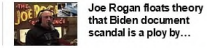
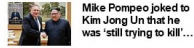
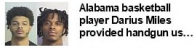


Exhibit 11

Lisa Selin Davis, *Kid Gender Guidelines Not Driven by Science*, N.Y. POST (Sept. 29, 2022), <https://nypost.com/2022/09/29/kid-gender-guidelines-not-driven-by-science/>.

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NEWS



Kid gender guidelines not driven by science

By Lisa Selin Davis

September 29, 2022 | 10:09pm | Updated



Boston Children's Hospital received a bomb threat after videos it made promoting its surgeries for young people were shared on Twitter. Getty Images

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What do you do if you are the parent of a child who believes they were born in the wrong body? What if your kid doesn't fit the stereotypical behavior of their sex — your daughter is a tomboy, your son is effeminate — and a teacher or school counselor suggests they might be transgender? What if your teenager, uncomfortable with their changing body at puberty, says they will harm themselves — or worse — if they are not allowed to medically transition?

A growing number of parents are facing such questions in 2022. Desperate for answers, they are turning to the experts: the doctors, psychologists, and professional organizations devoted to diagnosing and treating gender dysphoria.

Among the most important of these associations is the World Professional Association for Transgender Health (WPATH).

Founded in 1979, it is regarded by many as a premier advocacy group for medical care, education, and research regarding transgender and "gender diverse" people. Though it's not a medical association — in addition to doctors and psychologists, its ranks include lawyers, educators, students, and electrolgists — WPATH's Standards of Care are considered by practitioners around the world to be the gold standard of recommendations for treating gender-related distress.

WPATH has just released a long-awaited update to those Standards of Care for people seeking "lasting personal comfort with their gendered selves." This 260-page update — the eighth version of WPATH's standards — includes several new chapters. One is on the increasing number of nonbinary individuals. A second is on supportive care for "those who identify as eunuchs" and "may also seek castration to better align their bodies with their gender identity" (yes, you read that right).

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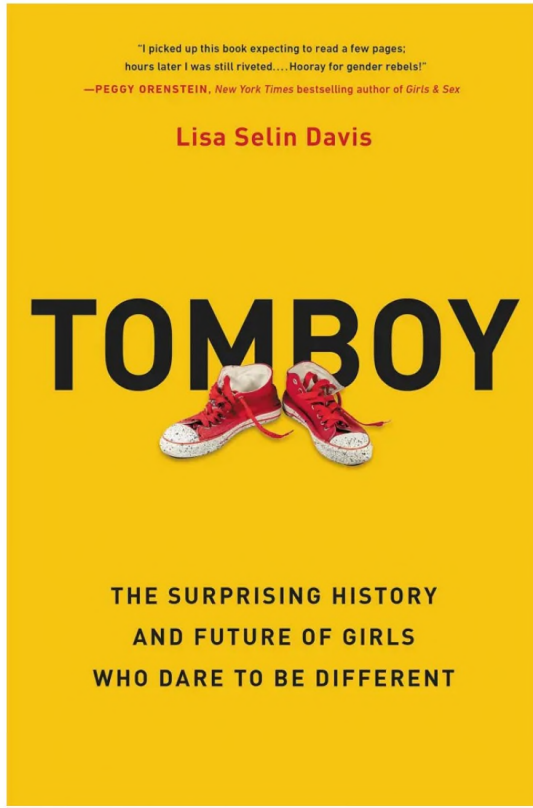
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A third, and perhaps the most anticipated, is on the treatment of transgender or gender-diverse adolescents — added, writes WPATH, due to “the exponential growth in adolescent referral rates.”



This skyrocketing population of young people with gender dysphoria is fueling our culture wars. Some states, including Alabama and Arizona, have outlawed gender medical treatments of minors — including irreversible hormonal and surgical interventions — while other states are seeking to make it a felony to provide such care. In response, California aims to pass a law to become a sanctuary state for minors seeking gender medical interventions — even without parental consent.

Controversies have surrounded some of the country’s leading children’s hospitals, due to the young ages at which they offer life-altering surgeries — such as double mastectomies for girls and surgeries for older teens that will permanently sterilize them. (These surgeries include vaginoplasties — the removal of penis and testicles and the creation of a neo-vagina from that tissue — for males and hysterectomies for females.)



There has been an increasing number of young people with gender dysphoria.
Legacy Lit

Boston Children’s Hospital received a bomb threat after videos it made promoting its surgeries for young people were shared on Twitter. In another incident, the Transgender Health Clinic at Vanderbilt University Medical Center took down its entire website after a leaked video went viral. The video featured one of the clinic’s physicians describing how these surgeries have become “huge money makers” and that in some cases, an “entire clinic is supported just by the phalloplasty.”

To calm this strife, WPATH could have produced an evidence-based, apolitical document for physicians and others desperately seeking guidance.

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Page Six



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That's not what happened.


