition. This research is affirmed by more than the 75,000 healthcare professionals represented in the Doctors Protecting Children Declaration, which states, "Most children and adolescents whose thoughts and feelings do not align with their biological sex will resolve those mental incongruencies after experiencing the normal developmental process of puberty."[32] Efforts at social affirmation only serve to further ingrain a child's false sexual identity, making it increasingly difficult for him or her to reverse course and embrace the reality of his or her biological sex. It is clear that once a child socially transitions, the lives of the child, the family, and their circle of peers are adversely affected, and desistance cannot fully restore what was before.

3. **Claim: GnRH agonists (Puberty blockers) provide an opportunity for the child to stop the inherent physical changes of puberty as a "pause," during which the child can discern over time what is the best path moving forward. This interruption is fully reversible. Blocking progression of puberty will avoid suicide risk.**

Puberty blockers were introduced as an intervention for children with gender dysphoria by the Dutch Protocol for Juvenile Transsexuals, which subsequently became the standard method of care for such cases. However, serious concerns about the Dutch Protocol call into question the reliability of its claims that puberty blockers are reversible–a claim also made in the AAP's 2018 policy statement–and serve as "a tool for diagnosis"[33] by pausing the child's development to give him or her time to decide whether to move forward with further interventions. As Michael Biggs explains in the Journal of Sex & Marital Therapy, "The main evidence for the Dutch protocol came from a longitudinal study of 70 adolescents who had been subjected to puberty suppression followed by cross-sex hormones and surgery. Their outcomes shortly after surgery appeared positive, except for the one patient who died, but these findings rested on a small number of observations and incommensurable measures of gender dysphoria. A replication study conducted in Britain found no improvement."[34] In the years that have

[30] Field, S. S., MD, FCP. (2025b). *Gender ideology: where it came from, what it is, and what are its consequences*. https://biologicalintegrity.org/wp-content/uploads/2025/07/Gender-Ideology.-Scott-S.-Field-MD.-May-2025.docx-1.pdf

[31] Field, S. S. (2025). *Trans-sexual deception*. https://biologicalintegrity.org/wp-content/uploads/2025/07/Trans-sexual-Deception.-Scott-S.-Field-MD.-May-2025.docx.pdf

[32] "Doctors Protecting Children Declaration." Doctors Protecting Children, February 18, 2025. https://doctorsprotectingchildren.org/.

[33] Biggs, Michael (2022) The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2121238

[34] Ibid

followed, Biggs notes, these drugs, "have not been certified as a safe or effective treatment for gender dysphoria by their manufacturers, nor by the National Institute for Clinical Excellence."[35]

Furthermore, published studies show that once puberty blockers are used, there is a rapid progression to the use of cross sex hormones in upwards of 98% of patients due to the desire of the child to enter "pseudo-puberty" to appear temporally more like the opposite-sex peers. Puberty blockers, therefore, do not in practice give the child more time to discern whether to pursue further interventions but, in nearly all cases, actually push him or her into the next stage of intervention, namely hormone therapy, more quickly.

However, even if a child does not proceed to hormone therapy, serious harms are likely to result from the use of puberty blockers alone, with no likelihood of their being reversed even if the child were to desist. Guido Giovanardi of Sapienza University of Rome notes that, "The primary risks of pubertal suppression include adverse effects on bone mineralisation…and compromised fertility."[36] In a report on the Tavistock Trust's study of puberty blockers, Michael Biggs notes that the study's research protocol stated, "*It is not clear* [my emphasis] what the long term effects of early suppression may be on bone development...and their reversibility if treatment is stopped during pubertal development."[37] Russell Viner, a pediatrician on the study team, put it more bluntly, "If you suppress puberty for three years the bones do not get any stronger at a time when they should be."[38]

Biggs goes on to note that, "While some effects of puberty suppression have been carefully studied, such as on bone density, others have been ignored, like on sexual functioning,"[39] Nevertheless, we know that puberty blockers keep gametes from maturing, and there are no studies to show that this is reversed in adolescent patients once puberty blockers are discontinued. Since nearly all children who are placed on puberty blockers proceed to cross sex hormone therapy, and many subsequently move on to gonadectomy, this guarantees sterilization.

