

September 19, 2025

From: David Spring, M. Ed., Director, Washington Parents Network

To: Federal Trade Commission

600 Pennsylvania Avenue NW

Washington DC 20580

**RE: Complaint against Washington State Planned Parenthood**

*Sent via FTC Gender Affirming Care Comment Page*

To Whom It May Concern:

The Washington Parents Network is a group of nearly 3,000 parents in Washington state concerned about protecting the rights of parents and children. One of our concerns is that profit-driven corporations, including Planned Parenthood, have been making millions of dollars by giving children toxic Trans Drugs, such as puberty blockers and cross sex hormones, for uses not approved by the FDA. These drugs have serious adverse side effects including obesity, tumors and increased rates of blood clots, heart attacks, strokes, cancer, depression, suicide and permanent sterility. Yet nowhere on the Planned Parenthood Washington State Affiliate Transgender promotional website page does it provide any warning about either off label non-FDA approved usage or adverse side effects. Instead, Planned Parenthood makes false and deceptive claims including that these drugs are safe and that they reduce the risk of suicide – when in fact these drugs are not safe and they actually increase the risk of suicide.

Planned Parenthood promotes these toxic Trans Drugs as “Gender Affirming Care” falsely claiming that these drugs can magically “transition” children from one biological sex to the other sex despite the fact that there are at least 6,500 genetic differences between the sexes and no drugs are able to change a child from one sex to the other. A more accurate term for these drugs is “Gender Mutilation Child Abuse.”

On July 28, 2025, the FTC began accepting [public comments](#) on how to hold corporations like Planned Parenthood accountable for their fraudulent and deceptive practices. In this complaint, we provide a summary of how the fraudulent practices of Planned Parenthood harm children and their parents here in Washington state as well as a review of scientific studies on the harm of Trans Drugs.

We show that thousands of children and their families here in Washington state have been severely and permanently harmed by these fraudulent Planned Parenthood practices.

We also provide a summary of the financial harm to parents and tax payers who are forced to pay for the Planned Parenthood Money Laundering operation – not only through millions of dollars in higher state and federal taxes to pay for Medicaid billings – but also through higher Health Insurance Premiums as the Health Insurance companies are forced to pay millions of dollars each year for Planned Parenthood’s fraudulent billings.

Finally, we end our complaint with a summary of legal cases against Planned Parenthood – cases confirming that Planned Parenthood has repeatedly broken federal laws including illegally selling body parts of aborted fetuses and continuing to offer their “services” even after they were ordered to shut down.

The Federal Trade Commission is empowered to (a) prevent unfair methods of competition and unfair or deceptive practices; (b) seek monetary redress and other relief for conduct injurious to consumers; (c) prescribe rules defining acts or practices that are unfair or deceptive, and establishing requirements designed to prevent such acts or practices.

We ask that Planned Parenthood of Washington be prohibited from continuing to give non-FDA approved Trans drugs to children in our state and that Planned Parenthood be fined for each of the thousands of children they have harmed in the past as a result of their fraudulent and deceptive medical claims.

In addition to the attached PDF, you can view our FTC complaint against Planned Parenthood of Washington at the following web page:

<https://washingtonparentsnetwork.com/news/complaint-against-washington-state-planned-parenthood>

Sincerely,

David Spring M. Ed.

Director, Washington Parents Network

[David@WashingtonParentsNetwork.com](mailto:David@WashingtonParentsNetwork.com)

# **Washington Parents Network FTC Complaint against Planned Parenthood of Washington**

## **Table of Contents**

I Introduction... Follow the Money.....	1
II Planned Parenthood Trans Drug Cult Sex Ed in Public Schools.....	11
III Planned Parenthood Sex Ed falsely claims that gender occurs along a continuum.....	16
IV Evidence that Transgenderism is a Mental Health Problem .....	19
V Planned Parenthood claims that Trans Drugs are safe and effective are false.....	21
VI The Planned Parenthood claim that giving kids Trans Drugs reduces the suicide rate is also false.....	27
VII Why Minors are not capable of providing informed consent.....	37
VIII Increase in student victims of the Trans Drug Cult in Washington State.....	38
IX Harm to Washington students of 8 years of Planned Parenthood Sex Ed Propaganda.....	40
X Trans Cult Victim files complaint against Planned Parenthood.....	47
XI Planned Parenthood caught illegally selling Aborted Fetus Body Parts.....	49
XII Proposed Remedies.....	60

## I Introduction... Follow the Money

In what can only be described as a money laundering operation, Planned Parenthood makes a huge amount of money getting thousands of kids here in Washington state addicted to toxic Trans drugs. The majority of this money comes not from the Trans victims, but from tax payers through federal and state programs like Medicaid - combined with rising mandatory payments by those paying monthly health insurance premiums as all health plans in Washington state are required to subsidize Planned Parenthood.

For more than 40 years, their evil scam has been funded by hundreds of millions – and even billions - of dollars from state and federal tax payers – through programs like Medicaid – all while failing to disclose any of the deadly side effects of their Trans drugs and while making fraudulent medical claims about the benefits of their snake oil drugs. As a result of their fraudulent medical practices, Planned Parenthood is now being sued by angry “Detransitioners” whose lives have been destroyed as a result of being suckered into believing their false medical claims. It is likely that these Trans Cult investigations and lawsuits will eventually cost Planned Parenthood millions – and even billions - of dollars in fines.

### Planned Parenthood National Crime Wave

We will begin by outlining the National structure of the Planned Parenthood money laundering operation. [Since 2000](#), Planned Parenthood has committed over 7.5 million abortions for which it was paid \$11.4 billion in federal funds with annual profits leading to its current net worth of over \$3 billion.

The national office of Planned Parenthood issues annual reports with the latest being the [2023-2024 annual report](#). Because of the harm to children of Trans Drugs, Planned Parenthood hides its Trans Drug program by calling it “Other Procedures” in their annual reports. On Page 23 of the 2024 Report, it shows **77,858 Other Procedures**. It also hides its Trans Drug program under Preventive Care Visits which were 129,594. On Page 24, Planned Parenthood shows \$3.1 billion in total assets. On page 25, it shows that 39% of its revenue comes from tax payers through programs like Medicaid (called Apple Health in Washington state). On page 26, the report shows that the total payments by tax payers were **\$792 million in 2024**.

Here are links to last four Previous Annual Reports

[2019 – 2020](#)

[2020-2021](#)

[2021-2022](#)

[2022-2023](#)

Here is a table of how these numbers have changed in the past few years.

Year	# Other Procedures	Tax Payer Subsidies
2020	17791	\$618 million
2021	15902	\$633 million
2022	256550	\$670 million
2023	177237	\$699 million
2024	77858	\$792 million

Note on recent decline in Other Procedures: In 2022, Congress began investigating the Planned Parenthood Trans Drug Cult expansion and the reported numbers of Other Procedures began to fall. Based on whistleblower reports and legal filings, it is likely that Planned Parenthood began hiding their Trans Drug Cult under other categories (as the number of Gender cases at Planned Parenthood of Washington have continued to rise). Nor should these numbers be regarded as accurate. For example, the 2021 Planned Parenthood report listed “15,902” Other Procedures.” But an August 2022 NPR report noted that *“Over 35,000 of Planned Parenthood’s patients nationwide sought gender-affirming hormone replacement therapy in 2021.”* So the real numbers may be more than double the reported ones.

### **Growth of Planned Parenthood Trans Drug Cult**

The first time Planned Parenthood Federation of America mentioned transgender services in its annual report was in the [2014-2015 AR](#), which stated, *“Planned Parenthood affiliates expanded access to hormone treatments for transgender patients, with 26 centers now offering this care in California, Colorado, Maine, Montana, North Carolina, New Hampshire, Nevada, New York, Vermont, and Washington State.”*

By [2018](#), the number of facilities grew to 31 states, a tally that held into [2019](#) when Planned Parenthood wrote, “More than 200 health centers in 31 states” were “providing hormone therapy for transgender patients.” Thus, between 2014 and 2019, Planned Parenthood saw a 669% increase in facilities offering cross-sex hormone injections for transgender-identifying individuals, **an increase from 26 centers to 200 centers.**

By 2020, Planned Parenthood's website [noted](#), "*Nationally, Planned Parenthood is the second largest provider of Gender Affirming Hormone Care*" (which is more accurately described as getting kids addicted to toxic Trans Drugs).

A 2023 [report](#) found that "the average Planned Parenthood affiliate CEO is in the 98th percentile of US wage earners, making \$317,564 annually."

### **Washington State Planned Parenthood Trans Drug Centers**

In addition to a Virtual and Telehealth option, Planned Parenthood has [30 Trans Drug centers](#) in Washington state including Bellevue, Bellingham, Bremerton, Centralia, Ellensburg, Everett, Federal Way, Friday Harbor, Kennewick, Lynnwood, Marysville, Moses Lake, Mount Vernon, Olympia, Pasco, Port Angeles, Pullman, Puyallup, Seattle, University District, Northgate, White Center, Spokane, Spokane Valley, Sunnyside, Tacoma, Vancouver, Walla Walla, Wenatchee and Yakima.

Here is the [Transgender webpage](#) for Planned Parenthood of Washington.

Here are quotes from their Overview Page:

*"In 2018, Planned Parenthood of Greater Washington and North Idaho expanded its current healthcare services for transgender patients to include Gender Affirming Hormone Therapy services. "*

**This page does not include any warnings about Trans Drugs causing either cancer or sterility.**

There are a couple of cartoon videos on the "What to Expect" page.

