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Office of the Chairman

Address to the Workshop on Unfair or Deceptive Trade Practices in Gender Affirming Care
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Just over a year ago, the *New York Times* reported that the Biden administration had pressured the World Professional Association for Transgender Health, or WPATH, to remove age-minimum requirements for cross-sex hormones and other sex-change surgeries from their forthcoming guidelines on care of transgender youth.[1] Why did the Biden administration object to age-minimum requirements?

According to emails provided to the *New York Times* and the State of Alabama in its suit against the Biden Administration, the Biden health agencies worried that including age-minimum requirements in the guidelines would "result in devastating legislation for trans care."[2] The Biden Administration's concern was not that age-minimum requirements were unscientific, unreasonable, or unhelpful to doctors, therapists, parents, and children experiencing gender dysphoria. Science was beside the point. Instead, their concern was *political*. They worried that age-minimum requirements gave too much ammunition to critics of "gender affirming care."

The Biden Administration didn't care about the parents and kids who might have relied on those requirements when deciding whether to consent to expensive hormone treatments and sex-change surgeries. They didn't care about the parents and kids who might have been spared a lifetime of pain and regret if their doctors, therapists, and surgeons had observed those requirements. They cared about politics; they didn't care about people.

Today is not about politics. It is about the parents and kids the Biden administration chose to ignore. It is about our nation's children, who stand in most need of our love, protection, and support. It is about their parents, whose selfless and fruitful love is the foundation of our nation

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[1] Biden Officials Pushed to Remove Age Limits for Trans Surgery, Documents Show, N.Y. Times (June 25, 2024), https://www.nytimes.com/2024/06/25/health/transgender-minors-surgeries.html.

[2] *Ibid.*; Br. of Alabama as *Amicus Curiae* Supporting State Resp. at 17, *United States v. Skrmetti*, 605 U.S. ---, 145 S. Ct. 1816 (2025) ("After reviewing the draft, Admiral Levin's office contacted WPATH at the beginning of July with a political concern: that the listing of 'specific minimum ages for treatment,' 'under 18, will result in devastating legislation for trans care' and so "Admiral Levin's chief of staff suggested that WPATH *hide the recommendation by removing the age limits*" (emphasis added)); see also *id*. at 2 (recounting that "Admiral Rachel Levine [then-]Assistant Secretary for Health at the U.S. Department of Health and Human Services[] … demanded that WPATH remove from the guideline *all* age limits for chemical treatments, chest surgeries, and even surgeries to remove children's genitals" because the alternative or disclosing that Johns Hopkins had "found little to no evidence about children and adolescents … would … put us in an *untenable position in terms of affecting policy or winning lawsuits*" (emphasis added) (quoting Ex. 174(Doc.560-24):1–2))); *id*. at 17–19 (referring to the "political issues ... impacting our own discussions and strategies" (quoting Ex. 187(Doc.700-16):13–14, 110)).

and every nation. It is about caring for the most vulnerable among us and protecting them from manipulation and abuse. It is about healing the wounds that proponents of gender-affirming care may have inflicted on our nation's children and parents and preventing the potential for future harm. Today is going to be about people, not politics.

So, I want to focus on some of the courageous young people we have with us today. While each person's story is unique, they do share certain features in common. And I want to highlight those features because they speak to recurring patterns of potential deception in gender-affirming care. As Chairman of the Federal Trade Commission, Congress has entrusted me with protecting citizens from deceptive acts and practices, and one of the reasons we are here today is to examine whether some of the practices in gender-affirming care are deceptive and require greater scrutiny by the FTC.

Let's start with Prisha Mosley. As you will hear from Prisha herself, at fourteen years old, Prisha was a victim of sexual assault. By age sixteen, Prisha suffered from depression, obsessive-compulsive disorder, and anorexia. After a concerning episode of self-harm, a pediatrician was recommended to help Prisha address her eating disorder. After a brief consultation, the pediatrician concluded that Prisha was actually a boy and recommended a therapist specializing in transgender care.

Prisha recalls that the therapist assured Prisha that she could cure her depression, obsessive-compulsive disorder, and anorexia by making her body more masculine through testosterone injections. Just a few months later, Prisha secured a letter from a mental-health counselor stating that the surgical removal of her breasts was a "clinical necessity."[3] One month later, Prisha's breasts were removed.

