

From: [Vazquez, Paul](#)
To: [Strickland, Bettye C](#)
Subject: FW: Genspect submission for Florida Board of Medicine
Date: Tuesday, September 27, 2022 3:27:51 PM
Attachments: [image003.png](#)
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[image007.png](#)
[image008.png](#)
[image009.png](#)
[trans_and_dettrans_stories.pdf](#)

Here's the submission.



Paul A. Vazquez, J.D.
Executive Director
Florida Board of Medicine
Florida Department of Health
Phone: 850-245-4130

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

From: Vazquez, Paul
Sent: Tuesday, September 27, 2022 3:27 PM
To: info@genspect.org
Cc: Strickland, Bettye C <Bettye.Strickland@flhealth.gov>
Subject: RE: Genspect submission for Florida Board of Medicine

Genspect Representative:

By copy of this email, I am forwarding your prior submission for inclusion in the rulemaking materials in the event it is not already included. Please be advised that the workshop scheduled for 9/30/22 has been canceled due to Hurricane Ian and that all topics related to the treatment of gender dysphoria have been removed from the agendas for the 10/6/22 and 10/7/22 meetings.

Best regard,



Paul A. Vazquez, J.D.
Executive Director
Florida Board of Medicine
Florida Department of Health
Phone: 850-245-4130

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From: info@genspect.org <info@genspect.org>
Sent: Monday, September 26, 2022 10:39 AM
To: Vazquez, Paul <Paul.Vazquez@flhealth.gov>
Subject: Genspect submission for Florida Board of Medicine

You don't often get email from info@genspect.org. [Learn why this is important](#)

FDOH_000034212

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Dear Board and Dr. Vasquez

We are emailing to follow up on our submission. We sent it on the 18th September (see thread). However we gather that we are not appearing on the Florida submission list. Please let us know if there is anything we need to do to rectify this?

Sincerely,

Genspect



----- Original Message -----

Subject:Genspect submission for Florida Board of Medicine

Date:2022-09-18 18:42

From:<info@genspect.org>

To:<BOM.MeetingMaterials@flhealth.gov>, <Paul.Vazquez@flhealth.gov>

Dear Board and Dr. Vasquez,

Please find attached a compilation of transitioner and detransitioner submissions for the Florida Board of Medicine to consider in the context of their hearings on Sep 30, Oct 6 and Oct 7, to decide about implementing regulations regarding the practice of gender medicine.

Please let me know if there is anything else that is needed in order for it to be considered.

Thank you very much for your efforts to support evidence based care for those experiencing gender dysphoria.

Sincerely,

Genspect



A rational approach to
gender.



Stories by transitioners and detransitioners

We Need Balance When It Comes To Gender Dysphoric Kids. I Would Know	2
What I wish I'd known when I was 19 and had sex reassignment surgery	6
Keira Bell: My Story	8
Top Surgery Regret	18
My Letter to the Surgeon Who Performed My Double Mastectomy	23
Trans to Detrans	27
By Any Other Name	30
Transition was easy...Detransition was not	60
An open letter	64
Actually, I was just crazy the whole time.	70
What they took from us	79
Chloe's story: puberty blockers at 13, a double mastectomy at 15	83
Purification Rites	86

We Need Balance When It Comes To Gender Dysphoric Kids. I Would Know

Scott Newgent, Newsweek

<https://www.newsweek.com/we-need-balance-when-it-comes-gender-dysphoric-kids-i-would-know-opinion-1567277>

Scott Newgent

On 2/9/21 at 7:30 AM EST

I am a 48-year-old transgender man. I was thrilled when the medical community told me six years ago that I could change from a woman to a man. I was informed about all the wonderful things that would happen due to medical transition, but all the negatives were glossed over. Since then, I have suffered tremendously, including seven surgeries, a pulmonary embolism, an induced stress heart attack, sepsis, a 17-month recurring infection, 16 rounds of antibiotics, three weeks of daily IV antibiotics, arm reconstructive surgery, lung, heart and bladder damage, insomnia, hallucinations, PTSD, [\\$1 million](#) in medical expenses, and loss of home, car, career and marriage. All this, and yet I cannot sue the surgeon responsible—in part because there is no structured, tested or widely accepted baseline for transgender health care.

Read that again: *There is no structured, tested, or widely accepted baseline for transgender health care.* Not for 42-year-olds, and not for the many minors embarking on medical transition in record numbers. It is not transphobic or discriminatory to discuss this—we as a society need to fully understand what we are encouraging our children to do to their bodies.

Throughout transition, I second-guessed my decisions, but each counseling session and doctor's appointment amounted to one more push convincing me I could be cured of being born in the wrong body. The truth was that I didn't fit in as a dominant, aggressive, assertive lesbian. The dream of finally fitting in dangled like a carrot: The idea that I could fit in catapulted me to a time much like adolescence, with its drive for acceptance, inclusive peers and the fantasy of being normal.

During my post-operation 17 months of sheer survival, I discovered that transgender health care is experimental and that large swaths of the medical industry encourage minors to transition due, at least in part, to [fat profit margins](#). I was gobsmacked. Each day I researched more and became increasingly appalled. As I jumped from ER to ER desperately seeking help, I realized that nobody knew what to do. Each physician told me to return to the original surgeon. I was trapped like a child with an abusive parent.

My recurring bladder infection not only demolished my body; it started to ravage my mind, too. I stopped being able to problem-solve, and then lost my health insurance when I couldn't work. I spent many nights in the bathroom in too much pain to even make it to the toilet, forced to

urinate on the floor, screaming as what felt like razor blades left my body. Rest came only in 45-minute increments that I induced with four shots of vodka, six Benadryl pills and a handful of melatonin—with only sleep-deprived hallucinations for my trouble.

One night I simply couldn't take it. I wanted to die. I crawled to bed and had another hallucination. My children's lives flashed before my eyes, and I saw the devastation my death would cause them. Right then, I made a deal with God, the universe, whatever you call it, that if my life were spared, if I were allowed to be here for my kids, I would help other kids by ensuring people knew what the experimentation of transgender health care really entails. I remember my whimpers: "God, an eye for an eye—in reverse. I will fight with a mother's passion for others if I can be here for my kids."