**This page does not include any warnings about Trans Drugs causing either cancer or sterility.**

Here is a quote from the "Criteria for Starting Hormone Replacement Therapy" page:

*"Our criteria for hormone therapy reflect the World Professional Association for Transgender Health (WPATH) guidelines."*

**This page does not include any warnings about Trans Drugs causing either cancer or sterility.**



Here is a quote from the “What to expect at your first visit” page:

*“Our program starts with a visit with our TGA (Transgender/Gender Affirming) Team Specialist. Please anticipate an hour to an hour and a half for this visit. The TGA Team Specialist will explain the Gender Affirmation Health Program at Planned Parenthood Greater Washington & North Idaho, ask some health history and personal information questions, discuss possible changes, expectations, and limitations of hormone therapy, discuss both reversible and irreversible effects of hormone therapy, provide you a folder of resources and information and discuss any social transition questions or concerns.”*

Whistleblowers and legal filings have noted that the while the discussion may mention the possibility of sterility, it does not mention that sterility is CERTAIN and irreversible or that cancer rates are greatly elevated.

Here are quotes from the “Safe Sex for Trans Bodies” page which is a 17 page PDF at [this link](#):

Page 13 discusses Hormones and Surgery. Here is a screenshot:

COMMON HORMONE-RELATED CHANGES	
<b>TESTOSTERONE:</b>	<b>ANDROGEN-BLOCKERS/ ESTROGEN:</b>
<ul style="list-style-type: none"><li>• Increased hair growth</li><li>• Front hole dryness</li><li>• Dick growth (1-5 cm)</li><li>• Oilier skin/acne</li><li>• Increased muscle mass</li><li>• Increased sex drive</li><li>• Growth of hair on abdomen, chest and back</li><li>• Menstrual cycle becomes irregular</li><li>• Voice deepens</li></ul>	<ul style="list-style-type: none"><li>• Decreased ability to get and maintain erection</li><li>• Lower sperm count and ejaculate production</li><li>• Balls (testes) shrink</li><li>• Sex drive decreases</li><li>• Breast tissue grows</li><li>• Decrease in muscle tone</li><li>• Redistribution of fat deposits</li></ul>

**This page does not include any warnings about Trans Drugs causing either cancer or sterility.**

Page 15 discusses Surgery. **Amazingly, this page does not include any warnings about Trans Surgery causing sterility!**

The final web page is called : “Hormone Therapy Self Injection.”

Here is a quote: *“Congratulations on beginning gender-affirming hormone therapy! Planned Parenthood of Washington is dedicated to ensuring you have the support and resources you need during your transition.”*

This page does not include any warnings about Trans Drugs causing either cancer or sterility.

### **Washington Planned Parenthood Annual Reports**

Here is a link to the Washington Planned Parenthood [Annual Reports](#) page. The 2018 report states that there were 642 Gender Affirming care visits. Total revenue was 18 million of which 6 million came from Medicaid, 4 million came from Federal/state assistance and 5 million came from Insurance. Expenses were 17 million meaning there was 1 million in profit.

The 2019 report states that there were 1166 Gender Affirming care visits. Total revenue was 21 million of which 6 million came from Medicaid, 4 million came from Federal/state assistance and 5 million came from Insurance. Expenses were 19 million meaning there was 2 million in profit.

The 2020 report states that there were 907 Gender Affirming care visits. Total revenue was 21 million of which 6 million came from Medicaid, 4 million came from Federal/state assistance and 5 million came from Insurance. Expenses were 19 million meaning there was 2 million in profit.

The 2021 report states that there were 1,384 Gender Affirming care visits. Total revenue was 23 million of which 7 million came from Medicaid, 4 million came from Federal/state assistance and 6 million came from Insurance. Expenses were 20 million meaning there was 3 million in profit.

The 2022 report states that there were 2,343 Gender Affirming care visits. Total revenue was 37 million of which 10 million came from Medicaid, 5 million came from Federal/state assistance and 6 million came from Insurance – which is required to pay for Trans Drugs and surgeries in Washington state. There was also a one time donation of 12 million from a billionaire. Expenses were 21 million meaning there was 16 million in profit.

The 2023 report states that there were 2,592 Gender Affirming care visits. Total revenue was 30 million of which 10 million came from Medicaid, 7 million came from Federal/state assistance and 6 million came from Insurance. So the majority of the funding was from tax payers. Expenses were 24 million meaning there was 6 million in profit.



The 2024 report indicates that there were 3,355 Gender Affirming care visits. Total revenue was 29 million of which 9 million came from Medicaid, 7 million came from Federal/state assistance and 6 million came from Insurance – which is required to pay for Trans Drugs and surgeries in Washington state. So the majority of the funding was from tax payers. Expenses were 27 million meaning there was 2 million in profit.

Below is a table showing the growth of Planned Parenthood Trans Drug Cult in Washington state from 2018 to 2024:

Year	Trans Cult Victims	Revenue \$ millions	Profit \$ millions
2018	642	18	1
2019	1166	21	2
2020	907	21	2
2021	1384	23	3
2022	2343	37	16
2023	2592	30	6
2024	3355	29	2

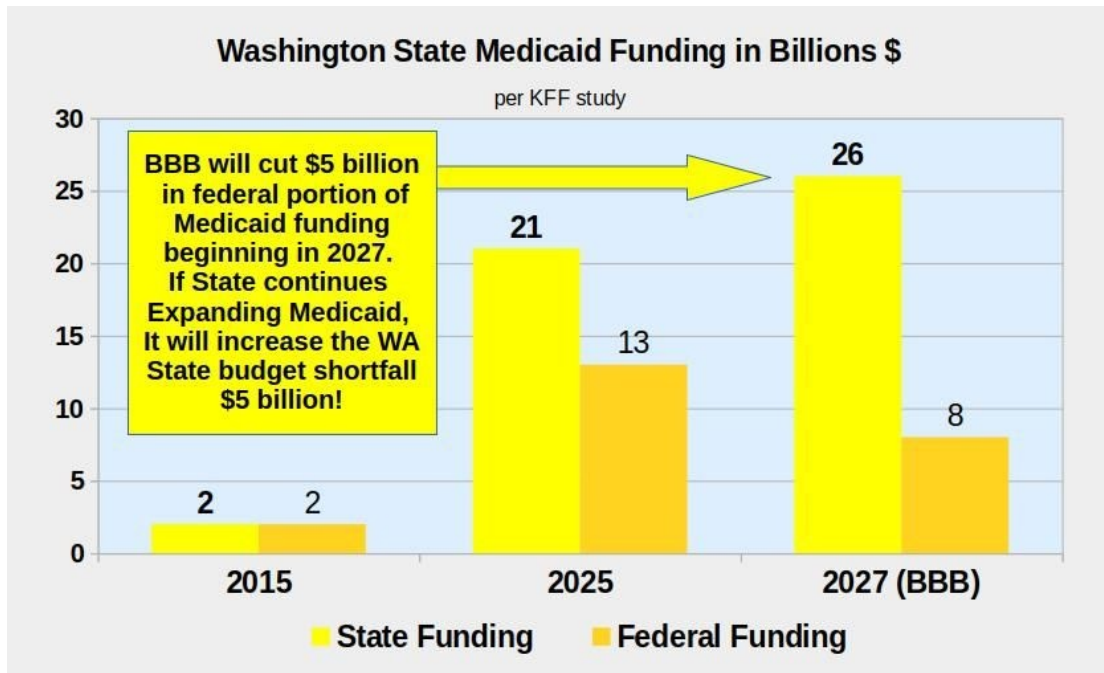
In the past 7 years, the total profit of the Washington branch of Planned Parenthood was about \$32 million dollars thanks to state and federal tax payers.

### **How Washington Medicaid spending quintupled over a decade**

Thanks in part to increases in subsidies for Planned Parenthood, Washington state's Medicaid spending has quintupled, or increased five times over, since the 2013-15 biennium, according to a July 2025 [analysis](#) by The Center Square. Along with that increased spending, the number of those on Medicaid – including Trans Drug Cult victims - has climbed.

In the 2013-15 operating budget, Washington state taxpayers spent \$4 billion per year on Medicaid. Spending was evenly split between the federal government and the state (at about \$2 billion each). In the 2025-27 biennium, Washington state is planning to spend \$21 billion per year on Medicaid with \$13 billion per year coming from the feds. However, with President Trump's One Big Beautiful Act, Washington state could lose \$5 billion annually in federal Medicaid funding, according to estimates from the nonpartisan health research group KFF. In other words, federal spending might on Medicaid in Washington state might fall from \$13 billion per year down to \$8 billion per year – but still be four times more than in 2015!

This reduction will not actually occur until 2027. The BBB Act introduces mandatory "community engagement" requirements, which will require Medicaid recipients—particularly low-income adults—to log at least 80 hours per month in employment, education, or volunteer activities starting in December 2026. Certain groups, such as parents of children under 13, disabled veterans, and individuals with serious medical conditions, are exempt from these requirements.



### Why the Washington State Medicaid costs exploded after 2015

According to a 2014 [report](#) by the Washington Policy Center, Washington's Medicaid program was expanded by the state Legislature through "a one-line budget gimmick," after the U.S. Supreme Court ruled in 2012 that states could voluntarily choose whether to do so under the Affordable Care Act. Prior to that, Medicaid provided health insurance for families with children that earned less than 133% of the Federal Poverty Level, for long-term care patients, and the disabled. The expansion included any adult who earns less than 138% of the Federal Poverty Level. In 2013, there was an estimated 1.3 million people enrolled in Washington's Medicaid program, known as Apple Health. According to the Washington Health Care Authority, this number increased to 2.17 million residents [enrolled](#) in Apple Health as of January 2022. Nearly half of all births in Washington state in 2020 were covered by Apple Health.

The high point in enrollment was 2.3 million in 2023. In 2024, it was 2 million. And February, 2025, Apple Health (WA ST medicaid) enrollment was 2 million. This includes about 300,000 illegal aliens. **It also includes thousands of Trans people getting drugs from Planned Parenthood.**

While federal law generally bars illegal immigrants from being covered by Medicaid, a little-known part of the state-federal health insurance program for the poor pays **about \$2 billion a year** for emergency treatment for a group of patients who, according to hospitals, mostly comprise illegal immigrants.

