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AFLDS WHITE PAPER

THE CIVIL LIBERTIES & HUMAN RIGHTS IMPLICATIONS OF OFFERING CHILDREN MEDICAL MUTILATION PROCEDURES

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Legal & Medical Issues in the Treatment of Gender-Dysphoric Youth
Medical Mutilation Procedures Violate Children's Civil Liberties

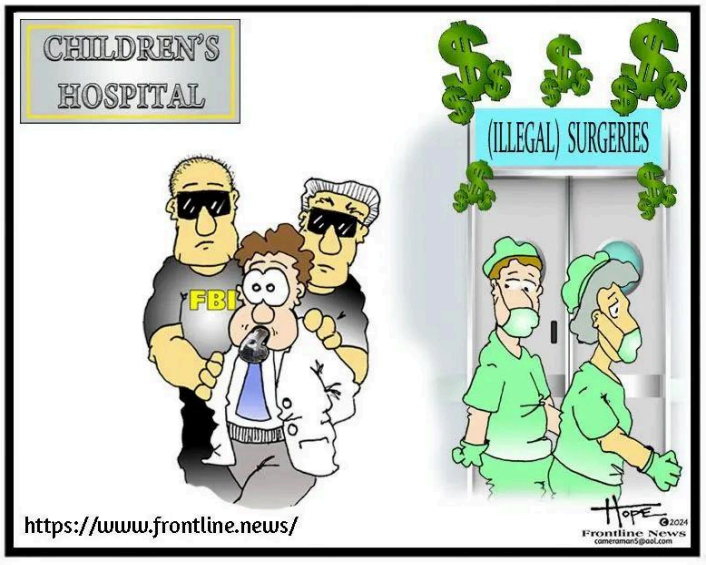
For many decades medical ethics has required full, complete, and robust informed consent for all medical procedures. Virtually all countries, NGOs, organizations, policy leaders, and physicians adhere to this principle, including the USA, the European Union, United Nations and the World Health Organization.

All persons must be provided informed consent prior to any medical treatment and children are unable to give informed consent, excluding specific delineated exceptions.

Res Ipsa Loquitur that children have not been provided informed consent regarding "gender-affirming-care." The reason for this is multifactorial but includes an abdication by many healthcare professionals. Physicians who are uninformed about the medical harms of procedures and treatments they offer, violate the law. If they are willfully ignorant, they can be charged with criminal medical battery.

In addition, it is legally impossible to obtain informed consent from another person when the patient will eventually gain the legal ability to consent for him or herself. No other person or agency can legally consent for any other person to lifelong sterility, lifelong inability to orgasm, and lifelong deformed appearance of the genitals, as well as many other medical complications and side effects.

This White Paper is the position statement of America's Frontline Doctors and includes a brief overview of the medical and legal issues in the treatment of children with gender dysphoria. We explain the medical risks and the legal standard to apply.



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I. Introduction to Transgender Treatment

Many Western nations, including the United States of America, are enduring a rapidly changed treatment approach to gender dysphoria. *Gender Dysphoria*, a rare diagnosis mere decades ago, now threatens our national identity, security, and future. This exponential increase is based upon one of the greatest lies in medical history.

In the 1950s an obscure research professor at Johns Hopkins University, Dr. John Money, coined the term *gender identity*. He hypothesized that social influence was more determinative of human sexuality than anatomy, biology, and physiology. He could not prove his theory, but when alerted to a terrible medical error in 1965, he seized the misfortune of a baby boy having had an inadvertent surgical amputation of his penis to promote his hypothesis. Dr. Money convinced the family the boy could become a girl by removing his reproductive organs and aggressively hiding the truth from the child as he grew. Money was obsessed with this case because it presented an opportunity to "prove" his hypothesis to the world: that a male baby raised as a girl could become a girl.

Particularly appealing to Money was that this patient was an identical twin - providing a direct comparison for him to "prove" his theory. Although Dr. Money was aware that hormonal treatments and surgical construction of a faux vagina would later be needed, he hypothesized that the boy's female identity would be fully formed and unquestioned. He reported this experiment in 1972, in a book entitled *Man and Woman, Boy and Girl,* claiming complete and resounding success.

But the truth was the opposite. Dr. Money was lying to the entire world. The bewildered parents scrupulously obeyed Money's orders never to reveal the truth, but from the beginning, the boy never accepted being a girl. He urinated standing up despite having no penis. He refused to wear dresses or play with dolls. He wanted to wrestle. He wanted to be a car mechanic. He was teased for his boyish persona. Both out of fear of and respect for Dr. Money, for years the parents kept the secret, but when their twins were in their teens, they finally disclosed what happened.

The castrated young man said he felt immense relief, and from that moment, he refused female hormones, and he lived as a man. He took the name David for himself as he said he felt like "David vs. Goliath." He married and was the father to three adopted children. As adults, the boys publicly disclosed that Money (of course) also had sexually abused them when they were young. The truth of the failure of Dr. Money's horrific experiment was revealed but ignored: Money simply stopped talking about the clinical case upon which his fame and fortune depended.

In the 1990s, David killed himself and his twin brother died from an overdose. But the gender ideology movement, built on this lie, was now established and would not be stopped. And the medical establishment had become enamored with the possibilities of performing medical experimentation. The gender ideology movement is now ascendant. A multi-billion-dollar global industry has formed. A wide range of medical interventions are now offered to ever-growing numbers of children, sanctioned by government institutions and done with the overt or covert undermining of the parental-child relationship. The options include puberty blockers, breast binders, mastectomies, tucking underwear, cross-sex hormones, castration, phalloplasty, vaginoplasty, and genital nullification (the obliteration of any semblance of genitalia, leaving only a urethral opening in an otherwise smooth perineum).

In June of 2022, in celebration of *Pride Month* in the United States, President Joseph Robinette Biden Jr. signed an executive order forcing doctors to reject biological reality. His order *prohibited* "non-gender-affirming" therapy for gender-dysphoric children. "Gender-affirming" therapy requires doctors to take medical and surgical action based upon a child's subjective beliefs and reject biological reality. Medical providers are now subject to discipline up to and including the loss of their professional license, should they question, or even seek to explore the origins of a child's gender confusion.

This white paper will briefly introduce the medical consequences of these interventions and review the legal standards which doctors and nurses must uphold. Each step along the path of "gender-affirming treatment" produces increasing bodily harms and ever escalating health risks. Tens of thousands of our children are undergoing government sanctioned medical mutilation and hundreds of thousands are having their psychological health ignored. This paper is not intended to be comprehensive, and it specifically does not apply to persons who are born intersex or with chromosomal anomalies.

II. Gender Dysphoria

Gender dysphoria is a condition in which a person believes there is a "mismatch between their biological sex and their gender identity."[1] As mentioned above, there was no cultural concept of a distinction between biological sex and subjective gender until Dr. Money's theories became

[1] https://www.nhs.uk/conditions/gender-dysphoria/

popularized. Since Money, the number of Americans who believe that they are suffering from this condition has skyrocketed. For decades, the primary approach to managing gender dysphoria in adults was intensive psychological support with a very tiny percentage of persons proceeding to irreversible medical treatments. For children, the treatment was psychological support until well past the age of majority. It was exceedingly rare and a large university program in a major metropolitan city might have two patients in a year.