So here I am, a trans man, sifting through my good and bad decisions, and for the first time embracing who I am—what I have created, and the life I now lead. It took me 48 years to realize I transitioned because I never wholeheartedly accepted being a lesbian. Our children don't have a prayer to embrace the reality of something it takes a lifetime to understand. That's *our job*, as parents: to protect them from foolish, lifelong mistakes.

Here's what I could not comprehend before transitioning and what I honestly believe no child is capable of consenting to:

- [Decreased life expectancy](#)
- [Increased risk of premature death from heart attacks and pulmonary embolisms](#)
- [Bone damage](#)
- [Possible liver damage](#)
- [Increased mental health complications](#)
- [Increased chances of mood-syndrome symptoms](#)
- [Higher suicide rates than non-trans population](#)
- [12 percent higher chance than non-trans population to develop symptoms of psychosis](#)
- [Chance of stunted brain development](#)
- [Much reduced chance for lifelong sexual pleasure](#)
- [Higher chance of sterility and infertility](#)
- [No improved mental health outcomes](#)
- [Not completely reversible](#)

Trans activists tout studies that say medically transitioning gender-questioning children improves mental health. But those studies have often been [retracted](#) (and those retractions underreported by the media).



Transgender rights activists in New York City in 2018 Drew Angerer/Getty Images

Moreover, no *long-term* studies have been conducted on children who grow up without the benefit of natural puberty. No studies at all have been done on de-transitioners (people who return to identifying as their natal sex). What are the psychological effects? No one has a clue, and researchers are too often [shut down by cancel culture](#) for even raising the questions.

Peer-reviewed studies show a shocking correlation between gender dysphoria and [autism](#), depression, anxiety, eating disorders and [other co-morbidities](#). Additionally, it seems that many of these children are simply [gay](#). Could pushing people on a one-way path to medical transition be a different form of "conversion therapy?" We need to ask and study these hard questions—for the good of all children. But we're not—not in the mainstream media, and certainly not in President [Joe Biden](#)'s new administration.

America is proceeding down its path of total affirmation just as other countries are restoring greater balance. This past December, [the U.K. High Court of Justice](#) ruled that puberty blockers for minors are both experimental and a one-way ticket to permanent transition. [Finland](#) in 2020 completely overhauled its approach to treating minors with gender dysphoria, prioritizing psychotherapeutic non-invasive interventions and recognizing adolescence as a time of major identity exploration. [Sweden](#) is conducting a systematic literature review of the scientific basis of the long-term effects on physical and mental health of puberty blockers and hormones. The researcher who championed the "[Dutch protocol](#)" recently called [for a rethink](#), while other research is beginning to show that [the current one-size-fits-all status quo](#) is too limited.

So if we are now waking up to the fact that gender dysphoria is over-simplistically conflated with transgenderism, medical treatments have understudied long-term consequences, some are getting rich off transgender medicine and de-transitioners are speaking up in skyrocketing numbers, why are we only making it *easier* for children to unquestioningly transition?

We now have the obligation to work together to slow trans medicalization of minors until they are adults and have the capacity to truly understand the lifelong consequences of transitioning. As a former lesbian and current trans man, I maintain this is *not* transphobic. It is actually sensitive and caring to recognize that not just one treatment or pathway is right for all kids.

Therefore, I am currently building a bipartisan army to protect our children, hold the medical industry accountable and educate our president and the rest of society about the dangers of transgender extremism. We must throw our differences aside for a moment; I promise you, once children are safe, we can resume fighting. But until children are safe, nothing else matters.

So, endocrinologists and pediatricians, moderate Democrats and moderate Republicans, radical feminists and evangelicals, lawyers and psychologists, parents and teachers: My hand is out. I will grab yours and turn down no one. Together, we can build a circle around our most precious resource: our children. Help me fulfill the promise I made on the night I almost gave up, to be here for my children—and now yours. Who's with me?

Scott Newgent is active with Trans Rational Educational Voices (www.TReVoices.com). Twitter: [@ScottNewgent](https://twitter.com/ScottNewgent).

What I wish I'd known when I was 19 and had sex reassignment surgery

Corinna Cohn, Washington Post

<https://www.washingtonpost.com/opinions/2022/04/11/i-was-too-young-to-decide-about-transgender-surgery-at-nineteen/>

By Corinna Cohn

April 11, 2022 at 1:05 p.m. EDT

Corinna Cohn, a software developer in Indianapolis, is an officer in the Gender Care Consumer Advocacy Network.

When I was 19, I had surgery for sex reassignment, or what is now called gender affirmation surgery. The callow young man who was obsessed with transitioning to womanhood could not have imagined reaching middle age. But now I'm closer to 50, keeping a watchful eye on my 401(k), and dieting and exercising in the hope that I'll have a healthy retirement.

In terms of my priorities and interests today, that younger incarnation of myself might as well have been a different person — yet that was the person who committed me to a lifetime set apart from my peers.

There is much debate today about transgender treatment, especially for young people. Others might feel differently about their choices, but I know now that I wasn't old enough to make that decision. Given the strong cultural forces today casting a benign light on these matters, I thought it might be helpful for young people, and their parents, to hear what I wish I had known.

I once believed that I would be more successful finding love as a woman than as a man, but in truth, few straight men are interested in having a physical relationship with a person who was born the same sex as them. In high school, when I experienced crushes on my male classmates, I believed that the only way those feelings could be requited was if I altered my body.

It turned out that several of those crushes were also gay. If I had confessed my interest, what might have developed? Alas, the rampant homophobia in my school during the AIDS crisis smothered any such notions. Today, I have resigned myself to never finding a partner. That's tough to admit, but it's the healthiest thing I can do.

As a teenager, I was repelled by the thought of having biological children, but in my vision of the adult future, I imagined marrying a man and adopting a child. It was easy to sacrifice my ability to reproduce in pursuit of fulfilling my dream. Years later, I was surprised by the pangs I felt as my friends and younger sister started families of their own.