After the BBB was passed, Washington State Governor Bob Ferguson said that **Washington tax payers would pick up the \$5 billion in funding for Planned Parenthood** that the federal government will no longer cover.

Thus could be more than \$10 million per year just for Planned Parenthood—to pay for giving our kids toxic Trans Drugs that are not even approved by the FDA. This commitment to continue Planned Parenthood funding is despite the fact that Washington state is facing a budget deficit of billions of dollars and despite the fact that the Washington legislature has already voted to impose record tax increases here in Washington state during the coming year.

Thus, the only way to stop Planned Parenthood from continuing to receive millions of dollars in fraudulent payments for giving kids toxic Trans Drugs is for the Federal Trade Commission to order Planned Parenthood to stop deceiving children and their families and to require that they instead tell parents and children the truth about the dangers of toxic Trans Drugs.

### **Status of Litigation on the Big Beautiful Bill Clauses Defunding Planned Parenthood**

On July 7, 2025, in response to the passage of the Big Beautiful Bill, Planned Parenthood filed a motion in the Massachusetts federal court claiming that the portion of the bill defunding Planned Parenthood was done in an illegal manner. The case is called Planned Parenthood v Kennedy. Here is a [link](#) to the case filings.

On July 28, 2025, the federal judge, who was appointed by Obama ruled in favor of Planned Parenthood. On August 5, 2025, the US DOJ filed an appeal and a [24 page motion](#) to stay the injunction pending appeal. Here are quotes from their motion:

*“This Court’s preliminary injunctions bar the government from enforcing an Act of Congress that established a new limit on Medicaid spending. All three democratically elected parts of the federal government concluded that the Medicaid program should no longer subsidize certain large abortion providers. The Court recognized that under Article I of the Constitution, Congress holds broad discretion to control federal spending. Yet it entered injunctions compelling the government to distribute taxpayer dollars to entities that are not statutorily entitled to receive them based on a federal policy against subsidizing abortion.”*

*“Rarely if ever has an Act of Congress been enjoined on such flimsy grounds. This Court deemed the Medicaid funding restriction at issue here a bill of attainder. But the Supreme Court has only applied the Bill of Attainder Clause five times in its history—on each occasion in cases involving extraordinary laws punishing groups such as Confederates and Communist Party members. Halting federal subsidies bears no resemblance to the severe punishments—including death, banishment, and imprisonment—previously understood as implicating the Clause.”*

*“The Supreme Court has recognized a strong presumption that “Acts of Congress ... should remain in effect pending a final decision on the merits” by the Supreme Court. Turner Broadcasting System, Inc. v. FCC, 507 U.S. 1301, 1302 (1993) (Rehnquist, C.J., in chambers) (quotation marks omitted). Indeed, in “virtually all” cases where a lower court has held a federal statute unconstitutional, the Supreme Court has “granted a stay if requested to do so by the Government.”. That is particularly appropriate here, where the injunctions displace the democratically elected branches judgment that abortion providers should not benefit from taxpayer dollars, thus intruding both on Congress’s Article I authority over federal spending and on the Executive’s Article II authority to enforce the law.”*

On August 29, 2025, the Obama judge issued a [23 page order](#) on the motion to stay pending appeal. The judge denied the stay of her earlier ruling which now leaves the matter up to the First Circuit Court of Appeals. If they fail to stay the lower court order, the DOJ has stated that they will take the matter directly to the US Supreme Court.

The American Center for Law and Justice has filed a [23 page Amicus brief](#) in this case. Here are quotes from their brief:

*“Ordering Congress to spend money it has declined to appropriate would violate the separation of powers. The Appropriations Clause reserves the power of the purse exclusively to Congress. Courts cannot compel Congress to spend money any more than Congress can compel courts to decide cases. The relief Plaintiffs seek—an injunction forcing Congress to fund their operations—would transform federal judges into super-legislators empowered to redirect public resources according to judicial rather than legislative priorities.”*

*“Planned Parenthood seeks to claim a constitutional right to be subsidized by the taxpayer. There is no such right. On the contrary, there is a fundamental distinction between governmental interference with conduct and governmental decisions about what activities merit public funding. Congress has ample authority to choose not to subsidize activities like abortion and to promote life instead. This lawsuit against Congress’s appropriations decisions should fail for this fundamental reason.”*

*“Just a few weeks ago, the Supreme Court upheld South Carolina’s decision not to provide Medicaid to Planned Parenthood, concluding that the relevant statute did not create a right to sue. *Medina v. Planned Parenthood S. Atl.*, No. 23-1275, 2025 U.S. LEXIS 2492, at \*2 (June 26, 2025)... The Supreme Court affirmed South Carolina’s right to exclude abortion providers from its Medicaid program and held, overruling much of the precedent Planned Parenthood relies upon in its complaint, that Planned Parenthood lacked an enforceable right to sue South Carolina to stay on the state Medicaid program. “*

In response to the potential cut to Planned Parenthood, Washington governor Ferguson [stated](#) that *“Washington state will cover the gap caused by the federal government’s defunding of Planned Parenthood.”*

**Thus Washington tax payers will be paying even more in subsidizing the false medical claims of Planned Parenthood of Washington.**

Here is a link to the [case files](#) for this case. Given that the Obama judge has over-ridden an Act of Congress, it is highly likely that the US Supreme Court will over-rule the Obama judge.



## II Planned Parenthood Trans Drug Cult Sex Ed in Public Schools

The primary source of new victims for Planned Parenthood is free sex ed programs offered to teachers and students in Washington Public Schools. For example, in 2021, a teacher at a middle school in Tacoma, Washington, distributed [Planned Parenthood fliers](#) to eighth-graders. Middle school students were given a flier detailing their legal rights on sex-based issues, including their ability to get an abortion without informing their parents. The flier distributed by an 8th-grade teacher at Stewart Middle School angered parents who thought the subject matter was inappropriate. **The school has since apologized and said the document was put together by Planned Parenthood, not the individual teacher.**



The flier detailed at what age students could give consent to have sex with someone younger or older. For example, it says, *"It is not a crime if you are ... 11 and have sex with somebody 2 years older or less ... 12 to 13 and have sex with somebody who is 3 years older or less ... 14 or 15 and have sex with somebody who is 4 years older or less."* Additionally, the flier tells students at what age they can obtain abortions, birth control, and STD tests without parental notice or consent.

What Planned Parenthood calls "sex education" refers to programs encouraging children to engage in all manner of sexual exploration and risky sexual behaviors, circumventing and alienating their parents. Ultimately, this "sex education" creates lifelong customers who will come to Planned Parenthood for contraception, STD tests, and abortions.



In addition, Planned Parenthood has numerous online resources to [circumvent parents](#). The section of its website devoted to reaching teens has articles on everything from sex and pornography to sexual orientation and gender identity, complete with [videos](#) like *“Consent 101: How Do You Know if Someone Wants to Have Sex?”* Many of the videos have explicit animations of various sexual acts, including the use of sex toys, or feature live people engaging in what could rightly be called pornography. In a video posted in January 2024 titled, *“What is Virginity?”*, *Planned Parenthood falsely tells young people that virginity “is a completely made-up concept.”*

### **Sex Ed To-Go**

[Sex Ed To-Go](#) is Planned Parenthood’s online “gender affirming care” lesson, for students as young as middle schoolers, suggests using “liquid filled condoms” to mimic a penis and provides instructions on how to circumvent parental notice safeguards if “you’re looking for hormones without extra gate keeping.”

Sex Ed To-Go includes free sex-education lessons in Spanish and English developed by Planned Parenthood for teachers and students. The module titled “Gender Affirming Care” is designed for students in eighth grade and above. The lesson plan explains inaccurate Trans Cult gender terminology, explores “types of things people can do to help their body and appearance match their gender identity,” directs students on finding “resources,” and details “how to support someone who is transgender, non-binary, or transitioning.”

The course includes four types of Trans Cult “transitioning”:

- 1) “Social transition,” meaning “changing your pronouns, hairstyle, name,”
  - 2) “legal transition,” by falsifying legal identification documents,
  - 3) “medical transition” by taking toxic trans drugs, and
  - 4) “surgical transition” by “removing breasts or genitals.”
- Planned Parenthood’s lesson also discusses different types of drugs such as cross-sex hormones administered in the form of injections, pills, patches, or topical gels.

The “social transition” section includes a range of “gender-affirming devices” that modify appearance without medical intervention. The guidance includes a description of “tucking the testicles into the body and pulling the penis back between the legs” with either tape or particular underwear to “create a smooth and flat crotch.”

The lesson tells students that a “binder” and “tape” can constrict breasts for the appearance of a flatter chest, although it warns that breast-binding can “cause injuries, like broken ribs” and advises that such devices should not be worn for more than eight hours or while sleeping. For those who want the appearance of breasts, the module mentions the options to wear “push-up bras” or “stuffing a normal bra with something soft like socks.”

When discussing “medical and surgical transitions,” the module falsely claims that “puberty blockers are medications that **pause** puberty” with the aim to “give young people time to explore their gender identity before permanent body changes happen,” and Planned Parenthood falsely suggests that puberty will resume after ceasing such medications. But the lesson then hints that these drugs have long-term consequences, saying they “might change someone’s body permanently, like affecting whether they can get or cause a pregnancy when they are older.”

### **Planned Parenthood Teen Council Sex Clubs**

In addition to free but extremely inaccurate sex education, Planned Parenthood of Washington offers [Teen Council Sex Clubs](#) that actually pay students to promote Planned Parenthood in their local high schools. Kids in Grades 10 to 12 can earn \$400 for being leaders of Planned Parenthood Teen Councils in several school districts in Washington including Seattle, Olympia, Skagit County and Whatcom County.