However, this approach has been reversed and now many thousands of patients, adults and children, are offered debilitating, disfiguring and permanent surgical and medical procedures very rapidly. Despite this condition being multifactorial in etiology and biological sex being immutable, doctors' current approach is to try to conform the external physical body to the internal mental state. Doctors now promote aggressive hormonal therapies and invasive surgical procedures to permanently change the physical body to more closely resemble the patient's perceived gender identity. Many patients no longer even consult with a psychologist regarding their gender concerns.

The phrase "gender dysphoria" needs to be understood as a catch-all descriptive phrase with multiple etiologies. "Gender dysphoria" is like the word "fever" - the word does not reveal the cause, inform if the situation is serious or mild, and does not recommend the treatment. Consider that if a fever is from a bacterial infection, an antibiotic may be indicated, but if the fever is from a viral infection, antibiotics don't work. If the fever is from an occult cancer, medication is not indicated and if the fever is from a medication, an additional medication is harmful. It all depends on what is the *cause* of the fever. In the same way, the *treatment* of gender dysphoria depends upon its etiology, and at the moment, gender dysphoria is being erroneously labeled when often the correct diagnosis is "rapid-onset gender dysphoria." Classic gender dysphoria and rapid-onset gender dysphoria have different etiologies, prognoses, and treatments.

There is no objective test for the diagnosis of gender dysphoria. There is no laboratory, imaging, or other objective tests to diagnose a 'true transgender' child. There is currently no way to predict who will desist and who will remain dysphoric. And the vast majority of gender dysphoric children who go through puberty resolve their discomfort with their biological sex.[2]

III. Definitions

There are vested political and financial interests in promoting gender ideology as distinct from biological sex. The exponential growth in the phenomena cannot be based upon biological reality or a changing social milieu – it's much too large a change. The initial driver was socio-cultural, and it was soon strengthened by political expediencies. But the nature of the diagnoses, prognoses, and treatments took an enormous leap into the unknown when physicians and surgeons realized the financial possibilities. Physicians and surgeons now

[2] https://alphanews.org/doctors-protecting-children-stop-promoting-surgery-as-social-affirmation/

promote medically dangerous treatments as "gender-affirming care." These persons and institutions are the Medical Mutilation Industrial Complex (MMIC).

To fully understand the deception of the MMIC, we must first examine the language they have carefully selected to market their services. The MMIC has hijacked phrases and perverted words to disguise the harsh realities of medical mutilation. In addition to some outright lies, the MMIC uses distorted language to mask what are medically gruesome procedures. These procedures were either last-resort procedures for hopeless medical situations, meted out by a King as a form of slavery or lifelong punishment, or part of a religious fundamentalist oppression of women. Today these interventions are now being marketed as family-friendly and lifesaving by distorting or hijacking words or simply giving words new meanings.

Finally, unless it is confusing to do so, we will be using biologically accurate language. We are physicians and using accurate language is an acknowledgement of anatomic and physiologic reality. We also do this to avoid or reduce confusion. For example, typically we will say "biological male" when another speaker might say "transwoman." Until very recently, our linguistic approach was universal amongst healthcare professionals. As this is not a political statement, we will also use the words transgender or transman or transwoman when that is the less confusing option.

Standard of Care

The overall goal of any Standard of Care (SOC) is to provide clinical guidance to health care professionals to assist their patients. For many years the World Professional Association for Transgender Health (WPATH) has stated that it has established the internationally accepted Standards of Care (SOC) for the treatment of transgender and gender diverse people to achieve lasting personal comfort with their gendered selves with the aim of optimizing their overall physical health, psychological well-being, and self-fulfillment.[3] [4] But there are three reasons the WPATH's standards are not actually the SOC for gender diverse people.

First, their current SOC is in its infancy contradicting their own prior SOC in many critical ways. Second, its recommendations are severely contested by thousands of healthcare professionals. Third, their current SOC is both rapid and invasive, which is a complete departure from SOC recommendations for other chronic conditions and their own prior SOC. Their prior SOC was consistent with SOC for other (unrelated) medical conditions, specifically, it was a slow and careful, multi-year stepwise progression from non-invasive therapy to more aggressive interventions. We have found no other example of a "standard of care" that supports rushed decision-making.

WPATH offering the phrase "standard of care" implies a safety and efficacy that does not exist. Parents and patients hear the phrase "standard of care" and assume the treatment of these

[3] https://www.wpath.org/about/mission-and-vision
[4] https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644

complex issues has reached a consensus. That is false. Using this phrase deceptively links these current treatments with actual and true health care standards, best practices, and proper treatments. Using words like "well-being" and "self-fulfillment" is sugarcoating the reality, which is chronic medical wounds, chronic medical treatment, and myriad complications and side effects.

Gender Transition

Transgender activists, including doctors, say that a person can "transition" to another gender. This is a false concept - the bait & switch is in the wording - substituting the subjective word "gender" for the objective word "sex." Gender is a new word that started coming into usage a generation ago, and it has now displaced the word (biological) sex in many people's speech. Gender is the subjective feeling of being male or female or something else, such as non-binary, two-spirit, genderfluid, or eunuch. As there was never the possibility of convincing masses of people that their objective *sex* could be changed, activists including doctors, are conditioning people to believe that their *gender* can be changed (even though the attempted change is what the person believes is their sex.)

Now a multi-billion-dollar industry exists to financially profit from up-selling irreversible surgery and hormones to many thousands of people. Surgeons are now offering to perform mutilating surgical procedures that are irreversible and highly risky: chop something off, build something on, and medical physicians offer irreversible hormonal manipulation: reduce this, increase that, and permanently change your voice. None of this changes a person's sex and virtually all result in infertility, loss of libido, and inability to have an orgasm. There is also an extremely high risk of chronic medical wounds and the lifelong need for chronic medical care. In other words, a person is not becoming the other sex, but rather he or she is trading a healthy body for a sick body.

Social Transition/Affirmation

Socially transitioning is presenting yourself in public as your preferred gender. This may include changing your wardrobe/hairstyle, packing with a penile prosthesis, tucking male genitals, binding to flatten female breasts, wearing breast/hip/buttocks prostheses, coming out publicly, and changing legal documents to match your gender identity.[5] The Human Rights Campaign (HRC) asserts that social transitioning offers the opportunity to easily and quickly take small steps to begin living authentically, before involving medical interventions.[6]

This is an example of how using words that are recognized as positive attributes, such as "social" and "living authentically" are used to manipulate those struggling with gender dysphoria and appeal to their vulnerabilities. Friendly language that encourages "baby steps" is used to normalize medical mutilation. *Gender-affirming* sounds quite a bit nicer than *medical*

[5] https://transcare.ucsf.edu/transition-roadmap
[6] https://www.hrc.org/resources/get-the-facts-on-gender-affirming-care

mutilation. And *social transitioning* sounds mild, which the truth is the exact opposite, because it dramatically increases the likelihood of a patient starting irreversible medical treatments. In fact, social transitioning is the gateway drug to irreversible surgical and hormonal treatments.

Rapid-Onset Gender Dysphoria

In prior generations, people diagnosed with gender-dysphoria were most commonly middle-aged males who would cross-dress for years. Even amongst this group, there was no widespread desire to change sex (what is being called gender transition). Simultaneously there was also a distinct and very tiny number of persons who *did* have classic (lifelong) gender dysphoria requiring much more intensive therapy and occasional medical intervention. The treatment for adults was years of individual therapy, group therapy, and social transitioning *prior* to being eligible for hormonal treatment. After a minimum of two years of intensive other work, the patient would be eligible for surgery. Children were not eligible.[7]

In contrast, there is now a substantial number of patients who did *not* have lifelong distress over gender, but instead developed gender confusion rapidly often related to binge-watching YouTube videos and joining online chat groups of other gender confused youth.[8] In addition, a disproportionate percentage of these patients are female and are often found in (social) clusters such as within a school, neighborhood or other community. Activists including doctors and businesses which reap a profit from the diagnosis, group these patients with classic gender dysphoria patients but the diagnosis, prognosis, and treatment is completely different.