The sacrifices I made seemed irrelevant to the teenager I was: someone with gender dysphoria, yes, but also anxiety and depression. The most severe cause of dread came from my own body. I was not prepared for puberty, nor for the strong sexual drive typical for my age and sex.

Surgery unshackled me from my body's urges, but the destruction of my gonads introduced a different type of bondage. From the day of my surgery, I became a medical patient and will remain one for the rest of my life. I must choose between the risks of taking exogenous estrogen, which [include](#) venous thromboembolism and stroke, or the risks of taking nothing, which includes [degeneration](#) of bone health. In either case, my [risk of dementia](#) is higher, a side effect of eschewing testosterone.

What was I seeking for my sacrifice? A feeling of wholeness and perfection. I was still a virgin when I went in for surgery. I mistakenly believed that this made my choice more serious and authentic. I chose an irreversible change before I'd even begun to understand my sexuality. The surgeon deemed my operation a good outcome, but intercourse never became pleasurable. When I tell friends, they're saddened by the loss, but it's abstract to me — I cannot grieve the absence of a thing I've never had.

The Equality Act is a positive step forward for the LGBTQ community. But it came with swift backlash from conservative lawmakers. (Video: Monica Rodman, Sarah Hashemi/The Washington Post)

Where were my parents in all this? They were aware of what I was doing, but by that point, I had pushed them out of my life. I didn't need parents questioning me or establishing realistic expectations — especially when I found all I needed online. In the early 1990s, something called Internet Relay Chat, a rudimentary online forum, allowed me to meet like-minded strangers who offered an inexhaustible source of validation and acceptance.

I shudder to think of how distorting today's social media is for confused teenagers. I'm also alarmed by how readily authority figures facilitate transition. I had to persuade two therapists, an endocrinologist and a surgeon to give me what I wanted. None of them were under crushing professional pressure, as they now would be, to "affirm" my choice.

I may well have transitioned even after waiting a few years. If I hadn't transitioned, I likely would have suffered from the world in other ways. In other words, I'm still working out how much regret to feel, but I'm comfortable with the ambiguity.

What advice would I pass on to young people seeking transition? Learning to fit in your body is a common struggle. Fad diets, body-shaping clothing and cosmetic surgery are all signs that countless millions of people at some point have a hard time accepting their own reflection. The prospect of sex can be intimidating. But sex is essential in healthy relationships. Give it a chance before permanently altering your body.

Most of all, slow down. You may yet decide to make the change. But if you explore the world by inhabiting your body as it is, perhaps you'll find that you love it more than you thought possible.

Keira Bell: My Story

Keira Bell, Persuasion

<https://www.persuasion.community/p/keira-bell-my-story>

As a teen, she transitioned to male but came to regret it. Here's how it felt to enter history in the trans debate.

[Keira Bell](#)

Apr 7, 2021



After a landmark court ruling in December, the name “Keira Bell” was cited worldwide, admiringly by some, with hostility by others. (Photo: Paul Cooper/Shutterstock)

By Keira Bell

From the earliest days, my home life was unhappy. My parents—a white Englishwoman and a black American who got together while he was in Britain with the U.S. Air Force—divorced when I was about 5. My mother, who was on welfare, descended into alcoholism and mental illness. Although my father remained in England, he was emotionally distant to me and my younger sister.

I was a classic tomboy, which was one of the healthier parts of my early life in Letchworth, a town of about 30,000 people, an hour outside London. Early in childhood, I was accepted by the boys—I dressed in typically boy clothing and was athletic. I never had an issue with my gender; it wasn't on my mind.



(Courtesy: Keira Bell)

Then puberty hit, and everything changed for the worse. A lot of teenagers, especially girls, have a hard time with puberty, but I didn't know this. I thought I was the only one who hated how my hips and breasts were growing. Then my periods started, and they were disabling. I was often in pain and drained of energy.

Also, I could no longer pass as “one of the boys,” so lost my community of male friends. But I didn’t feel I really belonged with the girls either. My mother’s alcoholism had gotten so bad that I didn’t want to bring friends home. Eventually, I had no friends to invite. I became more alienated and solitary. I had been moving a lot too, and I had to start over at different schools, which compounded my problems.

By the time I was 14, I was severely depressed and had given up: I stopped going to school; I stopped going outside. I just stayed in my room, avoiding my mother, playing video games, getting lost in my favorite music, and surfing the internet.

Something else was happening: I became attracted to girls. I had never had a positive association with the term “lesbian” or the idea that two girls could be in a relationship. This made me wonder if there was something inherently wrong with me. Around this time, out of the blue, my mother asked if I wanted to be a boy, something that hadn’t even crossed my mind. I then found some websites about females transitioning to male. Shortly after, I moved in with my father and his then-partner. She asked me the same question my mother had. I told her that I thought I was a boy and that I wanted to become one.

As I look back, I see how everything led me to conclude it would be best if I stopped becoming a woman. My thinking was that, if I took hormones, I’d grow taller and wouldn’t look much different from biological men.

I began seeing a psychologist through the National Health Service, or NHS. When I was 15—because I kept insisting that I wanted to be a boy—I was referred to the Gender Identity Development Service, at the Tavistock and Portman clinic in London. There, I was diagnosed with gender dysphoria, which is psychological distress because of a mismatch between your biological sex and your perceived gender identity.

By the time I got to the Tavistock, I was adamant that I needed to transition. It was the kind of brash assertion that’s typical of teenagers. What was really going on was that I was a girl insecure in my body who had experienced parental abandonment, felt alienated from my peers, suffered from anxiety and depression, and struggled with my sexual orientation.

After a series of superficial conversations with social workers, I was put on puberty blockers at age 16. A year later, I was receiving testosterone shots. When 20, I had a double mastectomy. By then, I appeared to have a more masculine build, as well as a man’s voice, a man’s beard, and a man’s name: Quincy, after Quincy Jones.



(Courtesy: Keira Bell)

But the further my transition went, the more I realized that I wasn't a man, and never would be. We are told these days that when someone presents with gender dysphoria, this reflects a person's "real" or "true" self, that the desire to change genders is set. But this was not the case for me. As I matured, I recognized that gender dysphoria was a symptom of my overall misery, not its cause.