The new guidelines are "a weird amalgam of pseudo-medical speech, and political statements, and fetishistic practices," said Julia Mason, a pediatrician in Oregon and a clinical advisor to the Society for Evidence-Based Gender Medicine. Dr. Mason added that she was dismayed that WPATH rejected the chapter on ethics that had been in an earlier draft but retained the chapter on eunuchs. (These guidelines see eunuchs not as a deeply tragic part of history but as a "gender identity" which healthcare professionals should support.)

The rollout of these new Standards of Care has been marred with confusion. Last December, WPATH released draft guidelines, which included minimum age recommendations for life-changing treatment, including age 14 for receiving estrogen or testosterone (the previous WPATH standards had been age 16), and allowing minors to have mastectomies (which the guidance often calls "chest-masculinization surgery") beginning at age 15, and vaginoplasty and hysterectomy at 17.

The official guidelines were then released online to the public on Sept. 15. Within hours, a major correction was appended that said that the recommended age minimums were being removed from the final document. It turns out that between the draft release and the final version, WPATH had backtracked on providing age minimums, preferring to leave decisions to practitioners.

Word of WPATH

Why the reversal on such an important issue? WPATH is notoriously resistant to the press (the organization has not responded to my request for comment) and has offered no official explanation. But on Monday, [The New York Times](#) quoted WPATH President Marci Bowers — a surgeon who is herself transgender — as saying that reinstating the young age recommendations will require "a better political climate."



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Then came a video from the WPATH annual conference last week that was posted on Twitter.

In the video, [Amy Tishelman](#) — a psychologist at Boston Children's Hospital and the lead author of the WPATH chapter on children — discusses why the chapter on children was vaguely worded.

"We were thinking, and it was scary for me, about the potential uses of the chapter for legal and insurance contexts," Dr. Tishelman said. "What we didn't want to do was create a chapter that would make it more likely that practitioners would be sued because they weren't following exactly what we said."

After an uproar, [WPATH put out a statement](#) claiming that the video "was taken out of context, twisted and used to spread hate and lies on social media." It added that Dr. Tishelman was talking about "therapeutic support" and "not medical care."

James Cantor is a psychologist and sex researcher in Toronto who has for years analyzed the research on treating kids with gender dysphoria. He told me that the updated standards of care provide a "collective shield" so that gender clinicians can do whatever they want and "call it professional judgment."

He added: "The current version is written in so much couched, vague and contradictory language that essentially I think it's become hard to interpret this as anything other than a Rorschach test, to which anybody can say whatever it is they want to say, and this will be the coverage they need to justify doing whatever it is they want to do." He said the goal of the standards was clear: "This was made to protect the doctors from lawsuits. None of this has ever been about patients."

A prime example of the lack of concern about kids: WPATH recommends that "in almost all situations, parental/caregiver consent should be obtained," except "when caregiver or parental involvement is determined to be harmful to the adolescent."

But who determines what "harmful" is? And does it simply mean not giving the child what they want?

One WPATH author even suggested at the group's conference that practitioners could call Child Protective Services on parents reluctant to transition their kids. Such weaponizing of CPS has happened both to parents who oppose their child being transitioned — as I have documented — and to parents who facilitate it.

When the last WPATH guidelines were published in 2011, the phenomenon of adolescents — overwhelmingly female — suddenly declaring themselves to be transgender was rare. But in the past decade, across the Western world, many countries have seen an exponential increase in this patient population of teen girls. Britain has experienced a more than 4,000% increase.

These are the kinds of young female patients with multiple mental-health disorders that psychologists have been treating for years. Often these patients are dealing with anorexia and engaging in cutting and other self-harm. But now, rather than partaking of talk therapies, they often end up [being affirmed](#) in their new gender identity and are sometimes sent down the pipeline to medicalization — their other mental health issues ignored.


'Not getting help'

Cantor observes that now these girls aren't just cutting their own arms; they are getting surgeons to cut off their breasts. The young people showing up at gender clinics are genuinely distressed, he said to me. "They actually do need meaningful help, but they're not getting help for the problems they have. They're getting help for the problems they say they have."

Medical establishments in some European and Scandinavian countries have noticed the explosion in this population and have undertaken systematic reviews of the science on youth transition. They came away alarmed at the low quality of evidence supporting the efficacy of youth medical transition, considering how little is known about the potential side effects of these treatments — including osteoporosis, delayed brain development, sexual dysfunction, increased risk of cancer, and other diseases. They also found that detransition and regret about transition were higher than expected.

In response to these reviews, these countries have variously put restrictions on medically transitioning young people. They now recommend that dysphoric children and adolescents get careful mental health evaluations, and that psychological support should be the first line treatment, with the goal of exploring the many psychological and social reasons for their feelings.

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Of course, the WPATH writers had access to the same universe of information as the Europeans and Scandinavians. They acknowledge that "a key challenge in adolescent transgender care is the quality of evidence evaluating the effectiveness of medically necessary gender-affirming medical and surgical treatments."

