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Family/Sexual Education

8-7 Abstinence only programs should receive federal support

THEREFORE, BE IT RESOLVED,

that abstinence only programs should continue to receive federal support in the future. (2005) (renewed 2015)

8-8 Safe environment programs should be redesigned and made optional to protect parental rights

THEREFORE, BE IT RESOLVED,

that the so-called "safe environment" programs be redesigned and made optional to avoid erosion of parental rights and avoid harm to children. (2005) (renewed 2015)

8-9 Healthy Families Safe Children

THEREFORE, BE IT RESOLVED,

that the CMA encourages all parents interested in the healthy development and safety of their children to learn and apply the principles of sound human development as embodied in the DVD series Healthy Families Safe Children. (2010)

8-10 Resolution to defund School Clinics

THEREFORE, BE IT RESOLVED,

that the Catholic Medical Association, respecting the rights of parental involvement in their children's health care, urge the U.S. House of Representatives to defund school-based clinics under the Affordable Care Act of 2010. (2014)

8-11 Resolution on Gender Neutral Public Spaces

BE IT RESOLVED,

that the Catholic Medical Association, in recognition of the dignity of the person, supports the continuation of sex-specific facilities in all public and private places. (2016)

8-12 Resolution on Transgender Treatments

BE IT RESOLVED,

that the Catholic Medical Association does not support the use of any hormones, hormone blocking agents or surgery in all human persons for the treatment of Gender Dysphoria. (2016)

8-13 Resolution on Gender Dysphoria

BE IT RESOLVED,

that the Catholic Medical Association and its members reject all policies that condition all persons with gender dysphoria



PL011802

to accept as normal a life of chemical and surgical impersonation of the opposite sex; further, that the use of puberty blocking hormones and cross-sex hormones and surgical reassignment surgery be rejected. (2017)

8-14 Humanae Vitae and Natural Family Planning

BE IT RESOLVED, that the CMA recognized the prophetic nature of the encyclical Humanae Vitae on the 50th anniversary of its publication,

BE IT FURTHER RESOLVED, that the Catholic Medical Association recognizes the important need to help our patients repair and avoid the dangerous consequences predicted by Pope Paul VI through continued promotion of natural family planning.

BE IT FURTHER RESOLVED, that the Catholic Medical Association recognizes the sanctity of the procreative powers given to mankind through the gift of sexual intercourse properly ordered, in the permanent union in true love, to marriage between one man and one woman. (2018)

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Understanding CMA’s Position Against Current Treatment for Children with Gender Dysphoria

September 18, 2023

During CMA’s 92nd Annual Educational Conference, which had Courageous Catholic Medicine as its theme, the Catholic Medical Association released the highly anticipated position paper on the *Ideology of Gender Harms Children* (<https://www.cathmed.org/resources/the-ideology-of-gender-harms-children/>). In the paper, CMA sounds the alarm and calls for other medical associations to reverse course in promoting the current standard of care for children with gender dysphoria – “care” that is causing irreversible damage to the young and vulnerable.

During the conference, Dr. Patrick Hunter, a general pediatrician with 30+ years of clinical and academic experience, gave a comprehensive historical review of the evidence that was used to determine the current treatment for children with gender dysphoria and shows why the current treatment plan needs to change, providing a more detailed understanding of CMA’s position paper.

While most of his career has been in clinical medicine, Dr. Hunter has spent time formally teaching residents and medical students at Tripler Army Medical Center, University of Hawaii, and University of Central Florida. In 2015, after seeing his first trans-identified patient, he began studying gender medicine. As a result of this research, he found himself at the National Catholic Bioethics Center and University of Mary, and received a master degree in bioethics in 2021. He has collaborated with experts from Sweden, Finland, England, Norway, Australia, France, Canada, the US, and other countries regarding gender medicine.

CMA is sharing his presentation [here](https://player.performedia.com/cma-ac23/player/update-on-transgender-medicine/) (<https://player.performedia.com/cma-ac23/player/update-on-transgender-medicine/>) because the truth has to be shared for the sake of these children. (You may also access the video by clicking on the photo above.)