Teen Council is a year long program. Here is their website’s description of this program: *“Applications are typically due in April or May prior to the enrollment year. No one is expected to already know about sexual health or peer education before joining Teen Council. We are looking for passionate youth who want to educate their peers, create a more inclusive world, and be resources in their communities. “*

Here is a “testimonial” from a person named “Rayy”:

*“My sex ed has been full of misconceptions and sex ed has often been a way to just prohibit teen sexual activity. This has had adverse impacts on LGBTQ, BIPOC, and fem-identified folks. I know change is needed and that’s why I joined Teen Council. “*

Planned Parenthood of Washington also offers a Sex Ed program called the [Youth Empowerment Program](#) or YEP for 10th to 12th graders in Spokane, Yakima, Wenatchee and Tri-Cities.

Here is their description of this program:

*“The Youth Empowerment Program meets biweekly for two hour regular meetings. In addition to regular meetings, teens are expected to participate in community events and presentations monthly, as well as special opportunities like retreats, Lobby Day, and conferences! This program is free! There are no fees or materials to purchase, and Planned Parenthood sponsors the cost of events.”*

For negative comments from parents about this group, visit this [Facebook page](#).

In the Bellingham School District, Fifth Graders were given a sex ed lesson by Planned Parenthood described in [this article](#). A concerned parent, Graham, wanted to discover what her fifth grader would be learning if she allowed him to take the class. “The curriculum isn’t great as written,” she said, “but the room for interpretation is vast and **when you throw in an instructor from Planned Parenthood, it becomes downright dangerous.**”

Beginning with the first lesson and the [puberty video](#) the principal told Graham and parents who received the newsletter fifth graders would be watching, there are many things that would potentially bother parents. The video states that children don’t have to talk to their parents about these things if they are not comfortable, but they can talk to anyone they want.

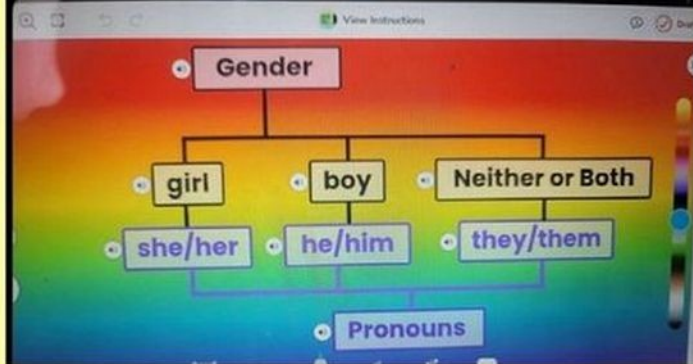
The [Bellingham Schools advisory group was told](#) that Hagstrom was the current coordinator for Whatcom Teen Council, explaining that the “Teen Council presents about abstinence in middle schools and lessons are usually 55 minutes.” That line alone shows the misleading nature of Planned Parenthood’s involvement in Bellingham’s schools, because abstinence is not remotely its focus.

### **The Planned Parenthood School to Gender Clinic Pipeline**

The School to Gender Clinic Pipeline begins by Planned Parenthood electing Trans Drug Cult politicians to the Washington State legislature. These brainwashed politicians then pass laws requiring schools to teach Trans Drug Cult Sex Ed propaganda to kids beginning in Kindergarten. These kids are then subjected to Planned Parenthood Sex Education and Sex clubs and encouraged by their teachers to join the Trans Drug Cult.

**Lie #1: Telling a child they can change their sex by changing their pronouns is lying to the child because they can not change their sex. It is severe child abuse because it is the first step to drug addiction!**

My sons first grade assignment from yesterday. Edmonds School District, WA state. I'm so sick of this.



Good news kids...  
All you need to do  
to join our Trans Club  
is change your pronoun!!!



The kids then go to Planned Parenthood to get toxic Trans Drugs.

### **III Planned Parenthood Sex Ed falsely claims that gender occurs along a continuum**

Planned Parenthood's Trans Drug program falsely claims that gender occurs along a continuum. The truth is that in well over 99.9 percent of all cases, infants are conceived with either XX (female) or XY (male) chromosomes. There are almost no cases of infants being born "intersex." There are also almost no cases of children whose hormones are not consistent with their sex at birth. In fact, numerous scientific studies have proven that the hormones of boys have almost no overlap with hormones of girls. There is no Continuum.

#### **Evidence that Biological Sex is Binary and not a continuum**

The term "sex" refers to biological sex which in turn is based on genetics. In genetics, the definition of sex is based on chromosomes present in every cell of our bodies. A person who has only X chromosomes is a female and a person who has a Y chromosome is a male. Crucially, biological sex is not something "assigned at birth." Rather biological sex is determined at conception.

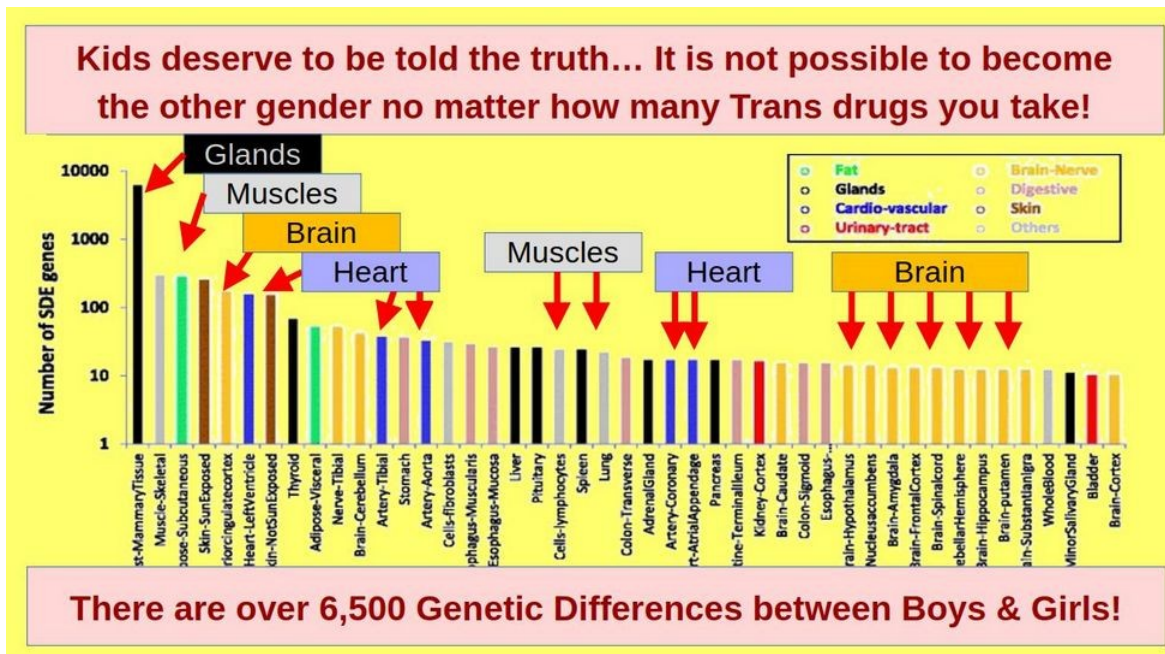
Using a clinical definition for "intersex" to mean an infant who is not clearly either a male or a female at birth, **the actual rate of intersex infants is about one in 2,000 – or about 0.05%.** Some have falsely claimed that Transgenderism is due to a person being "Intersex." However, a 2021 study of more than 1,000 people, who thought they were Transgender, found that the rate of an XX or XY genetic abnormality was about the same as the normal population. In plain English, less than one percent of people who thought they were Trans had an XX or XY abnormality. Over 99% of these Trans Cult victims had normal XX or XY genes – confirming that Transgenderism is a mental health problem... not a genetic problem. There is no gender "continuum." It is extremely dishonest to associate "intersex" issues – which are extremely rare physical genetic problems - with **"Transgenderism" which is a clearly a mental health problem that has no relationship to intersex problems.**

#### **Genetic Differences between Human Males and Females**

In terms of differences between human males versus females, a 2017 Genetics study confirmed that there are more than 6,500 significant genetic differences between human males and females.



Nearly all of these 6,500 variations are at the cellular level – meaning they affect every cell in the body including every neuron in a person’s brain. Over 30 different areas of the body are affected by these 6,500 differences.



Varying one or two hormones still leaves a biological male with 6,498 measurable differences compared to a biological female. For example, the mitochondria in male cells have a higher metabolic rate than the mitochondria in female cells. This difference appears within two days of conception. Because mitochondria are the “energy factories” of our cells, this alone can account for male advantages in sports.

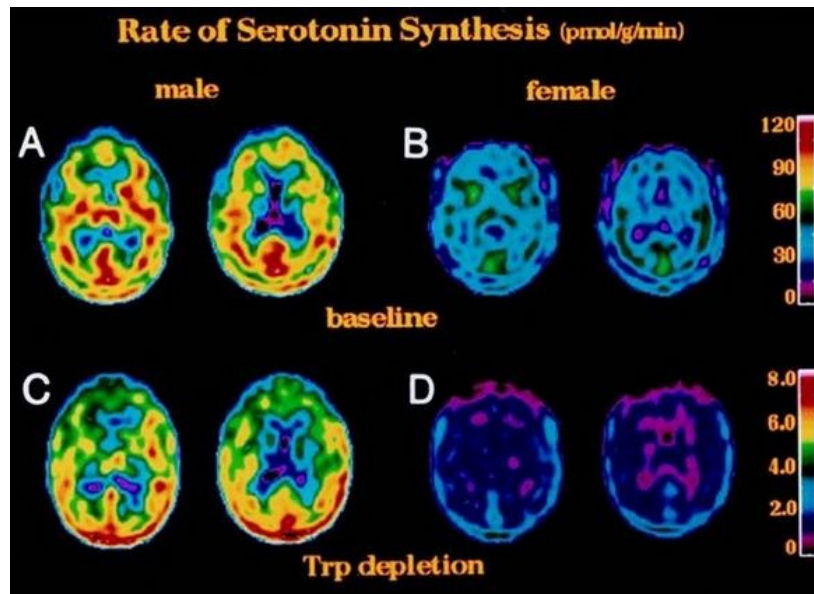
Put in plain English, it is not biologically possible to turn a male into a female or vice versa no matter how many drugs a child takes. Children who wish to change from one sex to the other deserve to be told this fundamental biological truth. Parents and teachers who currently think it is possible to change a child’s sex by giving them drugs and chopping off their body parts also need to be told this fundamental biological truth.