But instead of being concerned by the paltry evidence, WPATH has falsely claimed that "a systematic review regarding outcomes of treatment in adolescents is not possible."

They also declare puberty blockers are "fully reversible" — but we simply don't know their long-term impact. They reject the cautionary principle employed by other countries and leave decisions to individual doctors and patients for any treatment — social transition, hormones, surgery.

Mental maturation

The long-term effects of these interventions on the kinds of adolescents seeking them today is unknown, but WPATH notes positively that a "2017 study of 20 WPATH-affiliated surgeons in the US reported slightly more than half had performed vaginoplasty in minors."

Yet some detransitioned men who received vaginoplasties are speaking out, saying they realized they were gay men with internalized homophobia — and that they weren't properly evaluated before having their genitals removed.

Decades of studies, and experience by practitioners, demonstrate that the vast majority of children with early-onset gender dysphoria outgrow this by the time they emerge from puberty — and that many of these young people grow up to be gay or bisexual. WPATH even acknowledges that "there are no reliable means of predicting an individual child's gender evolution."

So by promoting the benefits of early social and medical intervention, WPATH advocates preventing the very process of natural physical and mental maturation that has historically resulted in the resolution of most dysphoric children's distress.

Parents desperate to care for their children need recommendations based on a systematic review of the evidence — recommendations that take into account the changing demographics of gender-distressed teens and the emerging cohort of detransitioners. Practitioners, medical associations, parents, and, most of all, people with gender dysphoria deserve nothing less.

Lisa Selin Davis is the author of "Tomboy: The Surprising History & Future of Girls Who Dare to Be Different." Reprinted with permission from Bari Weiss' Common Sense.

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Exhibit 12

Videorecording of Dr. Tishelman's presentation at 2022 WPATH conference,
<https://twitter.com/SwipeWright/status/1571999221401948161>

Exhibit 13

Azeen Ghorayshi, *More Trans Teens Are Choosing 'Top Surgery,'* N.Y. TIMES (Sept. 26, 2022), <https://www.nytimes.com/2022/09/26/health/top-surgery-transgender-teenagers.html>.

More Trans Teens Are Choosing ‘Top Surgery’

Small studies suggest that breast removal surgery improves transgender teenagers’ well-being, but data is sparse. Some state leaders oppose such procedures for minors.



By Azeen Ghorayshi

Published Sept. 26, 2022 Updated Oct. 3, 2022

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Michael, 17, arrived in the sleek white waiting room of his plastic surgeon’s office in Miami for a moment he had long anticipated: removing the bandages to see his newly flat chest.

After years of squeezing into compression undershirts to conceal his breasts, the teenager was overcome with relief that morning last December. Wearing an unbuttoned shirt, he posed for photos with his mother and the surgeon, Dr. Sidhbh Gallagher, happy to share his bare chest with the doctor’s large following on social media.

“It just felt right — like I’d never had breasts in the first place,” Michael said. “It was a ‘Yes, finally’ kind of moment.”

Michael is part of a very small but growing group of transgender adolescents who have had top surgery, or breast removal, to better align their bodies with their experience of gender. Most of these teenagers have also taken testosterone and changed their name, pronouns or clothing style.

Few groups of young people have received as much attention. Republican elected officials across the United States are seeking to ban all so-called gender-affirming care for minors, turning an intensely personal medical decision into a political maelstrom with significant consequences for transgender adolescents and their families.

Gender-related surgeries, in particular, have been thrust into the spotlight. Arizona and Alabama passed laws this year making it illegal for doctors to perform gender-related surgeries on transgender patients under 18. Conservative commentators with large followings on social media have recently targeted children’s hospitals that offer gender surgeries, leading to online harassment and bomb threats.

Genital surgeries in adolescents are exceedingly rare, surgeons said, but top surgeries are becoming more common. And while major medical groups have condemned the bans on gender-related care for adolescents, the surgeries have presented challenges for them.



Michael is part of a very small but growing group of transgender adolescents who have had top surgery to better align their bodies with their experience of gender. Eva Marie Uzcategui for The New York Times

Much research has shown that as adults, transgender men generally benefit from top surgery: It relieves body-related distress, increases sexual satisfaction and improves overall quality of life. A few small studies of transgender adolescents suggest similar benefits in the short term.

But some clinicians have pointed to the rising demand and the turmoil of adolescent development as reasons for doctors to slow down before offering irreversible procedures. Although medical experts believe the likelihood to be small, some patients come to regret their surgeries.

The World Professional Association for Transgender Health, an international group of gender experts who write best practices for the field, had been planning for months to set new age minimums for most gender-related surgeries, including endorsing top surgery for adolescents age 15 and up. Although the guidelines are not binding, they provide a standard for doctors across the world. But this month, the group abruptly withdrew the proposals, a shift reflecting both political pressures and a lack of consensus in the medical community.