Five years after beginning my medical transition to becoming male, I began the process of detransitioning. A lot of trans men talk about how you can't cry with a high dose of testosterone in your body, and this affected me too: I couldn't release my emotions. One of the first signs that

I was becoming Keira again was that—thankfully, at last—I was able to cry. And I had a lot to cry about.

The consequences of what happened to me have been profound: possible infertility, loss of my breasts and inability to breastfeed, atrophied genitals, a permanently changed voice, facial hair. When I was seen at the Tavistock clinic, I had so many issues that it was comforting to think I really had only one that needed solving: I was a male in a female body. But it was the job of the professionals to consider all my co-morbidities, not just to affirm my naïve hope that everything could be solved with hormones and surgery.

Last year, I became a claimant against the Tavistock and Portman NHS Foundation Trust in a judicial-review case, which allows petitioners in Britain to bring action against a public body they deem to have violated its legal duties. Few judicial reviews get [anywhere](#); only a fraction obtain a full hearing. But ours did, with a panel of three High Court judges considering whether youths under treatment at the clinic could meaningfully consent to such medical interventions.



Bell in January 2020, after she brought legal action against the clinic. (Photo: Sam Tobin/PA Wire)

My team argued that the Tavistock had failed to protect young patients who sought its services, and that—instead of careful, individualized treatment—the clinic had conducted what amounted to uncontrolled experiments on us. Last December, we won [a unanimous verdict](#). The judges expressed serious doubts that the clinic's youngest patients could understand the implications of what amounted to experimental treatment with life-altering outcomes.

In their ruling, the judges repeatedly expressed surprise at what had been going on at the Tavistock, particularly its failure to gather basic data on its patients. They noted the lack of evidence for putting children as young as 10 years old on drugs to block puberty, a treatment that is [almost universally followed](#) by cross-sex hormones, which must be taken for life to maintain the transition. They also had concerns about the lack of follow-up data, given “the experimental nature of the treatment and the profound impact that it has.”

Notably, a growing wave of girls has been seeking treatment for gender dysphoria. In 2009-10, [77 children](#) were referred to the Gender Identity Development Service, 52% of whom were boys. That ratio started to reverse a few years later as the overall number of referrals soared. In England in [2018-19](#), 624 boys were referred and 1,740 girls, or 74% of the total. Over half of referrals were for those aged 14 or under; some were as young as 3 years old. The court noted the practitioners at the Tavistock did not put forward “any clinical explanation” for the dramatic rise in girls, and expressed surprise at its failure to collate data on the age of patients when they began puberty blockers.

The ruling does not completely prevent a minor from beginning a medical transition. But the judges recommended that doctors consider getting court permission before starting such treatment for those 16 to 17; they concluded it was “very doubtful” that patients aged 14 and 15 could have sufficient understanding of the consequences of the treatment to give consent; and that it was “highly unlikely” for those aged 13 and under.

In response, [the NHS said](#) that the Tavistock had “immediately suspended new referrals for puberty blockers and cross-sex hormones for the under-16s, which in future will only be permitted where a court specifically authorizes it.” The Tavistock appealed the ruling, and the court will hear its appeal in June.

The puberty blockers that I received at 16 were designed to stop my sexual maturation: The idea was that this would give me a “pause” to think about whether I wanted to continue to a further gender transition. This so-called “pause” put me into what felt like menopause, with hot flushes, night sweats, and brain fog. All this made it more difficult to think clearly about what I should do.

By the end of a year of this treatment, when I was presented with the option of moving on to testosterone, I jumped at it—I wanted to feel like a young man, not an old woman. I was eager for the shots to start, and the changes this would bring. At first, the testosterone gave me a big boost in confidence. One of the earliest effects was that my voice dropped, which made me feel more commanding.

Over the next couple of years, my voice deepened further, my beard came in, and my fat redistributed. I continued to wear my breast binder every day, especially now that I was completely passing as male, but it was painful and obstructed my breathing. By the time I was 20, I was being treated at the adult clinic. The testosterone and the binder affected the

appearance of my breasts, and I hated them even more. I also wanted to align my face and my body, so got a referral for a double mastectomy.

My relationship with my parents continued to be difficult. I was no longer speaking to my mother. My father had kicked me out of his apartment shortly after I turned 17, and I went to live in a youth hostel. He and I were still in touch, though he was adamantly opposed to my transition. Reluctantly, he took me for the surgery. I was a legal adult when it took place, and I don't relieve myself of responsibility. But I had been put on a pathway—puberty blockers to testosterone to surgery—when I was a troubled teen. As a result of the surgery, there's nerve damage to my chest, and I don't have sensation the way I used to. If I am able to have children, I will never breastfeed them.

Around the end of that first year post-surgery, something started happening: My brain was maturing. I thought about how I'd gotten where I was, and gave myself questions to contemplate. A big one was: "What makes me a man?"

I started realizing how many flaws there had been in my thought process, and how they had interacted with claims about gender that are increasingly found in the larger culture and that have been adopted at the Tavistock. I remembered my idea as a 14-year-old, that hormones and surgery would turn me into someone who appeared to be a man. Now, I was that person. But I recognized that I was very physically different from men. Living as a trans man helped me acknowledge that I was still a woman.

I also started to see what I was living out was based on stereotypes, that I was trying to assume the narrow identity of "masculine guy." It was all making less and less sense. I was also concerned about the effect my transition would have on my ability to find a sexual partner.

Then there was the fact that no one really knew the long-term effects of the treatment. For instance, the puberty blockers and testosterone caused me to have to deal with [vaginal atrophy](#), a thinning and fragility of the vaginal walls that normally occurs after menopause. I started feeling really bad about myself again.

I decided to stop, cold turkey. When I was due for my next testosterone shot, I canceled the appointment.

After I came to this decision, I found a subreddit for detransitioners. The number of people on it started rising, as if all these young women had come to a collective realization of the medical scandal we had been a part of. It was a place we could talk about our experiences and support each other. I felt liberated.