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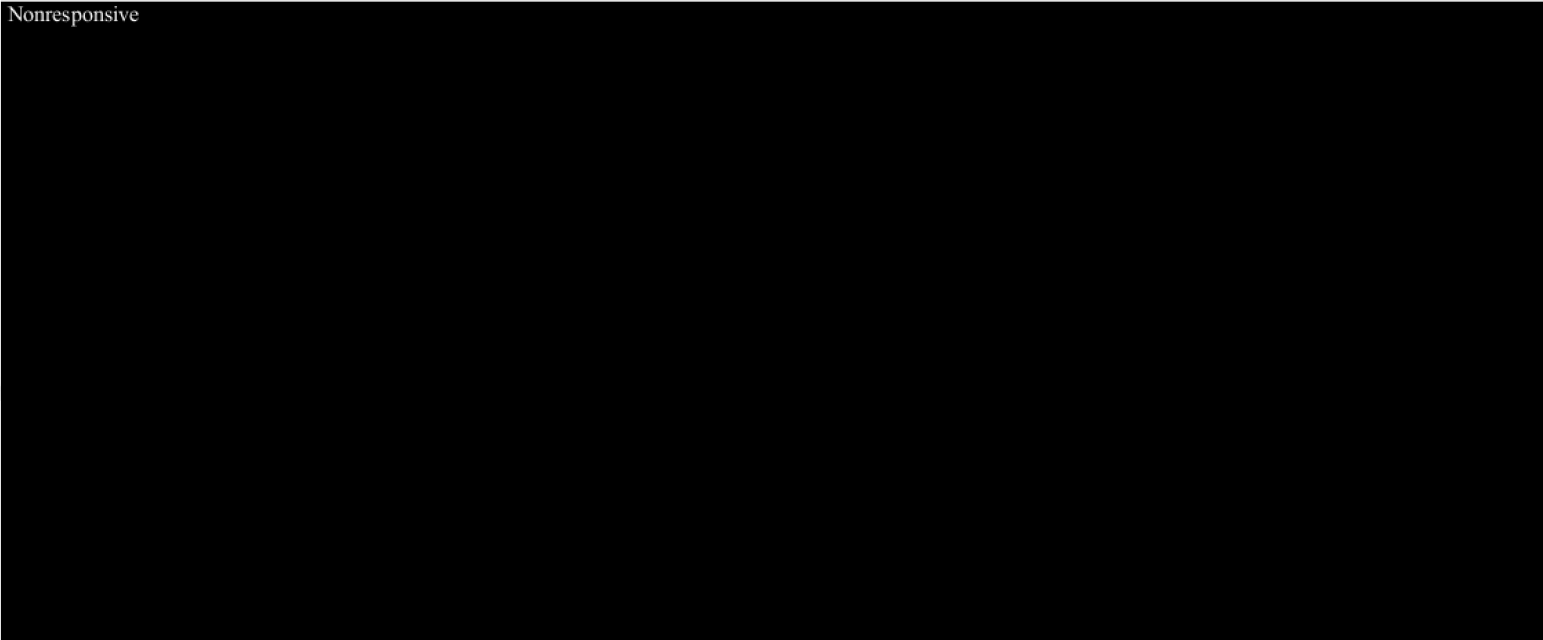
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Jason >

Wed, Aug 10 at 9:14 AM

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Reference Committee
B – Practice

1 Resolution #27 2022 Leadership Conference
2
3 TITLE: In Support of a Rigorous Systematic Review of Evidence and Policy Update
4 for Management of Pediatric Gender Dysphoria
5
6 SPONSORED BY:
7
8 DATE: April 1, 2022
9
10 DISPOSITION:
11
12 Whereas, national health systems and professional organizations in multiple countries
13 are reconsidering the use of hormones and surgeries as first line treatment
14 for gender dysphoric children and young people; and
15
16 Whereas, both growing numbers of parents and prominent World Professional
17 Association for Transgender Health (WPATH) leaders are expressing deep
18 concerns about the use of medical and surgical interventions without
19 sufficient exploratory psychotherapy, and
20
21 Whereas, puberty blockers followed by cross sex hormones compromise future fertility
22 and sexual function, two fundamental human rights that should not be
23 compromised except in exceptional circumstances, and
24
25 Whereas, no clear diagnostic criteria exist which can reliably identify which young
26 people will persist in a transgender identification and there is increasing
27 evidence of regret and detransition, therefore be it
28
29 RESOLVED, that the Academy, in a fashion similar to the Cass Review that was
30 commissioned by the United Kingdom's National Health Service, will
31 undertake a rigorous systematic review of available evidence regarding the
32 safety, efficacy, and risks of childhood social transition, puberty blockers,
33 cross sex hormones and surgery, and be it further
34
35 RESOLVED, that the Academy will update the 2018 guidelines for the care of gender
36 dysphoric youth, based on the results of this evidence review, and in
37 consultation with a range of stakeholders, including mental health and
38 medical clinicians, parents and patients, with diverse views and experiences.
39
40 FISCAL NOTE: None
41
42 REFER TO: 2022 Leadership Conference
43
44 COAUTHOR: Julia W. Mason, MS, MD, FAAP
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Once submitted, resolutions are property of the Leadership Conference and subject to change.