What had begun, just two years earlier, as a referral to a pediatrician for treatment of Prisha's anorexia, ended on a surgeon's table, with the removal of her breasts.

Claire Abernathy will describe her similar experience. After "experiencing a traumatic sexual assault," she began identifying as a "boy" when she was just eleven years old.[4] A year later, she met with a therapist who specialized in transgender care. Claire explains that this therapist recommended she realize her male identity through hormone injections and sex-change surgeries. Although Claire's mother was not confident in the diagnosis, she was told that affirming Claire's identity as a "boy" was necessary to prevent Claire from committing suicide. The takeaway for Claire's mother was clear: the only way to heal Claire, the therapist explained, was to take the chemical and surgical steps necessary to make Claire's body more masculine.

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[3] Compl. ¶ 91, *Mosley v. Emerson*, No. 23-cvs-2375 (N.C. Sup. Ct. Cnty. of Gaston Jul. 17, 2023), https://nsjonline.com/wp-content/uploads/2025/06/prisha-mosley-complaint.pdf.

[4] Desisted & Detransitioned Women's Cacus: Interview with Claire Abernathy, WDI USA (Feb. 21, 2025), https://womensdeclarationusa.com/desisted-detransitioned-womens-caucus-interview-with-claire-abernathy/.

And so it happened that, in the summer following her eighth-grade graduation, Claire's breasts were removed.

Soren Aldaco, too, identified as a "boy" when she was eleven years old, although she did so at the instigation of an older girl she met online. Four years later, Soren had a severe mental health breakdown that required hospitalization. There she met a psychiatrist who Soren recalls told her that transitioning to become a boy was a medically legitimate form of treatment for her mental health challenges.[5] After a short appointment, Soren was prescribed testosterone. After a year of testosterone, social isolation brought about by COVID lockdowns, and a difficult break up, Soren decided she wanted to remove her breasts.[6] Although Soren's therapist knew Soren had expressed reservations about going completely "male," she still wrote a letter recommending the surgical removal of her breasts.[7]

$25,000 later, Soren's breasts were removed.

These are not stories of "liberation," but of "desperation." After years of intense mental-health struggles, these girls and their parents were looking for any path that might lead to genuine healing. And they encountered physicians, therapists, and surgeons who purported to provide them with one.

Their pitch was simple: the children's real problems were not due to the trauma of sexual assault, depression, or anorexia. Instead, the real problem was the fact that they were boys trapped in girls' bodies. Taking chemical and surgical steps necessary to look more like a boy would relieve their symptoms. But they weren't cured. Indeed, their mental health continuously declined over the course of their "treatment." By the time they realized that their "medical transition" had not solved their mental-health issues, permanent and irreversible changes had been made to their bodies. They say they were never informed that testosterone injections would effect permanent changes in their voices, their faces, their hormone levels, and their fertility. Far from making them "whole," this gender-affirming care left them, in the words of Prisha, "broken, with extreme physical injuries, and without [their] body parts."[8]

Unfortunately, these stories are common. The path to puberty blockers, hormone injections, and sex-change surgery often begins with a young person struggling with various mental health issues, who recently underwent a personal crisis. At a loss for how to help their child, parents seek the advice of medical specialists who they believe will provide objective, evidence-based guidance. After a brief meeting with the child, these specialists may proclaim that his or her

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[5] How One Detransitioner Found Peace Outside of Medicalization, iWFeatures (May 18, 2023), https://www.iwfeatures.com/documentary/how-one-detransitioner-found-peace-outside-of-medicalization/.
[6] Plaintiff's Original Petition ¶¶ 47-52, *Aldaco v. Perry*, No. 067-343803-23 (Tex. Dist. Ct. Tarrant Cnty. Jul. 21, 2023), https://thetexan.news/app/uploads/2023/Aldaco-Gender-Modification-Suit.pdf (emphasis added).
[7] *Id*. at 55–58.
[8] Prisha Mosley, I Began 'Gender Transition' At 16. I Was Lied To In A Terrible Way. Now I Am Seeking Justice, IWF (Jul 27, 2023), https://www.iwf.org/2023/07/27/i-began-gender-transition-at-16-i-was-lied-to-in-a-terrible-way-now-i-am-seeking-justice/.

problems can be solved by undergoing a "medical transition." Parents may be told they should "affirm" their child's identity lest they put their child at a greater risk of suicide.