Finally, there are serious questions regarding the effects of puberty blockers on brain development. Giovanardi notes that data on this subject is limited but shares the concerns of psychoanalytic author Alessandra Lemma, who has suggested that "in some instances puberty suppression can 'result in a marked distortion in the young person's relationship to time.'"[40] Giovanardi goes on to state that "the treatment risks hindering the individual's development of a free personality, sexuality and identity, thus disconnecting the young person from the typical experiences of her or his age, with no certainty of the long-term effects on physical health. Suppression of puberty may suggest that the person is deprived of adolescence – the crucial time

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[35] Biggs, Michael. (2019, March 5). *Tavistock's Experimentation with Puberty Blockers: Scrutinizing the Evidence*. Transgender Trend. https://www.transgendertrend.com/tavistock-experiment-puberty-blockers/

[36] Giovanardi, G. Buying time or arresting development? The dilemma of administering hormone blockers in trans children and adolescents. Porto Biomedical Journal. 2(5):153–156, SEP 2017. DOI: 10.1016/j.pbj.2017.06.001

[37] Biggs, Michael. (2019, March 5). *Tavistock's Experimentation with Puberty Blockers: Scrutinizing the Evidence*. Transgender Trend. https://www.transgendertrend.com/tavistock-experiment-puberty-blockers/

[38] Ibid

[39] Biggs, Michael (2022) The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence, Journal of Sex & Marital Therapy, DOI: 10.1080/0092623X.2022.2121238

[40] Giovanardi, G. Buying time or arresting development? The dilemma of administering hormone blockers in trans children and adolescents. Porto Biomedical Journal. 2(5):153–156, SEP 2017. DOI: 10.1016/j.pbj.2017.06.001

to deal with identity issues, experiment and pursue unstable convictions regarding the self."[41] Russell Viner, from the Tavistock Trust study, further noted that "we really don't know what suppressing puberty does to your brain development."[42]

Regarding suicide, there is absolutely no evidence that suicidality is reduced by blocking puberty, but there is evidence it may be worsened. Dr. Field reports on a study "that claimed decreased suicidality in trans-identifying individuals who received versus wished they had been treated with puberty blockers," but that "actually revealed twice as many suicide attempts requiring hospitalization in the year preceding the survey data collection in those who received puberty blockers (45.5%) compared to the group that didn't (22.8%)."[43] Michael Biggs's report on the Tavistock study similarly found that "after a year on blockers, 'a significant increase was found in the first item "I deliberately try to hurt or kill self"' (in the Youth Self Report questionnaire).'"[44] Thankfully, as J. Michael Bailey and Ray Blanchard note, "Mental health problems, including suicide, are associated with some forms of gender dysphoria. But suicide is rare even among gender dysphoric persons." Nevertheless, "There is no persuasive evidence that gender transition reduces gender dysphoric children's likelihood of killing themselves."[45]

Bailey and Blanchard go on to point out that "The idea that mental health problems–including suicidality–are caused by gender dysphoria rather than the other way around (i.e., mental health and personality issues cause a vulnerability to experience gender dysphoria) is currently popular and politically correct. It is, however, unproven and as likely to be false as true."[46] In fact, Dr. Field shares evidence that "Many transgender-identifying children and adults experienced numerous and impactful adverse childhood experiences (ACEs), such as parental divorce and sexual abuse," that may be impacting their perception of themselves and should therefore be addressed before pursuing any form of transition. He explains, "about 92% of female transgender-identifying individuals screened for ACEs had experienced at least one ACE and 45% had experienced at least 4 ACEs. Over half (55%) had experienced child abuse, including 30% sexual, 20% physical, and 40% psychological abuse. Household dysfunction was experienced by 89% of the 131 participants. Those who had experienced at least 4 ACEs were 5 times as likely to suffer from depression and suicidality as those who had experienced no more than 1 ACE."[47]