What happened to me is happening across the Western world. Little of my case was a surprise to those paying attention to the Tavistock whistle-blowers who in recent years have [spoken out](#) in alarm to the media, sometimes anonymously. Some have [left the service](#) because

of these concerns. But the transgender issue is now highly political and wrapped up in questions of identity politics. It can be perilous to raise questions or doubts about young people's medical gender transitions. Some who have done so have been vilified and had their careers threatened.

At the Tavistock, practitioners provide "gender affirmative care"—in practice, this means that when children and teens declare a desire to transition, their assertions are typically accepted as conclusive. Affirmative care is being adopted as a model in many places. In 2018, the American Academy of Pediatrics released [a policy statement](#) on the treatment of young people who identify as transgender and gender diverse that advocated for "gender-affirmative care."

But former Tavistock practitioners have [cited varied problems](#) suffered by the kids who sought help, such as sexual abuse, trauma, parental abandonment, homophobia in the family or at school, depression, anxiety, being on the autism spectrum, having ADHD. These profound issues, and how they might be tied up with feelings of dysphoria, have often been ignored in favor of making transition the all-purpose solution.

As the High Court found, much of the clinic's treatment is not even based on solid evidence. At the time our case was accepted, the NHS was asserting that the effects of puberty blockers are "fully reversible." But recently, the NHS [reversed itself](#), acknowledging "that 'little is known about the long-term side-effects' on a teenager's body or brain." That didn't stop them from prescribing these drugs to people like me.

Dr. Christopher Gillberg, a professor of child and adolescent psychiatry at Gothenburg University in Sweden and a specialist in autism, was an expert witness for our case. Gillberg said in his court statement that over his 45 years of treating children with autism, it was rare to have patients with gender dysphoria—but their numbers started exploding in 2013, and most were biological girls. Gillberg told the court that what was happening at the Tavistock was a ["live experiment"](#) on children and adolescents.

Parents who are reluctant or even alarmed about starting their children on a medical transition may be [warned](#), "Would you rather have a dead daughter or a live son?" (Or vice versa.) I had suicidal thoughts as a teen. Suicidal thoughts indicate serious mental health problems that need assessment and proper care. When I told them at the Tavistock about these thoughts, that became another reason to put me on hormones quickly to improve my well-being. But after the court ruling, the Tavistock released an internal study of a group of 44 patients who had started taking puberty blockers at ages 12 to 15. It [said](#) that this treatment had failed to improve the mental state of patients, having "no significant effect on their psychological function, thoughts of self-harm, or body image." Additionally, of those 44 patients, [43 went on to cross-sex hormones](#). This suggests blocking puberty isn't providing a pause. It is giving a push.

Before beginning on testosterone, I was asked if I wanted children, or if I wanted to consider freezing my eggs because of the possibility that transition would make me infertile. As a teenager, I couldn't imagine having kids, and the procedure wouldn't have been covered by the NHS. I said I was fine if I couldn't, and I didn't need to freeze my eggs. But now as a young

adult, I see that I didn't truly understand back then the implications of infertility. Having children is a basic right, and I don't know if that has been taken from me.

As part of its defense, the Tavistock put forth statements from a few young trans people who are happy with their care. One is S, a 13-year-old trans boy who got puberty blockers from a private provider because the waiting list at the Gender Identity Development Service was so long. S told the court that he had "no idea what me in the future is going to think" about being able to have children and that since he has never been in "a romantic relationship," the idea of one is not "on my radar at the moment."

Lots of teenagers, when contemplating future sexual relationships, feel baffled and even disturbed at the thought. Those same people, when adults, often feel very differently. I know, because this happened to me. I'd never been in a sexual relationship at the time of my transition, so I didn't truly understand what the transition would mean sexually.

S's statement demonstrates how difficult it is for minors to give consent for procedures they can't yet understand. As the judges [wrote](#), "There is no age-appropriate way to explain to many of these children what losing their fertility or full sexual function may mean to them in later years."



Bell speaking to the media after the court ruling last December. (Photo: Sam Tobin/PA Wire)

Today, at 24, I'm in my first serious relationship. My partner is very supportive of everything I do, and I am the same for her. She has a large group of female friends who accept me; it's been very healing. For now, I don't speak to either of my parents or have a relationship with them.

I still get taken for male sometimes. I expect that, and I'm not angry about it. I know that I will live with that for the rest of my life. What I am angry about is how my body was changed at such a young age. People want to know if I'm going to have reconstructive surgery of my breasts or do other things to make me look more female. But I haven't fully processed the surgery I had to remove my breasts. For now, I want to avoid more such surgical procedures.

When I joined the case, I didn't realize how big it would become. What has happened since the ruling has been a rollercoaster. Many people have thanked me. I have also been [attacked online](#). If you're someone who regrets transitioning and decides to speak out about your experiences, you're considered a bigot. You may be told that you're trying to take away trans rights, that children know what's best for themselves and their bodies, and that you're ruining kids' lives.

But I am focused on what is best for distressed young people. A lot of girls are transitioning because they're in pain, whether it's from mental-health disorders, or life trauma, or other reasons. I know what it's like to get caught up in dreaming that transitioning will fix all of this.

Although sharing my story has been cathartic, I still struggle, and have yet to receive appropriate therapy. As I go on with my life, I plan to continue to be an activist on behalf of this cause. I want the message of cases like mine to help protect other kids from taking a mistaken path. This year, I helped create the first [Detrans Awareness Day](#), on March 12. I hope that, in years to come, this day can be a beacon to empower others.

I do not believe in rigid gender expression. People should be comfortable and feel accepted if they explore different ways of presenting themselves. As I said in my statement after the ruling, this means stopping the homophobia, the misogyny, and the bullying of those who are different.

I also call on professionals and clinicians to create better mental health services and models to help those dealing with gender dysphoria. I do not want any other young person who is distressed, confused, and lonely as I was to be driven to conclude transition is the only possible answer.

I was an unhappy girl who needed help. Instead, I was treated like an experiment.

Keira Bell is a British activist.