There are no official statistics on how many minors receive top surgeries each year in the United States. The New York Times surveyed leading pediatric gender clinics across the country: Eleven clinics said they carried out a total of 203 procedures on minors in 2021, and many reported long waiting lists. Another nine clinics declined to respond, and six said that they referred patients to surgeons in private practice.

Dr. Gallagher, whose unusual embrace of platforms like TikTok has made her one of the most visible gender-affirming surgeons in the country, said she performed 13 top surgeries on minors last year, up from a handful a few years ago. One hospital, Kaiser Permanente Oakland, carried out 70 top surgeries in 2019 on teenagers age 13 to 18, up from five in 2013, according to researchers who led a recent study.

“I can’t honestly think of another field where the volume has exploded like that,” said Dr. Karen Yokoo, a retired plastic surgeon at the hospital.

Experts said that adolescent top surgeries were less frequent than cosmetic breast procedures performed on teenagers who were not transgender. Around 3,200 girls age 18 to 19 received cosmetic breast implants in 2020, according to surveys of members of the American Society of Plastic Surgeons, and another 4,700 teenagers age 13 to 19 had breast reductions. (Surveys from other groups have shown that girls under 18 also receive implants, though the ASPS does not recommend breast augmentation for minors.)

An evolving field



Dr. Gallagher's office in Miami. Eva Marie Uzcategui for The New York Times

In the past decade, the number of people who identify as transgender has grown significantly, especially among young Americans. Around 700,000 people under 25 identified as transgender in 2020, according to the Williams Institute, a research center at the University of California, Los Angeles, nearly double the estimate in 2017.

Gender clinics in Western Europe, Canada and the United States have reported that a majority of their adolescent patients were seeking to transition from female to male.

Because breasts are highly visible, they can make transitioning difficult and cause intense distress for these teenagers, fueling the demand for top surgeries. Small studies have shown that many transgender adolescents report significant discomfort related to their breasts, including difficulty showering, sleeping and dating. As the population of these adolescents has grown, top surgery has been offered at younger ages.

Another notable change: More nonbinary teenagers are seeking top surgeries, said Dr. Angela Goepferd, the medical director of the Gender Health Program at the Children’s Minnesota hospital, who is nonbinary. (The program does not perform operations but refers patients to independent surgeons.) These adolescents may want flatter chests but not other masculine features brought on by testosterone, like a deeper voice or facial hair.

After many months of deliberations over its new guidelines, the World Professional Association for Transgender Health initially decided to endorse top surgeries for adolescents 15 and up, part of a suite of changes that would have made gender treatments available to children at younger ages. But the organization backtracked this month, after some major medical groups it had hoped would support the new guidelines bristled at the new age minimums, according to Dr. Marci Bowers, a gynecologic and reconstructive surgeon and the president of WPATH, who is transgender.

“We needed consensus,” Dr. Bowers said. “I just think we need more strength for our argument and a better political climate, frankly, in order to propose this at a younger age.”

Instead, the guidelines kept the previous recommendations, published a decade ago, allowing surgeries for minors on a case-by-case basis.

Because teenagers in most states must be 18 before they can provide medical consent, surgeons require parental consent and approval letters from mental health care providers. The two- to four-hour procedure costs anywhere from \$9,000 to \$17,000, depending on facility and anesthesia fees. The procedure is often not covered by insurance until patients turn 18.

As demand has grown, Dr. Gallagher, the surgeon in Miami, has built a thriving top surgery specialty. The doctor frequently posts photos, FAQs and memes on Facebook, Instagram and TikTok, proudly flouting professional mores in favor of connecting with hundreds of thousands of followers.

Her feeds often fill with photos tagged #NipRevealFriday, highlighting patients like Michael whose bandages were just removed. On her office windowsill sits a framed nameplate with one of her best-known catchphrases on TikTok: “Yeet the Teet,” slang for removing breasts.

Dr. Gallagher said she performed top surgeries on about 40 patients a month, and roughly one or two of them are under 18. Younger patients are usually at least 15, though she has operated on one 13-year-old and one 14-year-old, she said, both of whom had extreme distress about their chests.

The surgeon said that most of her patients, teenagers and adults alike, found her on TikTok. Her online presence has drawn sharp criticism from right-wing media, as well as from some parents and doctors who say she uses the platform to market to children.

“She goes to the beat of her own drum,” Dr. Bowers said. “For a lot of us, that’s troubling.”

Dr. Gallagher said she doubted she had the influence her critics ascribe to her. “Most of the time I’m just trying to deliver educational content,” she said.

‘Comfortable in my own skin’



Michael and his mother, Annie. He learned more about top surgery through Dr. Gallagher’s TikTok page. Eva Marie Uzcategui for The New York Times

When Michael first saw Dr. Gallagher’s TikTok page last summer, he was immediately intrigued. (Michael and others in this article asked to be identified by first or middle names because they were concerned about their privacy.) He liked the photos of her patients, observing that their scars had healed well, and liked that she seemed to be an ally of the transgender community.