### Serotonin differences in the brain are only one of these 6500 genetic differences

As just one example, serotonin differences in the brain are regulated by a group of genetic markers that act (are expressed) much differently in males and females. The serotonin levels in male brains is about 52% greater than in female brains. Here is a [link to this study](#).



This is likely one of the reasons why girls are more sensitive to stress and why girls are more likely to suffer from Depression than boys. Here are brain scans of 4 male and 4 female subjects:



Serotonin synthesis capacity values declined at an earlier age in girls than in boys. <https://pubmed.ncbi.nlm.nih.gov/10072042/>

In another recent study of brain differences using three independent cohorts (N ~ 1,500 young adults aged 20 to 35), the researchers also found huge differences in brain functioning. Here is the link:

<https://www.pnas.org/doi/10.1073/pnas.2310012121>

Here is a quote: *“These findings strongly suggest that what’s going on in a woman’s brain at rest is significantly different from what’s going on in a man’s brain at rest. These findings strongly suggest that the determinants of cognitive functions in male brains are profoundly different from the determinants of cognitive functions in female brains.”*

Here is a 2022 study of huge sex differences in heart mitochondria. Here is the link: <https://www.nature.com/articles/s41467-022-31544-5>

Here is the quote: ***“We observed that expression of genes encoding mitochondrial proteins are higher in males than females in humans.”***

In short, there is no science that supports the ridiculous claims that Reykdal frequently makes about a “continuum.” Instead, hundreds of scientific studies confirm that there are only two sexes – male and female – and these two sexes are radically different.

## IV Evidence that Transgenderism is a Mental Health Problem

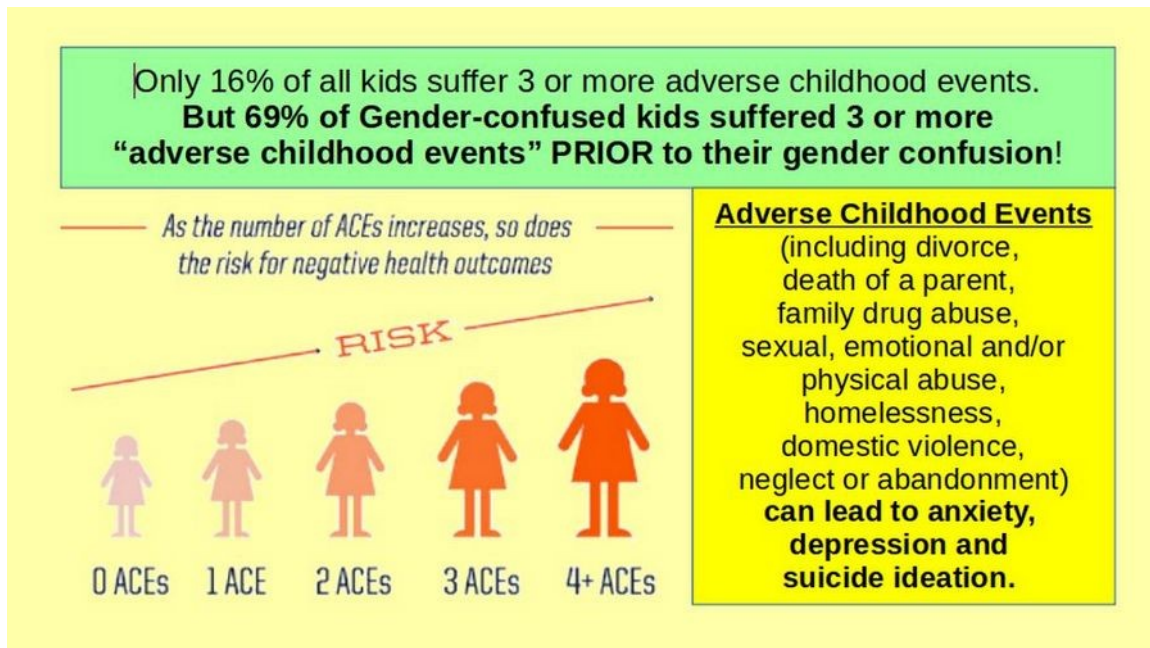
The core symptoms of gender dysphoria in childhood rarely exist in isolation. Severe psychopathology preceding the onset of GD is common. For example, in a [study](#) of 47 adolescents seeking GD treatment, 75% (35/47) had been or were currently undergoing child and adolescent psychiatric treatment for reasons other than gender dysphoria when they sought referral. 64% (30/47) were having or had had treatment for depression, 55% (26/47) for anxiety disorders, 53% (25/47) for suicidal and self-harming behaviors. **68% (32/47) had their first contact with psychiatric services due to other reasons than gender identity issues.**

### Adverse Child Events precede Gender Confusion

Adverse Childhood Events (ACEs) refer to a range of negative situations a child may face or witness while growing up, such as physical neglect, parental separation or divorce, living in a household in which domestic violence occurs, or living with an alcoholic. These experiences negatively alter the brain at a deep level where most basic needs originate and a person's identity is formed. Because there is a known and strong relationship between Childhood Mental Health problems such as anxiety, depression and detachment, and a relationship between these problems and GD, there is almost certainly a relationship between adverse child events, including sexual abuse, and the development of gender confusion.

Trauma in childhood is known to impact child development and the occurrence of mental health problems later in life, and research shows that mental illness precedes the onset of transgender ideation in young people. This suggests that gender distress is not the problem—mental illness is. For example, a major 2018 study of mental health in transgender-identifying youth found overwhelming evidence that **mental illness is present before the onset of transgender belief.**

[This study](#) compared over 1,300 trans-believing youth with age-matched peers using clinical data gathered from three large pediatric practices in California and Georgia. Psychological disorders such as anxiety, depression, and attention deficit disorders were several times higher than the peer group, suicidal ideation was up to 54 times higher, and self-harm was up to 144 times higher.



A 2021 [Australia study](#) found **gender confused children had suffered an average of 5.5 adverse childhood events** compared to 1.7 for the control group. Likely as a result of these ACEs, 86% of gender confused children suffered from at-risk attachment patterns compared to 18% for the control group. In addition, 88% of the gender confused group in this study suffered from a serious mental health problem. Thus, most gender confused kids suffered from serious mental health problems PRIOR to their gender confusion. Gender confusion is therefore a symptom of underlying mental health problems – not a condition to be “fixed” with toxic drugs.

As another example, a 2015 [Finland study](#) found that 75% of gender confused children suffered from serious mental health problems prior to their gender confusion. 64% suffered from Depression, 55% suffered from Anxiety and 53% suffered from Suicidal thoughts.

According to Dr. André Van Mol—the co-chair of the American College of Pediatricians’ Committee on Adolescent Sexuality—in the overwhelming majority of cases, the desire to switch one’s gender identity is closely connected to adverse experiences in childhood. Given the role of ACEs play in the development of gender dysphoria, it is adding insult to injury to advocate that the first and only step in treating trauma done to a child’s identity is to alter their body with cross-sex hormones and surgery. By not addressing the underlying causes of the problem, gender altering treatments are not merely ineffective, they are child abuse.

## **V Planned Parenthood claims that Trans Drugs are safe and effective are false**

Nearly every claim made by the Transgender Drug Cult is based on “**fake science**” which uses unsupported statements by so-called “experts” and undefined terms such as “gender identity” and badly designed experiments such as self-report surveys known to suffer from confirmational bias and “rigged” experiments used by drug companies in order to sell drugs and make billions of dollars in profits.

Fake science can be recognized by a combination of the following seven characteristics:

#1 The underlying motive is greed.

#2 Data is manipulated also known as Cherry Picking the Data.

#3 The time order of events is ignored

#4 No attempt is made to isolate variables.

#5 No attempt is made to determine long term outcomes.

#6 Claims are made about studies that are not supported by the actual data in the study.

#7 Debate is eliminated by asserting that the experts all agree and that the “science is settled.”

### **Adverse Effects of Puberty Blockers**

The most common puberty blocker is called **Lupron**. It was approved by the FDA in 1993 based on a 2 year study of 22 children, several rats and several rabbits. Some rats developed cancerous tumors. In rabbits, it caused birth defects and abortions. In humans, it can cause convulsions in kids taking SSRIs. It can also cause weight gain, obesity and mood swings.

The FDA has not approved the use of puberty blockers on children who have normal hormone levels in order to cause these children to have abnormal hormone levels. In July 2022, the Food and Drug Administration issued a warning about the risk of puberty blockers after six minors (ages 5-12) experienced severe symptoms of tumor-like masses in the brain.

Here is a link to the 32 page [FDA warning](#) about this toxic drug.

The adverse effects of puberty blockers are serious and permanent. A 2010 drugmaker-sponsored [study](#) looked of children who took Lupron from 1991 to 2009. The study reported that several of the 55 kids suffered serious side effects. 15 (27%) suffered mood swings and headaches. One person

suffered a heart attack and died after two years of taking Lupron.

More than 20,000 [adverse-event reports](#) have been filed with the FDA in the last decade. Women have reported to the FDA hundreds of cases of insomnia, depression, joint pain, and more than 100 cases of blurred vision. Among men who take Lupron, its label warns of increased risk of heart attacks, strokes and sudden death.

