

# Pediatricians' statement on transgender kids ignores three words that have guided doctors for millennia

**It's a pediatrician's job to protect children [I always thought it was a pediatrician's job to cure/treat sick children. Ed.]**

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The American Academy of Pediatrics (AAP) recently reaffirmed its 2018 position on youth who suffer from gender dysphoria while simultaneously calling on a systematic review of the evidence of how to treat such children.

Looking back on the AAP's 2018 statement, as pediatricians, we both agree with the 2018 report that we "must protect youth who identify as Transgender and Gender Diverse from discrimination and violence." It's our job to protect children.

However, we do not think the 2018 report is following the millennia-old tenet of "do no harm." The conclusions included in that 2018 position recommend that youth who identify as transgender have access to "comprehensive, gender-affirming, and developmentally [appropriate health care](#)" that is covered by insurance. **[I am not sure I would endorse that quip about insurance...]**

The increasing call in the U.S. for the daily release of hormones into young bodies, **[Remember, the hormone being used actually prevents other hormones from acting on 'young bodies'.]** or extensive surgical procedures, **[Under current protocols, surgery is only being provided to adults.]** with scant evidence of benefit **[This is flat wrong. Prompt and proper medical treatment is proving to be of great value.]** while our European counterparts are restricting gender transitions for youth **[Not from what I can tell.]** is doing more than raising eyebrows. This push, plus demands that it be covered by insurance at a time when so many other claims are being denied **[Is he saying that we must pick and choose which medical services we want?]** is not only potentially causing long-term harm to young people, but further eroding trust in our U.S. medical system.

Those AAP conclusions were published a year after Dr. Rachel Levine, who identifies as transgender and is now a high-level HHS secretary, sent an email to the co-founder of the Children's Hospital of Philadelphia gender clinic, writing: "I know that we had discussed at US PATH [Professional Association for Transgender Health] the possibility of gender confirmation surgery for young people under 18 years of age. This could include top surgery for trans young men and top and bottom surgery for trans young women. Is there any literature to support this protocol?" **[No! Such surgery is not normally performed.]**

The reply: "I'm not aware of existing literature but it is certainly happening. I think we've had more than 10 patients who have had chest surgery under 18 (as young as 15) and 1 bottom surgery (17). **[11 patients out of a population equal to 5% of the US population!]"**

Despite the lack of evidence, nearly \$17 million tax dollars has been spent on pediatric gender transition treatments in recent years in Pennsylvania alone. **[If there is no evidence, how does author**

## know how much has been spent?]

"There is not a full range of evidence to support the treatments that we're using," said the director of the gender clinic at Chicago's largest children's hospital. His reward for not following evidence-based medicine is a \$5.7 million grant from the NIH.

**[Evidenced-based medicine starts with the clinical question and returns to the clinical question at the end to see to what effect the process worked. Without continuous re-evaluation, the medical provider will not be sure if their impact is positive or negative. Evidence-based medicine is a perpetual wheel of improvement rather than a one-time linear process.]**

The FDA recently issued a warning against using some of the puberty blockers due to short-term neurological side effects. No one knows the long-term effects of introducing the hormones to a young brain or what the forever term use will bring to the future of these patients. **[But, we do know what the effect of NOT using them will be. And it is bad.]**

Despite the warnings, 14,726 [minors with gender dysphoria](#) started hormone treatment from 2017 through 2021. **[That's about 300 a year. Not bad, considering the lack of information available to the general public.]** And 832 irreversible surgeries were performed on minors for gender dysphoria between 2019-2021. **[This is strange, considering that performing surgery on minors, except in an emergency, has been prohibited from the start,]** These numbers are expected to rise as gender dysphoria diagnoses have tripled between those years, at an accelerating pace.

When the AAP is going about reviewing the evidence, they—and all pediatric professionals—might want to fully dissect a survey that is often cited by proponents of gender transitions for minors: The Report of the 2015 U.S. Transgender Survey. The survey of 27,000 individuals recruited responses using advocacy organizations, and of note, detransitioners were excluded. **[Cautionary Note: I responded to that survey.]** There were other jarring red flags in this survey: There were no baseline mental health questions of survey respondents, **[Gender Dysphoria was not considered to be a mental disorder.]** respondents were asked to recall how they felt years earlier, **[True, that is not quite scientific.]** and 25% of respondents came from 3 states (California, New York and Washington) **[Since the survey was available to anyone online one can only conclude that a large number of people with Gender Dysphoria live in those states.]** Remarkably, the survey asked respondents if they sought any of a list of "gender-affirming care" and excluded them if they did not seek hormones. Colloquially, we call that cherry-picking. **[As hormone therapy has been the hallmark treatment for early Gender Dysphoria, That is not at all 'Remarkable.]**

The survey, put together by a group of self-professed social justice advocates, had very low numbers of adolescents, and yet has been used in recent years to justify the increase in medical treatment of gender-questioning youth. **[This just doesn't deserve a serious comment.]**

The Journal "Pediatrics" relied on this survey for a paper in 2020. The same physician author from the 2020 Pediatrics paper used the survey for another "second look" paper. This 2022 second look was funded by the American Academy of Child & Adolescent Psychiatry, itself supported financially by pharma corporations Arbor and Pfizer. Both produce hormones used in gender transitions. The 2022 second look of the survey spawned a series of sensational headlines. "Trans teens who get gender-affirming hormones are healthier and happier as adults," trumpeted Today. "Transgender children who get hormone therapy enjoy [better mental health](#)," claimed USA Today. **[Why not!? It's the truth!]**

It's good that the AAP is performing a systematic review. They would do well to be transparent, thorough and honest. They might want to comment on the perverse incentives **[What 'perverse incentives'?)** that could have led to over-treatment in years past. And above all, they must remember: *Primum non nocere*. **[So should have the author of this piece of trash!]**