Puberty Blockers

Gonadotropin-releasing hormone analogs (GnRHa), commonly known as puberty blockers, were mainly used for advanced prostate cancer, but they also prevent puberty from happening. They work by blocking the hormones (testosterone and estrogen) that lead to puberty-related changes in the body such as periods, breast growth, facial hair growth, and deepening of the voice.[9] Activists claim the effects of puberty blockers are not permanent and that if a person stops taking puberty blockers, puberty will resume exactly as it would have without the blockers. Both of those claims are either categorically false or unsupported by the evidence.

First, the long-term effects of GnRHa treatment in young persons has not been carefully studied independent of subsequent additional cross-sex hormones, because over 95% of children treated with puberty blockers go on to take cross-sex hormones.[10] In comparison, 98% of those managed with psychological support alone (no GnRHa treatment) reconcile their gender identity with their biological sex during puberty.[11] [12] [13]

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[7] Resources: 1979, 1980, 1990, 1998, 2023 WPATH references

[8] Miriam Grossman, "Rosa," in *Lost In Trans Nation,* (New York, NY: Skyhorse Publishing, 2023), page 40.

[9] https://www.plannedparenthood.org/learn/teens/puberty/what-are-puberty-blockers

[10] https://onlinelibrary.wiley.com/doi/10.1111/j.1743-6109.2010.01943.x

[11] https://psycnet.apa.org/doiLanding?doi=10.1037%2F0012-1649.44.1.34

[12] https://accpjournals.onlinelibrary.wiley.com/doi/10.1002/jac5.1691

[13] https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2021.632784/full

Second, studies show that when puberty proceeds normally, a majority of childhood-onset gender distress resolves by young adulthood.[14] By artificially blocking natural puberty, GnRHa treatment increases the odds that the patient will never outgrow the confusion. In other words, the puberty blockers can solidify the gender confusion, essentially "locking in" a gender identity that may have reconciled with biological sex during the natural course of puberty.[15] In addition, delaying puberty, a person is kept in a more childlike and vulnerable physical state.

Third, delaying puberty for more than two years has a permanent effect on a patient's fertility. Current guidelines call for blockers at Tanner 2, and nearly 100% then go on to cross-sex hormones. These kids therefore never develop mature gametes (reproductive cells). A person has a very limited amount of time in which to expose their immature reproductive organs to the proper hormones in order to be able to produce mature eggs and mature sperm. Puberty blockers given early, followed by cross-sex hormones *permanently* destroys this maturation – forever eliminating fertility. "GnRHa therapy prevents maturation of primary oocytes and spermatogonia and may preclude gamete maturation, and currently there are no proven methods to preserve fertility in early pubertal transgender adolescents."[16] "Although advances are being made in reproductive medicine to preserve immature gametes or reproductive tissues for later reproduction, at this point in history a child who begins puberty blockers at Tanner Stage 2 and proceeds directly to cross-sex hormones will be rendered infertile."[17]

Hormone Therapy

Gender-affirming hormone therapy (GAHT) is the taking of hormones to develop secondary sex characteristics that better align with your subjective gender identity.[18] For males, this involves taking estrogen and an androgen blocker (which blocks testosterone) to help develop characteristics like breasts and redistribute body fat towards the hips and breasts. For females, this involves taking testosterone to help develop characteristics such as a deeper voice, facial hair and muscle while redistributing body fat away from hips and breasts and stopping/preventing menstrual cycles.

An additional comment must be made about testosterone. Testosterone, often called "T", is a steroid and steroids influence a person's mood – they are well known to cause temporary psychosis for example. Testosterone also can make a person feel stronger and more powerful. It is an accurate statement to say a person should not be making important decisions while under

[14] https://alphanews.org/doctors-protecting-children-stop-promoting-surgery-as-social-affirmation/
[15] https://cass.independent-review.uk/home/publications/interim-report/
[16] https://karger.com/hrp/article/91/6/357/162902/Use-of-Gonadotropin-Releasing-Hormone-Analogs-in
[17] https://www.dovepress.com/gender-nonconforming-youth-current-perspectives-peer-reviewed-fulltext-article-AHMT
[18] https://www.plannedparenthood.org/blog/whats-the-difference-between-puberty-blockers-and-hrt-for-trans-teens

its artificial influence. Exploiting this known effect, Planned Parenthood claims that hormone therapy can make a person feel more at ease, emotionally and physically.[19] They are telling patients: "Your appearance and gender role may be in conflict with your inner sense of gender identity and hormone treatment may help you overcome your distress." Girls under the influence of "T" may make radically different decisions than when not drugged. In addition, girls on "T" are permanently destroying their fertility.[20]

This language targets both the physical and emotional struggles of those dealing with gender dysphoria. Rather than addressing the root of the problem and the need for psychological support, patients are instead encouraged to make physical modifications to address their discomfort through high-risk and permanent body-altering treatments. In other words, the MMIC diverts patients from *actual* treatment and moves them further towards the sick care disassembly line.

Gender-Affirmation Surgery

Gender affirmation surgery is the last phase of the medical mutilation disassembly process. These surgeries permanently alter the human body in order to approximate the physical appearance and mimic the functional abilities of the other sex. The procedures offered include facial surgery, "top surgery" (enhancing or removing breasts) and "bottom surgery" (destruction of genito-urinary structures and construction of simulated structures).[21] These body modification procedures cause masculine features to appear more feminine and feminine features to appear more masculine.

One study spanning more than three decades in Sweden found "substantially higher rates of overall mortality, death from cardiovascular disease and suicide, suicide attempts, and psychiatric hospitalizations in sex-reassigned transsexual individuals compared to a healthy control population."[22] In Denmark, a study examining transgender individuals post-sex reassignment surgery over 30 years found "one in three had somatic morbidity and approximately 1 in 10 had died".[23]

[19] https://www.plannedparenthood.org/planned-parenthood-great-northwest-hawaii-alaska-indiana-kentuck/patients/health-care-services/hrt-hormone-therapy-for-trans-and-non-binary-patients

[20] https://raf.bioscientifica.com/view/journals/raf/4/2/RAF-22-0102.xml "These data indicate that high circulating concentrations of testosterone have effects on the primordial and small-growing follicles of the ovary."

[21] https://www.plasticsurgery.org/reconstructive-procedures/gender-confirmation-surgeries

[22] https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885

[23] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822482/

The complications and side effects from these procedures, which are far too common, include recto-urethral fistula, urethral stricture and urethral stenosis,[24] lack of sensation,[25] and a non-functioning phallus.[26] These will be discussed in more detail.

Medical Mutilation Surgery

We do not use the phrase gender-affirming surgery because it is inaccurate. We use the phrase medical mutilation surgery because it accurately describes the surgical offerings which destroy healthy tissue. Mutilation is the word doctors used when describing the destruction of healthy tissue. Using the phrase "gender-affirmation surgery" is foundationally inaccurate as well as the word *affirm* leaves out the extreme nature of the resulting bodily destruction.