Top Surgery Regret

Grace Lidinsky-Smith, <https://hormonehangover.substack.com/p/top-surgery-regret-part-1>

Part One: The Post-Surgery Bad Feelings, Expectations Vs. Reality, and Grief



[Hormone Hangover](#)

Feb 15, 2021



This is a three part essay series about detransition/regret after top surgery, or double mastectomy.

[This essay was influenced and inspired by Carey Callahan's great essay about detransition.](#) If you're a detransitioner or know someone who is, give that a read. It's a great balm. I wrote this in collaboration with [Carol](#) and [Jamie](#), who contributed their post-op detransition experiences and wisdom. You'll be hearing quotes from them in the next two essays. Thank you so much to Carol and Jamie!

This, the first section, is about being my experience of being surprised with grief and pain after top surgery.

What it's like to regret your mastectomy

"You arrive at the place

It is not what you want

But it is what you chased"

-The Spine Song, by Cake Bake Betty

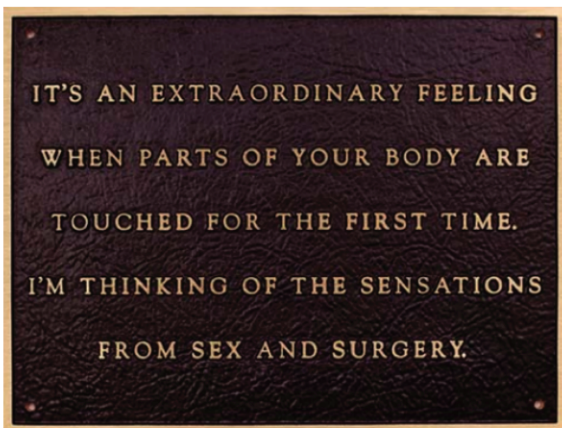
I've made a lot of mistakes in my life. But none have impacted me so indelibly, or caused as profound regret, as my 2017 decision to transition FTM: female-to-male. As I write this, the mastectomy scars are twinging on my chest. 4 years later, I've grown older, wiser, and way more cautious. But the scars remain.

When I realized that being a trans man wasn't what I wanted anymore, I fell into despair. My body was permanently changed. The surgery was the hardest thing to deal with. The scars hurt. I missed the feeling of having an intact, unscarred body. I was convinced my life had been ruined.

As a detransitioner, regret can be crushing. But somehow, eventually, even after the most catastrophic of mistakes, life goes on. It's still your only life, and you still have to figure out how to survive. It took me a while, and I learned I could survive.

Above all, I just want to say: you can come back from this. People have lived through a lot more. I am not a guide, I have no special wisdom, but I come to you humbled, scarred, and holding out my hand. You can get through this, and build a life.

Top Surgery, Expectations Vs. Reality



by Jenny Holzer

If you've never had a body part removed, or at least a major surgery, it's hard to understand what it feels like to have "top surgery." I used to romanticize it. The removal of the breasts leaves a smooth, flat chest with two sexy, mysterious slashes. The scars themselves were like a testament to suffering and transformation. I wanted it really bad. And more than the physical

results, I wanted what it represented. It was freedom from binding, it was the first step to truly, powerfully reshaping my body with my own will. It was freedom from the physical sensations of having breasts. I fixated on it as the quasi-religious ceremony of my becoming.

It was what I thought I wanted. As the date got closer, ragged jolts of fear started to come through me. But I persisted, and bolstered my belief by reading happy stories of post-op trans people.

During our brief pre-op consultation, [my surgeon](#) said that this was an easy surgery. Quick recovery, back to normal in no time, really. She glanced over my body and told me that I would look great. I was imagining a transformative and spiritual experience when I went in for surgery. I'd hyped myself up to believe that this was going to be a beautiful turning point to becoming the real me. Of course I knew in an intellectual way, it was going to be tough to have surgery. Nonetheless, I expected powerful relief from my dysphoria.

I had no idea how bad it was going to be. But once I got the surgery, I found out for myself.

After my mastectomy, I felt sewn up, aching, ghastly. My sutures oozed blood, my abdomen was swollen and grotesque. My chest didn't feel at all natural. A disturbing, never-abating sensation of numbness and occasional pain had replaced what I now realized was the natural feeling of my intact body. And almost immediately after the surgery, the dread of regret started to sink in. Whatever I thought I was getting into, I had failed to contend with the fleshy reality.

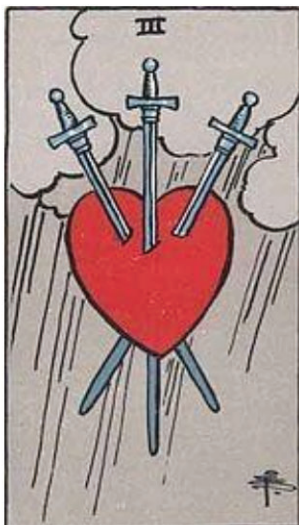
Lesson learned, younger me. Don't let the pushy, glitzy Instagram "before and after" photos fool you- a mastectomy is ALWAYS a big deal.

I felt like I might be crazy having this kind of reaction to the surgery. I had binged on smiling, triumphant pictures of post-op trans men. The gore and the pain and sadness were not what I had expected. I posted on the ftm reddit about feeling a strange sense of grief at the surgery, and asked if anyone felt the same. Many other members of the forum came out of the woodwork to agree. Even if they were happy with the end results, they still felt loss and pain.

Not only that, but my feelings of gender dysphoria increased. My obsession migrated to my hips, my voice, and my very mannerisms. The top half of my body looked okay, but what was I going to do about my hips? The way I moved? I was more obsessed than ever before with monitoring myself. I told myself I was being liberated, but really it felt like I was stacking the bricks to my own prison walls.

I had this nagging feeling - that nothing would ever be enough, that I could just keep cutting and cutting my body but I'd still be the same increasingly-wounded me underneath it all. That feeling grew and grew. When it got loud enough, I began to realize I would have to detransition. I stopped T, and then my hormone-dampened sadness came flooding back.