In 1999, the FDA examined 6,000 adverse-event reports about Lupron filed by doctors, patients, and researchers. A court document that summarized the findings said it found “high prevalence rates for serious side effects” including depression, joint pain, and weakness, and noted similar effects in men and women with very different ailments suggested the drug was causing the problems rather than underlying medical conditions.

Lupron was back in the courtroom in 2008, when patient Karin Klein sued the drugmaker. Klein alleged that she was not adequately warned of the drug’s effects and after taking the drug as a teen for a uterine condition, developed degenerative disc disease, jaw-joint dysfunction, and bone thinning, court records show. According to a court record in her case, a report by Dr. John Gueriguian, a former FDA medical officer serving as an expert witness for Klein, said the drug causes “irreversible side effects and permanent severely disabling health problems.”

In a [court document](#), one gynecologist said a salesperson told him he “could earn \$100,000 annually” by treating women with Lupron. The settlement resulted in a **corporate guilty plea for conspiracy to violate prescribing laws and one of the largest fines at the time, \$875 million.**

In 2017, the [Center for Investigative Reporting](#) revealed that the FDA had received more than 10,000 adverse event reports from women who were given Lupron off-label as children to help them grow taller. They reported thinning and brittle bones, teeth that shed enamel and cracked, degenerative spinal disks, painful joints, radical mood swings, seizures, migraines and suicidal thoughts. Some developed fibromyalgia. There were reports of fertility problems and cognitive issues. Given that Lupron [chemically castrates](#) its recipients, diminishing gonadal hormone production entirely, we might expect more research and more caution in prescribing this drug.



## **Puberty Blocker Adverse Effect on Mood, Memory and Mental Health**

The [brain is a major target of and source for steroid hormones](#). The prefrontal cortex, hippocampus, and amygdala, responsible for regulating behavior, memory, and emotion, have high densities of estrogen receptors. Depleting estradiol thus can have a significant impact on these functions. More than 50% of women reported severe psychological disturbances ranging from depression and anxiety. 15% reported severe to life-threatening suicidality. 33% reported moderate to severe memory loss.

When children are given drugs to alter their appearance, the use of gonadotropin releasing hormone (GnRH) agonists followed by cross-sex hormones results in the sterility of minors. In addition, GnRH agonists arrest bone growth, decrease bone accretion and prevent the sex-steroid dependent organization and maturation of the adolescent brain.

## **Dangers of giving children Cross Sex Hormones**

The second batch of toxic drugs given to kids by Planned Parenthood are **very high doses of cross sex hormones**. These toxic drugs are given to kids with no warnings to them or their parents about the adverse effects.

While in the Dutch protocol, cross-sex hormones are started at 16 years, cross sex hormones in the US often start at age 12. These cross-sex hormones will permanently sterilize these children. Cross sex hormones begun in adolescence are likely to be administered for four to six decades. A recent article in the New England Journal of Medicine tracked 315 youths undergoing 2 years of gender affirming hormones (Chen 2023). Within 315 hormone treated youth there were 2 completed suicides. Curiously, this remarkably high suicide rate is not explored in the article. Several researchers have reported that cross- sex hormones increase the occurrence of various types of cardiovascular disease, including strokes, blood clots, and other acute cardiovascular events. For example, see Getahun, D., et al. (2018). [Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons](#).

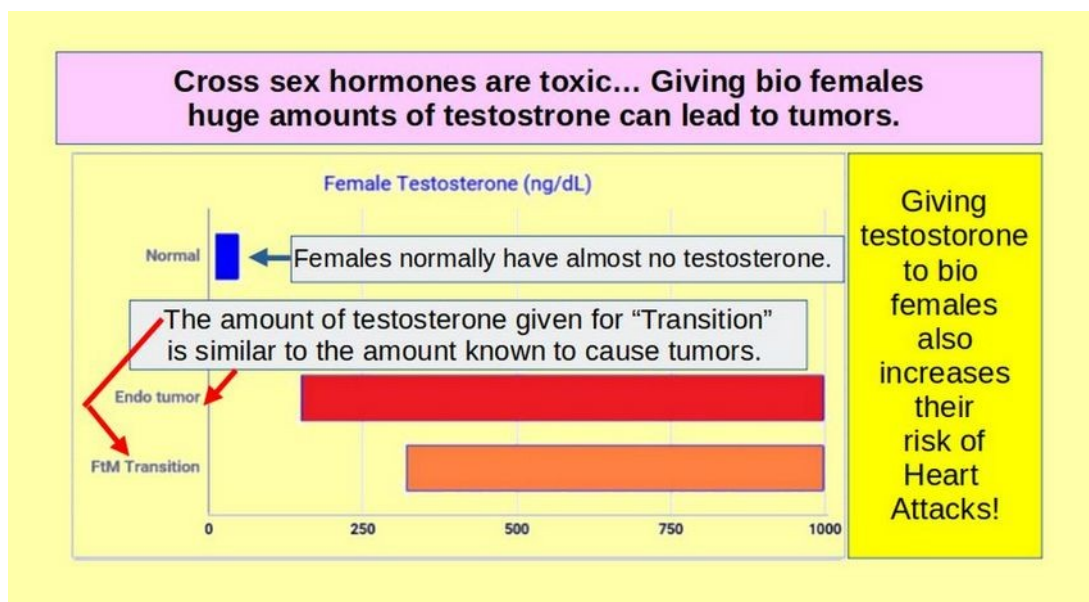
Trans drugs such as puberty blockers and cross sex hormones are so toxic that they cause permanent sterility. A [9 year study](#) from the world's largest Transgender clinic in the United Kingdom found that **98% of children who were administered puberty blockers went on to take cross-sex hormones and 100% of those taking cross sex hormones became sterile**.



Cross-sex hormones are also associated with a fourfold increase in heart attacks in biological females, and a threefold increase in the venous thromboembolism in biological males (Alzahrani, [2019](#); Nota et al., [2019](#)) The published evidence of adverse impacts make it irresponsible to assert that cross-sex hormones “are safe.”

### **Danger of giving male hormones to bio females**

Girls normally have almost no testosterone. So-called Gender Affirming Care (GAT) requires giving girls who want to be boys huge doses of testosterone to ultimately raise their levels of testosterone to 320 to 1000 ng/dL<sup>11</sup> which is the same level as dangerous tumors for women.



A [2022 study](#) of adverse drug reactions (ADRs) as part of gender affirming hormone therapies in France states that “our data show a previously unreported proportion of cases indicating cardiovascular ADRs in transgender men younger than 40 years... In transgender men (bio females) taking testosterone, all reported ADRs were cardiovascular events, with **pulmonary embolism in 50% of cases**” (Yelehe et al., 2022).

With respect to cardiovascular risk, [studies](#) of transgender males (bio females) taking testosterone have shown a nearly 5-fold increased risk of heart attacks relative to females not receiving testosterone”

Regarding Testosterone abuse, the FDA warning label reads:

*"Testosterone has been subject to abuse... steroid abuse can lead to*

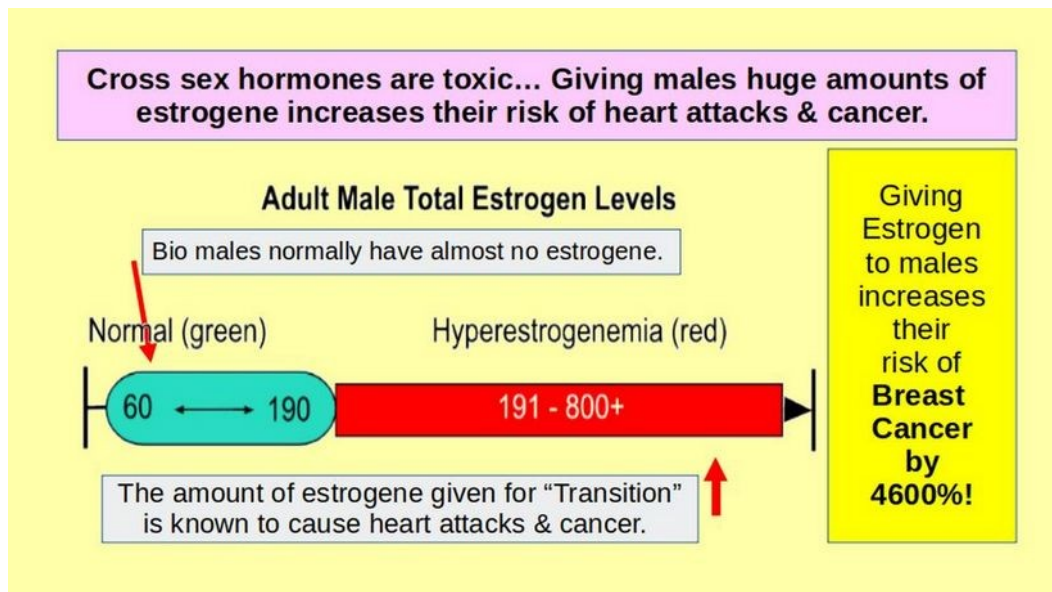
*serious cardiovascular and psychiatric adverse reactions...Abuse of testosterone is seen in male and female adults and adolescents... There have been reports of venous thromboembolic events [blood clots], including deep vein thrombosis (DVT) [blood clot of the extremity such as pulmonary embolism (PE) [blood clot of the lung which may be deadly.]* “There are also serious concerns regarding liver dysfunction: “Prolonged use of high doses of androgens ... has been associated with development of tumors, cancer and life-threatening liver problems” (Actavis Pharma, 2018).