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[41] Ibid
[42] Biggs, Michael. (2019, March 5). *Tavistock's Experimentation with Puberty Blockers: Scrutinizing the Evidence*. Transgender Trend. https://www.transgendertrend.com/tavistock-experiment-puberty-blockers/
[43] Field, S. S., MD, FCP. (2025b). *Gender ideology: where it came from, what it is, and what are its consequences*. https://biologicalintegrity.org/wp-content/uploads/2025/07/Gender-Ideology.-Scott-S.-Field-MD.-May-2025.docx-1.pdf
[44] Biggs, Michael. (2019, March 5). *Tavistock's Experimentation with Puberty Blockers: Scrutinizing the Evidence*. Transgender Trend. https://www.transgendertrend.com/tavistock-experiment-puberty-blockers/
[45] Bailey, J. Michael Bailey, Blanchard, Ray, "Suicide or transition: The only options for gender dysphoric kids?" 4thwavenow.com, Sept. 8, 2017.
https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/
[46] Ibid
[47] Field, S. S. (2025). *Trans-sexual deception*.
https://biologicalintegrity.org/wp-content/uploads/2025/07/Trans-sexual-Deception.-Scott-S.-Field-MD.-May-2025.docx.pdf

Dr. Field goes on to explain, "The increase in ACEs that has accompanied the breakdown of the traditional family, along with the effect of social media today, are likely major factors in the skyrocketing numbers of transgender-identifying adolescents today, as well as the increasing rates of suicidal ideation in such children. Their past adverse events and significant mental problems preceding their gender dysphoria diagnoses need to be addressed and dealt with to help them achieve true healing and comfort with their biologic sex, thus reducing their depression and suicide risk."[48]

4. **Claim: Cross-sex hormones will bring about "gender euphoria" by allowing the child to experience physical changes typical of the puberty of the opposite sex which they deeply desire as a cure for their gender dysphoria. They are reversible to some extent and have no significant long-term morbidities associated with their use that are any greater than the guaranteed risk of suicide if they are not provided this treatment.**

Giving a child something that they claim they can't survive without will, in the short term, probably improve the mood of the child. Longer-term use, however, will cause major medical morbidity.

In females given hyperphysiologic doses of testosterone, there is an increased risk of heart disease (especially with accompanying reduction in estrogen)[49], an increase in visceral fat, violent mood swings, which worsen with acute withdrawal of therapy, increased risk of breast, uterine, and hepatocellular cancers, polycythemia, liver dysfunction, hypertension, and infertility.[50] The "desired" effects of deep voice and hirsutism are not reversible.

Particular complications have been observed in the genital tracts of women who had been given androgen for at least six months before undergoing surgery to appear more like men. In a 2009 study of 112 such women, the pathological analysis revealed increased mean ovarian volume "with histological characteristics of polycystic ovaries (PCO), defined as >12 antral follicles per ovary, observed in 89 patients (79.5%). Endometrial atrophy was observed in 45%."[51] The authors of the study note, "The present data confirms and expands the putative associations between long-term androgen administration and abnormalities in ovarian architecture with macroscopic and microscopic characteristics of PCO, [and] increased risk of endometrial atrophy."[52]

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[48] Ibid

[49] Alzahrani, Talal, et al. "Cardiovascular Disease Risk Factors and Myocardial Infarction in the Transgender Population." Circulation: Cardiovascular Quality and Outcomes, vol. 12, no. 4, 2019, doi:10.1161/circoutcomes.119.005597

[50] Wylie C Hembree, et al, Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, The Journal of Clinical Endocrinology & Metabolism, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, https://doi.org/10.1210/jc.2017-01658

[51] Hembree, WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism* 2017; 102(11): 3869-903