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Resolution #27

2022 Leadership Conference

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64 BACKGROUND

65 INFORMATION:

Background Information from the Author

66

67 The Cass review³, commissioned by the UK's NHS and led by Dr. Hilary Cass,
68 an experienced pediatrician, issued its interim report in March 2022. They
69 engaged multiple stakeholders with a range of views and undertook a
70 rigorous review of the available evidence. In their report they express
71 concern that puberty blockers and hormones may not be the best approach
72 for all children and young people desiring these interventions. They identify
73 the "affirmative model" as an American model of care.

73

74 The NHS previously commissioned the NICE evidence reviews^{17,18}, which
75 were published in March 2021. These systematic reviews concluded that the
76 evidence of benefits of puberty blockers and hormonal interventions in
77 youth is inconclusive and that the evidence basis itself is of very low quality.
78 Several other countries have conducted similar reviews, with similar
79 conclusions.

80

81 The Finnish Health Authority also did a systematic review and similarly
82 issued new guidelines² in 2020, stating that psychotherapy, rather than
83 puberty blockers and cross-sex hormones, should be the first-line treatment
84 for gender dysphoric youth.

85

86 Similarly, the Royal Australian and New Zealand College of Psychiatrists
87 released a position statement⁴ in August 2021 emphasizing the 'paucity of
88 evidence' regarding optimal treatment of gender dysphoria in children and
89 adolescents, the need for better evidence, and the importance of a
90 comprehensive assessment which incorporates full consideration of the
91 context, as well as features of mental illness and personal and family
92 history.

93

94 The National Academy of Medicine in France released a statement⁵ in
95 February 2022 urging great caution in the use of puberty blockers and cross-
96 sex hormones in young people, due to concerns about serious long term side
97 effects, especially given the lack of any definitive test to distinguish transient
98 from persistent dysphoria in young people.

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The Swedish National Board of Health and Welfare released updated recommendations¹ for gender dysphoria in young people in February 2022, concluding that the risks of hormone treatment for those under 18 outweigh the benefits, and that these interventions should not be offered outside of clinical trials. Sweden’s Karolinska Institute’s Children’s Hospital had already stopped using puberty blockers and cross sex hormones to treat gender dysphoric children outside of clinic trials due to concerns about “low quality evidence” and “extensive and irreversible adverse consequences” in May 2021¹⁹.

Given the increasing numbers of children and young people identifying as transgender (as many as 9%)²⁰ and the near unified movement away from hormonal and surgical interventions as first line treatment in multiple countries, a review of the evolving evidence is imperative.

REFERENCES

- [1] The Swedish National Board of Health and Welfare. Updated recommendations for hormone therapy for gender dysphoria in young people-- Recommendation Feb 22, 2022 <https://www.socialstyrelsen.se/om-socialstyrelsen/pressrum/press/uppdaterade-rekommendationer-for-hormonbehandling-vid-konsdysfori-hos-unga/>
<https://genderclinicnews.substack.com/p/sweden-transitions-to-caution?s=r>
- [2] COHERE Finland. Medical treatment methods for dysphoria associated with variations in gender identity in minors – recommendation. June 11, 2020 <https://palveluvalikoima.fi/en/recommendations#genderidentity>
- [3] The Cass Review Interim Report. March 10, 2022 <https://cass.independent-review.uk/publications/interim-report/>
- [4] Royal Australian and New Zealand College of Psychiatrists: Recognising and addressing the mental health needs of people experiencing Gender Dysphoria / Gender Incongruence. Aug 2021 <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/gender-dysphoria>
- [5] French National Academy of Medicine: Medicine and gender transidentity in children and adolescents. Feb 25, 2022 <https://www.academie-medecine.fr/la-medecine-face-a-la-transidentite-de-genre-chez-les-enfants-et-les-adolescents/?lang=en>
- [6] Genspect: A Voice for Parents <https://genspect.org>
- [7] Edwards-Leeper, L & Anderson, E. [The mental health establishment is failing trans kids](https://www.washingtonpost.com/outlook/2021/11/24/trans-kids-therapy-psychologist/). Nov 24, 2021 <https://www.washingtonpost.com/outlook/2021/11/24/trans-kids-therapy-psychologist/>