Parents are thus confronted with a terrifying choice: Either consent to gender-affirming care, or their child may die. As one of the most public champions of these therapies explained more than a decade ago, "[w]e often ask parents, 'Would you rather have a dead son than a live daughter?'"[9]

Confronted with this terrifying choice, parents are sometimes told that puberty blockers will give their children "time to think" and make an informed decision about transitioning. What parents often aren't told is that puberty blockers don't delay puberty but suppress it entirely and that most children on puberty blockers move on to sex-hormone injections.[10] In such cases, puberty blockers do not buy a child or her parents "time to think;" they are a "gateway drug" to a lifetime of expensive hormone injections and sex-change surgeries.

The stories we will hear today paint a troubling picture. Lured by the promise of a failsafe cure for all their mental health problems, and kept in the dark about the permanent and irreversible effects of medical transitioning, these young people and their parents say they were coaxed to open their minds, their hearts, and their wallets to the miraculous healing powers of puberty blockers, hormone injections, and sex-change surgeries.

There is only one problem: "[I]t isn't true."[11] And that isn't me saying it. That's a quote from *The Atlantic*, written by the same reporter who previously accused the Trump Administration of carrying out a "[n]asty [c]ampaign" on this issue.[12]

Europeans have a few decades of empirical evidence to offer us too. A 2024 report on gender identity services commissioned by the UK's National Health Service, called the Cass Report after its author, found no evidence to support the claim that puberty blockers improved a child's body image or gender dysphoria[13]; no evidence to support the claim that "gender-affirming

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[9] Transgender Kids Pioneer Early Changes to Identity, Body, ABC News (Aug. 31, 2011), https://abcnews.go.com/Health/transgender-kids-pioneer-early-identity-body/story?id=14404963.

[10] See Dr. Hilary Cass, *Independent review of gender identity services for children and young people: Final report* at 32 (Apr. 2024), https://cass.independent-review.uk/home/publications/final-report/ ("[G]iven that the vast majority of young people started on puberty blockers proceed from puberty blockers to masculinising/feminising hormones there is no evidence that puberty blockers buy time to think, and some concern that they may change the trajectory of psychosexual and gender identity development."); *id.* at 176 (One study found that 98% of participants "who started on puberty suppression progressed to masculinising/feminizing hormones.").

[11] Helen Lewis, The Liberal Misinformation Bubble About Youth Gender Medicine, The Atlantic (June 29, 2025), https://www.theatlantic.com/ideas/archive/2025/06/transgender-youth-skrmetti/683350/.

[12] Helen Lewis, The Trump Administration's Nasty Campaign Against Trans People, The Atlantic (June 9, 2025), https://www.theatlantic.com/ideas/archive/2025/06/trump-transgender-treatments-gender/683046/.

[13] Cass, *supra* n.10, at 32 (explaining that in a systematic review of studies on the effects of puberty blockers, conducted by the University of York, "no changes in gender dysphoria or body satisfaction were demonstrated [and t]here was insufficient/inconsistent evidence about the effects of puberty suppression on psychological or psychosocial wellbeing, cognitive development, cardio-metabolic risk, or fertility").

treatment" or sex hormone injections reduce a child's risk of suicide[14]; and no evidence to support the claim that social transition in children led to positive mental health outcomes.[15] Most importantly, the Report did not find sufficient evidence to support the claim that "gender-affirming care," puberty blockers, or sex-hormone injections had a positive effect on the psychological well-being of patients.[16] The Report criticized many of the most popular clinical guidelines for recommending medical transition in spite of "insufficient evidence about the risks and benefits of medical treatment in adolescents, particularly in relation to long-term outcomes."[17] More specifically, the Report notes that the most influential clinical guideline, published by WPATH, "overstates the strength of the evidence" in recommending medical transition for adolescents.[18]

The shocking disjunction between the science behind these treatments and the claims about them is hardly limited to Europe. Just last year, the *New York Times* ran a lengthy expose about how one of the leading advocates of these treatments refused to publish the results of a nearly ten-year study that suggested "[p]uberty blockers did not lead to mental health improvements" in children diagnosed with dysphoria.[19] She refused to publish the results of her study because she was worried they might provide support to State governments who were regulating this care.[20] You heard me right. She refused to publish her scientific study because of politics.