[52] Ibid

In addition, studies on women undergoing premature or early menopause demonstrate the risks of early loss of estrogen–an effect of hormone therapy–which include "adverse effects on cognition, mood, cardiovascular, bone, and sexual health, as well as an increased risk of early mortality."[53]

In males given hyperphysiologic doses of estrogen, there is an increase in thromboembolic disease, elevated risk of gallstones, pancreatitis, glaucoma, breast cancer, atherosclerosis, prolactinoma, and prostate cancer, as well as the "desired" effects of irreversible gynecomastia. A study on Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons found, "The patterns of increases in VTE [venous thromboembolism] and ischemic stroke rates among transfeminine persons are not consistent with those observed in cisgender women,"[54] leading the researchers to conclude that "venous thromboembolism (VTE), ischemic stroke, and myocardial infarction in transgender persons may be related to hormone use," and to urge "the need for long-term vigilance in identifying vascular side effects of cross-sex estrogen."[55]

Another study on the Cardiovascular Disease Risk Factors and Myocardial Infarction in the Transgender Population found that "Hormonal replacement therapy is also associated with an increase in inflammatory markers, hemoglobin/hematocrit, thromboxane, and low HDL (high-density lipoprotein) cholesterol, which are known to promote clotting and vasoconstriction and may lead to cardiovascular disease."[56]

A further study by researchers at Amsterdam University Medical Center concluded, "the incidences of strokes and VTEs are higher in transwomen receiving THT [testosterone] than in both reference women and men. In addition, transwomen and transmen receiving THT are at higher risk of MIs [myocardial infarctions] than reference women."[57]

5. **Claim: Surgical procedures allow the patient to fully live their lives in the bodies that align with their gender identity, thereby alleviating the mental suffering that would otherwise lead them to take their lives. Chest dysphoria in females is relieved by mastectomy and if the female patient decides to return to function in the role of her biological sex, she can simply have surgical breast augmentation. Infertility caused by removal of the gonads can be ameliorated by cryopreservation of oocytes and spermatogonia before gonadectomy. Sexual intercourse is possible with the created genital anatomy because of the advanced surgical technology.**

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[53] Faubion SS, Kuhle CL, Shuster LT, Rocca WA. Long-term health consequences of premature or early menopause and considerations for management. *Climacteric*. 2015;18(4):483–491. doi:10.3109/13697137.2015.1020484

[54] Getahun D, Nash R, Flanders WD, Baird TC, Becerra-Culqui TA, Cromwell L, et al. Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study. Ann Intern Med. [Epub ahead of print 10 July 2018]169:205–213.doi: 10.7326/M17-2785

[55] Ibid

[56] Alzahrani, Talal, et al. "Cardiovascular Disease Risk Factors and Myocardial Infarction in the Transgender Population." Circulation: Cardiovascular Quality and Outcomes, vol. 12, no. 4, 2019, doi:10.1161/circoutcomes.119.005597

[57] Nota NM, et al. Occurrence of Acute Cardiovascular Events in Transgender Individuals Receiving Hormone Therapy. *Circulation*, 139(11), 2019, pp. 1461-1462

There is ample evidence that surgical procedures do not diminish gender dysphoria and, in fact, are "significantly associated with elevated suicide attempt risks,"[58] as documented by researchers at the University of Texas who discovered "a 12.12-fold higher suicide attempt risk"[59] among those suffering from gender dysphoria who underwent surgery versus those who did not. Another study published in The Journal of Urology was even more alarming, showing that for men who underwent vaginoplasty, "overall rates of suicide attempts doubled."[60]