In certain parts of the world, there are varying procedures performed on a young girl's genitalia as a religious or cultural phenomena. No matter what the indigenous people call their practices, classically trained western physicians call this "female genital mutilation" (FGM) as it entails taking healthy tissue and destroying it. The purpose of FGM is to ensure that the female cannot experience orgasm throughout her life and often there are a host of complications including: painful sexual intercourse, reduced or absent libido, inability to complete a pregnancy, infertility, infection, and death. The World Health Organization (WHO) calls FGM torture and a violation of the rights of children. Nonetheless, three million girls/year are at risk of FGM.

Analogously, in the United States, the procedures offered by gender activists take healthy bodily tissues and mutilate (destroy) them. Comparatively, almost always the patient cannot achieve an orgasm and has no libido or drastically reduced libido, as well as sterility. As "gender-affirming surgery" has both the same technique (mutilating, destroying) and often the same result (poor sexual functioning) as "female genital mutilation," we use the more accurate term "medical mutilation" to describe these surgeries.

IV. The Science of Medical Mutilation

Female-to-Male "Top Surgery"

"Top Surgery" is a euphemism for bilateral mastectomy which until recently was a last resort in treating or preventing breast cancer. The MMIC has given bilateral mastectomy the more mellow sounding name "top surgery". Masculinizing "top surgery" removes the breast tissue to create the appearance of a masculine-looking chest. This procedure involves the removal of

[24] Male-to-female transsexualism: A technique, results and long-term follow-up in 66 patients. S. Krege, A. Bex, G. Lümmen and H. Rübben Department of Urology, University of Essen, Medical School, Essen, Germany.

[25] *Transgender Health* Genital sensory detection thresholds and patient satisfaction with vaginoplasty in male-to-female transgender women. Marianne LeBreton, MA, 1 Frédérique Courtois, PhD, 1 Nicolas Morel Journel, MD, 2 Dominic Beaulieu-Prévost, PhD, 1 Marc Bélanger, PhD, 3 Alain Ruffion, MD, PhD, 2 and Jean-Étienne Terrier, MD2.

[26] Outcomes from biomedical research May 27, 2018: "Sexuality after male to female gender affirmation surgery"...

excess fat and skin and repositioning the nipples.[27] This procedure permanently eliminates the ability of a young girl to ever breastfeed if she later changes her mind.

Male-to-Female "Top Surgery"

Feminizing "top surgery" is the adding of saline or silicone implants (and sometimes fat tissue from elsewhere on your body) under your existing chest tissue to create the appearance of breasts.[28] If there is not enough room, the patient needs several prior procedures over a few months using tissue expanders. Breast implant procedures are commonly used to reconstruct breasts that needed to be surgically removed due to cancer.

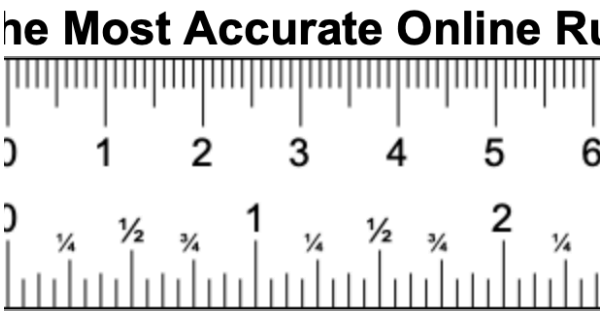
Phalloplasty

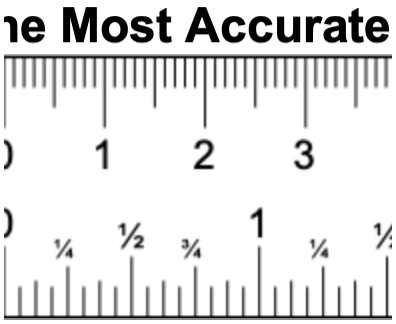
This surgical procedure refers to the reconstruction of the penis if there had been destruction of that tissue (trauma, cancer). The meaning of this word has been hijacked by transgender activists including doctors, who use it to refer to the surgery that takes a flap of skin/muscle from another part of the body to form the look of a penis.[29] This fabricated flap seldom functions like a penis - not for penetration and not for voiding. It is not "reconstructing" anything, certainly not a penis. The final result is an appendage that may or may not be able to become erect using an artificial implant.

Metoidioplasty

This alternative to phalloplasty uses tissue from a hormone-enlarged clitoris to create a 1.5-inch to 2.3-inch neophallus. The process attempts the surgical removal of the clitoris from the pubic bone, straightening and lengthening of the clitoris, urethral reconstruction by combined flaps and grafts, and scrotoplasty with insertion of testicular implants. The goal is to provide the appearance of a male penis, enable the recipient to stand while voiding, and preserve erogenous sensation. It does not allow penetrative intercourse because the constructed 'micropenis' is too small.[30] [31] Repeat surgeries are common and total phalloplasty is additionally required in 12-15% of patients who undergo metoidioplasty surgery.[32] The maximum size of the micropenis is 2.3 inches but often is 1.5 inches. The size of such a "phallus" is depicted here:

[27] https://my.clevelandclinic.org/health/treatments/21861-female-to-male-ftm-top-surgery
[28] https://my.clevelandclinic.org/health/procedures/gender-affirmation-surgery
[29] https://my.clevelandclinic.org/health/procedures/21585-phalloplasty
[30] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9398530/
[31] (11) Waterschoot M, Hoebeke P, Verla W, Spinoit AF, Waterloos M, Sinatti C, Buncamper M, Lumen N. Urethral complications after metoidioplasty for genital gender affirming surgery. *J Sex Med.* 2021 Jul; 18(7): 1271-1279.
[32] 13. Stojanovic B, Bizic M, Djordjevic M L. Cham, Switzerland: *Springer International Publishing AG*; 2020. Urethral reconstruction in female to male gender affirming surgery; pp. 883–96. [Google Scholar]





Vaginoplasty

This surgical procedure refers to the reconstruction of the vagina if there has been destruction of that tissue (trauma, cancer). The meaning of this word has been hijacked by transgender activists including doctors and is now the common name for the surgery for biological males that uses penile tissue and other genitalia to form the look of a vaginal canal.[33] From the perspective of the human body, this fabricated canal is a chronic open wound, requiring constant (multiple times/day) dilatation to stay artificially open, and its construction often causes chronic wound infection and sexual dysfunction.

Orchiectomy

This is a surgical procedure for biological males in which one or both testicles are removed to treat and prevent testicular cancer as well as to treat male breast cancer and prostate cancer. Removing both testicles results in infertility. Orchiectomies were done in ancient times to create eunuchs to serve Kings as well as for extreme punishment or torture. It is now offered to biological males as part of "gender-affirming surgery."[34]

[33] https://my.clevelandclinic.org/health/procedures/21572-vaginoplasty
[34] https://my.clevelandclinic.org/health/procedures/orchiectomy

Penectomy

This is the surgical removal of part or all of the penis. This is a last resort treatment for penile cancer. Its removal causes voiding difficulties, sexual dysfunction, and other complications. It is now offered to biological males as part of "gender-affirming surgery."[35]

Oophorectomy

This is a surgical procedure where one or both ovaries are removed. The ovaries produce eggs and the female hormones estrogen and progesterone. This procedure is used to treat ovarian cancer. Its removal causes infertility and can cause sexual dysfunction. It is also offered to biological females as part of "gender-affirming surgery."[36]

Hysterectomy

This is a surgical procedure to remove the uterus. The uterus is the medical word for "womb" and is where the fetus develops. This procedure is used to treat cancer, tumors and other conditions. Its removal causes infertility and can cause sexual dysfunction. It is also offered to biological females as part of "gender-affirming surgery."[37]

Hormone Manipulation

When females are prescribed testosterone and males are prescribed estrogen and progesterone, the effects are powerful and cause irreversible health changes and worsening health over time. Taking cross-sex hormones is portrayed as much less serious than it is. It is an extremely serious medical intervention. The idea that giving cross-sex hormones can change a person's gender is incorrect for many reasons but there is one overwhelming reason that will be mentioned now. While females and males do have differing hormonal responses in their bodies, hormones are only one part of the gender equation. The bigger part is that, since conception, every single cell in every person's body has either an XX or XY chromosome.