Research has shown that steroid abuse predisposes individuals to mood disorders, psychosis, and psychiatric disorders. The most prominent psychiatric features associated with testosterone abuse are manic-like presentations defined by irritability, aggressiveness, euphoria, grandiose beliefs, hyperactivity, and reckless or dangerous behavior. Other psychiatric presentations include the development of acute psychoses, depression and acute confusional/delirious states. (Hall, 20005) "Psychiatric Complications of Anabolic Steroid Abuse". Psychosomatics 46:4, July-August 2005

### **Danger of giving female hormones to bio males**

Estradiol is a type of estrogen. The normal adult male estradiol range is 60 pg/mL. In gender affirmative therapy, the medical condition of hyperestrogenemia is being deliberately, medically induced by the off-label use of high doses of Estradiol. Estradiol levels are raised to 200 pg/mL, three times above the normal range in an attempt to increase male breast tissue development. Long-term consequences of hyperestrogenemia include increased risk of heart attacks and death due to a **five-fold increase in cardiovascular disease** (Irwig, 2018)."Cardiovascular health in transgender people." Rev Endocr Metab Disord. 2018;19(3):243–251

Giving bio males female hormones also greatly increases the risk of breast cancer. Breast cancer is a relatively uncommon in males. However, a [2019 study](#) of more than 3,000 minors given hormone drugs found that **the risk of breast cancer rose 46 times (4,600 percent) in minors subjected to high doses of estrogen** (Christel et al., 2019).



The studies of the harms of puberty blockers and cross-sex hormones are reporting changes in the young people's bodies that are consistent with heightened risk of diabetes, cardiovascular disease, and potential bone health issues. Here are the recent studies:

Natalie J. Nokoff, et al, Body Composition and Markers of Cardiometabolic Health in Transgender Youth on Gonadotropin-Releasing Hormone Agonists, *Transgender Health* 6, no. 2 (April 1, 2021) at 111–19

Natalie Nokoff, et al., Body Composition and Markers of Cardiometabolic Health in Transgender Youth Compared With Cisgender Youth, *The Journal of Clinical Endocrinology & Metabolism* 105, no. 3 (March 1, 2020) at e704–14

Oral estrogen administration to boys also places them at risk for experiencing thrombosis/thromboembolism, cardiovascular disease, weight gain, elevated blood pressure, decreased glucose tolerance and gall bladder disease.



## VI The Planned Parenthood claim that giving kids Trans Drugs reduces the suicide rate is also false

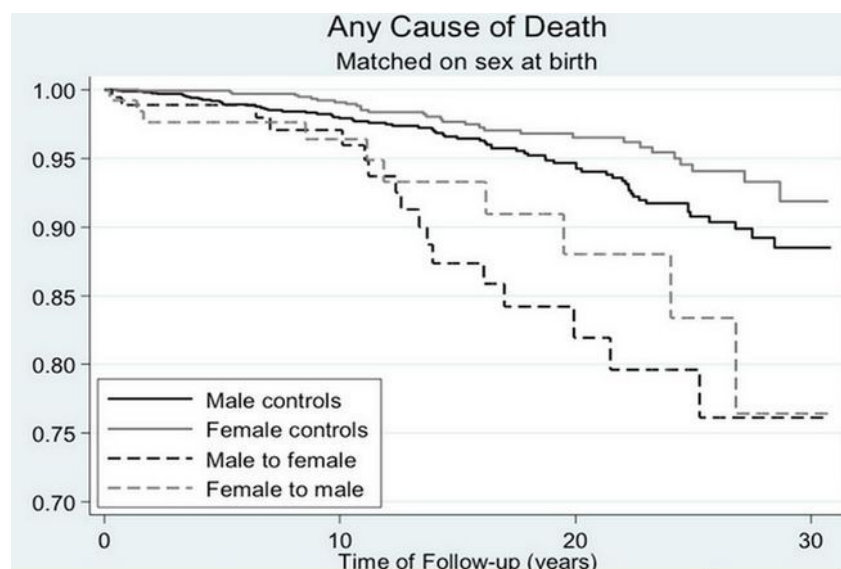
In fact, giving kids Trans drugs actually increases their suicide rate. A [30 year follow up study](#) from Sweden in 2011 showed that individuals who were subject to gender transition surgery had very high suicide rates. Below is a table of adverse outcomes compared to normal controls:

2011 Sweden study confirms increased risk of suicide, heart disease, drug abuse and committing a major crime!				
		Cases	Controls	
Any death	27/99	7.3 (5.0–10.6)	2.5 (2.0–3.0)	2.9 (1.9–4.5)
Death by suicide	10/5	2.7 (1.5–5.0)	0.1 (0.1–0.3)	19.1 (6.5–55.9)
Death by cardiovascular disease	9/42	2.4 (1.3–4.7)	1.1 (0.8–1.4)	2.6 (1.2–5.4)
Death by neoplasm	8/38	2.2 (1.1–4.3)	1.0 (0.7–1.3)	2.1 (1.0–4.6)
Any psychiatric hospitalisation‡	64/173	19.0 (14.8–24.2)	4.2 (3.6–4.9)	4.2 (3.1–5.6)
Substance misuse	22/78	5.9 (3.9–8.9)	1.8 (1.5–2.3)	3.0 (1.9–4.9)
Suicide attempt	29/44	7.9 (5.5–11.4)	1.0 (0.8–1.4)	7.6 (4.7–12.4)
Any accident	32/233	9.0 (6.3–12.7)	5.7 (5.0–6.5)	1.6 (1.1–2.3)
Any crime	60/350	18.5 (14.3–23.8)	9.0 (8.1–10.0)	1.9 (1.4–2.5)
Violent crime	14/61	3.6 (2.1–6.1)	1.4 (1.1–1.8)	2.7 (1.5–4.9)

Look at Far right Column!



Look at the far right column in the above table to see the risk ratio for transgender adults compared to control adults. For example, those who had gender mutilation surgery were 19.1 more times likely to commit suicide. As the following chart shows, adverse outcomes including death occurred throughout the follow up period.



Nor is this study unique. A [9 year UK study](#) found no improvement in the mental health of the victims. Instead, the study confirmed that those taking Trans Drugs reported increased thoughts of suicide. After a year on puberty blockers, there was a significant increase found in those answering the statement "I deliberately try to hurt or kill myself".

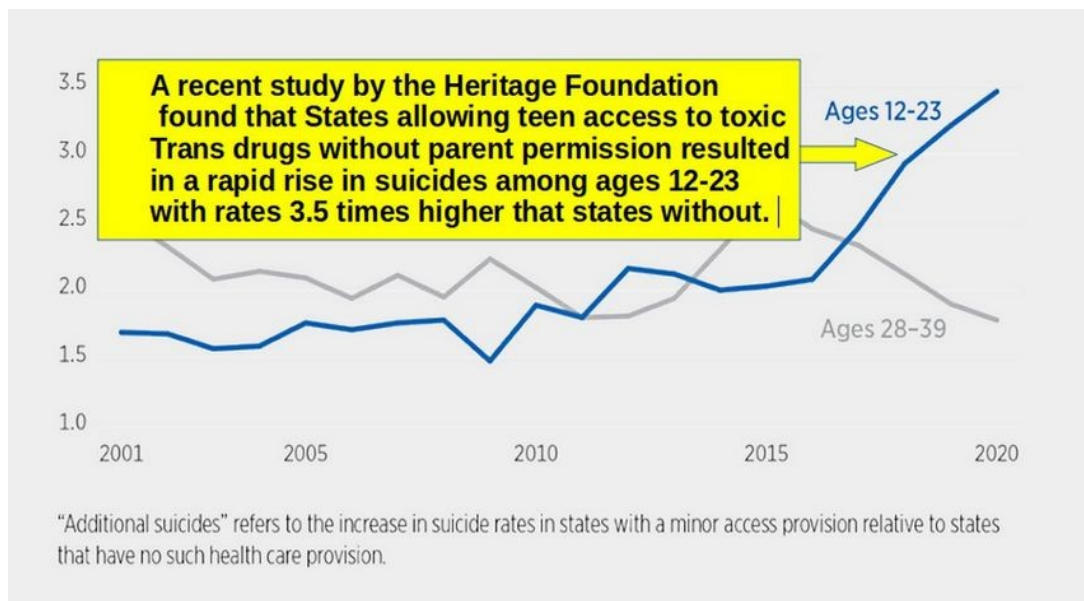
The 2024 **Ruuska [Finland study 2024](#)** of 2,083 trans persons over 23 years states **the average age of those when they entered the study was 18.5yrs**. This is the only study with a **control group** of trans young adults who have NOT received transgendered healthcare. There were 16,643 in this control group. The study found that there were 55 deaths in the study group over this 23yr period. Of those deaths, 20 were by completed suicide (36%). So, compared to the control group **general mortality was 66% higher and death by suicide was 300% higher. That is trans people who receive transgender health care are significantly worse off compared to trans people who do not receive transgender health care. Thus, receiving transgender healthcare increases the likelihood of experiencing suicidal thoughts and completing suicide.**

The 2023 [Erlangen Denmark study](#) of 3,759 trans clients over 41 years found there was 92 post treatment TGW suicide attempts and 12 completed suicides. **These rates for suicide attempt and completed suicide were 'significantly higher' compared to the expected rates of the general population.**

The 2021 [de Blok Dutch study](#) of 4,568 trans persons over 46 years found that the TGW client group, post receiving transgendered health care demonstrated significantly higher rates of mortality by heart disease, lung cancer, HIV related death and by completed suicide compared to expected mortality rates in the general Dutch population.