Michael’s mother, Annie, had gradually come around to the idea of surgery after years of watching him suffer, she said.

Since hitting puberty at age 10, Michael said he felt a gnawing discomfort about his breasts. By the time he was 12, he wore hooded sweatshirts every day in their Miami suburb.

In eighth grade, after he had several severe panic attacks at school, Michael said he started seeing a therapist, who encouraged him to talk about his body issues. He experimented with small ways to appear more masculine, such as tucking his long curly hair into a beanie and wearing boys' clothes.

"It was the first thing I ever did to try and make myself more comfortable in my own skin," Michael said.

He came out to his parents as a transgender boy when he was 14. A year later, at the start of the pandemic, he started weekly testosterone injections while doing remote school. He got into strength-training and his voice dropped, a second puberty he relished but was grateful to undergo privately.

Michael started in-person school feeling "10 times happier," he said, but his chest still tormented him. Testosterone and exercise had shrunk his breast tissue, making it easier to conceal with a binder. But the garment could restrict his breathing and give him panic attacks. He began seeing a psychiatrist, who prescribed antidepressants.

When Michael was 17, Annie said, she decided that waiting another year for surgery would put him in too much pain. Because her insurance covered the procedure only for adults, she took out a loan to help pay for it.

Michael's psychiatrist initially wrote a letter signing off on the surgery. But he later revoked it, putting the surgery in limbo, Annie said. After Michael started a higher dose of antidepressants, the psychiatrist endorsed the surgery as planned.

Now, nine months after the operation, Michael is in his senior year of high school. He said he is focused on the parts of his life that have little to do with his gender: doing theater tech at school, seeing friends, painting and applying to college.

He also feels less pressure to prove his masculinity than before, he said. He's growing out his hair and uses he, she and they pronouns. In June, he took his girlfriend to the prom, wearing a brown suit and a pearl necklace.

Weighing the risks



Jamie, a college student in Maryland, began identifying as a transgender boy in the eighth grade, but has since returned to identifying as a woman. Cheriss May for The New York Times

In 2018, doctors at the pediatric gender clinic at Children's Hospital Los Angeles published a study of 136 transgender patients ages 13 to 25, half of whom had undergone top surgery. Adolescents who had not undergone the procedure reported significantly more distress because of their chests.

Roughly one-third of those who underwent surgery reported ongoing loss of nipple sensation. Only one patient expressed occasional feelings of regret, when imagining wanting to breastfeed a future child.

"There's very few things in the world that have a zero percent regret rate. And chest surgery, clinically, I've experienced that," said Dr. Johanna Olson-Kennedy, the lead author of the study and medical director of the clinic in Los Angeles, which began offering surgeries in 2019.

But the study had caveats: Most patients were surveyed less than two years after their surgeries, and nearly 30 percent could not be contacted or declined to participate.

Few researchers have looked at so-called detransitioners, people who have discontinued or reversed gender treatments. In July, a study of 28 such adults described a wide array of experiences, with some feeling intense regret and others having a more fluid gender identity.

Because so few studies have looked at detransitioning, many doctors are asking young patients and their parents to provide consent without acknowledging the unknowns, said Kinnon MacKinnon of York University in Toronto, the researcher who led the study, who is transgender.

“I know personally many, many, many trans men that have benefited and are happy with their medical transition and their top surgery. I would put myself in that category,” Dr. MacKinnon said. “But just as a researcher, I do feel like there are questions that are deserving of answers and have implications for clinical care.”

Jamie, a 24-year-old college student in Maryland, was raised as a girl and began identifying as a transgender boy in the eighth grade. After being sexually assaulted in her junior year of high school and then dropping out, she said, she started taking testosterone. Three months later, just after she turned 18, she underwent top surgery at a private practice in Massachusetts.

For the next few years, Jamie said, she thrived. Testosterone made her feel energetic, and her anxiety dissipated. She went back to school and got certified as an emergency medical technician.

But when she was 21, her father, who was dying of Alzheimer’s, no longer recognized her. She fixated on her wide hips, which she worried stood out next to her facial hair and deep voice. After a date where she had sex with a straight man, she said, she realized she had made a mistake.

“I realized I lost something about myself that I could have loved, I could have enjoyed, I could have used to feed children,” Jamie said. She said she grieved for months and contemplated suicide.

This spring, after a year of fighting her insurance company to cover the procedure, she had surgery to reconstruct her breasts. She never told her original surgeon that she had changed her mind, partly because she also blamed herself. Sometimes, she said, “I still don’t like being a woman.”

Many surgeons say that they rarely hear about patients with regret. But it’s unclear how many, like Jamie, never inform them.

Dr. Gallagher of Miami said that she follows up with patients for up to a year. “I can say this honestly: I don’t know of a single case of regret,” Dr. Gallagher said in May, adding that regret was much more common with cosmetic procedures.

But one of her former top surgery patients, Grace Lidinsky-Smith, has been vocal about her detransition on social media and in news reports.