- 148 [8] Ghorayshi, A. Doctors Debate Whether Trans Teens Need Therapy Before
149 Hormones. Jan 13 2022
150 [https://www.nytimes.com/2022/01/13/health/transgender-teens-](https://www.nytimes.com/2022/01/13/health/transgender-teens-hormones.html)
151 [hormones.html](https://www.nytimes.com/2022/01/13/health/transgender-teens-hormones.html)
152
153 [9] Anderson, E. When it comes to trans youth, we're in danger of losing our
154 way. Jan 3, 2022. [https://www.sfoxaminer.com/opinion/are-we-seeing-a-](https://www.sfoxaminer.com/opinion/are-we-seeing-a-phenomenon-of-trans-youth-social-contagion/)
155 [phenomenon-of-trans-youth-social-contagion/](https://www.sfoxaminer.com/opinion/are-we-seeing-a-phenomenon-of-trans-youth-social-contagion/)
156
157 [10] Laidlaw, MK, et al. Letter to the Editor: "Endocrine Treatment of Gender -
158 Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical
159 Practice Guideline." *J Clin Endocrinol Metab.* 2019;104(3):686-687.
160 doi:[10.1210/jc.2018-01925](https://doi.org/10.1210/jc.2018-01925)
161
162 [11] Shrier, A. Top Trans Doctors Blow the Whistle on 'Sloppy' Care. Oct 4,
163 2021 [https://bariweiss.substack.com/p/top-trans-doctors-blow-the-](https://bariweiss.substack.com/p/top-trans-doctors-blow-the-whistle?s=r)
164 [whistle?s=r](https://bariweiss.substack.com/p/top-trans-doctors-blow-the-whistle?s=r)
165
166 [12] Levine, SB, Abbruzzese, E, Mason, JW. Reconsidering Informed Consent for
167 Trans-Identified Children, Adolescents, and Young Adults. *Journal of Sex*
168 *& Marital Therapy.* Published online March 17, 2022:1-22.
169 doi:[10.1080/0092623X.2022.2046221](https://doi.org/10.1080/0092623X.2022.2046221)
170
171 [13] Vandebussche, E. Detransition-Related Needs and Support: A Cross-
172 Sectional Online Survey. *Journal of Homosexuality.* Published online April 30,
173 2021:20. doi:[10.1080/00918369.2021.1919479](https://doi.org/10.1080/00918369.2021.1919479)
174
175 [14] Littman, L. Individuals Treated for Gender Dysphoria with Medical
176 and/or Surgical Transition Who Subsequently Detransitioned: A Survey of
177 100 Detransitioners. *Arch Sex Behav.* Published online October 19, 2021.
178 doi:[10.1007/s10508-021-02163-w](https://doi.org/10.1007/s10508-021-02163-w)
179
180 [15] Boyd, I, Hackett, T, Bewley, S. Care of Transgender Patients: A General
181 Practice Quality Improvement Approach. *Healthcare.* 2022;10(1):121.
182 doi:[10.3390/healthcare10010121](https://doi.org/10.3390/healthcare10010121)
183
184 [16] Hall, R, Mitchell, L, Sachdeva, J. Access to care and frequency of
185 detransition among a cohort discharged by a UK national adult gender
186 identity clinic: retrospective case-note review. *BJPsych open.* 2021;7(6):e184.
187 doi:[10.1192/bjo.2021.1022](https://doi.org/10.1192/bjo.2021.1022)
188
189 [17] National Institute for Health and Care Excellence (NICE).
190 Evidence review: Gender-affirming hormones for children and adolescents
191 with gender dysphoria. (2021, March 11).
192 <https://arms.nice.org.uk/resources/hub/1070871/attachment>
193
194 [18] National Institute for Health and Care Excellence (NICE).
195 Evidence review: Gonadotrophin releasing hormone analogues for children