Every brain cell, every liver cell, every kidney cell, every heart cell, every stomach cell, every skin cell, every muscle cell, every nerve cell - *every single human cell* is either XX or XY. No amount of hormone or hormone blocker will ever change the fact that hormones can only influence cells that are hardwired masculine or feminine.

Very rarely a person has a chromosomal abnormality such as XYY or XXY or XO. That does not change the fact that all human bodies are oriented toward either making *only* sperm or *only* eggs. It is only a binary. There is no "non-binary" option - just like there is no "non-binary" option to having two arms although rarely there is a human born with a defective limb. There is no spectrum of biological sex. Referring to "XX" or "XY" is an accurate proxy descriptor for

[35] https://my.clevelandclinic.org/health/treatments/22806-penectomy
[36] https://my.clevelandclinic.org/health/procedures/gender-affirmation-surgery
[37] Ibid.

saying “oriented toward having a male or female reproductive system”. Another way of thinking about it is to note that if there is *any* portion of a “Y” chromosome present, that body is oriented toward building a male (sperm) reproductive system.

V. Side Effects & Complications of Medical Mutilation

Side effects are those things that are expected as a result of the intervention while complications are possible but not expected. For example, if a person needs an amputation of three toes due to poor sensation/functioning due to poorly treated diabetes, a known side effect would be difficulty walking and having good balance. A complication would be ongoing wound infection at the amputation site or failure of the amputation to succeed or need for additional surgeries.

We know the side effects and the complication rate of “gender-affirming therapy” are not being clearly conveyed to patients because in all human history there has never been a situation where widespread numbers of people with healthy bodies have voluntarily signed up to exchange them for sick bodies. But that is what these procedures do.

Known side effects include sterility, loss of libido, loss of ability to orgasm, loss of ability to have penetrative sex, painful sexual intercourse, and higher risk of many cardiovascular events. And very high complication rates exist for: urinary and GI fistulas, urinary strictures, chronic wound infections, chronic pain, repeated surgeries, and death.

Death

Examining population data spanning more than three decades in Sweden, a study discovered that individuals who sought gender reassignment experienced “a three times higher risk of all-cause mortality” than those who did not.[38]

A separate investigation conducted at the Gender Identity Clinic of Amsterdam University Medical Centre in the Netherlands, published in The Lancet “showed an increased mortality risk in transgender people using hormone treatment”.[39]

In Denmark, a study examining transgender individuals post-sex reassignment surgery over 30 years found “one in three had somatic morbidity and approximately 1 in 10 had died”.[40]

The suicide attempt rate is also higher for those who choose to undergo gender-affirming surgery. A study that followed all persons who underwent vaginoplasty and metoidioplasty-phalloplasty surgeries in California between 2012-2018 found that the “overall rates of suicide attempts doubled after vaginoplasty.”[41]

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[38] https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885#s2
[39] https://www.thelancet.com/journals/landia/article/PIIS2213-8587(21)00185-6/abstract
[40] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822482/
[41] https://www.auajournals.org/doi/10.1097/JU.0000000000001971.20

We will now delve into the specific physical consequences associated with these interventions.

Sterility

It's a foundational fact that "bottom surgery" causes infertility, and hormonal interventions lead to infertility if not stopped and reversed in a short time. This fundamental point is explicitly detailed in a study titled "Fertility Concerns of the Transgender Patient."[42] There is no precedent in medicine for allowing children to choose medical treatments that cause infertility. In fact, all precedent is the opposite. For example, a surgeon will hesitate to perform an elective tubal ligation procedure even in an adult woman in her 30's who is childless, and it's not an available option at all for a child.

Regarding hormonal therapy, Gonadotropin-releasing hormone analogs (GnRHa) are administered to children to facilitate an "opportunity for adolescents with gender dysphoria to explore their gender identity by suspending the progression of puberty."[43] It is known that young males can be expected to develop a permanent adult *micropenis,* which as a practical matter makes this a one-way street for the young male. And females often have significant pelvic pain with testosterone as well as a very enlarged and swollen clitoris that is uncomfortable in clothes. Testosterone is a steroid that can have psychological side effects on anyone but quite pronounced on young females.

These interventions extinguish any reproductive capabilities. "GnRHa therapy prevents maturation of primary oocytes and spermatogonia and may preclude gamete maturation, and currently there are no proven methods to preserve fertility in early pubertal transgender adolescents."[44] In other words, if the eggs or the sperm are not exposed to the proper hormonal environment, they never mature, and they will never be functional.

Sexual Dysfunction/Inability/Pain

Presumably, satisfactory sexual function would be a critical factor when contemplating sex reassignment surgeries. However, the research shows that *the* majority of patients have a nonexistent or distressing sex life after surgery. For all, the majority (75%) could not climax during sexual intercourse.[45] This makes sense as the planned surgery is the intentional mutilation of the sex organs and apparatus that leads to sexual pleasure.

For females, 66% of patients who underwent phalloplasty — the surgical construction of a faux penis — expressed dissatisfaction with the outcome.[46] The inability of biological females to penetrate was the most dissatisfactory aspect. In addition, the majority could not void while

[42] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6626312/#:~:text=Both%20transgender%20men%20and%20women,orchiectomy%20are%20rendered%20permanently%20sterile

[43] https://www.sciencedirect.com/science/article/abs/pii/B9780323569637000089

[44] https://karger.com/hrp/article/91/6/357/162902/Use-of-Gonadotropin-Releasing-Hormone-Analogs-in

[45] Sexual function outcomes from *Journal of Sexual Medicine* February 27, 2023: "Amsterdam Cohort"... Male to female transitioners experience greater than 75% failure to orgasm 75% loss of libido 71% pain during intercourse.

