Gender Dysphoria Alliance

Dr Joseph Ladapo
Florida Surgeon General and Secretary
Florida Department of Health
4052 Bald Cypress Way
Tallahassee, FL 32399
health@flhealth.gov

June 24, 2022

Dear Dr Ladapo,

As an adult who has medically transitioned and is happy with my own transition, if I had been asked five years ago what I thought of childhood transition, I probably would have thought it was great. It's easy to look backwards through my own experience of childhood onset gender dysphoria (GD) and imagine benefits: If I'd been put on puberty blockers, I probably wouldn't have needed a double mastectomy and wouldn't have scars. If I'd socially transitioned and started testosterone as a teen, maybe I would have more easily met social/developmental milestones with my peers.

However, I strongly disagree with childhood transition, despite any benefit some might experience. I'd like to explain to you how I've arrived at this conclusion.

As a young adult, I became a part of the lesbian community and met many very masculine lesbians and effeminate gay men, and so, began to understand my gender dysphoria as somehow related to being gay, and didn't give it much more thought than that. In the butch/femme subculture, butches often use male nicknames and are referred to by male pronouns, though no one is confused about their biological sex.

Then, in 2006 I saw a documentary on mainstream TV about "trans kids" who described the exact same experience I had. It was framed as: if you experience this, it means you are a transgender person. So that was it. I must be a transgender person because I certainly did have those experiences. I demonstrated all the classic signs since age 3, which was confusing and distressing. Previously, I had no language or framework through which to understand the experience of cross sex identification. It wasn't something I had discussed with anyone. But now it seemed that I finally had a framework – I was "trans". I booked an appointment at our local

gender clinic. My trans identity was confirmed with a Gender Identity Disorder (GID) diagnosis and I was started on testosterone. The treatment did relieve my distress and disconnect with my body.

Two years later, I became a registered nurse with a specialization in mental health. I worked in the mental health department at St Paul's Hospital in Vancouver, BC, for 10 years, first in a Psychiatric Stabilization Unit and then in the Provincial Eating Disorders Program. In 2017 I moved to Kelowna BC to help launch a multidisciplinary youth clinic. By 2019, about 20% of the youth presenting to our clinic were trans identified and requesting medical interventions. Our physician was interested in providing those services but didn't have the sessional time with our program for lengthy assessments. Since assessment is one of my professional strengths, I offered to do intake and assessment and coordinate the trans health services.

I consulted with Trans Care BC, which provides clinical training for our Province. They came out to Kelowna twice to do training for us, and I was doing weekly mentorship calls with them. This is when I started to become confused and concerned.

The in-person training was best described as cultural sensitivity training. They presented the Genderbread man diagram, personal narratives, and coached us on the proper use of pronouns. They didn't include any peer reviewed studies, only community-based surveys. There was no mention of gender dysphoria.

I was informed that assessments were only for the purpose of determining a patient's capacity to consent, which could be done in a single visit. In BC, minors may consent to treatment without parental permission, under our Mature Minors Act.

I asked for peer reviewed studies about gender dysphoria, and psychotherapeutic models that are helpful for those with gender dysphoria. They didn't point me to a single study.

During mentorship calls and on the clinical listserv, I heard that other clinicians were telling parents that their child would die by suicide if the parents did not support their medical transition. One well known psychologist, during a public presentation, told the audience to lie about being suicidal to get what they wanted.

I've known some of these clinicians for many years. Some of them were my care providers. I became very confused about what trans or GD is and why practice has changed so much.

The youth I was seeing were often highly complex and very few of them seemed to have the same experience of GD that I did. Between Aug 2019 - Dec 2020, I saw 52 clients for hormone readiness assessments. 71% were natal females. Of the females, only 8% identified as heterosexual. (The boys were all heterosexual or bisexual). 19% had an ASD diagnosis. 29% had an ADHD diagnosis. 14% were involved with child protection services or were adopted. 15% reported significant trauma. A single visit assessment seemed grossly insufficient, so I took time to do more thorough assessments and provide education about risks.

Some of the youth had been very lonely through childhood. Some admitted that they never had any gender dysphoria as children. One teen girl in particular stands out in my mind. She had been wanting to become a boy. Then, one day her parents brought her in to see me again. She seemed embarrassed and said she was happier back when she was a girl. She was upset that she'd have to "grow her hair long and start wearing girl clothes". I informed her that she could have whatever hairstyle and wear whatever she wanted to as a girl and asked if she'd considered exploring what kind of girl she was. She lit up like it was Christmas morning and seemed very relieved. She never came back for hormones.

Meanwhile, some of my friends who transitioned 20 years ago were starting to open up about their transitions. One very much regrets his transition and now knows he had been motivated by childhood sexual abuse.

I became so disturbed and confused by what I was seeing in trans care that I started digging into the medical literature for answers. Surely there was evidence to explain why thorough assessment and psychotherapy were eliminated. I found no such evidence. What I found were 11 studies all saying that most young people with childhood onset gender dysphoria desist by or through puberty. I also read through studies by psychologists Dr Blanchard, Dr Bailey, Dr Zucker and Dr Vasey. That's when I personally crashed. No one had ever informed me about homosexual transsexualism or autogynephilia. That body of work makes 100% sense regarding my own experience of GD and what I've seen in the trans population over the past 20 years.

When I raised concerned within the system of care, complaints were made to my employer, I was removed from Trans Care BC's mailing list, our clinic was boycotted, and I was moved to another program within the organization. A trans woman who works for Trans Care BC and 2 of her friends began a smear campaign on social media and called my head office to try to get me fired. The accusation was "gatekeeping" and "spreading misinformation".

These events prompted me to create the Gender Dysphoria Alliance as a lightning rod for like-minded trans people who want to understand gender dysphoria from an evidence-base rather than activist narratives.

We've had many people: parents, trans people, clinicians, detransitioners, journalists, reach out to us not knowing where else to turn.

I believe the clinical community has failed in its obligation to provide evidence-based care and education about what gender dysphoria is.

I believe there is a social phenomenon occurring which is attracting young, vulnerable people into trans identities. Queer theory activism, which is a deliberate attempt to blur our understandings of male/female and gay/straight, is confusing kids and recruiting them into a political movement, whether they have GD or not.

Kids are being socially and medically transitioned without any regard to the desistance studies.

I am very much in support of the model that the state of Florida is proposing. Watchful waiting and psychotherapy are best practice for minors.

Knowing what I now know, as a young person, I would have benefitted from the truth – that my gender dysphoria is related to my sexual orientation, which many gay and lesbian people experience, especially in childhood.

I feel lied to by the system and will not participate in continuing that lie as a clinician.

Thank-you for your efforts to protect the kids like I was, and offering them a safe, evidence-based system of care.  If there's anything more I or Gender Dysphoria Alliance can do to support your initiative, please let me know.

Warm Regards,

Aaron Kimberly, RN

Director, Gender Dysphoria Alliance