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and adolescents with gender dysphoria. (2021, March 11).
<https://arms.nice.org.uk/resources/hub/1070905/attachment>

[19] Nainggolan, L. Hormonal Tx of Youth With Gender Dysphoria Stops in Sweden. Medscape. May 12, 2021
<https://www.medscape.com/viewarticle/950964>

[20] Kidd, KM, et al. Prevalence of Gender-Diverse Youth in an Urban School District. *Pediatrics*. 2021;147(6):e2020049823
<https://doi.org/10.1542/peds.2020-049823>

Background Information from the Committee on Adolescence and Section on Adolescent Health

The Committee on Adolescence (COA) is a co-authoring group for the revision (underway) of the Care of Transgender Youth clinical report, which will include the current literature on gender dysphoria.

The Section on Adolescent Health (SOAH) is not addressing this issue.

Background Information from the Section on LGBT Health and Wellness

The Section on LGBT Health and Wellness (SOLGBTHW) is currently developing a clinical report “Providing Affirmative Clinical Care to Transgender and Gender-Diverse Children and Adolescents” which will be a thorough update to the 2018 statement and will review the current literature.

Background Information from the Committee on Psychosocial Aspects of Child and Family Health

COPACFH is currently working with the Section on LGBT Health and Wellness (SOLGBTHW) and the Committee on Adolescence to develop a clinical report on providing affirmative care to transgender and gender-diverse children and adolescents. This new clinical report will involve a review of the current literature and update the 2018 statement.

Background Information from the Section on Developmental and Behavioral Pediatrics

At this time, the SODBP is not addressing the issues raised in the resolved portions of this resolution.

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Youth Gender Transition Is Pushed Without Evidence

Psychotherapy, not hormones and surgery, is increasingly the first line of treatment abroad.

July 13, 2023 4:51 pm ET



A protest outside the Alabama State House in Montgomery, March 30.

PHOTO: JAKE CRANDALL/ASSOCIATED PRESS

As experienced professionals involved in direct care for the rapidly growing numbers of gender-diverse youth, the evaluation of medical evidence or both, we were surprised by the Endocrine Society’s [claims about the state of evidence](#) for gender-affirming care for youth (Letters, July 5). Stephen Hammes, president of the Endocrine Society, writes, “More than 2,000 studies published since 1975 form a clear picture: Gender-affirming care improves the well-being of transgender and gender-diverse people and reduces the risk of suicide.” This claim is not supported by the best

Doe Pls' Trial Ex.
98

available evidence.

Every systematic review of evidence to date, including one published in the *Journal of the Endocrine Society*, has found the evidence for mental-health benefits of hormonal interventions for minors to be of low or very low certainty. By contrast, the risks are significant and include sterility, lifelong dependence on medication and the anguish of regret. For this reason, more and more European countries and international professional organizations now recommend psychotherapy rather than hormones and surgeries as the first line of treatment for gender-dysphoric youth.

Dr. Hammes's claim that gender transition reduces suicides is contradicted by every systematic review, including the review published by the *Endocrine Society*, which states, "We could not draw any conclusions about death by suicide." There is no reliable evidence to suggest that hormonal transition is an effective suicide-prevention measure.

The politicization of transgender healthcare in the U.S. is unfortunate. The way to combat it is for medical societies to align their recommendations with the best available evidence—rather than exaggerating the benefits and minimizing the risks.

This letter is signed by 21 clinicians and researchers from nine countries.

FINLAND

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Tampere University

Laura Takala, M.D., Ph.D.

Chief Psychiatrist, Alkupsykiatria Clinic

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Family physician

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Clin. Prof. William Malone, M.D.

Idaho College of Osteopathic Medicine

Director, Society for Evidence Based Gender Medicine

Clin. Prof. Patrick K. Hunter, M.D.