[46] https://www.sciencedirect.com/science/article/pii/S1743609521003027

standing. For males, the state of affairs presents a different, yet equally distressing, scenario. A comprehensive study that surveyed post-operative biological males on various aspects of sexual function found that "male-to-female patients reported lower sexual function levels than biological women."[47]

Moreover, other research entitled "Prevalence of Sexual Dysfunctions in Transgender Persons" concluded "sexual dysfunctions among transmen and women were very common among the various treatment groups."[48]

Urinary Problems

A systematic review of eight studies examined the many types of urinary complications experienced by biological males who underwent male-to-female medical mutilation. The complications include voiding dysfunction (47-66%), incontinence (23%-33%), and misdirected urinary stream (33%-55%).[49] A systematic review of six studies examined the many types of urinary complications experienced by biological females who underwent female-to-male medical mutilation. The complications include urinary fistula (14%-25% to 56.4%), urethral stricture (8%-12.12% to 65.5%), inability to stand to void (73%-99%).[50]

A large meta-study found that biological females had a very high overall complication rate - over ¾ of all patients. A meta-study is a systematic review and analysis of many (all) other studies on a particular subject. This meta-study was very comprehensive and includes a review of 39 final articles, 19 case series, three cross-sectional studies and 17 retrospective cohort studies. This study included data on 1731 patients. The overall complication rate was 76%.[51] Urethral fistulas occurred 34.1% of the time. Fistulas are a very debilitating and life-altering condition where solid waste and liquid urine are both expelled through the urethra and an inability to empty the bladder. The presence of a fistula enormously affects a person's quality of life. Additionally, 25.4% of the patients had urethral strictures, which results in painfully slow urination, dribbling-incontin and other problems.

Low Bone Mineral Density (Weak Bones)

One side effect virtually never mentioned is that puberty blockers cause bone loss.[52] Puberty is the critical time period for children to increase their bone mass. Essentially a teenage girl can have osteoporosis and the hip fracture of an 80-year old woman.[53] Some studies show this increased risk is reduced if the biological female then starts the cross-sex hormones (another reason why starting puberty blockers is not a reversible intervention.) Even worse, some studies

[47] https://www.auajournals.org/doi/abs/10.1097/JU.0000000000000791
[48] https://pubmed.ncbi.nlm.nih.gov/31668732/
[49] https://journals.lww.com/plasreconsurg/abstract/2024/04000/urinary_reconstruction_in_genital_gender_affirming.39.aspx
[50] Ibid.
[51] https://www.sciencedirect.com/science/article/abs/pii/S2050052122000129
[52] https://academic.oup.com/jes/article/4/9/bvaa065/5866143
[53] https://www.degruyter.com/document/doi/10.1515/jpem-2021-0180/html

show this risk persists even if the biological female starts testosterone[54] and if the biological male starts estrogen.[55] "After two years of GnRHa, up to a third of patients had abnormally low bone density, in the lowest 2.3% of the distribution for their sex and age. A few patients … in the lowest 0.13% of the distribution."[56]

Cardiovascular

Treating with hormone therapy has been linked to substantial negative impacts on the cardiovascular system. According to recent research, strokes increased by a factor of more than 1.6 for both sexes and heart attacks by more than a factor of 4 for biological females.[57]

Elevated instances of Venous Thromboembolic Events—blood clots forming in veins—have also been associated with Transgender Hormone Therapy (THT). A study published in the American Heart Association's journal found that THT events were "higher in transwomen receiving THT [Transgender Hormone Therapy] than in both reference women [5.5 times] and men [4.5 times].[58] In addition, transwomen and transmen receiving THT are at [a 2.6 times] higher risk of myocardial infarctions than reference women."

Another revealing study investigating the heart-related implications of hormone therapy reinforced these findings: "The transgender population had a higher reported history of myocardial infarction [2 to 4 times higher] in comparison to the cisgender population, except for transgender women compared with cisgender men, even after adjusting for cardiovascular risk factors."[59]

Neurological

Hormonal interventions can, at times, be associated with neurological complications. For instance, the serum brain-derived neurotrophic factor (BDNF) - a significant biomarker for neural health - was reduced in biological males transitioning.[60] These interventions can further induce alterations in the grey matter structures of the brain, potentially leading to neurological compromise.

In a study designed to unravel this connection, researchers concluded, "cross-sex hormone therapy in transgender individuals leads to changes in subcortical brain areas.[61] We showed that estradiol and anti-androgen treatment in MtF [Male-to-Female] participants induced decreases in the hippocampus, while increases in the ventricles have been observed."

[54] https://pubmed.ncbi.nlm.nih.gov/31405768/
[55] https://academic.oup.com/jcem/article/105/12/e4252/5903559
[56] https://www.degruyter.com/document/doi/10.1515/jpem-2021-0180/html
[57] https://journalofcontroversialideas.org/article/3/1/235
[58] https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.118.038584
[59] Ibid.
[60] https://www.sciencedirect.com/science/article/abs/pii/S0924977X14003307?via%3Dihub
[61] https://www.sciencedirect.com/science/article/abs/pii/S0306453016307144

Moreover, it has been revealed that the risk of developing debilitating neurological diseases such as multiple sclerosis (MS) is relatively higher among the transgender population, particularly in biological males. The prevalence of MS in this group is found to be five times higher.[62] The study reported "a strong association between Gender Identity Disorders (GIDs) and multiple sclerosis in male-to-females."[63]

Insulin Sensitivity

Hormonal treatments for biological males can decrease insulin sensitivity - which could cause type 2 diabetes. A compelling study compared insulin sensitivity in the same person before and a year after hormonal intervention. The results demonstrated "decreased sensitivity in feminizing treatments."[64] In short, biological males appear to be at higher risk for diabetes.

Transgendered youth are prescribed puberty-blocking hormones to prevent normal maturation. A recent clinical trial compared transgender youth on gonadotropin-releasing hormone analogue (GnRHa) with youth who refrained from hormonal interventions and discovered that "Transgender youth on a GnRHa have lower estimated insulin sensitivity and higher glycemic markers and body fat than cisgender controls with similar characteristics."[65]

Breast/Chest

Biological females who undergo the surgical procedure colloquially referred to as "top surgery" have their breasts surgically removed which leaves a highly visible and permanent scar.[66] In addition, most patients experience a permanent reduced sensation in their nipples and chest wall. A patient who has had a bilateral mastectomy will never be able to breastfeed.

Some biological males choose to have breast implants. As many women also opt for this operation for reasons such as cancer or a desire for larger breasts, there exists a substantial volume of data available. According to the FDA, the overall complication rate of breast implant surgeries, including reoperations, ranges between 36% and 50%.[67]

One possible complication of breast implants is cancer. Very recently, as of October 2019, a Black Box Warning from the FDA for cancer was added to the patient checklist for breast implants.[68] Breast implant-associated anaplastic large cell lymphoma is cancer of the lymph system. Breast implant-associated squamous cell carcinoma affects epithelial cells. The latter type is very aggressive, does not respond to chemotherapy, and has a mortality rate of 43.8% at 6 months from diagnosis.[69]

[62] https://journalofcontroversialideas.org/article/3/1/235
[63] https://journals.sagepub.com/doi/10.1177/1352458515627205
[64] https://diabetesjournals.org/care/article/43/2/411/36004/Effects-of-Gender-Affirming-Hormone-Therapy-on
[65] https://www.liebertpub.com/doi/10.1089/trgh.2020.0029
[66] https://uihc.org/health-topics/top-surgery-transmen
[67] https://www.accessdata.fda.gov/cdrh_docs/pdf3/p030053b.pdf
[68] https://www.fda.gov/media/131885/download
[69] https://linkinghub.elsevier.com/retrieve/pii/S2542432723000139

Suicidality

For years transgender activists have used high-pressure sales tactics on patients and families with the common refrain: "Wouldn't you rather have a live son than a dead daughter?" This came from the false belief that transgendered patients who did *not* undergo medical mutilation therapies were at higher risk of suicide. That false belief has been completely debunked in a large study published this year.[70] This study followed nearly 17,000 young people over 20 years and concluded: "gender-reassignment interventions (hormones and surgery) have not been shown to reduce even suicidal ideation, and of course, suicidal ideation is not equal to actual suicide risk."