This disjunction played out before the Supreme Court of the United States. During oral arguments in *United States v. Skrmetti*,[21] the Biden Administration's Solicitor General attacked

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[14] *Id.* at 33 ("It has been suggested that hormone treatment reduces the elevated risk of death by suicide in this population, but the evidence found did not support this conclusion."); *id.* at 187 ("In summary, the evidence does not adequately support the claim that gender-affirming treatment reduces suicide risk.").
[15] *Id*. at 31.
[16] *Id.* at 154 ("The University of York concluded that there is limited research evaluating outcomes of psychosocial interventions for children and adolescents experiencing gender incongruence, and low quality and inadequate reporting of the studies identified. Therefore, firm conclusions about their effects cannot be made."); *id.* at 22 (A 2015-2016 study on "use of puberty blockers from early puberty … did not demonstrate benefit" and registered no "positive measurable outcomes."); *id.* at 176 ("The University of York concluded that there is insufficient and/or inconsistent evidence about the effects of puberty suppression on psychological or psychosocial health."); *id.* at 32 (In a systematic review of studies on the effects of puberty blockers, "no changes in gender dysphoria or body satisfaction were demonstrated. There was insufficient/inconsistent evidence about the effects of puberty suppression on psychological or psychosocial wellbeing, cognitive development, cardio-metabolic risk, or fertility."); *id.* at 184 ("As expected, hormone treatment induced puberty in the desired gender. Inconsistent results were found for height/growth, bone health and cardiometabolic health. Evidence relating to gender dysphoria, body satisfaction, psychosocial and cognitive outcomes was insufficient to draw clear conclusions.").
[17] *Id.* at 130 ("For many of the guidelines it was difficult to detect what evidence had been reviewed and how this informed development of the recommendations. For example, most of the guidelines described insufficient evidence about the risks and benefits of medical treatment in adolescents, particularly in relation to long-term outcomes. Despite this, many then went on to cite this same evidence to recommend medical treatments.").
[18] *Id.* at 132 ("[I]nstead of stating that some of its recommendations are based on clinical consensus, WPATH 8 overstates the strength of the evidence in making these recommendations.").
[19] U.S. Study on Puberty Blockers Goes Unpublished Because of Politics, Doctor Says, N.Y. Times (Oct. 23, 2024), https://www.nytimes.com/2024/10/23/science/puberty-blockers-olson-kennedy.html.
[20] *Id.*
[21] 605 U.S. ---, 145 S. Ct. 1816 (2025).

Tennessee's regulation of gender-affirming care for children because it failed to "take into account the … significant health benefits that can come from providing gender-affirming care, including reduced suicidal ideation and suicide attempts."[22] But just a few minutes later, the lawyer representing the private plaintiffs attacking the law made a shocking admission in response to a question from Justice Alito about the Cass Report: "[T]here is no evidence in … the studies that this treatment reduces completed suicide."[23] This had been the whole premise of the push for gender-affirming care: a choice between hormones and sex-change surgeries, or suicide. But there is no evidence to support that premise. Indeed, the State of Alabama's brief filed in the same case revealed in gruesome details the lengths to which the Biden Administration went to deny this reality for fear of the political consequences.[24]

Now, why does this all matter to the Federal Trade Commission? As Chairman, I'm not charged with passing moral judgment on *anyone's* ideology, lifestyle, or medical choices. I *am* charged, however, with protecting my fellow citizens from unfair or deceptive trade practices. Experience has taught us that the more vulnerable the population, the more likely they are to be targeted with deception. For example, people who suffer from chronic or terminal diseases are more prone to be deceived by healthcare scams.[25] Taking advantage of their desperation, modern-day "snake-oil salesmen" promise them the moon: an affordable and scientifically proven "cure" that will succeed where all conventional medical treatments have failed. Of course, the "cure" is not scientifically proven to be effective; the salesman just presents it *as if* it was. The FTC's statutory mandate is to protect vulnerable people from deceptive cures and health claims.