“I slowly came to terms with the fact that it had been a mistake born out of a mental health crisis,” Ms. Lidinsky-Smith, 28, said in an interview.

She had top surgery when she was 23. About 16 months later, Ms. Lidinsky-Smith said she called and emailed her medical providers, including Dr. Gallagher’s office, to tell them she had detransitioned.

When asked about Ms. Lidinsky-Smith’s case, Dr. Gallagher amended her stance, recalling that years ago a former patient left a voice mail message expressing regret over a surgery.

“At the time, we wondered, Is it a hoax?” Dr. Gallagher said.

Chilling effect



A clinic for transgender children in Dallas, Texas, stopped accepting new patients for hormone therapy and gender affirming care under pressure from the Gov. Greg Abbott's office. Shelby Tauber for The New York Times

Republican politicians in states across the country are pushing to ban all gender-affirming care for adolescents, focusing much of their rhetoric on surgeries.

In Florida, where the medical board is considering such a ban for minors, Gov. Ron DeSantis has argued that surgeons should be sued for "disfiguring" children. In Texas, where parents of transgender children have been investigated for child abuse, Gov. Greg Abbott has called genital surgeries in adolescents "genital mutilation."

Dr. Bowers, the president of WPATH, said that politicians should not be involved in personal medical decisions. "They just don't understand this care, so they just want to shut it down," Dr. Bowers said. "That is a very dangerous precedent."

Although most of the new state actions against gender care for minors are tied up in litigation, they have had a chilling effect.

Earlier this year, a Dallas children's hospital shut down the only pediatric gender clinic in Texas, citing political pressure from the governor's office. This month, a woman was arrested on charges of making a false bomb threat to Boston Children's Hospital after it was targeted online for its pediatric gender program. Dr. Gallagher has also received threats online and said she might hire security guards for her office.

Other clinics have dropped scheduled procedures. William, 14, who has identified as a boy since he was a young child, was supposed to see a plastic surgeon in Plano, Texas, for top surgery in May. But the surgeon canceled the appointment in March because the medical center's malpractice insurer stopped covering top surgeries for minors.

In August, William and his family flew to California, paying \$10,000 more to get the procedure out of state.

Two weeks later, William started ninth grade as just another boy in school. He looks forward to swimming with his shirt off and going to class without wearing a binder.

"It's like something was unburied," William said. "My chest was just covering what was always there."

Audio produced by Parin Behrooz.

Exhibit 14

Amanda Prestigiacomo, *'Huge Money Maker': Video Reveals Vanderbilt's Shocking Gender 'Care,' Threats Against Dissenting Doctors*, THE DAILYWIRE (Sept. 20, 2022), <https://www.dailywire.com/news/huge-money-maker-video-reveals-vanderbilts-shocking-gender-care-threats-against-dissenting-doctors>.

- NEWS -

'Huge Money Maker': Video Reveals Vanderbilt's Shocking Gender 'Care,' Threats Against Dissenting Doctors

"And the female-to-male bottom surgeries, these are huge money makers."

By Amanda Prestigiacomo · Sep 20, 2022 DailyWire.com · [f](#) [t](#) [i](#)



PensLabs via Getty Images

Daily Wire host Matt Walsh uncovered shocking details about Vanderbilt University Medical Center's (VUMC) so-called gender-affirming care.

Video and archived webpages from the medical center details a doctor's promotion of the "big money maker" transgender therapies and surgeries, and apparent threats against medical professionals who dare object for religious reasons.



"It's a lot of money," VUMC Clinic for Transgender Health's Dr. Shayne Sebold Taylor said at one Medicine Grand Rounds lecture, video reveals. "These surgeries make a lot of money."

Taylor noted that a "chest reconstruction" can bring in \$40,000 per patient, and someone "just on routine hormone treatment, who I'm only seeing a few times a year, can bring in several thousand dollars ... and actually makes money for the hospital."

Citing the Philadelphia Center for Transgender Surgery, Taylor said vaginoplasty surgeries can generate \$20,000, gushing that it "has to be an underestimate," since hospital stay, anesthesia, post-op visits, and other add-ons are not included in the total.



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"And the female-to-male bottom surgeries, these are huge money makers," the doctor continued, adding that such surgeries could bring in "up to \$100,000" for the hospital.

Some clinics are "entirely" "supported" financially by such phalloplasty surgeries, Taylor boasted.

"These surgeries are labor intensive, there are a lot of follow-ups, they require a lot of our time, and they make money," she emphasized. "They make money for the hospital."



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 BREAKING: My team and I have been investigating the transgender clinic at Vanderbilt here in Nashville. Vanderbilt drugs, chemically castrates, and performs double mastectomies on minors. But it gets worse. Here is what we found. Let's start at the beginning.