As Dr. Field notes, "The main reason given to affirm trans identities is to improve or resolve the associated mental distress ('gender dysphoria'), yet there are no good long-term studies that confirm a favorable long-term mental outcome with social, medical or surgical 'affirmation.' A 2021 comprehensive data review of 3,754 trans-identified adolescents in U.S. military families between 2010 and 2018 showed that gender hormone interventions led to 1.74 times greater mental health visits after versus before those interventions, as well as up to 3 times greater use of psychiatric medications."[61] Furthermore, "The best long-term study regarding trans-affirming interventions including surgical interventions found the suicide rate to be 19 times higher in those who were fully 'affirmed' than in age-matched controls ten years later."[62] These findings demonstrate what was already suspected that "any effective relief experienced by these 'affirmed' children is likely to be temporary, with long-term prospects for mental stability being suspect at best."[63] In addition to this data, it is also unreasonable to consider these interventions medically necessary "in light of the fact that they were generally not even offered a few decades ago, when there were fewer suicide attempts due to sex/gender incongruence-caused dysphoria."[64]

But the effects are not just psychological. Mastectomies, for example, are often associated with significant morbidity, and removal of the glandular tissue permanently eliminates the option for women to breastfeed, regardless of whether they later decide to have surgical breast augmentation.

In regards to phalloplasty and vaginoplasty, serious urological issues are common. Researchers studying outcomes of phalloplasty done on individuals with gender dysphoria found that, of 1,731 patients who underwent phalloplasty, "complication rate was high at 76.5%, of which urethral complications were high in all reconstructive subgroups (urethral fistula rate of

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[58] Straub JJ, Paul KK, Bothwell LG, Deshazo SJ, Golovko G, Miller MS, Jehle DV. Risk of Suicide and Self-Harm Following Gender-Affirmation Surgery. Cureus. 2024 Apr 2;16(4):e57472. doi: 10.7759/cureus.57472. PMID: 38699117; PMCID: PMC11063965

[59] Ibid

[60] Kai Dallas, et al, MP04-20 Rates of Psychiatric Emergencies Before and After Gender Affirming Surgery, *Journal of Urology*, 01 Sep 2021. https://doi.org/10.1097/JU.0000000000001971.20

[61] Field, S. S. (2025). *Trans-sexual deception*. https://biologicalintegrity.org/wp-content/uploads/2025/07/Trans-sexual-Deception.-Scott-S.-Field-MD.-May-2025.docx.pdf

[62] Field, S. S., MD, FCP. (2025b). *Gender ideology: where it came from, what it is, and what are its consequences*. https://biologicalintegrity.org/wp-content/uploads/2025/07/Gender-Ideology.-Scott-S.-Field-MD.-May-2025.docx-1.pdf

[63] Field, S. S. (2025). *Trans-sexual deception*. https://biologicalintegrity.org/wp-content/uploads/2025/07/Trans-sexual-Deception.-Scott-S.-Field-MD.-May-2025.docx.pdf

[64] Ibid

34.1% and urethral stricture rate of 25.4%)."[65] A separate study investigated long-term urogynecological complications in 44 patients. Every single patient (36 males and eight females) "presented with urinary problems."[66] Specifically, the researchers note, "With a mean interval of 72 months after surgery 51% out of 44 patients considered themselves very bothered by their urogynaecological problems. In MTF transsexuals, overactive bladder (13/36), stress urinary incontinence (9/36), a reduced urinary flow (7/36), and meatal stenosis (5/36) were common problems. Post void dripping (2/36), fistula (2/36) and urinary tract infection (3/36) had a rather rare occurrence. Five of eight FTM patients presented with recurrent urinary tract infections. Overactive bladder (2/8), stress urinary incontinence (3/8), post void dripping (3/8), and meatal stenosis (1/8) occurred - but less frequently."[67] These long-term consequences led researchers to conclude that, for persons who have undergone so-called "sex reassignment surgery," "lifelong specialized follow-up is necessary for the early detection and treatment of arising problems."[68]

It is not just the removal of healthy body parts that causes psychological and physical issues, however, the addition of faux appendages carries its own risks. For instance, the surgically created peroneal hole to simulate a vagina in the biologic male has no inherent secretion and must regularly be artificially and painfully dilated to maintain patency.