Now, I have heard it argued that the Commission ought not to address today's topic at all because the Commission does not regulate the practice of medicine, and because the topic is politically controversial. Both arguments are categorically wrong, and I reject them. First, the FTC is the federal government's guardian against false and deceptive health claims. We have brought dozens of enforcement actions against false and misleading health claims, from shyster snake-oil salesmen to powerful pharmaceutical companies.[26] We have won actions against individuals

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[22] Transcript of Oral Argument at 33, *United States v. Skrmetti*, 605 U.S. ---, 145 S. Ct. 1415 (2025).
[23] *Id.* at 88.
[24] Br. of Alabama, *supra* n.1 at 15–23.
[25] FTC, Health Products Compliance Guidance 5 (Dec. 2022), available at https://www.ftc.gov/system/files/ftc_gov/pdf/Health-Guidance-508.pdf ("[T]erminally ill consumers might be particularly susceptible to exaggerated cured claims.").
[26] See, e.g., Compl. at 1–2, *United States v. Akoury*, No. 2:23-cv-26 (E.D. Tenn. Mar. 16, 2023) (claiming effectiveness of opioid-addiction-, cancer-, and other chronic-condition-treatment services); Compl. at 1–2, *United States v. B4B Earth Tea LLC*, No. 1:22-cv-1159 (E.D.N.Y. Mar. 3, 2022) (claiming teas prevented and treated COVID-19); *FTC v. Roca Labs*, 345 F. Supp. 3d 1375, 1381–82 (M.D. Fla. 2018) (claiming weight loss efficacy); *FTC v. NPB Advertising*, 218 F. Supp. 3d 1352, 1358 (M.D. Fla. 2016) (promising "tremendous weight-loss results"); *FTC v. COORGA Nutraceuticals Corp.*, 201 F. Supp. 3d 1300, 1306 (D. Wyo. 2016) (claiming dietary supplement can reverse and prevent formation of gray hairs); Compl. at 7, *FTC v. Sunrise Nutraceuticals, Inc.*, No. 9:15-cv-81567 (S.D. Fla. Nov. 16, 2015) (claiming effectiveness in curing opioid addiction); Compl. at 5–24, *FTC v. NourishLife, LLC*, No. 1:15-cv-00093 (N.D. Ill. Jan. 7, 2015) (claiming products could cure childhood speech disorders); Compl. at 5–13, *FTC v. Sensa Prods., LLC*, No. 1:14-cv-00072 (N.D. Ill. Jan. 7, 2014) (claiming product caused weight loss); *In re POM*

selling everyday herbs and spices as "cures" to cancer,[27] organizations overstating the effectiveness of their products in preventing COVID-19,[28] and medical centers making unsubstantiated claims about their efficacy in treating chronic diseases.[29] Time and time again, we have enforced the FTC Act against businesses and individuals who made claims about their health products and services that were not backed by scientific evidence. Just last year, we won a judgment against a company that "tricked people who needed real medical help into buying expensive, unproven stem cell therapy."[30] This was a deceptive medical cure aimed at vulnerable people—the elderly and the disabled.[31] We won another judgment against the makers of a popular supplement who made claims about the mental-health effects of the supplement without competent and reliable scientific evidence.[32] The Biden Administration's chief consumer-protection enforcer publicly warned after the victory that "[c]ompanies should take note and remember that health claims need to be backed up by reliable scientific evidence."[33]

