

Good morning Chair Gossage and members of the committee,

My name is Dr. Roy Eappen. I am a board certified Endocrinologist from Montreal Quebec, Canada.

I am a Fellow of the Royal College of Physicians of Canada, a diplomate of the American Board of Internal Medicine, a Fellow of the American College of Physicians, and a Fellow of the American College of Endocrinology. I am a certified densitometry professional and an assistant professor at McGill, where I did much of my training.

The weekend edition of the London Times, provided the global community a small glimpse into the now shuttered Tavistock Centre. Founded in 1989, Tavistock operated as the United Kingdom's only dedicated gender identity clinic, receiving children as young as three if they had already socially transitioned. Puberty blockers were referred to over 1,000 patients until its doors were forcibly closed last year.

Clinical psychologist and former Tavistock employee, Dr. Anna Hutchinson, believed prescribing puberty blockers gave children critical "time to think" about the next steps towards fully transitioning. This theory appears sound enough, but in her own clinical application, almost every one of Dr. Hutchinson's child patients remained in the medicalized pipeline through the final component: fully transitioning. They went on to take testosterone, estrogen, and other cross-sex hormones. The consequences of such interventions, she now admits, were irreversible. Dr. Hutchinson went on to state publicly that the health was "scandalous in its negligence and scale," Hutchinson now publicly admits. Those who spoke out, were, "demonized."

Puberty blockers began these young people's long and untested pharmaceutical journey. Consequences from irreversible cross-sex hormones were leading some to a life of severe medical dependency.

Dr. Hutchinson disclosed the service was soon "accepting everyone." The volume of these young patients overwhelmed staff.

Dr. Hillary Cass' independent review of the clinic concluded that these minors were left at "considerable risk" of poor mental health and distress. More than a third of minors referred to Tavistock exhibited moderate to severe traits of autism. Autism and other comorbidities associated with gender confusion, anxiety, depression, ADHD and even sexual trauma, should be opportunities to address these issues through supportive psychotherapy. An independent study in the United Kingdom found that up to one third of patients referred to the country's Gender Identity Development Service have autism or other neurotypical conditions.

Pharmaceutical and surgical interventions bring risk of dangerous, lifelong consequences: Cognitive impairment, diminished bone or cardiovascular health, loss of

fertility, emotional distress (embodied in the rise of detransitioners), increased rates of breast and uterine cancers and death.

Finland, Sweden, France and the United Kingdom led the international community on LGBTQ rights. Europeans suffering from gender confusion were receiving treatments over a decade before being popularized in the US. Once again on the forefront, these nations conducted systematic reviews of the evidence, ultimately finding the benefits of opposite sex treatment in minors too uncertain to outweigh the risks. Finland began dismantling what its public-health body called the "experimental" medicine of hormonal interventions. They, like Sweden, have banned these medications and procedures for anyone under 18, and even advise adults under 25 to wait.

Available data on American minors diagnosed with gender dysphoria is limited. Gendered identity cannot be measured through biology-based testing such as x-rays, MRIs or blood samples. Based solely on 2017-2020 insurance claims, the diagnosis of children 6 to 17 rose annually by about 20%. Between 2020-2021 the diagnosis increased 80%. This is a total of 121,882 new diagnoses during this five year period.

Without meaningful public policy reform, physicians and therapists will continue prioritizing transitioning medication and surgery for these American youth. Just like in Finland, Sweden and the U.K., the United States has an opportunity to protect its children and adolescents from the unscientific and dangerous treatments happening today.