Matt Walsh · Sep 20, 2022
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 Vanderbilt opened its trans clinic in 2018. During a lecture the same year, Dr. Shayne Taylor explained how she convinced Nashville to get into the gender transition game. She emphasized that it's a "big money maker," especially because the surgeries require a lot of "follow ups"

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At another Medicine Grand Rounds lecture, staffers are warned by Vanderbilt health law expert Ellen Wright Clayton that any "conscientious objection" will be met with "consequences," and are told they probably shouldn't be working at VUMC if they don't want to participate in the trans surgeries, which include minor patients.

"If you are going to assert conscientious objection, you have to realize that that is problematic," Clayton said. "You are doing something to another person, and you are not paying the cost for your belief. I think that is a ... real issue."

Clayton said conscientious objectors would be "accommodated" but said these people have to find someone else to carry out such surgeries for them.

"I just want you to take home that saying that you're not going to do something because of your conscientious – because of your religious beliefs, is not without consequences, and should not be without consequences," she stressed. "And I just want to put that out there."

"We are given an enormous – if you don't want to do this kind of work, don't work at Vanderbilt," she stressed.

WATCH:



Moreover, the medical center has a program called "Trans Buddy," which is also available for minors and described as a sort of monitoring system of the center's doctors, including the policing of their "pronoun" use.

In case the objectors hadn't gotten the memo, Vanderbilt unveiled a program called "Trans Buddies." The "buddies" are trans activists from the community who attend appointments with trans patients, monitoring the doctors to guard against "unsafe" behavior such as misgendering pic.twitter.com/KyYUdRHrrP

– Matt Walsh (@MattWalshBlog) September 20, 2022

"Vanderbilt makes their Trans Buddies available to children, too," Walsh noted, captioning an archived screenshot. "They make lots of 'services' available to children, including chemical castration. Though at some point in the last month they removed explicit admission of this fact from their site."



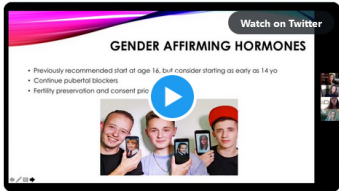
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“But they must have forgot to delete a video from Vanderbilt Psychiatry’s Youtube channel back in 2020 which admits explicitly that they will give and have given irreversible hormone drugs to children as young as 13,” the author further outlined, captioning video.

“After they have drugged and sterilized the kids, Vanderbilt – as explained in this video presentation by plastic surgeon Julien Winocour and Physician’s Assistant Shalyn Vanderbloemen – will happily perform double mastectomies on adolescent girls,” Walsh added.

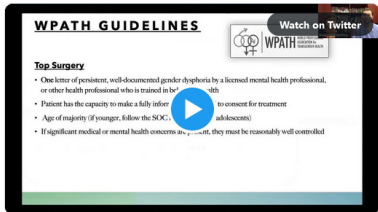
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After they have drugged and sterilized the kids, Vanderbilt — as explained in this video presentation by plastic surgeon Julien Winocour and Physician’s Assistant Shalyn Vanderbloemen — will happily perform double mastectomies on adolescent girls.



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“So, let’s review. Vanderbilt got into the gender transition game admittedly in large part because it is very financially profitable,” he closed the Twitter thread. “They then threatened any staff members who objected, and enlisted a gang of trans activists to act as surveillance in order to force compliance.”

“They now castrate, sterilize, and mutilate minors as well as adults, while apparently taking steps to hide this activity from the public view,” Walsh added. “This is what ‘health care’ has become in modern America.”

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So, let’s review. Vanderbilt got into the gender transition game admittedly in large part because it is very financially profitable. They then threatened any staff members who objected, and enlisted a gang of trans activists to act as surveillance in order to force compliance.

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They now castrate, sterilize, and mutilate minors as well as adults, while apparently taking steps to hide this activity from the public view.

This is what “health care” has become in modern America.

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VUMC released a statement Wednesday claiming to be victims of posts that “misrepresent facts.”

“We have been and will continue to be committed to providing family-centered care to all adolescents in compliance with state law and in line with professional practice standards and guidance established by medical specialty societies,” the statement said.

The medical center seemed to acknowledge it provides highly controversial transgender treatment to minors, but said "VUMC requires parental consent to treat a minor patient" and "never refuses parental involvement in the care of transgender youth who are under age 18."

"Our policies allow employees to decline to participate in care they find morally objectionable, and do not permit discrimination against employees who choose to do so," the statement continued, referring to video of Vanderbilt health law expert Ellen Wright Clayton seemingly threatening dissenting doctors. "This includes employees whose personal or religious beliefs do not support gender-affirming care for transgender persons."

The controversial Trans Buddy program at VUMC, the statement said, "has received national acclaim. Its purpose is to provide peer volunteers who support persons who are seeking highly personal care in an unfamiliar environment, and who may have been refused medical services in the past or avoided seeking them out of fear of being met with hostility."