Wonderful, 155 F.T.C. 1, 2 (2013) (claiming products could treat, prevent, or reduce the risk of heart disease, prostate cancer, and erectile dysfunction); *In re NBTY, Inc.*, 151 F.T.C. 201, 203–06 (2011) (claiming dietary supplements promote children's eye and brain development); *In re Nestle Healthcare Nutrition*, 151 F.T.C. 1, 2 (2011) (claiming product would boost children's immune systems); *Daniel Chapter One*, 148 F.T.C. 832, 904–35 (2009) (claiming product prevented, treated, or cured cancer and tumors); *FTC v. Nat'l Urological Grp.*, 645 F. Supp. 2d 1167, 1190 (N.D. Ga. 2008) (claiming products caused weight loss and sexual enhancement); *FTC v. Direct Mktg. Concepts, Inc.*, 569 F. Supp. 2d 285, 293–94 (D. Mass. 2008) (claiming products could cure cancer, heart disease, arthritis, etc.), aff'd, 624 F.3d 1 (1st Cir. 2010); *Trudeau v. FTC*, 456 F.3d 178, 180 (D.C. Cir. 2006) (selling books that claimed to teach consumers how to lose weight and treatments for cancer, multiple sclerosis, and other ailments); *FTC v. QT, Inc.*, 448 F. Supp. 2d 908, 912 (N.D. Ill. 2006) (claiming pain reduction from "ionized" bracelet), *aff'd*, 512 F.3d 858 (7th Cir. 2008); *In re Telebrands Corp.*, 140 F.T.C. 278, 284 (2005) (claiming products were an effective alternative to exercising); *In re Snore Formula, Inc.*, 136 F.T.C. 214, 217–18 (2003) (claiming product could prevent sleep apnea and reduce heart-attack risk); *In re Formor, Inc.*, 132 F.T.C. 72, 74 (2001) (claiming product could treat HIV); *Novartis Corp. v. FTC*, 223 F.3d 783 (D.C. Cir. 2000) (claiming product was especially effective at treating back pain); *In re Kraft, Inc.*, 114 F.T.C. 40, 41 (1991) (claiming nutritional value of food products); *Bristol-Myers Co. v. FTC*, 738 F.2d 554, 557–58 (2d Cir. 1984) (claiming special efficacy of analgesics).

[27] *Golden Sunrise Nutraceutical, Inc.*, FTC (last updated Jan. 6, 2025), https://www.ftc.gov/legal-library/browse/cases-proceedings/202-3146-x200051-golden-sunrise-nutraceutical-inc (summarizing pending proceedings).

[28] *doTERRA – Bacot*, FTC (last updated Mar. 3, 2023), https://www.ftc.gov/legal-library/browse/cases-proceedings/doterra-bacotv (summarizing pending proceedings)

[29] *Dalal A. Akoury d/b/a/ AWAREmed, et al., v. U.S.*, FTC (last updated Mar. 16, 2023), https://www.ftc.gov/legal-library/browse/cases-proceedings/2123039-dalal-akoury-dba-awaremed-et-al-us-v (summarizing pending proceedings).

[30] Press Release, FTC, Stem Cell Institute Co-Founders and Companies Banned from Marketing Stem Cell Treatments and Ordered to Pay More Than $5.1 Million for Refunds and Civil Penalties (Jan. 8, 2025), https://www.ftc.gov/news-events/news/press-releases/2025/01/stem-cell-institute-co-founders-companies-banned-marketing-stem-cell-treatments-ordered-pay-more-51; see also *FTC v. Peyroux*, No. 1:21-cv-3329 (N.D. Ga. Dec. 26, 2024) (slip op.), available at https://www.ftc.gov/system/files/ftc_gov/pdf/stemcell_order_granting_monetary_relief.pdf (granting monetary relief).

[31] Press Release, *supra* n.30.

[32] *FTC v. Quincy Bioscience Holding Co.*, No. 17-cv-124 (S.D.N.Y. Nov. 18, 2024).

[33] Press Release, FTC, Statement on FTC's Win in Lawsuit Against the Makers of Dietary Supplement Prevagen (Dec. 10, 2024), https://www.ftc.gov/news-events/news/press-releases/2024/12/statement-ftcs-win-lawsuit-against-makers-dietary-supplement-prevagen; see also *FTC v. Quincy Bioscience Holding Co.*, No. 17-cv-124, 2024 WL 5009305 (S.D.N.Y. Dec. 6, 2024).

The Biden Administration FTC also put out forty pages of guidance on what the FTC Act requires for businesses making health claims, noting that the FTC Act applies to all claims about medical products and cures, and that claims that consumers cannot easily assess on their own must meet an incredibly high standard of "substantiation."[34]

The issue we address today is no different than the health claims we have addressed for many decades.

Second, I acknowledge that many people feel passionately about this issue. But if a medical claim is false or misleading, it is the Commission's duty to protect American citizens from that claim no differently than it would for any other false or misleading claim. Refusing to investigate these health claims, and the potential consumer harm to parents and children, merely because one political party supports those claims as a matter of ideology would be the politicized choice.