Loss and Grief



ouch (Ryder-Waite tarot deck)

I was taken aback by the deep, serious loss I felt. I tried to connect to other people who were struggling with the same feelings, and searched for more information about mastectomies. In *The Cancer Journals*, Audre Lorde said that losing a breast (from a mastectomy for cancer) was as viscerally painful as losing her own mother. Another friend described the post-op feeling as being like she had been placed on a strange planet and she could never go home. I think if you haven't experienced it, it's hard to convey the feeling.

There was also the psychological fallout of having body parts missing. I felt a harrowing feeling that something was wrong with my body, something was missing. Alarm-signals went off in my brain constantly. In a bleak way, it was fascinating - I had discovered a whole new range of bad feelings I had never felt before. I fantasized feverishly about turning back the clock. Life as I knew it seemed to be over.

It was also really upsetting to cope with the difference between what I hoped the surgery would do for me, and what it actually was. It's easy to think top surgery will fix your life in some magical way. It's supposed to help you pass as a man or be androgynous. It's a huge step on your transition journey. To have those expectations fall through for whatever reason and end up regretting is really hard.

When I realized my mastectomy had been a mistake, I felt betrayed, disoriented, and confused. My fantasies of what transition would do for me, the road map I had structured my future on, dissolved into meaninglessness. How did I get in this situation? Why did I think this awful, awful surgery would help me? Why didn't I run screaming away from the surgeon's table?

And on top of all of that, if you end up reverting to a female gender identity, there's the entire collapse of your understanding of yourself to deal with. While detransitioning is different from transitioning, they share the feature of reckoning with the nature of your life and identity. What's

your new name? Who are you after all this? What does it mean to be yourself, now? To a large extent, you have to find your own way out of the wilderness.

So: this was hard. Especially the first year, especially the first six months. It got worse after I realized I needed to detransition and make peace with my body, because that also involved accepting that my natural body would never be restored.

If you had top surgery and you're taking the loss of your breasts really hard, I'm sorry. You're not alone. You are entitled to healing and relief. You can find it. I'll talk about that more in the next essay.

The next essay will be about physical and emotional healing, forgiveness, and reconstruction surgery.

Edit: I deleted a line joking that I would be playing Tennis 2 weeks after top surgery. It was a joke, but I'm worried it didn't come across correctly and don't want to misrepresent my surgeon. My surgeon did say about 2 weeks would be recovery time for most activity post-surgery.

My Letter to the Surgeon Who Performed My Double Mastectomy

Laura, <https://pitt.substack.com/p/my-letter-to-the-surgeon-who-performed>
Aug 10



This is a copy of the letter I mailed to the surgeon who performed my double mastectomy or “top surgery” when I was 20 years old. This letter, addressed as a “Notification of Detransition” was mailed to the cosmetic surgeon. I wrote this letter to inform the doctor and his staff that a former patient of his 100% regrets the operation performed on her, and has detransitioned and is now living as a biological female with no functioning breasts.

I kept the letter short and emotionally detached and, despite my traumatic feelings around this loss of self and body parts in my private life, knew it was crucial to maintain a rational composure in stating the facts of my situation. I described how my gender dysphoria was not cured by surgery or medical transition, but instead was fully resolved within 2 years through cognitive behavioral therapy, because the “gender dysphoria” was in reality, complex post-traumatic stress disorder. I described how I realized, only 2 years later at age 22, that the surgery had been a mistake, and that I didn’t receive proper mental health treatment when I was obtaining the surgery, the supposedly necessary gatekeeping he required to perform the operation.

This was important to include because, although I doubt as a cosmetic surgeon who has made his career entirely dedicated to performing double mastectomies on young women and girls as young as 16, that he cares about the mental wellbeing of his cliental, he advertises his practice as being a legitimate medical service by insisting that he follows the “WPATH Standards of Care”, the leading organization of trans medicine which requires at least 2 letters of referral from mental health providers for a patient to receive medical transition. The Standards of Care

advocate for thorough screening for mental wellness, and selecting only appropriate patients who would truly benefit from transition.

It was crucial to inform the doctor that, in my case, the Standards were not met, as the mental health care I was receiving, and the subsequent referral letters, were negligent in providing assessment of my mental health situation, and therefore, his practice was not actually following the WPATH Standards of Care. Furthermore, what I did not include in the letter due to a desire to preserve my anonymity, was the fact that I openly discussed being suicidal with the doctor during our consultation, and feeling suicidal on the day of the actual surgery. Regardless of the recommendation letters, I presented to my doctor as not of sound mind to make a major elective surgical decision, but he performed the operation anyway.

After relaying my personal beliefs that this treatment was unethical in my case, I made it known to my doctor that I am far from the only former FTM patient who regrets medical transition, and cited Dr. Lisa Littman's study of detransitioners showing how high the comorbidity rates are of various mental disorders in the FTM population, and how this issue is not just a personal error, but a growingly widespread phenomenon. I closed the letter with a call to action for the doctor to reconsider what his practice views as 'medical treatment' to treat mental disorders. I plainly asked him to confront the reality that he removes young women's and even minor children's breasts to treat problems inside their minds, and if he truly believes that is following the medical oath to "Do No Harm."

My story is similar to many detransitioners who share why they felt they needed to transition. I grew up on the autism spectrum, experienced verbal, emotional, and psychosocial abuse from family resulting in PTSD, depression, and anxiety, had severe depression from attachment issues and hormonal dysregulation from PCOS, felt chronically othered and different as a girl, young woman, and person, suffered with relationship difficulties with romance, sex, and friendship due to undiagnosed trauma, and latched onto "gender dysphoria" as the cause of most of my difficulties.

I sought treatment for my gender related distress and learned online that the only solution was to accept being transgender and transition to live as a gay man. I followed the usual coaching of the process to "healing", first, to socially transition and come out as nonbinary and transgender, second, to receive hormones from an informed-consent clinic, with no mental health evaluation or gatekeeping, and finally to have top surgery, the greatest rite of passage for the FTM cult. Throughout this process I saw multiple doctors, a psychiatrist, and therapists, none of whom questioned my identity, traumas, or provided help for my complex mental health issues. I had just turned 20 and was fresh out of an inpatient psychiatric ward for suicidal ideation when I desperately made my appointment to try and heal my depression through altering my body with surgery.