Florida State University

Pediatrician and bioethicist

Transgenderism has been highly politicized—on both sides. There are those who will justify any hormonal-replacement intervention for any young person who may have been identified as possibly having gender dysphoria. This is dangerous, as probably only a minority of those so identified truly qualify for this diagnosis. On the other hand, there are those who wouldn't accept any hormonal intervention, regardless of the specifics of the individual patients.

Endocrinologists aren't psychiatrists. We aren't the ones who can identify gender-dysphoric individuals. The point isn't to open the floodgates and offer an often-irreversible treatment to all people who may have issues with their sexuality, but to determine who would truly benefit from it.

Jesus L. Penabad, M.D.

Tarpon Springs, Fla.

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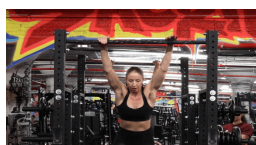
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Stage of Rulemaking: Proposed Rule Stage
Meeting Date/Time: 04/25/2022 03:30 PM
Requestor: Society for Evidence-based Gender Medicine **Requestor's Name:** William Malone

Documents:

List of Documents

[Remarks HHS meeting_2022](#)

Attendees:

List of Attendees

Participation

• Dr. Stephen Beck - SELF	Teleconference
• Dr. Sallie Baxendale - SELF	Teleconference
• Dr. Avi Ring - SELF	Teleconference
• Dr. Laura Haywood - SELF	Teleconference
• Josh Brammer - OMB/OIRA	Teleconference
• Vanessa Duguay - OMB/HD	Teleconference
• Dylan de Kervor - HHS/OCR	Teleconference
• Audrey Wiggins - HHS/OGC	Teleconference
• Alissa Stoneking - HHS/OCR	Teleconference
• Dr. Chan Moruzi - SELF	Teleconference
• Prof. Richard Byng - Society for Evidence-based Gender Medicine	Teleconference
• Dr. Angela CE. Thompson - SELF	Teleconference
• Dr. Hildur Hjaltadóttir - Society for Evidence-based Gender Medicine	Teleconference
• Dr. Riittakerttu Kaltiala - SELF	Teleconference
• Dr. Kate Goonan - Society for Evidence-based Gender Medicine	Teleconference
• Dr. Lori Regenstein - SELF	Teleconference
• Dr. Paula Brinkley - SELF	Teleconference
• Dr. Sarah Palmer - SELF	Teleconference
• P. Tucker - SELF	Teleconference
• Ms. E. Abbruzzese - Society for Evidence-based Gender Medicine	Teleconference
• Dr. Lisa Littman - SELF	Teleconference
• J. Cohn - SELF	Teleconference
• R. Stephens - Society for Evidence-based Gender Medicine	Teleconference
• Dr. William Malone - Society for Evidence-based Gender Medicine	Teleconference
• Dr. Patrick Hunter - Society for Evidence-based Gender Medicine	Teleconference
• Ms. Sasha Ayad - Society for Evidence-based Gender Medicine	Teleconference
• Ms. Lisa Marchiano - Society for Evidence-based Gender Medicine	Teleconference
• Dr. Roberto D'Angelo - Society for Evidence-based Gender Medicine	Teleconference
• Dr. Julia Mason - Society for Evidence-based Gender Medicine	Teleconference





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We are an international group of over 100 clinicians and researchers concerned about the lack of quality evidence for the use of hormonal and surgical interventions as first-line treatment for young people with gender dysphoria. We represent expertise from a range of clinical disciplines.

Our objectives include evaluating current interventions for gender dysphoria, providing balanced evidence summaries, promoting the development of effective and supportive psychosocial approaches for the care of young people with gender dysphoria and generating good, answerable questions for research.

Young people with gender dysphoria deserve respect, compassion, and high quality care. Please join us in our mission to promote evidence-based care for children, adolescents, and young adults that prioritizes life (i.e. measures of mortality), quality of life, long-term outcomes, and fully informed consent. SEGM is free from political, ideological, religious, or financial influences.

SEGM is a registered 501(c)(3) nonprofit organization.

Contributions to SEGM are tax-deductible to the extent permitted by law. SEGM's tax identification number is 84-4520593.

