

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
TALLAHASSEE DIVISION

AUGUST DEKKER, et al.,

Plaintiffs,

v.

Case No. 4:22-cv-00325-RH-MAF

SIMONE MARSTILLER, et al.,

Defendants.

_____ /

DEFENDANTS' NOTICE TO THE COURT

Due to an inadvertent omission, and after consultation with Plaintiffs, Defendants Secretary Marsteller and the Agency for Health Care Administration attach to this notice Dr. Van Mol's curriculum vitae and attachments referenced in his declaration. The documents have already been shared with counsel for Plaintiffs as of 3:10 p.m on October 4, 2022.

Respectfully submitted,

/s/ Mohammad O. Jazil

Mohammad O. Jazil (FBN 72556)

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*Counsel for Secretary Marsteller and the
Agency for Health Care Administration*

CERTIFICATE OF SERVICE

I hereby certify that on October 4, 2022, I electronically filed the foregoing with the Clerk of Court by using CM/ECF, which automatically serves all counsel of record for the parties who have appeared.

/s/ Mohammad O. Jazil

Mohammad O. Jazil

ANDRE VAN MOL, M.D.

1755 Court St.
Redding, CA 96001
Tel. 530-247-8800 (W)
Fax 530-241-1174 (W)

BIRTH: 29 July 1960, St. Lambert (Montreal), Quebec, Canada

MARITAL STATUS: married

UNDERGRADUATE EDUCATION:

- SHASTA COLLEGE; Redding, CA 96002; AA, Biological Sciences, June 1980.
- UNIVERSITY OF SOUTHERN CALIFORNIA; Los Angeles, CA 90007; BS, Biological Sciences, May 1982.

GRADUATE EDUCATION:

- MEDICAL COLLEGE OF WISCONSIN; Milwaukee, WI 53226; MD, May 1986.

SPECIALTY TRAINING:

- CHARLESTON NAVAL HOSPITAL; Charleston, SC 29408-6900; Internship in Family Practice, July 1986-June 1987.
- NAVAL AEROSPACE MEDICAL INSTITUTE; NAS Pensacola, FL 32508-5600; Flight Surgeon course, Oct 1987-April 1988.
- CHARLESTON NAVAL HOSPITAL; Charleston, SC 29408-6900; Residency in Family Practice, Aug 1990-Nov 1992.
Special courses: Medicine in the Tropics; San Juan, PR: 03 Apr-14 May 1992.

MILITARY DUTY:

- ARMED FORCES HEALTH PROFESSIONS SCHOLARSHIP, 22 Aug 1983-25 May 1986.
- GENERAL MEDICAL OFFICER; Charleston Naval Hospital; Charleston, SC 29408; 22 July 1987-21 Sept 1987
- FLIGHT SURGEON; Carrier Air Wing Three, embarked aboard USS JOHN F KENNEDY (CV-67); NAS Oceana, Virginia Beach, VA 23460; 11 Apr 1988-17 July 1990.

HONORS:

- Navy Commendation Medal
- Navy Achievement Medal: caring for 11 of 20 injured sailors evacuated to the aircraft carrier from the submarine USS BONEFISH due to fire.
- First US Navy Flight Surgeon to complete centrifuge training phase of G-tolerance Improvement Program.
- FAMILY PHYSICIAN; Naval Hospital Okinawa, Japan; PSC 482, FPO AP 96362; 14 Dec 1992-05 Dec 1994.

COLLATERAL DUTIES:

- Head, Department of Family Practice (June 1994-Dec 1994).
- Senior Medical Officer for Branch Clinics (June 1993-May 1994); tasked with physician supervision, QI Program, and credentialing of providers for 10 Okinawa branch clinics.
- Director of Quality Improvement for Dept. of Family Practice.
- Director/coordinator of monthly CME lecture series for General Medical Officers on Okinawa (June 1993-May 1994).
- Creator of weekly *Medical Minutes* video segments for Armed Forces Far Eastern Network, Okinawa.
- Member, Executive Committee of the Medical Staff (June 1993-May 1994).
- Flight Surgeon.
- Preceptor for two Japanese national physician interns and five independent duty corpsmen.

FORMER PRACTICE:

FAMILY PHYSICIAN. 10 Jan 1995 - 09 Feb 2018; solo private practice.

Office: 3580 Santa Rosa Way, Redding, CA 96002.

Hospital Staff Privileges:

Mercy Medical Center, PO Box 496009, Redding, CA 96049-6009.

Shasta Regional Medical Center, PO Box 496072, Redding, CA 96049-6072.