And that is why we are here today: to ensure that parents and minors, seeking professional help in a period of intense distress, do not make potentially life-altering choices under a "veil of deception," misinformed about the risks and benefits of "gender-affirming care." We are not here to pass judgment on anyone. We are here to ensure that those who make claims about gender-affirming care are held to the same standard we apply to every other person engaged in commerce. We are here to ensure that everyone can make an informed choice about their own path to healing without fear of being deceived by those who stand to profit from certain medical interventions.

Considering our common goal today, I want to outline the FTC's perspective on what counts as a "deceptive" trade act or practice. For an act or practice to be deceptive, it must satisfy three elements.[35] First, the act or practice must be likely to mislead the consumer,[36] and this can be done either through commission—for example, a false or misleading claim—or through omission—for example, failing to disclose certain information that would prevent a claim from being misleading to a consumer.[37] Second, the act or practice must be likely to mislead a "reasonable" consumer acting in similar circumstances.[38] In the case of acts or practices that target specific groups—for example, children—the test is whether the act is likely to mislead a

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[34] Health Products Compliance Guidance, *supra* n.25, at 11 ("The FTC's substantiation standard is a rigorous one, particularly when claims relate to health.").
[35] FTC, *Policy Statement on Deception*, 103 F.T.C. 174 (1984) (appended to *In re Cliffdale Assocs.*, 103 F.T.C. 110 (1984)), available at https://www.ftc.gov/system/files/documents/public_statements/410531/831014deceptionstmt.pdf.
[36] *Id.*
[37] *Id.*; see also *FTC v. World Media Brokers*, 415 F.3d 78, 763 (7th Cir. 2005) (FTC Act violated if "a corporation made material representations or omissions likely to mislead a reasonable consumer"); *FTC v. World Travel Vacation Brokers*, 861 F.2d 1020, 1029 (7th Cir. 1988) ("[T]he omission of material information, even if an advertisement does not contain falsehoods, may cause the advertisement to violate section 5.").
[38] *Policy Statement on Deception*, *supra* n.35.

"reasonable" member of that population.[39] Third, the act or practice must be "material" to the consumer's decision to purchase the service.[40] For example, if a child or parents would not have chosen puberty blockers had they been aware of the risks associated with those drugs, the *omission* of this fact by medical practitioners may be considered "material."[41]

With that brief review in mind, you can see the reason we are here today. The FTC must understand what sorts of claims are being made about these treatments; what sort of science supports them; what the risks associated with those treatments are; and whether vulnerable populations may have been subject to deception in the administration of these treatments.

Americans have a right to health claims substantiated by reliable scientific evidence. They have a right to be informed about information that would be material to their decision to accept hormone therapies or sex-change surgeries. The FTC's mandate is to protect those rights in this context as it does in every other healthcare context.

While not everyone who undergoes "gender-affirming care" will necessarily experience the same painful loss and regret Prisha, Claire, and Soren experienced, every young boy or girl, every concerned parent or guardian, has the right to be informed of all the material information about the risks of these procedures. I promise that our Agency will do everything in its power to achieve that end.

Finally, a brief note about procedure. Following the conclusion of today's workshop, the Commission will issue a public request for information on the various topics we discussed today. We will issue it next week after we have had time to digest everything we've learned today and to tailor the request for information accordingly. The public will have sixty days to respond to that request, and I encourage every single person here to respond to it. We will also provide a mechanism for individual members of the public to submit information they wish the Commission to keep confidential.

Thanks very much for your attention, and I look forward to today's conversations.

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[39] *Id.*; see also *FTC v. Wash. Data Res.*, 856 F. Supp. 2d 1247, 1272 (M.D. Fla. 2012) ("Advertising deception is evaluated from the perspective of the reasonable prospective purchaser, that is, a reasonable consumer in the audience targeted by the advertisement."). Of course, parents or guardians will ordinarily be making the final decision about whether to proceed with puberty blockers or sex-change surgeries. But parents are of course heavily influenced by their children's impressions of what the specialists say. And, to some degree, parents of children suffering from gender distress and being told their children may commit suicide without these interventions are also unusually vulnerable.

[40] *Policy Statement on Deception*, *supra* n.35.

[41] *Id.*; see also *Wash. Data Res.*, 856 F. Supp. 2d at 1272–73 ("[A] material representation, omission, act or practice involves information that is important to consumers and, hence, likely to affect their choice of, or conduct regarding a product." (quoting *In re Cliffdale Assocs.*, 103 F.T.C. 110)).