Why states are trying to end hormones, surgeries for gender-confused children

In nearly a dozen states, lawmakers are seeking to ban experimental medical treatments for children who experience gender dysphoria or who identify as transgender. Parents tell harrowing tales of children self-diagnosing as transgender, winning instant peer affirmation and easily accessing puberty blockers or cross-sex hormones from “gender-affirming” medical professionals who know little to nothing about them.

These medical interventions are radical responses to a child’s confused feelings; they cause serious harm, destroy healthy body parts and are frequently irreversible. And there is little evidence that these drastic methods produce any enduring benefits. That’s why legislators are taking action.

In South Dakota, for example, State Rep. Fred Deutsch sponsored the Vulnerable Child Protection Act, which passed in the state House on Jan. 29 and is pending before the state Senate. Deutsch was moved to lead this effort after conversations with transgender-identified youth who suffered harm from medical interventions, and their parents. “This bill,” he said, “is about protecting children.”

Witnesses supporting the South Dakota bill included doctors, transgender-identified people and Kelsey Coalition parents. (The Kelsey Coalition, a national parents group, advocates for an end to medical experimentation on trans-identified children). Like similar bills in other states, South Dakota’s bill does not target children or parents, but instead imposes penalties on physicians who prescribe puberty-blocking drugs and cross-sex hormones, or perform gender-affirming surgeries, on physically healthy but gender-confused children.

Irreversible harm

Puberty blockers, prescribed off-label for trans-identified children, shut down a child's natural puberty for up to two years. Under pressure from transgender activists, the Pediatric Endocrine Society Special Interest Group on Transgender Health weighed in with a 2017 statement supporting the "gender affirmative" approach for children and adolescents, claiming that puberty blockers are fully reversible. In response, physicians backed by the Catholic Medical Association, the Christian Medical and Dental Association, and the American College of Pediatricians have become outspoken opponents of the gender-affirmative approach, citing indisputable evidence of harm.

California endocrinologist Michael Laidlaw, a fearless expert, recently wrote in Public Discourse that "puberty is more than just a process of genital maturation. It is also a critical time for bone, pelvis, brain and psychosocial development. All of these processes are adversely affected by puberty blockers. Studies have shown the effects on the pituitary are not immediately reversible." Puberty blockers have lifelong consequences. Laidlaw cites evidence that "the overwhelming majority of adolescents on puberty blockers decide not to reverse course, but instead move on to cross-sex hormones and then to sterilizing genital surgeries."

In short, a child on puberty blockers is on a one-way train hurtling towards a transgender future that promises mental health struggles and devastating physical consequences.

Worse, puberty blockers mark the beginning, not the end, of "affirming" interventions. Doctors typically prescribe cross-sex hormones, often after puberty blockers, to trans-identified teens as young as 13 or 14. Cross-sex hormones artificially induce the development of secondary sex characteristics typical of the opposite sex. For example, gender specialists admit that when a girl who identifies as a

transgender boy begins testosterone shots, “irreversible” changes result, including “clitoral growth, facial hair growth, voice changes and male pattern baldness.” If she previously took puberty blockers to prevent her ovaries from maturing, then testosterone will render her permanently sterile. The same holds true for male teens taking estrogen after puberty blockers.

Thus before a teen is old enough to drive, consume alcohol or (in most states) legally give consent, “gender-affirming” treatments destroy their fertility – a result thinly justified by teenage discomfort with a developing body or adolescent desires for a new “identity.” Testosterone also increases the emotional distress that teen girls experience because of their female breasts, often spurring them to seek relief through surgery – double mastectomies, performed by gender doctors on girls as young as 14.

Opponents of South Dakota’s bill deny that “surgical gender changes” are being performed on minors, saying, “It just doesn’t happen” under current standards of care. Those claims are flat-out wrong. A 2019 Pediatrics study found that 1 in 5 patients at a pediatric gender clinic “underwent gender-affirming surgeries,” about 70% of which were mastectomies. A leading gender surgeon describes treatment standards as “flexible” and admits that “it is not necessarily uncommon that we will currently perform bottom [genital] surgeries under the legal age of majority now.” In 2017, a medical journal report titled “Age is Just a Number” found that over half of gender surgeons had already performed genital surgeries on minors, some as young as 15.

What about suicide?

Proponents of hormone treatments and surgeries for trans-identified minors claim these treatments are medically necessary to prevent suicides in a vulnerable population. Parent testimonies suggest they often feel coerced into

supporting their child's medical transition by doctors and counselors who tell them that, without parental support for transition, their child will likely commit suicide. This is terrible emotional manipulation. The best research indicates that suicidal ideation among trans-identified young people is linked to various factors, including high rates of mental illness in these children. Research published in 2019 by gender expert Dr. Ken Zucker describes most studies of transgender suicides as methodologically flawed. He notes that although gender dysphoria is a suicide risk factor, suicides among transgender-identified youth are more closely linked to co-occurring mental illness and family history of depression. In general, little evidence exists to support the claimed benefits of gender-affirming treatments.

How should Catholics respond?

The South Dakota Catholic Conference statement about the legislation provides a helpful guide. It praised the legislators' efforts to "protect boys and girls from harmful medicalization with unknown, potentially lifelong consequences," while affirming God's love for and the intrinsic dignity of every person, including those suffering from gender dysphoria. The statement expressed the Church's "deep compassion" for those who struggle, but it also stressed the justice of the legislative efforts. "As theories of sex and gender inconsistent with nature and the natural moral law" saturate the popular culture, the conference said, "it is just" for the law to "protect children while they develop and mature physiologically, emotionally and spiritually." Like its counterparts in other states, the South Dakota measure aims to "ensure children, especially those experiencing distress concerning their sex, are given the chance to develop and grow in understanding the gift of their created nature without pressures toward harmful medicalization."

Lynn Meagher, a parent with the Kelsey Coalition, closed her

testimony before the South Dakota legislature with this impassioned plea. She said: “What happens when other factors are overlooked in a rush to hormones and surgery? What if there is other trauma, other pain, behind these youthful feelings and troubles? Can’t we heal the hurts without cutting the body? And once we have cut that beautiful body, when the voice is permanently broken, the beard is there for good, the breasts are gone, what happens if the body was never wrong to start with? What will you tell the daughters that realize, too late, that they have destroyed their ability to bear children, or to nurse them? When they find that their wounds had other causes, other origins, and required other treatments? I plead with you to hear the parents and the many stories of young people who have changed their minds after medical transition. … This is not health care; this is a medical experiment. This is not lifesaving care; these are criminal actions. And they must be stopped.”

South Dakota’s legislators, so far, agree. We must hope and pray that good people join together, across the country, to do the right thing. Vulnerable children are depending on us.

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