CURRENT PRACTICE:

FAMILY PHYSICIAN. 12 Feb 2018 - current.

Dignity Health Medical Group North State; 1755 Court St, Redding, CA 96001.

Hospital Staff Privileges:

Mercy Medical Center, PO Box 496009, Redding, CA 96049-6009.

CREDENTIALS:

Diplomate, American Board of Family Practice since 1993, expires 31 Dec 2025.

Diplomate, National Board of Medical Examiners, No. 324250.

Medical License: California, since 1988, G062379.

LANGUAGE SKILLS:

French: fluent and literate

PROFESSIONAL SOCIETY MEMBERSHIPS:

American Academy of Family Physicians

American Board of Family Medicine, diplomate

American College of Pediatricians, affiliate member, Fellow

- Co-chair of Council on Adolescent Sexuality, Nov. 2017 - current.

Christian Medical and Dental Associations

- Co-chair, Sexual & Gender Identity Task Force

- Blogger, speaker, and media contact for CMDA
United States Naval Institute

COMMUNITY ACTIVITIES:

Bethel Church, 933 College View Drive, Redding, CA 96003.
Board member/Deacon/Elder, 1997 - present.
Moral Revolution, 933 College View Dr, Redding, CA 96003.
Board member, 2010 – present.
Medical advisor to Bethel Global Response (disaster relief teams);
2013 - present.
Medical advisor, Global Medical Research Institute, 2017-current.
HEART (sex ed) Curriculum expert advisory board, 2019.
Medical missions:
Gabon, Africa, at Hopital Evangelique de Bongolo, Jan. & Feb. 1986.
Mozambique, Africa, at Iris Ministries; medical team head for Bethel
Church, 19 June - 8 July, 2000.
Tepic, Mexico; medical team head for Bethel Church, 3 - 11 Dec. 2001.
Organized medical relief trip to Haiti, January 2010.

PROFESSIONAL PUBLICATIONS (peer-reviewed only; others available on request):

“Health-Care Reform’s Great Expectations and Physician Reality.” *The Annals of Pharmacotherapy*. Sept 2010 vol. 44, no.9, 1492-1495.

“Premature Termination of Life Is Not Palliative Care.” *CHEST*. 2013;143(1):279a-279. doi:10.1378/chest.12-2187

Michael K Laidlaw; Quentin L Van Meter; Paul W Hruz; Andre Van Mol; William J Malone. Letter to the Editor: “Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline” *The Journal of Clinical Endocrinology & Metabolism*, Volume 104, Issue 3, 1 March 2019, Pages 686–687, <https://doi.org/10.1210/jc.2018-01925>, Online, November 23, 2018.

Andre Van Mol, Michael K. Laidlaw, Miriam Grossman, Paul R. McHugh. Gender-Affirmation Surgery Conclusion Lacks Evidence. *Am J Psychiatry* 2020; 177:765–766; doi: 10.1176/appi.ajp.2020.19111130

Rosik CH, Sullins DP, Schumm WR, Van Mol A. Sexual orientation change efforts, adverse childhood experiences, and suicidality. *Am J Public Health*. 2021;111(4): e1–e2. Acceptance Date: December 30, 2020. DOI: <https://doi.org/10.2105/AJPH.2021.306156>

Michael K Laidlaw, Andre Van Mol, Quentin Van Meter, Jeffrey E Hansen, Letter to the Editor from Laidlaw et al: “Erythrocytosis in a Large Cohort of Transgender Men Using Testosterone: A Long-Term Follow-Up Study on Prevalence, Determinants,

and Exposure Years”, *The Journal of Clinical Endocrinology & Metabolism*, 2021,,
dgab514, <https://doi.org/10.1210/clinem/dgab514>

MEDICAL PROFESSIONAL EXPERT WITNESS AND AMICUS CURIAE:

Served federal courts as a medical professional *amicus curiae* in:

Harris Funeral Homes, Inc. v. EEOC, No. 18-107 (U.S. Supreme Court, July 24,
2018)

Adams v. School Board of St. Johns County, Florida, No. 18-13592 (11th Cir.
Aug. 23, 2018)

Doe v. Boyertown Area School District, No. 18-658 (3rd Cir. Nov. 21, 2018)

Meriwether v. Trustees of Shawnee State University, No. 20-3289 (6th Cir. Mar.
12, 2020)

Hecox v. Little, Nos. 20-35813 (9th Cir., Nov. 19, 2020)

Adams v. School Board of St. Johns County, Florida, No. 18-13592 (11th Circuit,
Oct. 26, 2021)

Brandt v. Rutledge, No. 21-2875 (8th Circuit, Nov. 14, 2021)

Expert Witness Affidavit:

Andre Van Mol. Court of Appeal File No. CA45940, Vancouver Registry.