Clinical and Academic Advisors



William Malone, MD (US)

Dr. William Malone is a board-certified endocrinologist. He is a graduate of Stanford University (B.A., Human Biology) and New York University Medical School. He completed residency in Internal Medicine and fellowship in Endocrinology, Diabetes, and Metabolism at Los Angeles County/University of Southern California Medical Center. He's been in clinical practice since 2008 and holds an appointment as an Assistant Clinical Professor of Endocrinology from the Idaho College of Osteopathic Medicine.

Julia W Mason, MS MD FAAP (US)

Dr. Julia Mason is a board-certified pediatrician and Fellow of the American Academy of Pediatrics. She is a graduate of the University of Illinois (MS in Nutritional Science, MD). She completed residency training in Pediatrics at Children's Hospital Los Angeles. Dr. Mason has a busy pediatrics practice; in the past several years she's encountered increasing numbers of gender dysphoric adolescents, most with neurodevelopmental challenges or psychiatric comorbidities. Dr. Mason contributes to KevinMD on the topic of gender dysphoria.



Marcus Evans, Psychoanalyst (UK)

Marcus Evans is a psychotherapist with over 40 years of experience in mental health as a practitioner, supervisor, lecturer, and manager. Evans served as associate clinical director of the adult and adolescent service and as head of nursing at Tavistock. He also served on the governor's board at the trust; a role he resigned from in 2018 over the trust's management of the gender identity development service. Marcus Evans is in private practice in Beckenham and continues to teach and supervise.

Roberto D'Angelo, PsyD, MMed, MBBS, FRANZCP (Australia)

Dr. Roberto D'Angelo is a psychiatrist and psychoanalyst. He is a training and supervising analyst at the Institute of Contemporary Psychoanalysis, Los Angeles. He has written and contributed to publications raising ethical questions about gender-affirming therapies. Dr. D'Angelo has an interest in non-medicalized approaches to gender issues and has written about the psychotherapeutic treatment of gender dysphoria. He is in private practice in Sydney and Byron Bay, Australia, where he sees adolescents and adults with gender issues.





Sasha Ayad, LPC (US)

Sasha Ayad is a Licensed Professional Counselor who has worked in the field of behavioral therapy and mental health since 2005. Sasha promotes and provides developmentally appropriate, individualized treatments for concerns related to gender identity and gender dysphoria. Sasha has also served populations with autism spectrum conditions and domestic violence victims. Sasha developed and ran the first counseling program at a state-supported residential facility for adults with intellectual disabilities and concurrent mental illness. Sasha Ayad has been in private practice in Houston, Texas since 2016.

Michael Biggs, PhD (UK)

Michael Biggs was born in New Zealand, took his undergraduate degree at Victoria University of Wellington, and then pursued doctoral study at Harvard University. Currently Associate Professor of Sociology and Fellow of St Cross College at the University of Oxford, Biggs' research focuses on social movements and collective protest. The transgender movement first attracted his attention for its extraordinary success in changing social norms and government policies. When he looked for empirical evidence to justify medical interventions on children and adolescents, he was surprised that there was so little and it was of such poor quality. His research on Britain's experiment with puberty blockers has been widely reported in newspapers and on the BBC.





Richard Byng, MB BCh MPH PHD MRCGP (UK)

Dr. Richard Byng works in Plymouth in general practice and in a mental health team for young people. He is also a Professor in Primary Care Research at the University of Plymouth, leading the Community and Primary Care Group and specializing in the development and evaluation of person-centered care for individuals with complex health and social needs.

Lisa Marchiano, LCSW (US)

Lisa Marchiano is a clinical social worker and certified Jungian analyst. She consults with parents of trans-identifying teens and detransitioners. She is the author of "Outbreak: On Transgender Teens and Psychic Epidemics" (Psychological Perspectives 2017). Lisa contributed chapters to two books about transgender children, adolescents, and young adults published by Cambridge Scholars. Her writing has appeared in the online magazines, Quillette and Areo. Lisa Marchiano has a private practice in Philadelphia.



Stella O'Malley, Psychotherapist (Ireland)

Stella O'Malley is a psychotherapist, bestselling author, public speaker and a regular contributor to the Irish media. Stella's first book, 'Cotton Wool Kids', was released in 2015, 'Bully-Proof Kids' was released in 2017 and 'Fragile', was released in 2019. Stella was the presenter of the Channel 4 documentary 'Trans - Kids: It's Time To Talk' and she contributed a chapter to the 2019 book, 'Inventing Transgender Children and Young People'. She also co-hosts the podcast [Gender: A Wider Lens](#) with the therapist Sasha Ayad. Stella holds a B.A. in Counselling and Psychotherapy, an M.A. in Cognitive Behavioural Therapy and is currently studying for a PhD about gender-related distress in childhood.



