House Bill 722 – FAV
Kathleen Jennison Goonan, M.D.
949 Glenangus Drive, Bel Air, Maryland 21015

I am a board-certified Internal Medicine physician; graduate of the University of California, Davis School of Medicine; completed my internship and residency at Massachusetts General Hospital/Harvard. I speak in support of legislation to limit access to so-called “gender affirmative” medical and surgical treatments which are unproven to reduce mental suffering in minors experiencing gender discordance.

In addition to practicing primary care in Massachusetts, I served as Senior Vice President of Health Affairs at Blue Cross Blue Shield of Massachusetts where I oversaw evidence-based medical policy; Senior Vice President at the Institute for Healthcare Improvement; and Executive Director of the MGH Center for Performance Excellence. For the last two plus years, I have served as director of Patient and Parent Advocacy for Genspect, an international organization of health professionals and parents seeking to promote non-medicalized approaches to supporting young people experiencing Gender Dysphoria and exploring gender non-conformity. I have spoken to hundreds of parents and dozens of detransitioning adults, people who suffer complications of inadequate exploratory psychological support, complications from medical and surgical interventions and psychological regret.

I write to explain three key areas of misinformation in circulation that you should consider when deliberating on this legislation.

1. **False claims of benefit of gender transition on adolescent mental health.** Regrettably, numerous U.S. health authorities claim benefit is proven for so-called “gender affirmation” among transgender self-identifying children and teens. This is false. These treatments using hormonal and surgical interventions to align appearance with the opposite sex are of unproven benefit and have been rejected by European countries for lack of effectiveness in improving mental distress. Public health authorities in the UK, Finland and Sweden conducted systematic reviews of the evidence in the last few years and concluded there is a lack of evidence of mental health benefit of puberty blockers or cross-sex hormones for Gender Dysphoric youth. Mental health professionals have extensive approaches to psychological symptoms and many European experts now prioritize psychological exploration and interventions among Gender Dysphoric children, teens, and their families. U.S. authorities are promoting ideology, not science.

2. **Misleading information on suicidality.** Clearly any suicide is a tragedy, and we must take suicidal ideation extremely seriously. Thankfully, the rate of suicides among Gender Dysphoric youth is in fact low (Biggs, 2022). Rigorous research from one the largest pediatric gender clinics in the world estimated the rate of suicide in

trans-identified youth as 0.03% over a 10-year period, which is comparable to young people presenting for care with other mental health problems and diagnoses. Further, no studies to date have proven that gender transition in children and teens reduces the rate of serious suicide attempts (Ruuska, 2024). Mental health professionals have psychological approaches to support distressed and self-harming young people without subjecting them to life-altering medicalization and surgery of unproven benefit.

3. **Major uncertainties yet to be examined.** The reality is that gender affirmation (social, medical, and surgical interventions) among minors was never submitted to proper clinical trials. Early indications are that the risks are significant and the benefits unproven. There is significant evidence suggesting major risks to bone development, brain development and sexual functioning, and these are just short-term impacts. Consequences to cardiovascular health, cancer risks of long-term cross sex hormone use are poorly understood. This novel treatment approach diffused into clinical practice through ideology and clinical enthusiasm with willful blindness to harms.

Conclusion. It is deeply unfortunate that U.S. health authorities including the federal government (Health and Human Services, Department of Education, CDC, and others) and professional authorities (American Academy of Pediatrics, American Medical Association, Endocrine Society, American Psychological Association) are so far out of step with current medical evidence. Finland, Sweden, Norway, Denmark, the UK, and others have designated the so-called “Gender Affirmative Care” model as experimental and have significantly restricted access to such interventions outside of strictly experimental settings. These progressive countries welcome and medically support transgender adults yet they are restricting access to gender affirmation in minors because the evidence of risks and harms outweigh any evidence of benefit.

Premature diffusion happens in medicine and surgery as has happened with gender affirmation. Enthusiasts with conflicted self-interests claim it is no longer ethical to do a robust trial which is inaccurate. The ideological blindness to harm with the “Gender Affirmative Care” model is causing irreparable psychological and physical injury to our youth and their families.

Regrettably, U.S. state legislatures must intervene to safeguard children in the U.S. because our medical authorities are out of date with current scientific evidence.