B.C. Supreme Court File No. E190334, between A.B. Respondent/Claimant, and

C.D. Appellant/Respondent, and E.F. Respondent/Respondent. July 23, 2019.

MEDIA:

Details available on request.

Congress of the United States
Washington, DC 20515

May 28, 2020

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201

RE: National Institutes of Health (NIH) Study titled, “The Impact of Early Medical Treatment in Transgender Youth” (Project Number 5R01HD082554-05)¹

Dear Secretary Azar:

We write to express our deep concerns regarding the above-mentioned study, currently being administered with American taxpayer dollars through the NIH Sexual and Gender Minorities Research Office (SGMRO). This study clearly violates sound medical ethics with its experimental interventions into the normal physical development of children before they are old enough to understand or consent to such procedures. Further, it has been brought to our attention that one of the clinics that received money through this project may have fraudulently used the funds. As a result, we have grave concerns about the continuation of this study.

The NIH awarded grant money to four pediatric clinics to study hormonal interventions on children with healthy bodies who have expressed discomfort with their sex.² But there are a number of problems with this study. First, there is no control group. The study includes children from two age groups: younger children in early puberty (who receive puberty-blocking drugs) and older adolescents (who receive cross-sex hormones). The minimum age for participation in the cross-sex hormone cohort of the study was originally 13, but the age was decreased to 8 years old in 2017, mid-study.³ This means girls as young as 8 could receive high-dose testosterone solely on the basis of their “gender identity” as a boy.

Further, there is no biomarker, scan, or other physical test to establish a “gender identity.”⁴ It is based purely on feelings. In effect, the child self-diagnoses their “need” for medical intervention. The medical interventions on the bodies of children done to “affirm” their “gender identity” are

¹ https://projectreporter.nih.gov/project_info_description.cfm?aid=9730239&icde=0

² Ibid.

³ https://docs.wixstatic.com/ugd/3f4f51_a929d049f7fb46c7a72c4c86ba43869a.pdf

⁴ Laidlaw MK, Van Meter QL, Hruz PW, Van Mol A, Malone WJ. “Letter to the Editor: Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline”. J Clin Endocrinol Metab, March 2019, 104(3):686–687. doi: 10.1210/jc.2018-01925

experimental, irreversible, and lacking in diagnostic rigor.^{5,6,7} Existing research on genital surgeries to affirm gender identity, so-called “sex reassignment,” show that they rarely produce the intended clinical outcomes of improving mental health and alleviating gender dysphoria and may even exacerbate these problems in patients.⁸ In 2016, the Obama administration concluded, after reviewing the literature, that studies “did not demonstrate clinically significant changes or differences in psychometric test results” after the surgery.⁹

The debate about the medical transition of children is intensifying globally, with countries including the UK, Brazil, Australia and Sweden calling for investigations.^{10,11} The NIH should be supporting calls for similar investigations, rather than endorsing a medical protocol that inflicts irreversible harm on children.

In addition to the serious ethical concerns we hold regarding the study as a whole, it also appears that the Children’s Hospital of Los Angeles used funds from its grant to study the effects of double-mastectomies on girls as young as 13. Nowhere did the study proposal indicate that the study of surgical operations of any kind were within its scope. However, Dr. Johanna Olson-Kennedy, Medical Director of the Center for Transyouth Health and Development at the Children’s Hospital of Los Angeles, published a 2018 study in JAMA Pediatrics titled “Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults Comparisons of Nonsurgical and Postsurgical Cohorts” (enclosed) that references funding via NIH grant 1R01HD082554-01A1. This study appears on the NIH’s website.¹²

In Dr. Olson-Kennedy’s study, 33 females under the age of 18 had double mastectomies. Sixteen of these patients were 15 years or younger, and the youngest two were only 13 years old. Dr. Olson-Kennedy recorded observations in the study that girls’ “chest dysphoria” worsened for

⁵ Heneghan, C., Tom Jefferson. “Gender-affirming hormone in children and adolescents.” Blog | BMJ EBM Spotlight. February 25, 2019.

<https://blogs.bmj.com/bmjebmspotlight/2019/02/25/gender-affirming-hormone-in-children-and-adolescents-evidence-review/> (accessed February 13, 2020).

⁶ Richards, C., Julie Maxwell, and Noel McCune. “Use of puberty blockers for gender dysphoria: a momentous step in the dark”. Archives of Disease in Childhood. 2019;104(6).

<http://dx.doi.org/10.1136/archdischild-2018-315881> (accessed February 13, 2020).

