



FOUNDATION  
AGAINST  
INTOLERANCE  
& RACISM

October 6, 2022

The Honorable Merrick B. Garland  
Attorney General  
United States Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, D.C. 20530-0001

*Sent via email*

Dear Attorney General Garland:

FAIR in Medicine is a network of medical professionals within the [Foundation Against Intolerance & Racism](#), a nonpartisan, nonprofit organization dedicated to advancing civil rights and liberties for all Americans, and promoting a common culture based on fairness, understanding, and humanity. FAIR in Medicine advocates for open discourse, ethical medical care, a rigorous scientific approach to health care and research, and ensuring a medical and scientific practice untainted by political ideology. We write regarding the October 3, 2022 letter [from the American Academy of Pediatrics, American Medical Association, and Children's Hospital Association](#). That letter urges the Department of Justice to investigate and prosecute not only those who engage in violence, but also “all organizations, individuals, and entities” who allegedly “share false and misleading information” about “gender affirming” care.

FAIR in Medicine supports safety for patients, physicians, and others who work at our nation's healthcare facilities. As an Emergency Medicine physician, I have personally experienced the challenges frontline workers face within the intersection of societal events and healthcare. From the post-9/11 Anthrax scare through the 2014 Ebola outbreak and the more recent COVID-19 pandemic, my work involves vigilance, drills for preparedness, and daily practices to protect against the spread of disease and acts of violence. According to the [American College of Emergency Physicians](#) and the “No Silence on ED Violence” campaign, “85% of emergency physicians believe the rate of violence experienced in emergency departments has increased in the past 5 years” and “nearly half of emergency physicians report being physically assaulted at work.” One resident I helped train, Dr. Tamara O’Neal, was [tragically shot and killed](#) in front of an Emergency Department in 2018 along with two others. Inner city hospitals often have to go on lockdown after an injured gang member arrives due to threats of retaliation against the victim's friends and family, or sometimes even the doctors and nurses who are caring for them.

The opioid epidemic has led to an increase in the number of patients attacking healthcare workers, often for refusing to write prescriptions. During the height of the opioid epidemic ten years ago, I asked security to escort me to my car many times after shifts due to angry and threatening encounters with patients to whom I refused to write unnecessary prescriptions. An Indiana orthopedic surgeon was [murdered](#) after refusing to provide opioid prescriptions he believed were unnecessary. All of this is to say that I and most other clinical physicians are quite aware of the risk of violence toward themselves and their patients, and we take those concerns seriously.

The topic of best practices in gender-related healthcare is currently the subject of intense debate. In their October 3rd [press release](#), the American Academy of Pediatrics cited a [2018 Policy Statement](#) as the basis for evidence-based gender-affirming care. Now, in 2022, four years of experience has provided [a growing body of evidence](#) and patient experiences that do not support the safety and benefits of universal “gender affirming” care as medically established. Recent [systematic reviews](#) have concluded that gender affirming care to treat gender dysphoria for adolescence is based on low quality, experimental evidence; ignores underlying mental health conditions such as depression, anxiety, autism, post-traumatic stress disorder, substance abuse disorders, borderline personality disorder, and eating disorders; and may result in irreversible harm—including but not limited to developmental, neurocognitive, psychological, hormonal, and reproductive damage. The [Tavistock Gender Clinic](#) in the United Kingdom was recently closed due to these concerns. Moreover, under the gender affirming model, a large new cohort of patients (including the young) are being placed on a lifelong path of medications and dependencies with unknown consequences. It remains unclear whether such treatments will lead to heart disease, cancer, chronic pain, or other serious effects, and whether our healthcare system will be equipped to treat that growing population. Furthermore, a growing cohort of patients are [detransitioning](#) and reporting superficial assessments, poor follow-up care, and misdiagnosis of root causes for their gender dysphoria. The opioid epidemic itself was created by “one-size fits all” [regulatory mandates](#) to measure pain and treat with opioids, and a political partnership between the [AMA and Purdue Pharma](#) which disregarded [scientific evidence](#) about the dangers of opioids and prioritized subjective assessments of pain. That approach contributed to the opioid crisis we still grapple with today. Open inquiry and consideration of dissenting voices are imperative to avoid repeating a similar tragedy with respect to gender affirming care.

Any violence or threats of violence should be fully investigated and addressed under the law. But investigating, prosecuting, or silencing those who question or disagree with the still very new and rapidly evolving field of gender affirming care will not only risk violating the First Amendment rights of all Americans, but will prevent the medical profession from determining and providing the safest and most effective treatments for gender dysphoric patients. Rigorous and open debate about the risks and benefits of any treatment—including gender affirming care—must not be suppressed, and to conflate this necessary debate with promoting violence against healthcare workers is deeply irresponsible.

While we share the goal of safeguarding the well-being of transgender and gender dysphoric patients, the recommendations from the American Academy of Pediatrics, American Medical Association, and Children's Hospital Association to suppress information will in effect lower standards of care for those very patients. Best practices cannot be determined or achieved without open debate and adherence to the scientific method. We urge you to protect healthcare workers and patients by not only keeping them safe from physical violence, but also by ensuring they are able to freely discuss and debate important issues so that we can provide the best possible care to all patients.

Very truly yours,

*Carrie D. Mendoza, MD*

Carrie D. Mendoza, MD, FACEP  
Emergency Medicine Physician  
Director, FAIR in Medicine  
Foundation Against Intolerance & Racism