

## OPPOSE SB214

### Written testimony given by Michelle Cretella on March 4, 2024

I am Dr. Michelle Cretella a pediatrician consultant to attorneys representing detransitioners in litigation against doctors who devastated their physical and mental health by transitioning them as teens. Please amend SB214 to apply only to adults.

- 1) The detransitioner cases I reviewed are now women in their twenties who have sustained permanent damage including painful sexual intercourse, inability to orgasm, “broken voices”, 5 O’clock shadows, “feeling like a freak”, PTSD, depression and anxiety knowing they may be infertile, will never get their breasts back and/or nurse a baby, anxiety regarding their long term health due to years on toxic levels of Testosterone.
- 2) Every detransitioner was first a gender dysphoric teen who fell prey to social contagion and doctors who pushed them to transition despite a history of unresolved mental illnesses and traumas including sexual abuse prior to any sign of their gender dysphoria. There are rigorous studies to show nearly all gender dysphoric teens suffer profound unresolved traumas & mental illnesses prior to developing gender dysphoria; we are only seeing the tip of the detransitioner iceberg.

During Q & A I said “I anticipate a tsunami of lawsuits b/c recent evidence suggests regret may be as high as 30%.” The WPATH source, Dr. Joyce Asseler, actually stated that by an average age of 32 years, 27% of children transitioned young with blockers and cross-sex hormones and surgeries expressed regret over “sacrificing their fertility” [Ref 1]; I also said that a recent study/review determined the numerous detrans/regret studies alleging rates between 1-2% focus on adults & have been deemed too flawed to be correct [Ref 2]; finally, I referenced a study out of Finland that proves suicide in trans youth is due to underlying traumas & mental illnesses (not gender dysphoria or trans identity), and that gender reassignment does not reduce risk of suicide. [Ref 3]

- 3) Seven high quality international studies (systematic reviews) conclude that gender transition in minors is experimental and not supported by strong science.[Ref. 4] Risk of harm to youth from transition is high. Youth placed on puberty blockers and cross-sex hormones face elevated risks across their lifespan including but not limited to infertility, bone loss, blood clots, stroke, heart attack, cancers and more including suicide.[Ref. 5 & 6]
- 4) The UK, Sweden, Denmark and Finland have restricted medical transition in minors to clinical trials, and mandated psychotherapy as the first line care for minors with gender dysphoria. Norway’s 4 health councils have recommended the same for that country. [Ref. 7]
- 5) **AMEND SB 214 FOR ADULT TRANSITIONS ONLY. THANK YOU.**

## References:

- 1) WPATH FILES <https://environmentalprogress.org/big-news/wpath-files>  
SCREEN SHOT EXCERPT:

few months later at WPATH's International Symposium in Montreal in September 2022.<sup>48</sup> The team of Dutch researchers gave a presentation of the results of the first long-term study of young people who had their puberty suppressed, and as Metzger suggested, the results were far from encouraging.

In a segment titled, Reflecting on the Importance of Family Building and Fertility Preservation, Dr. Joyce Asseler revealed that 27% of the young people who had undergone early puberty suppression followed by cross-sex hormones and surgical removal of the testes or ovaries, now, at an average age of 32, regret sacrificing their fertility, or as the Dutch researchers worded it, "find their infertility troublesome." A further 11% are unsure about

- 2) Cohn J. **The Detransition Rate Is Unknown.** *Arch Sex Behav.* 2023 Jul; 52(5):1937-1952. doi: 10.1007/s10508-023-02623-5. Epub 2023 Jun 12. PMID: 37308601; PMCID: PMC10322769. **Full study may be read & PDF downloaded from:**  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10322769/>
- 3) Ruuska SM, Tuisku K, Holttinen T, Kaltiala R. **All-cause and suicide mortalities among adolescents and young adults who contacted specialised gender identity services in Finland in 1996-2019: a register study.** *BMJ Ment Health.* 2024 Feb 17 ;27(1):e300940. doi: 10.1136/bmjment-2023-300940. PMID: 38367979; PMCID: PMC10875569. **Full study may be read & PDF downloaded from:**  
<https://mentalhealth.bmj.com/content/27/1/e300940>
- 4) **All seven systematic scientific reviews of studies of gender affirming care in youth:**
  - a. Ludvigsson, J.F., Adolfsson, J., Höistad, M., Rydelius, P.-A., Kriström, B. and Landén, M. (2023), A systematic review of hormone treatment for children with gender dysphoria and recommendations for research. *Acta Paediatr.* Accepted Author Manuscript. <https://doi.org/10.1111/apa.16791>
  - b. Swedish Agency for Health Technology Assessment and Assessment of Social Services ' 2019 literature review. <https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/>
  - c. Finland 2020 :“Recommendation of the Council for Choices in Health Care in Finland (PALKO/ COHERE Finland). Medical Treatment Methods for Dysphoria Related to Gender Variance In Minors” [https://segm.org/sites/default/files/Finnish\\_Guidelines\\_2020\\_Minors\\_Unofficial%20Translation.pdf](https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf)
  - d. 2020. UK's The National Institute for Health and Care Excellence (NICE) Evidence review: Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria.: <https://ia802301.us.archive.org/4/items/gov.uscourts.ared.128159/gov.uscourts.ared.128159.45.9.pdf> or <https://cass.independent-review.uk/nice-evidence-reviews/>; and N.I.C.E. Evidence review: Gender-affirming hormones for children and adolescents with gender dysphoria.: <https://cass.independent-review.uk/nice-evidence-reviews/>
  - e. Cass Review, Interim Report (2022) <https://cass.independent-review.uk/publications/interim-report/>

- f. 2022 Florida AHCA Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria, comprehensive literature review (Attachment C), Romina Brignardello-Petersen, DDS, MSc, PhD and Wojtek Wiercioch, MSc, PhD: Effects of Gender Affirming Therapies in People with Gender Dysphoria: Evaluation of the Best Available Evidence. 16 May 2022.  
[https://ahca.myflorida.com/letkidsbekids/docs/AHCA\\_GAPMS\\_June\\_2022\\_Attachment\\_C.pdf](https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Attachment_C.pdf)
- g. Zepf FD, King L, Kaiser A, Ligges C, et al. Beyond NICE: Updated Systematic Review of the Evidence for Puberty Blockade and Hormone Administration in Minors with Gender Dysphoria; Journal of Child and Adolescent Psychiatry and Psychotherapy; Published Online: February 27, 2024 <https://doi.org/10.1024/1422-4917/a000972>
- 5) Laidlaw M, Van Meter QL, Hruz PW, Van Mol A and Malone WJ. *The Journal of Clinical Endocrinology & Metabolism*, 2019;104(3): 686–687, <https://doi.org/10.1210/jc.2018-01925>
- 6) **Gender Affirming Care is Dangerous. I Know Because I Helped Pioneer It.** The Free Press. November 2023 available here:  
[file:///C:/Users/drmcr/OneDrive/Desktop/Riittakerttu%20Katiala/Gender\\_Affirm\\_Dangerous\\_Dr.%20Riittakerttu%20Katiala\\_Nov\\_2023.PDF](file:///C:/Users/drmcr/OneDrive/Desktop/Riittakerttu%20Katiala/Gender_Affirm_Dangerous_Dr.%20Riittakerttu%20Katiala_Nov_2023.PDF)
- 7) Treatment of Gender-Diverse Youth : *A growing chasm between North America and Europe* . Available at <https://segm.org> (scroll down the homepage to find this article).