

EAGLE FORUM OF ALABAMA
PLEASE VOTE YES - Alabama Vulnerable Child Compassion and Protection Act (VCAP)
February, 2020

VCAP prevents experimental use of drugs and surgeries on vulnerable children that lead to a lifetime use of powerful drugs, corrective surgeries, astronomical medical fees and a hatred for their real body.

VCAP prohibits anyone from prescribing dispensing or administering puberty-suppressing drugs or cross-sex hormones to children. It prohibits anyone from performing surgical procedures on an otherwise healthy child for the sole purpose of treating gender dysphoria. It also requires that parents be notified by school officials if those officials learn that a child has gender dysphoria.

BACKGROUND, TERMINOLOGY and ISSUES

- Doctors identify a child's **biological sex**, established at conception, through objective and immutable facts of human nature at birth such as external genitalia or sex organs and genetic chromosome testing when necessary.
- "**Gender dysphoria**" (previously and more accurately classified as "gender identity disorder") is a mental health disorder where one persistently feels uncomfortable with his or her sex to the point of causing depression and/or anxiety. Such persons come to feel they were born in the wrong body. They may decide they should mimic the opposite sex through "**transition**" which is a biological fiction. It is based entirely on the individual's feelings.
- "**Transition**" to become "**transgender**" (biological fiction):
 1. The first step to transition is "**social transition.**" It includes dressing up like the opposite sex, changing one's name and using pronouns that are inconsistent with his or her biological sex.
 2. The next step is the administration of **puberty blockers and/or cross sex hormones** to galvanize the child's delusion and to permanently alter his or her outward physical appearance.
 3. "**Sex reassignment surgery**" is the final step. It is irreversible removal of healthy body parts, and the construction of non-functioning body-parts that mimic the sexual organs of the opposite sex.
- Children with gender dysphoria believe **false ideas** about their bodies and what it means to be a boy or a girl. They often have experienced trauma or emotional abuse. They become dissatisfied when they compare themselves with their peers or other influential people. They are *often misinformed* about the purported benefits of "**transitioning**" by the media, transgender activists, or other trans-identifying children on social media.
- Children with gender dysphoria always or almost always have additional **coexisting medical problems** including autism spectrum disorder, cognitive deficits, obsessive-compulsive disorder, anxiety, depression or learning difficulties. These conditions make children with gender dysphoria more **vulnerable to manipulation** and in need of compassionate talk therapy.
- **Compassionate talk therapy** is the best means of helping dysphoric individuals understand the underlying root problems of their feelings and false ideas about their biological sex. It allows professional therapists to use their best judgment to guide their patients to understand the reasons for their feelings. Almost all children with gender dysphoria (80-95%) will "**desist**"; that is come to accept their biological sex by the time they become young adults, when allowed to follow a normal path of growth without drugs and surgery. Talk therapy can help. It is common sense to wait and let a child's confusion dissipate rather than enable a child to make life-altering decisions that will result in permanent sterilization and unnecessary ongoing lifelong health issues.
- Transgender dysphoria is a **psychological problem** NOT an endocrine problem. Children need evidence-based care NOT experimental medical interventions. Halting natural body development with puberty blockers and cross-sex

hormones, and next to alter their physical bodies with surgery to mimic the bodies of the opposite sex is not a solution. This lacks common sense and is medically unsupported. These medications and surgeries are encouraged by “**gender affirming therapy**” which “affirms” a child’s false beliefs. It does not affirm the child’s unchangeable biological sex, physical body or who they were genetically programmed to be from conception. “Affirming therapy” results in a lifetime use of powerful drugs, corrective surgeries, astronomical medical fees and a hatred for their real body. Affirming therapy fails to address the underlying problem. **This is an intentional misleading of facts by redefinition of the word “affirmation”.**

- The **frontal lobe** in young people is not fully developed until around 25 years of age. The frontal lobe is the adult-like control mechanism that causes the brain to seek reduced risks and limits impulsive decision-making. It gives a maturing individual the ability to consider future consequences. Children and youth lack frontal lobe development which enables them to visualize the future. They are not able to make informed, long-term, life-altering decisions.
- “**Rapid Onset Dysphoria**” is a social contagion. This is when children who spend inordinate amounts of time on the internet, are encouraged on social media by their peers or other influential individuals to believe they were born in the wrong body. If just one of their peers starts to transition, about 3-4 additional children in a peer group will begin to believe that they are born in the wrong body. (4000% increase over 10 years in UK)
- The **health risks and damaging results** associated with these medications and surgeries are irresponsible and violate the physician’s Hippocratic oath to **do no harm**. Not a single long-term scientific study supports these radical, high-risk medical interventions as safe and effective. Further, it violates the Nuremberg Code, that experiments should be based on previous knowledge to justify the experiment. These experiments are largely **untested and irreversible**. They include: **1. Puberty blockers, 2. Cross-sex hormones and 3. Surgeries.**
- Use of **puberty-suppression drugs** for treating gender dysphoria is **off label**. Known medical harms from puberty blockers such as Lupron (leuprolide) include: halting social, sexual, **emotional and intellectual development**, arresting bone growth, decreased bone accretion, prevention of brain maturation, and causing immature growth of penis, breasts and sexual organs, and infertility.
- Use of **cross-sex hormones** to treat gender dysphoria is experimental, off-label (non-FDA approved) use. Known medical harms from cross-sex hormones include: permanent sterility and voice changes, loss of facial hair, growth of breasts and hips for men, and baldness and growth of Adams apple and facial hair in women. It increases risk of strokes, liver disease, blood clots, diabetes, migraines, heart disease, gallstones and cancer.
- Medical harms from **surgeries** are irreversible. They include: the removal of penis, testicles, scrotum, breasts, and ovaries, and the construction of non-functioning penis, vagina, and breasts. **These surgeries on children are completely experimental.** The body is left in a permanent state of trying to heal. Boys with fake vaginas must insert a stretching mechanism for the rest of their lives. Both boys and girls must take the powerful hormones for the rest of their lives. This imposes **lifetime sterilization and emotional damage** from transgender regret.
- **Significant evidence shows that surgery or chemical disruption of normal development INCREASES SUICIDE rates in gender-dysphoric children.**
- “**Sex change regret and de-transitioning**” is rapidly increasing in America and worldwide. Unfortunately, most of the damage is **irreversible**.

Support for these claims can be found in Parent Resource Guide a collaborative effort between The Family Policy Alliance, Heritage Foundation, Kelsey Coalition, ROGD and WOLF

https://genderresourceguide.com/?gclid=Cj0KCQiAiNnuBRD3ARIsAM8Kmlv1l8HkT8HopmHUiv4TnmZ9NbQZKb3-HRmM3WkKf672f753SP4SEf0aAuf0EALw_wcB

“...[E]very child deserves a safe educational experience and an opportunity to experience a healthy adulthood.”

Please Vote YES on the Alabama Vulnerable Child Compassion and Protection Act!