Other Psychiatric Conditions

Gender dysphoric patients have a much higher rate of autism, depression, bipolar disorder, anxiety, and other mental health issues. Once the study groups were controlled for the (co-morbid) psychiatric treatment needs, the suicide mortality of persons who underwent medical mutilation procedures was the same as those who did not. This contradicts the claim that these procedures are necessary to prevent suicide. Analyzing the data showed that trans-identifying people's higher suicidality is caused by overall poorer mental health. Herding these people into "gender-affirming-care" ignores their true medical and psychiatric needs.[71]

VI. History of Informed Consent

It has been universally accepted for decades that fully informed consent of the individual in medical treatments and experimentation is absolutely inviolate. The roots of informed consent and medical ethics arose from the Nuremberg Code in the 1940's and the World Medical Association Declaration of Helsinki in 1964. It grew out of the Nuremberg Germany Trials after WWII, led by the United States, Great Britain, France and the USSR. In the "Doctors' Trial," some of the > 38,000 German physicians who carried out unethical medical programs in which human beings were forced or coerced to comply with medical experiments, were tried.

The Nuremberg Code became the basis for all modern medical ethics laws and global human rights, including informed consent laws in the United States of America. It is considered the most important document in the history of medical ethics. It was reprinted in its entirety in the New England Journal of Medicine on its 50th Anniversary, and its first clause is included here.[72] Innumerable laws, codes, regulations all across the world, including the United States and Europe and South America, rely on its ten principles.

[70] https://mentalhealth.bmj.com/content/27/1/e300940.full
[71] Ibid.
[72] https://www.nejm.org/doi/full/10.1056/nejm199711133372006

> The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the treatment. It is a personal duty and responsibility which may not be delegated to another with impunity.

Nuremberg and Helsinki principles became widely accepted throughout the entire world, including by the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO). These principles are stated in Article 7 of the United Nations International Covenant on Civil and Political Rights (1966)[73] and in the Council for International Organizations of Medical Sciences - an international consortium has the CIOMS Ethical Guidelines for Biomedical Research.[74]

The foundational premise of medical ethics is informed consent, and the Nuremberg Code spends so much time on informed consent because scientists well know that it is far too easy for a scientist or physician to lead or mislead, inform or misinform, educate or obfuscate, most laypersons into consenting, per the doctor's preference. This can be for a malevolent reason or just a matter of limited time, information, resources. But it is precisely because the temptation to not inform patients is universal across all times and places, that The Nuremberg Code places an enormous emphasis on obtaining it and requires that there is "sufficient knowledge and comprehension … to make an understanding and enlightened decision."

In addition to Nuremberg and Helsinki, the United States created a National Commission which published the "Ethical Principles and Guidelines for the Protection of Human Subjects of Research" which became known as the Belmont Report and which was ultimately codified into federal law by the Department of Health and Human Services Title 45 CFR part 46. Fourteen other federal agencies joined HHS in this Code, and it is used in all Institutional Review Boards by hospitals, clinics and medical journals.[75] Virtually all states have similar regulations, referenced here is one example for California.[76] In short, it is universally established by all reputable governments, NGOs, organizations, policy leaders, and physicians for many decades that fully informed consent is absolutely mandatory.

[73] http://hrlibrary.umn.edu/instree/b3ccpr.htm
[74] https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf
[75] https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/45-cfr-46/index.html
[76] http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=24172.&lawCode=HSC

VII. Failure to Provide Informed Consent: Gross Negligence of the Physician

In the law, there is a phrase *"Res Ipsa Loquitur"* which is Latin for "the thing speaks for itself." This phrase is invoked when the facts are so clear, a "finder of fact" (judge or jury) is not even necessary. *"Res Ipsa Loquitur"* that legal informed consent is not being provided by the doctor when doctors offer "gender-affirming care" to children.

It is not credible that young people have been informed that the majority of people undergoing these treatments will trade a physically healthy body for a chronically sick body. Whether they have true (classic) gender dysphoria, rapid-onset gender dysphoria, depression, anxiety or autism, many are not even receiving a proper evaluation and diagnosis. We submit *"Res Ipsa Loquitur"* that these children could not possibly have received accurate informed consent, as they are "consenting" to medical mutilation that leaves them with a chronically ill body requiring lifelong medical care.

Per the Nuremberg Code, the "duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the treatment. It is a personal duty and responsibility which may not be delegated to another with impunity." Even cursory conversations with physicians and nurses who are tasked with providing informed consent about the medical and surgical treatments, reveals almost universal ignorance of the facts delineated above.[77] The professional and fiduciary obligation to be informed, so as to be able to adequately provide and obtain informed consent by sharing one's superior knowledge, *cannot be delegated to anyone else.*

Ignorance is ordinary negligence and covered by medical malpractice, but *willful* ignorance is gross negligence which exceeds mere malpractice and falls into the criminal category. The facts delineated above must be conveyed by the doctor or the nurse, and when they are not, the doctor or nurse is grossly negligent and could be criminally charged with medical battery.

VIII. Legal Impossibility of Obtaining Informed Consent

We submit that as a legal matter, no person or agency can legally consent for any other person to lifelong sterility, lifelong inability to orgasm, and lifelong deformed appearance of the genitals, when the person will eventually gain the legal ability to consent for him or herself. The history of common law supports that no person - not a parent nor a State - can consent to medical intervention that deprives another human being of these things, nor does common law grant another person the authority to consent to causing lifelong medical wounds or treatment on another person who will eventually gain the legal ability to refuse or consent for him or herself. As "gender-affirming care" has a near-certainty of lifelong infertility and lifelong inability to orgasm, we submit that no one - neither the parent nor the State - possesses the legal

[77] https://www.tandfonline.com/doi/full/10.1080/0092623X.2022.2136117?scroll=top&needAccess=true&role=tab

authority to consent to these medical interventions in children. While there are rare medical (organic, bodily) situations that may require such life-altering interventions, the law can provide allowances for exceptional medical situations such as these.

The strong common law precedent is that a person can consent to their own personal medical treatment, upon reaching the age of majority, barring a finding of incompetence. When a person is unable to consent it is recognized that a medical power of attorney or family can consent. However, there are legal limits to the medical power of attorney or family's jurisdiction. For one, there needs to be *clear and convincing evidence* or *substantial proof* that the patient would have accepted the "substituted judgment" of the alternate decision-maker.[78] That is not possible here as the patient is not yet physiologically capable of making the decision. Inextricably related, the alternate decision maker's powers *expire* upon the patient no longer being incompetent. That is the situation here. In the ordinary course of events, the minor will soon no longer be incapacitated, and we submit during this temporary time period, there is no common law precedent for a de facto (parent or State) medical power of attorney to consent to medical mutilation. Finally it is void on public policy grounds to permit any other third party to consent to permanent disfigurement. Neither a parent nor an agent can consent to mutilation of a child, barring exceptional and delineated medical situations.

IX. Cultural Shift

Several events have happened over the past few years to shed light on the truth about medical mutilation therapies. There have been exposés of the doctors and clinics failing to give informed consent and actually pressuring patients to undergo these procedures. People who have been harmed by the doctors are speaking out. And there are lawsuits against the doctors and hospitals.