Furthermore, the faux organs have no sexual function, with the faux phallus being non-erectile with no effective way to lead to orgasm, and the peroneal hole having no ability to augment orgasm. This reality has been confirmed by Dr. Marci Bowers, one of the top surgeons doing surgeries on individuals with gender dysphoria in the country. The Post Millennial reported, "At a recent talk at Duke University on 'Trans & Gender Diverse Policies, Care, Practices, & Wellbeing,' surgeon and 'trans affirming' doctor Marci Bowers, who transitioned at the age of 38, admitted that children who undergo transition before puberty will never have adult sexual function or experience orgasm…Bowers said, there were two major problems with children undergoing medical 'gender affirmation' prior to experiencing natural puberty. The biggest issue, according to Bowers, is one that no amount of surgery can ever fix, and it is the issue of having no sexual function and no ability to achieve sexual pleasure."[69]

In his own words, Bowers said, "'every single child who was, or adolescent, who was truly blocked at Tanner stage 2,' which is the beginning of physical development, when hormones begin their work of advancing a child to adulthood, 'has never experienced orgasm. I mean, it's really about zero.'"[70]

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[65] Annie M.Q. Wang, Vivian Tsang, Peter Mankowski, Daniel Demsey, Alex Kavanagh, Krista Genoway, Outcomes Following Gender Affirming Phalloplasty: A Systematic Review and Meta-Analysis, Sexual Medicine Reviews, 2022 Aug 25.Online ahead of print. DOI: 10.1016/j.sxmr.2022.03.002

[66] Combaz N, Kuhn A. Long-Term Urogynecological Complications after Sex Reassignment Surgery in Transsexual Patients: a Retrospective Study of 44 Patients and Diagnostic Algorithm Proposal, Am J Urol Res. 2017;2(2): 038-043. https://www.scireslit.com/Urology/AJUR-ID21.pdf

[67] Ibid

[68] Ibid

[69] Gender affirming surgeon admits children who undergo transition before puberty NEVER attain sexual satisfaction," The Postmillennial, May 1, 2022. https://thepostmillennial.com/gender-affirming-surgeon-admits-children-who-undergo-Transition-before-puberty-never-attain-sexual-satisfaction

[70] Ibid

The lack of sexual function in these faux organs also ensures infertility among patients, and though technologies exist to cryopreserve germ cell lines, very few adolescents choose this option, whether because they don't believe they will ever want to have children (a common thought among adolescents that often changes in adulthood once it would be too late for them to preserve their sperm or ova) or because they are put off by the cost or invasiveness of the procedure. Nevertheless, "research demonstrates a negative psychosocial impact of infertility among otherwise healthy adults, and distress among adolescents facing the prospect of future infertility due to various medical conditions and treatments that impair reproductive health."[71] Such added psychological distress would hardly help to reduce suicidality in a person already struggling with mental health.

Conclusion

The signers of the Doctors Protecting Children Declaration called upon the medical professional organizations of the United States who have followed the lead of WPATH, including the American Academy of Pediatrics, the Endocrine Society, the Pediatric Endocrine Society, American Medical Association, the American Psychological Association, and the American Academy of Child and Adolescent Psychiatry to follow the science "and immediately stop the promotion of social affirmation, puberty blockers, cross-sex hormones and surgeries for children and adolescents who experience distress over their biological sex."[72] In light of their obstinate advancement of the fraudulent claims detailed above, which may cause irreparable physical, psychological, and emotional harm to minors, the American College of Pediatricians encourages the FTC to formally investigate all of the organizations listed above and any other entities engaged in making these deceptive claims. We thank the FTC for their attention to this matter and the opportunity to submit the above evidence.

Sincerely,

The Board of Directors

American College of Pediatricians

[71] Nahata L, Tishelman AC, Caltabellotta NM, Quinn GP. Low Fertility Preservation Utilization Among Transgender Youth. J Adolesc Health. 2017;61:40-44

[72] "Doctors Protecting Children Declaration." Doctors Protecting Children, February 18, 2025. https://doctorsprotectingchildren.org/.