

Alabama Senate Hearing 2/9/2022 on The Vulnerable Child Compassion and Protection Act (SB 184)

Testimony of Patrick Lappert, MD, plastic and reconstructive surgeon

I am a physician who has practiced for the last 16 years in Alabama and before that in the US Navy for 24 years treating trauma related and combat related injuries, and I also treat pediatric and congenital deformities. I am here not because I am politically active but because I am a physician and a surgeon.

This bill is not about asking the state to make a judgment about transgender persons; the bill is about protection of vulnerable children.

Why is this bill important? Because we are met with an epidemic in the diagnosis of transgenderism. In the last 8 years this diagnosis has increased by about 5000%, and proponents of transgender medicine and surgery don't seem to devote much time to finding out why this is happening.

Not only has it become an epidemic but the demographic of transgenderism has changed rapidly.

When I was in training in plastic surgery in the 90's this was something we studied, and at the time it was 200th of 1% of the population had the diagnosis. Virtually all of them were young boys who had cross sex identification since early childhood. It has been known for the longest time that if you follow these children through adolescence and into young adulthood, by the time they are in mid puberty 80% of them get over their cross sex identification as they see their bodies naturally changing under the influence of hormones, and if you follow those same children into young adulthood you are in the low 90% rate of people who have just gotten over this cross sex identification.

But the demographic has changed. Now over 60% of new acceptances into gender clinics are natal females identifying as males. Why has that happened?

Has something happened in the human genome or has something happened in the general population that would cause such a radical shift? That has not been explained but that is another reason for this legislation.

The fact that the desistance rate – children who begin the process of cross sex self-identification and desist as they go into young adulthood - is so high, tells you **that there is a population of children who are being misdiagnosed**. Why do I say that? If take those same children who have cross sex self-identification and you subject them to affirmation care, which is what they will receive in gender clinics, children who receive affirmation care virtually are guaranteed to continue in their cross sex self-identification into young adulthood. So how can you go from 80% cease to 100% persist and be confident that you have made the right diagnosis? You have to protect children from this kind of misdiagnosis.

Does the state have an interest in this kind of med care? Yes it does! If a child self-identified as an Olympic athlete and had always thought of himself as being a famous Olympian, but didn't have the physical capacity to compete, could he present to an endocrinologist and say, "I self-identify as an Olympic athlete and so I need anabolic steroids." The state prohibits such an action. Even if the father is standing there affirming the child's request, that does not alter the fact that **the state has a compelling interest to protect that child from the use of anabolic steroids. This is the same situation;**

only in this case we are talking about the use of sex steroids to alter the body to make it congruent with the self-identification that the child has.

To say that the science of this issue is scientifically settled is a misrepresentation. All you have to do is to turn to the world literature now and go to places like Great Britain, where the single center that offered transgender services to children, the Portman Institute in London, has radically altered its recommendations of care and now defaults to psychological support rather than cross sex hormones or puberty blockade. This happened last year.

To say that is it non-controversial from a scientific standpoint is a misrepresentation of the facts.

To say that it is supported by peer reviewed literature to offer puberty blockade and cross sex hormones to a child because it will reduce their risk of anxiety, depression, self-harm and suicide, is not supported by the science.

One of the lead authors on this issue, Dr. Jack Turbin, a psychiatrist at Stanford University, relied on the United States Transgender Survey Database (USTS) to publish his paper which claimed to show a benefit of cross sex hormones decreasing depression. His papers have been roundly criticized and essentially withdrawn because the literature does not show that.

In fact, what the literature shows is that transgender persons who take testosterone do in fact have a lower level of depression. But that would be true for every person in this room experiencing depression. If I gave you testosterone you would feel like a very powerful person capable of making incredibly good decisions. That is a side effect of testosterone.

On the other hand, if you give estrogen to self-identified transgender persons, they will have less depression and anxiety because that is the effect that estrogen will have on anybody; but the U.S. T. S. Database shows that transgender persons who are taking estrogen actually have a higher rate of suicidality. And the fact is that the long-term literature – I mean longitudinal population based studies (the best of which is in the Swedish database) shows that there is a benefit to affirmation care and transgender services, but it is a short lived benefit.

If you are met with a child that has anxiety and depression and you offer them affirmation, this is a good thing for the child, but you have to affirm them in what ultimately is going to lead to a good result. The Swedish data base shows that when you follow persons who have fully transitioned and you follow them beyond about year 8 or 9, the suicidality rate, the self-harm rate, goes right back to where it would have been had they received NONE of those interventions.

Again, this piece of legislation is not calling on the legislature to make some kind of moral judgement about transgender persons. This is about protecting children because there is a very high probability that the child will be misdiagnosed and will be entered into an Irreversible medical intervention that includes puberty blocking cross sex hormones that will render them sterile and will make them dependent on the medical system for the rest of their lives.