U.S. activist Chloe Cole was put on puberty blockers at age 13 and had a double mastectomy at 15.[79] At age 16, she de-transitioned and faced the reality that because of emotions she felt at 12, she may never be able to conceive children and she will not be able to breastfeed them if she does. Chloe's birthright was destroyed because doctors were negligent (ignorant) or grossly negligent (willfully ignorant) in providing these surgeries to children. Grossly negligent is criminal. The doctors who did these negligent things to Chloe based their reliance upon the organization WPATH.

WPATH is the self-proclaimed spokesperson for transgender issues. It is a political organization with specific political goals, and yet hospitals and gender clinics reference this organization as the authority for offering medical mutilation procedures. No type of activism, including gender activism, can replace dispassionate and rigorous scientific debate and therapeutic options. As the crimes of WPATH are beginning to become well-known, WPATH is beginning to crumble. In January of 2023 WPATH had 4,119 global members, which dropped 60% to 1,590 members one year later. In the U.S., there are now 1,234 members. This decline occurred around the same

[78] https://supreme.justia.com/cases/federal/us/497/261/#tab-opinion-1958401
[79] https://www.foxnews.com/media/detransitioned-teen-hold-gender-affirming-surgeons-accountable

time WPATH announced its "discovery" of the existence of a new eunuch gender identity and about a year after WPATH removed *all* age restrictions on hormones and surgery, meaning children as young as age four could be hormonally manipulated.[80]

WPATH has suffered other setbacks. Their recommendations favoring puberty blockers was based upon a flawed study that has been comprehensively critiqued (the Dutch Protocol.) Many de-transitioners such as Chloe have come forward and are very vocal about their mistreatment at the hands of medical providers. Several medical malpractice cases have been publicized. Several whistleblowers from gender clinics have come forward. "I Am Jazz" - the "star" transgender patient has revealed complicated mental health and family issues. In the United States, WPATH has been knocked down by an appellate court, and it is no longer accepted as the unrivaled opinion. In the United Kingdom, the Tavistock clinic, closely aligned with WPATH, has been defrocked. And four European nations are pulling back on offering these procedures to children: Sweden, Finland, the Netherlands, and the U.K.[81]

X. Discussion: The Emperor Has No Clothes

The harms of these medical interventions are well documented and growing. The evidence shows predictably tragic side effects, including infertility, sexual dysfunction and almost near-universal loss of sexual pleasure. The risks also include cardiovascular issues, urinary complications, neurological anomalies, insulin resistance, chronic pain, permanent scarring, infection, and even death. Despite the known side effects and high risks, and the potential life-long health complications that can result from these procedures, the frequency of these interventions has nearly tripled.[82]

Proponents of the medical mutilation process falsely claim that hormone manipulation and medical mutilation surgeries have both a high satisfaction rate and low regret rate. This is a lie. By intentionally omitting the overwhelming evidence to the contrary, hesitant patients who are truly suffering (because no one not suffering would mutilate healthy body parts) are enticed by glowing positives and minimized negatives. Soothing phrases like "aid transmen and transwomen in their journey" are used to make this process appear as an adventure of self-discovery instead of what it is: trading a healthy body for a sick body. The MMIC wants the world to believe that medical mutilation is actually a holistic approach when it is so obviously the opposite. The platitude "standard of care" is used in an attempt to normalize a process that is highly abnormal. It was never "the standard of care" to quickly offer aggressive hormonal and/or surgical options to anyone, and never to children.

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80 https://washingtonstand.com/commentary/wpath-lost-over-60-of-its-members-a-look-at-2023-could-explain-why

81 https://www.forbes.com/sites/joshuacohen/2023/06/06/increasing-number-of-european-nations-adopt-a-more-cautious-approach-to-gender-affirming-care-among-minors/

82 https://apnews.com/article/transgender-surgery-gender-affirming-care-minors-eea6964112e528e8509cf4ba00f3fa52

Since the 18th century, our government has regulated physician behavior because there is such enormous potential for doctors to easily persuade distressed patients to buy worthless or harmful items. Because persuading patients is as easy as taking candy from a baby, the limits of what a physician can legally sell are heavily proscribed. Throughout medical history there are infinite examples of doctors offering worthless or harmful "cures" including FDA-approved frontal lobotomies for psychiatrically ill patients. That is why medical treatments are the most heavily regulated of all industries in the United States. In fact, hospitals are more heavily regulated than nuclear power plants.

Currently the doctors and hospitals who are financially profiting off gender confused patients are claiming the authority to mutilate by relying on WPATH to provide an appearance of scientific oversight. With that rubber stamp of approval, these interventions are then ordered or performed by physicians and surgeons who benefit financially from these offerings. But WPATH is an activist organization and collapsing, and the doctors can no longer hide behind willful ignorance.

Because the corruption of the MMIC is completely contradictory to the entire practice of medicine, including the treatment of transgendered persons until very recently, we ask you to sign our petition urging Congress to make it clear to physicians and hospitals that offering these options to children is illegal. The Medical Mutilation Industrial Complex can only succeed if their propaganda goes unchallenged. Now is the time for doctors to end medical mutilation. We cannot let the most innocent and vulnerable among us become victims of misinformed consent.

XI. Conclusion

Recognizing the profound, irreversible harm associated with hormonal and surgical interventions aimed at addressing gender dysphoria, AFLDS advocates for an immediate and absolute moratorium on offering these interventions to children due to failure to provide informed consent and the impossibility of obtaining legal informed consent.

Res Ipsa Loquitur that there has been a failure to provide informed consent. *Res Ipsa Loquitur* that the fact of lifelong medical complications, wounds, risks and side effects could not have been disclosed. Failure to provide informed consent violates national and international law and willful ignorance by a healthcare provider exceeds ordinary negligence. Willful ignorance is gross negligence consistent with criminal medical battery.

In addition, it is legally impossible for any person to consent to lifelong sterility and lifelong inability to orgasm and lifelong deformed appearance of their genitals on behalf of another person who will gain the legal capacity to refuse or consent on their own behalf in the future.

AFLDS is vehemently opposed to physicians' participation in the medical mutilation of children. Far exceeding mere medical malpractice, or ordinary negligence, America's Frontline Doctors holds that these surgeons, doctors, and institutions should be criminally liable for the crime of

medical battery and investigated for child abuse and financial collusion. These surgeons and doctors are generating massive profits for themselves and their institutions through providing a continuous stream of "sick care" patients who are now dependent on the healthcare system to fix the life-long medical health issues these doctors and hospitals have created.

America's Frontline Doctors holds that in performing these procedures on children, there are two reasons that as a matter of law "it speaks for itself" that there was no informed consent provided nor obtained:

- No informed consent provided: *"Res Ipsa Loquitur*" that no child would knowingly trade a healthy body for a sick body.

- It is legally impossible to obtain informed consent: *"Res Ipsa Loquitur"* that no person nor the State can consent to infertility, sterility, loss of libido, loss of ability to orgasm, or deformed appearance of the genitals on behalf of a child who will gain the legal capacity to decide to refuse or consent for themselves in the future.

As stated above, per the Nuremberg Code, a version of which is repeated at the federal level and within each state, it is the duty and responsibility of each healthcare provider who initiates, directs, or engages in medical treatment to be informed, and in turn, to provide informed consent. This is a personal duty and responsibility which may not be delegated to another. Ignorance is ordinary negligence and covered by medical malpractice, but *willful* ignorance is *gross* negligence which becomes criminal. The facts delineated above must be conveyed by the doctor to the patient, and when they are not, the doctor is grossly negligent and criminal charges for medical battery must be strongly considered.

XII. Resources