There is no need for further explanation. I was 20, developmentally immature, mentally ill, suicidal, had PTSD, and not in a rational state of consciousness, yet the mental health system failed to provide its due service, and my doctor and other cosmetic surgeons hungrily leapt at

the opportunity for fresh meat to profit from operating on, in this unchecked, wild west market for “gender medicine.”

I share this letter with you to showcase real-life consequences of trans medical propaganda, and the repercussions our young people and children are facing. The last I checked; my doctor operates on girls as young as 16. I’ve done my soul-searching, grieving, extensive therapy, and self-punishment for the mistakes of my childhood self, but am healed enough to have progressed into self-forgiveness, acceptance, and upholding unrelenting boundaries around my peace, sanity, and healing process. I did not provide a return address on the letter I mailed, as I did not want to endure excuses or shaming correspondences.

The letter remains a rallying cry from the young women of the detrans movement to advocate for better medical treatment, no placation or bullshit apologies desired. I don’t claim to speak on behalf of anyone else, but unfortunately appreciate that my story is identical to countless other girls, and I hope that sharing this will somehow help them heal, or better yet, prevent the need for their healing in the first place.

Dear Dr. XXXX and Top Surgery Clinicians,

I am a former patient who you performed a double incision mastectomy on in 2017 while I was 20 years old. I am writing to inform you and your office that I have detransitioned and no longer identify as male/transgender and have returned to living fully as my biological female sex. I want to inform you that I fully regret having the surgery to have my breasts removed. My symptoms of gender dysphoria were the result of CPTSD from childhood abuse and my transgender identity was a maladaptive coping mechanism to deal with the reality of the trauma.

I have fully resolved my feelings of gender dysphoria through cognitive behavioral therapy and view the surgery and transition as a placebo that gave me only false hope of feeling better about myself. I 100% regret the surgical outcome of my body and miss having my healthy breasts. I was 20 when I had my identity crisis and detransitioned 2 years later at 22. I believe I did not receive proper mental health screening by my psychiatrists who wrote my surgery recommendation letters because they said I was mentally stable while I was actually suicidal and exhibiting symptoms of undiagnosed PTSD.

I have found healing and community within the online population of other detransitioned women with similar experiences of trauma, and I want to inform you that I do not believe removing the breasts of young women, especially minors, is medically ethical given the severe rates of comorbid mental health issues in the FTM population. I do not believe I was stable or mature at 20 to transition and I don’t think a minor child under 18 in any circumstance is stable or mature to consent to having her breasts removed.

There is a rising number of detransition cases just like mine as evidenced by the rapid increase of detrans stories on Youtube, and the Subreddit r/detrans. There has also been a recent study

by Lisa Littman at littmanresearch.com on detransition which shows that 60% of the detrans study participants transitioned due to underlying mental health and trauma reasons, and 25% due to being lesbian or gay.

I ask you to consider my story and the stories of others as your ethical duty as a clinician to first do no harm, and rethink if removing healthy breasts of women and children so they can pretend to be men is physically or mentally doing no harm.

Your patient, Laura

Trans to Detrans

Ritchie Herron/TullipR, <https://tullipr.substack.com/p/trans-to-detrans>

From a detransitioning males perspective



[@TullipR Detrans Male](#)

Mar 21

If "trans" means "to cross" then "detrans" means "to come back" - to come home.

There's a reason why people sometimes refer to their trans identities in the third person, because it is such a disconnect within yourself that you start to create a character.

You give that character a name, and you try and take the image of what you envisage that character to look like into reality through a skewed, deeply controlled and filtered perspective.

You take 100 photos, delete 97 and then post it as if you didn't spend hours getting it right. *"Wow you look amazing, oh my god" "you look cis" "100% pass!" "imagine what HRT would do to you"*

The affirmation becomes intoxicating.

You then start to really change the way your character sends messages, becoming aware of not using enough emotive speech in my character's instance. Saying phrases like "awwwwww" or anything I felt would resemble a woman talking rather than a man.

Your 'unique' character becomes a clichéd stereotype, following the grain of what is considered right or wrong at the time by your fellow trans peers.

You then seek out other characters, who reinforce and refine your own character.

Then you tell your entire family that you are this character now and that's the way its always been.

You tell your bank, driving insurance, energy supplier, mobile phone provider of your characters name. You now have proof your character exists.

You tell your doctors that it is their duty to make this character come to life and you demand a referral to the gender clinic.

You get bored of waiting and go your own way. You know what you need, you need HRT! You book a private assessment and you get two separate opinions for £500.

Congratulations! You have a diagnosis, don't worry that its full of errors and they clearly wrote it quickly knowing you just wanted HRT and you probably wouldn't correct them anyway.

You're still waiting for the gender clinic, but because you now meet the criteria, you can start HRT on bridging hormones! Heyyyy!! Success!

All the other characters gather round and tell you how happy they are that you have finally be given the '*right*' HRT.

This is the best day of your character's life.

Your family tell you its just a character.

They worry endlessly that you will do something stupid, they tell you; come on, this isn't you, this is a character!!

"NO! I AM THE CHARACTER! IT WAS ME ALL LONG. BIGOT!"

Some family don't know what to do. They cut you out. They can't bear to sit and watch. They know what's going to happen. Some family stick by – they'd rather be there then lose you.

You are not well. You go back online and tell people "hey, maybe I'm not this character after all?"

"...THEY are the problem..." "this is internalised transphobia from your transphobic family, I'm sorry"

You are getting so much attention for your suffering, you finally are being heard, you tell them about all the awful homophobic things that happened. All the other characters sit and hug, validate and affirm.

They say all the things that a salesman will tell you about a broken car, obscuring the truth and focusing on the fact 'hey it's got wheels don't it?'

You work hard with a therapist, and you begin to see the character you've created.

You are so desperate not to lose it, you know what you could do to keep in the service, even though you really don't want to.

You ask to be referred for SRS.

They tell you to go for hair removal. You drag it out as long as you can, you defer appointments and make up excuses.