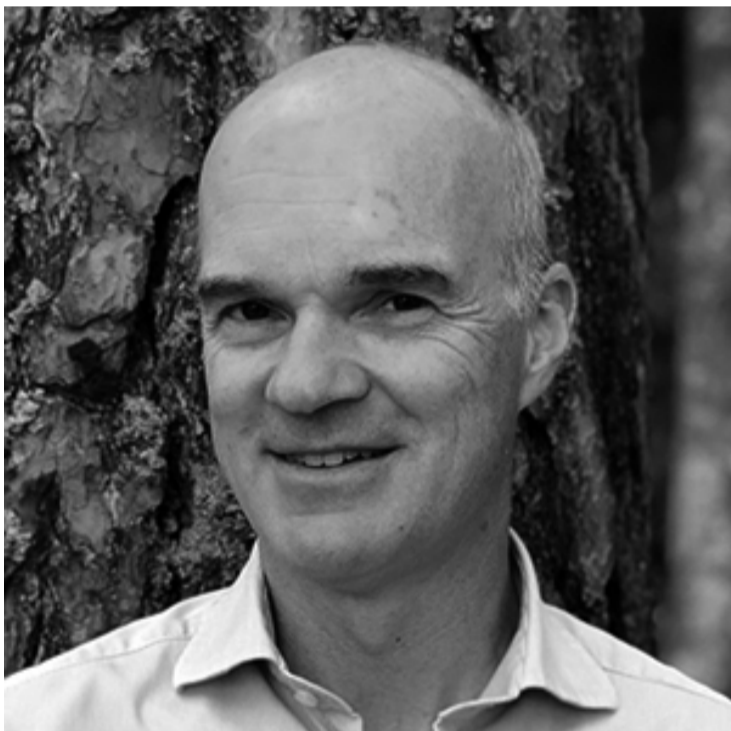
Avi Ring, PhD (Norway)

Avi Ring earned a PhD in Physiology and Biophysics from the University Uppsala, Sweden where he was an associate professor and worked in cellular electrophysiology. At the Norwegian Defence Research Est. Ring was a chief scientist, working on countermeasures to chemical warfare. Dr. Ring now serves as guest professor at the University of Oslo. Dr. Ring cofounded Gender Identity Challenge (GENID) Scandinavia, where he compiled the web science pages on gender dysphoria.



Sven Román, MD (Sweden)

Dr. Sven Román is a child and adolescent psychiatrist working in both inpatient and outpatient care settings. Dr. Román worked in Stockholm at the largest emergency room for child and adolescent psychiatry in northern Europe serving 500,000 children. Dr. Román also worked at the first unit in the world for youths with suspect psychotic or bipolar disorder. In his work with gender dysphoric young people, Dr. Román has seen a number of young people whose gender dysphoria was secondary to other psychiatric conditions such as autism, self-harm behavior, borderline, depression and eating disorders.



Catherine Williamson, Occupational Therapist and Psychoanalytic Psychotherapist in training (UK)

Catherine Williamson is an occupational therapist with 20 years of experience in mental health as a practitioner, supervisor and clinical manager. Catherine worked as Multi-Disciplinary Team Leader/Senior Practitioner at the Sheffield Gender Identity Clinic, an adult service in the UK. She resigned in 2019 owing to her clinical concerns about the



rapidly-changing demographics and increasing complexity of the patient population, and over the assessment process in NHS gender services.



Colin Wright, PhD (US)

Dr. Colin Wright is an evolutionary biologist, receiving his PhD at UC Santa Barbara in 2018. He is currently the Managing Editor at *Quillette* magazine, and frequently writes about sex and gender. His essays have appeared in online and print media outlets including *The Wall Street Journal*, *Quillette*, *The Times*, and *The Australian*.

The views, thoughts, and opinions expressed by SEGM advisors are their own and do not necessarily represent the views of their respective employers or institutions they are affiliated with.