⁷ Anderson, R., Robert T. George. “Physical Interventions on the Bodies of Children to “Affirm” their “Gender Identity” Violate Sound Medical Ethics and Should be Prohibited.” Public Discourse. December 8, 2019.

<https://www.thepublicdiscourse.com/2019/12/58839/> (accessed February 13, 2020).

⁸ Dhejne, C., et al. “Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden.” PLoS One. 2011;6(2):e16885.

⁹ Centers for Medicare & Medicaid Services “Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N).”

<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282&bc=ACAAAAAAQAAA&> (accessed February 13, 2020).

¹⁰ Lane, B. “AMA lends weight to fears on trans kids’ medicine.” The Weekend Australian. February 6, 2020.

<https://www.theaustralian.com.au/nation/ama-lends-weight-to-fears-on-trans-kids-medicine/news-story/f4b4a1d6e16080d3cc08966833879300> (accessed February 13, 2020).

¹¹ Arpi, I. “Gender Change Can Destroy Young People’s Lives.” Svenska Dagbladet. February 2, 2020.

<https://www.svd.se/konsbytena-kan-forstora-ungas-liv;>

<https://translate.google.com/translate?hl=en&sl=sv&tl=en&u=https%3A%2F%2Fwww.svd.se%2Fkonsbytena-kan-forstora-ungas-liv> (accessed February 14, 2020).

¹² NIH Research Portfolio Online Reporting Tools. “Project Information: 5R01HD082554-05.”

https://projectreporter.nih.gov/project_info_results.cfm?aid=9730239&icde=0 (accessed February 13, 2020).

every month they were on testosterone. If that was indeed the case, then medical ethics should dictate that the hormonal interventions be stopped rather than considering surgery to remove healthy body parts .

It appears that these taxpayer-funded studies were designed to validate a desired outcome, portraying the hormonal and surgical transition of children as the standard of care. But children ought to be protected from radical medical interventions to their healthy bodies until they reach adulthood and possess the ability to make that serious decision with a full understanding of the implications of their choice to undergo such life-altering treatments. It is particularly important to forestall such treatments until a reasonable age of consent because the use of puberty blocking medications and cross-sex hormones can lead to sterility, and mastectomies are irreversible procedures.

Given our concerns, we ask that you respond to the following requests:

1. Please provide us with a citation for the statutory authority the NIH used to create and fund this study, as well as the NIH's justification for using these statute(s).
2. Please provide us with a list of the taxpayer funding received by each of the four clinics, the specific projects they have been approved to conduct using the funds, the dollar amount each clinic was awarded for each project, and the timeframe over which the funding is available for each clinic to use.
3. Please provide us with the informed-consent policies used by each of the clinics that participated in the study, and whether those clinics in fact obtained adequate consent and assent from patients and their parents.
4. Please provide us with evidence that the NIH received advance notification from the Children's Hospital of Los Angeles that it would be using grant funds from grant 1R01HD082554-01A1 to conduct a study that involved surgical operations.
5. Please share what steps, if any, the NIH is taking to investigate the Children's Hospital of Los Angeles's use of grant funds for its study on Chest Reconstruction and Chest Dysphoria.
6. Please provide us with the total number of children under the age of 13 who participated in these studies at all four of the clinics that received NIH funds.
7. Please provide all correspondence between the NIH and all clinicians and clinics who have received funding through this grant, including all correspondence that occurred before the grant was awarded.
8. Please provide us with any plans the NIH has regarding Project Number 5R01HD082554-05 pursuant to the SGMRO's request for public comment on December 13, 2019 regarding the development of its strategic plan for Fiscal Years 2021-25.¹³

We ask that you provide your responses to these requests by June 12, 2020.

Finally, under no circumstance should the federal government be using taxpayer dollars to fund studies that carry out irreversible treatments on healthy minors before they are old enough to make a reasoned decision about such serious interventions. As such, it is our firm belief that this

¹³ Federal Register: Vol. 84, No. 240, December 13, 2019. <https://www.govinfo.gov/content/pkg/FR-2019-12-13/pdf/2019-26915.pdf> (accessed February 13, 2020)

study and any similar studies should cease immediately and should not be renewed for FY 2021-2025. If you have any questions, please contact Caitlin Burke with Senator Mike Lee at Caitlin_Burke@lee.senate.gov.