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This piece has been updated to include comment from Vanderbilt University Medical Center

[Transgender, transgender surgery](#)



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By Daily Wire News

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

Brianna Boe, <i>et al.</i> ,)	
)	
<i>Plaintiffs</i> ,)	
)	
United States of America,)	
)	
<i>Intervenor Plaintiff</i> ,)	
)	
v.)	Civil Action No. 2:22-cv-184-LCB
)	
Hon. Steve Marshall, in his official)	
capacity as Attorney General,)	
of the State of Alabama, <i>et al.</i> ,)	
)	
<i>Defendants</i> .)	

**DECLARATION OF A. BARRETT BOWDRE IN SUPPORT OF
DEFENDANTS’ RESPONSE TO MOTION TO QUASH SUBPOENAS
(DOC. 208)**

I, A. Barrett Bowdre, hereby declare as follows:

1. I am one of the attorneys representing Defendants in the above case. I am over the age of 21 and am capable of making this declaration pursuant to 28 U.S.C. § 1746. I have not been convicted of a felony or crime involving dishonesty, and the facts contained herein are within my personal knowledge.

2. Attached to this Declaration are true and correct copies of the following numbered exhibits:

- Exhibit 1: Julia Mason & Leor Sapir, *The American Academy of Pediatrics' Dubious Transgender Science*, WALL ST. JOURNAL (Apr. 17, 2022), <https://www.wsj.com/articles/the-american-academy-of-pediatrics-dubious-transgender-science-jack-turban-research-social-contagion-gender-dysphoria-puberty-blockers-uk-11660732791>.
- Exhibit 2: Aaron Sibarium, *The Hijacking of Pediatric Medicine*, THE FREE PRESS (Dec. 7, 2022), <https://www.thefp.com/p/the-hijacking-of-pediatric-medicine>.
- Exhibit 3: *Questioning America's Approach to Transgender Health Care*, THE ECONOMIST (Jul. 28, 2022), <https://www.economist.com/united-states/2022/07/28/questioning-americas-approach-to-transgender-health-care>.
- Exhibit 4: Emily Bazelon, *The Battle Over Gender Therapy*, N.Y. TIMES MAGAZINE (June 15, 2022), <https://www.nytimes.com/2022/06/15/magazine/gender-therapy.html>.
- Exhibit 5: Erica Ciszek et al., *Discursive Stickiness: Affective Institutional Texts and Activist Resistance*, 10 PUBLIC RELATIONS INQUIRY, No. 3, pp. 295-310 (2021).
- Exhibit 6: Videorecording of meeting at 2017 USPATH conference, <https://www.youtube.com/watch?v=rfgG5TaCzsk>.
- Exhibit 7: Abigail Shrier, *Top Trans Doctors Blow the Whistle on "Sloppy" Care*, THE FREE PRESS (Oct. 4, 2021), <https://www.thefp.com/p/top-trans-doctors-blow-the-whistle>.
- Exhibit 8: Laura Edwards-Leeper & Erica Anderson, *The Mental Health Establishment is Failing Trans Kids*, WASH. POST (Nov. 24, 2021), <https://www.washingtonpost.com/outlook/2021/11/24/trans-kids-therapy-psychologist/>.
- Exhibit 9: Joint Letter from USPATH and WPATH (Oct. 12, 2022), <https://www.wpath.org/media/cms/Documents/Public%20Policies/2021/Joint%20WPATH%20USPATH%20Letter%20Dated%20Oct%2012%202021.pdf>.

Exhibit 10: Genevieve Gluck, *Top Trans Medical Association Collaborated With Castration, Child Abuse Fetishists*, REDUXX (May 17, 2022), <https://reduxx.info/top-trans-medical-association-collaborated-with-castration-child-abuse-fetishists/>.

Exhibit 11: Lisa Selin Davis, *Kid Gender Guidelines Not Driven by Science*, N.Y. POST (Sept. 29, 2022), <https://nypost.com/2022/09/29/kid-gender-guidelines-not-driven-by-science/>.

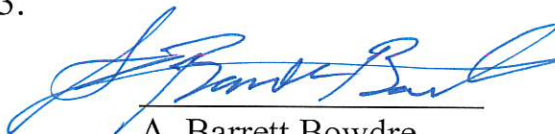
Exhibit 12: Videorecording of Dr. Tishelman's presentation at 2022 WPATH conference, <https://twitter.com/SwipeWright/status/1571999221401948161>

Exhibit 13: Azeen Ghorayshi, *More Trans Teens Are Choosing 'Top Surgery'*, N.Y. TIMES (Sept. 26, 2022), <https://www.nytimes.com/2022/09/26/health/top-surgery-transgender-teenagers.html>.

Exhibit 14: Amanda Prestigiacomio, *'Huge Money Maker': Video Reveals Vanderbilt's Shocking Gender 'Care,' Threats Against Dissenting Doctors*, THE DAILYWIRE (Sept. 20, 2022), <https://www.dailywire.com/news/huge-money-maker-video-reveals-vanderbilts-shocking-gender-care-threats-against-dissenting-doctors>.

3. I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 17, 2023.



A. Barrett Bowdre
Counsel for Defendants