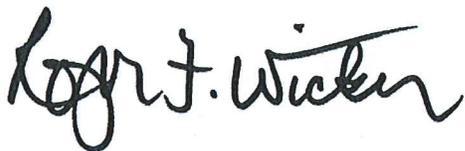
Sincerely,



Michael S. Lee
United States Senator



Mike Braun
United States Senator



Roger Wicker
United States Senator



Marco Rubio
United States Senator



Ted Cruz
United States Senator



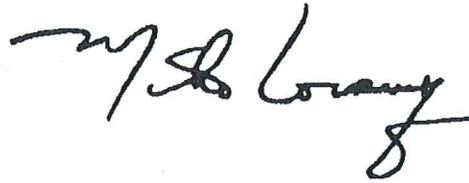
Tom Cotton
United States Senator



Marsha Blackburn
United States Senator



Doug LaMalfa
Member of Congress



Mike Conaway
Member of Congress



Mike Kelly
Member of Congress



Steve King
Member of Congress



Brian Babin, D.D.S.
Member of Congress



Doug Lamborn
Member of Congress



Doug Collins
Member of Congress



Kevin Hern
Member of Congress



Jody Hice
Member of Congress



Bill Flores
Member of Congress



Andy Harris, M.D.
Member of Congress



Ted Budd
Member of Congress



Glenn Grothman
Member of Congress



Ron Wright
Member of Congress



Alex X. Mooney
Member of Congress



Vicky Hartzler
Member of Congress



W. Gregory Steube
Member of Congress



Rick W. Allen
Member of Congress



Ralph Norman
Member of Congress



Debbie Lesko
Member of Congress



Jim Jordan
Member of Congress

Cc: Dr. Francis Collins, Director, National Institutes of Health

Dr. Diana W. Bianchi, Director, National Institute of Child Health and Human Development

A. COVER PAGE

Project Title: The Impact of Early Medical Treatment in Transgender Youth	
Grant Number: 5R01HD082554-03	Project/Grant Period: 08/01/2015 - 06/30/2020
Reporting Period: 07/01/2016 - 06/30/2017	Requested Budget Period: 07/01/2017 - 06/30/2018
Report Term Frequency: Annual	Date Submitted: 05/10/2017
Program Director/Principal Investigator Information: JOHANNA L OLSON , BS MS MD Phone number: (818) 679-6757 Email: jolson@chla.usc.edu	Recipient Organization: CHILDREN'S HOSPITAL OF LOS ANGELES 4650 Sunset Boulevard Mailstop #97 LOS ANGELES, CA 900276062 DUNS: 052277936 EIN: 1951690977A1 RECIPIENT ID: 8011-RGF009152-00
Change of Contact PD/PI: N/A	
Administrative Official: NAGHMA AHMAD 4650 Sunset Blvd, MS# 97 Los Angeles, CA 900276062 Phone number: 323-361-8560 Email: nahmad@chla.usc.edu	Signing Official: KAREN SUE NIEMEIER 4650 Sunset Blvd. #84 Los Angeles, CA 90027 Phone number: 3233616309 Email: kniemeier@chla.usc.edu
Human Subjects: Yes HS Exempt: No Exemption Number: Phase III Clinical Trial:	Vertebrate Animals: No
hESC: No	Inventions/Patents: No

Attachment B

F. CHANGES

F.1 CHANGES IN APPROACH AND REASONS FOR CHANGE

Not Applicable

F.2 ACTUAL OR ANTICIPATED CHALLENGES OR DELAYS AND ACTIONS OR PLANS TO RESOLVE THEM

In order to completely capture the impact on all youth undergoing treatment with GnRH agonists, recruitment will be expanded to include those youth in Tanner 4 of development. In addition, the minimum age for the cross-sex hormone cohort inclusion criteria was decreased from 13 to 8 to ensure that a potential participant who could be eligible for cross-sex hormones based on Tanner Staging would not be excluded due to age alone. The Principal Investigators assert that this will not impact the data analysis and results of the research study.

Due to the substantial burden on participants for completing the DISC, the Principal Investigators and Co-Investigators decided to stop utilizing the DISC and implement the Mini International Neuropsychiatric Interview (M.I.N.I.) and the M.I.N.I. for Children and Adolescents (M.I.N.I. Kid), version 7.0.2 for DSM-5, as a replacement. This transition means that there is a portion of participants for whom we are missing the baseline diagnostic data due the time it takes for coordinating center and local IRBs to approve the transition in instruments.

F.3 SIGNIFICANT CHANGES TO HUMAN SUBJECTS, VERTEBRATE ANIMALS, BIOHAZARDS, AND/OR SELECT AGENTS**F.3.a Human Subjects**

File uploaded: F3a Human Subjects.pdf

F.3.b Vertebrate Animals

No Change

F.3.c Biohazards

No Change

F.3.d Select Agents

No Change