In the US, states that started giving kids Trans Drugs in the past 9 years have seen a dramatic rise in the number of suicides between the ages of 12 to 23 to the point that the rate is now 3 and a half times higher than in states where kids are not given trans drugs. See [this study](#):



### Why Trans Drugs and Gender Mutilation Increase the Suicide Rate

The reason Trans Drugs and Gender Mutilation increase the suicide rate is that the entire Trans Drug Cult is based on a fundamental lie – namely, the false claim that by taking Trans Drugs and chopping off body parts, a child can be magically changed from a girl to a boy or a boy to a girl. It may take the child 10 to 20 years to realize that they have been lied to and that these lies have destroyed their lives. But when they do finally realize that their dream of changing to the other sex is simply not possible, at least some will elect to end their life. The odds of this terrible outcome are increased by failing to give the person the counseling they need to help them address their underlying mental health problems that caused them to want to be the other sex in the first place.

### Other Scientific studies on the harm of transgender drugs increasing the risk of suicide

For the past eight years, Planned Parenthood has falsely claimed that **if we do not give gender confused kids toxic drugs to “affirm” their desired gender, many of these kids will attempt to kill themselves.** This claim is not supported by any credible scientific study. Instead, it is based on mis-quoting a few survey “Self-reports.”

## 2015 self report survey of 3405 Transgender people

One of their so-called studies is a [2015 self report survey](#) of 3405 Transgender people, 89 of whom were given Transgender “Puberty Suppression” drugs. Here is the actual table of outcomes in the study:

**A 2015 Self report survey cited by Bob Ferguson found that 41.6% of Trans-genders who were given drugs attempted suicide while 51.2% of Trans-genders not given drugs attempted suicide**

Have you ever been given puberty suppression drugs?	YES	NO
<b>Suicidality (past 12 mo)</b>		
Ideation	45 (50.6)	2204 (64.8)
Ideation with plan	25 (55.6)	1281 (58.2)
Ideation with plan and attempt	11 (24.4)	473 (21.5)
Attempt resulting in inpatient care	5 (45.5)	108 (22.8)
<b>Suicidality (lifetime)</b>		
Ideation	67 (75.3)	3062 (90.2)
Attempts	37 (41.6)	1738 (51.2)

**The Survey also showed that, in the past 12 months, those given Trans Drugs had a higher rate of suicide attempts than those not given drugs!**

The last row shows that 41.6% of the Trans people given drugs had Lifetime Suicide attempts and 51.2% of the Trans people not given drugs had Lifetime Suicide attempts. But much more important, **45.5% of those given gender mutilation drugs attempted to commit suicide in the previous 12 months** with the attempt putting them in the hospital. Meanwhile, only 22.8% of those not given gender mutilation drugs had a suicide attempt that put them in the hospital.

The actual studies emerging from the NIH-funded research reveal a concerning picture with an alarming finding of young people committing suicide during treatment at the rate that is at least forty times the expected rates (2/315). Here is the recent study: D. Chen, et al (2023) at 240–250, 288.

*According to suicide.org, 90 percent of all people who die by their own hand, including those who identify as transgender, have untreated mental illness.”* <https://thefederalist.com/2018/04/25/californias-lgbt-therapy-ban-law-30-years-ago-might-killed/>

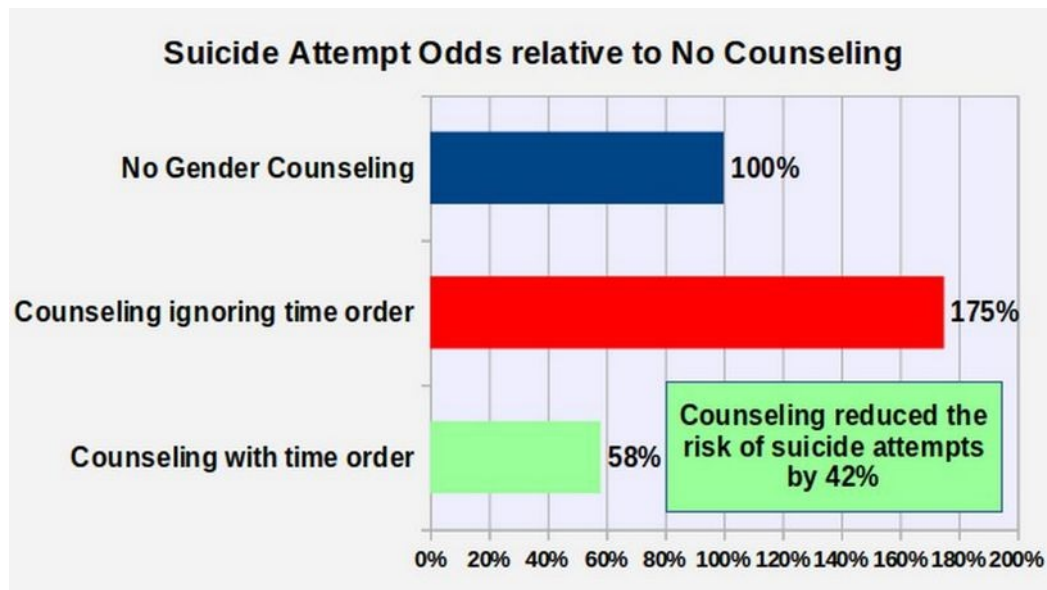
Research confirms that gender counseling reduces suicides by about 42% while giving gender confused children toxic drugs increases suicides:

The [2022 Reanalysis](#) is called “**Do Sexual Orientation Change Efforts**

## SOCE increase the suicide risk for sexual minorities?"

Paul Sullins, a senior research associate at The Ruth Institute, and former sociology professor at Catholic University, found that **SOCE actually sharply decreased the risk of suicide or thoughts of suicide.**

"What we're left with is a situation where we're being fed a lie that somehow attempting to change sexual orientation is going to fail all the time and it's going to cause harm, and the truth is just the opposite," Sullins told "[The Daily Signal Podcast](#)."



## Why accounting for the Time Order of Events Matters

Failing to account for the time order of events will often lead to a conclusion that is the exact opposite of the actual effect of any intervention. For example, it is well known that taking small daily amounts of aspirin can reduce the risk of a heart attack. Therefore, those who have already had a heart attack often take a small amount of aspirin every day to reduce their chances of having a future heart attack.

But imagine that a careless researcher studied these heart attack prone people. The careless researcher would certainly find a relationship between taking aspirin and "lifetime occurrences of heart attacks." Now imagine that based on this relationship, the careless researcher ignored the time ordering of events. This would cause this researcher to falsely claim that **taking aspirin caused the heart attacks** and therefore that **taking aspirin should be banned!** This turns out to be the flawed logic behind nearly

every study claiming that SOCE causes suicides and should be banned.

In 2022, C. H. Rosik published a review called **“A wake-up call for the field of sexual orientation change efforts research”**. Here is a link to his review: <https://doi.org/10.1007/s10508-022-02481-7>

In his review, Rosik provides the following **Table of 20 Anti -SOCE studies** – every one of which failed to account for the time order of events by including suicide attempts that occurred before any SOCE was provided.

In short, Anti-SOCE research is based on a House of Cards that fell over thanks to the re-analysis provided by Sullins. We will next review two recent studies both of which confirmed the benefit of gender counseling.

### **2021 Efficacy and risk of sexual orientation change efforts (SOCE)**

This next study, called “Efficacy and risk of sexual orientation change efforts: a retrospective analysis of 125 exposed men” takes a much closer look at the actual effects of SOCE compared to the 2015 Self Report Surveys. Here is a link to this study:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8080940/>

This study surveyed 125 men who had completed or were in the process of SOCE. At the time of the survey, 42% were still pursuing SOCE and 58% had concluded SOCE. Median time post-SOCE was about 3 years. Participants reported seeking various kinds of help for their conflicted sexuality. The most frequently were religious support groups (81%), pastoral counselors (70%), marriage or family counselors (61.3%), psychologists (57%), non-religious support groups (52%), psychiatrists (26%) and social workers (21.8%).

**For all three components of sexual orientation—attraction, identification and behavior—average same-sex orientation in the sample significantly declined following SOCE intervention.**

Prior to SOCE participation, the large majority of married men (71%) engaged in homosexual sex. After SOCE, that proportion plummeted to only 14%, and was only about half as prevalent among the married men as among unmarried men. From the standpoint of the men in the sample, one of the most important indications of perceived SOCE efficacy may be its association with drastically reduced unwanted same-sex activity which conflicts with the religious norms of their marriages. Exposure to SOCE was associated with significant declines in same-sex attraction and sexual

activity (2.4 to 1.5 on a 4-point scale of frequency). From 45% to 69% of SOCE participants achieved at least partial remission of unwanted same-sex sexuality; full remission was achieved by 14% for sexual attraction and identification, and 26% for sexual behavior.

SOCE related to six psychosocial areas: self-esteem, social functioning, depression, self-harm, suicidality, and alcohol or substance abuse. For all six areas, the positive changes were stronger and more widely distributed than the negative changes. The positive changes affected 94% (for self-esteem) of participants. The experience of marked or extreme positive changes ranged from 12% to 61%, while equally strong negative changes only ranged from 1% to 5%. For all six areas the net change, which is the summative index of both positive and negative changes, was a positive number greater than zero. This indicates that, considering both positive and negative changes, **the net effect of SOCE for each area was positive.** The strongest net positive effect was for depression. Almost three-fourths (73.2%) of respondents reported positive changes in depression due to SOCE. Only 2.4% (3) of (125) participants experienced marked or extreme negative changes in suicidal thoughts or attempts as a result of SOCE, while nine times that number (28) (21.8%) experienced similarly strong positive changes in suicidality.

### **2017 Stephen H. Black, The Complete First Stone Ministries Effectiveness Survey Report**

The [second pro-SOCE study](#) is from First Stone Ministries - a Christian ministry based in Oklahoma City that focuses on “overcoming all forms of sexual brokenness including homosexuality, sexual abuse and addiction to pornography.” They took a survey of clients who had participated in their ministry’s programs over a 25-year period (1990-2015). In the end, 185 former clients completed the First Stone survey.

This survey provides detailed information on the experiences of many people who have undergone Christian-based counseling. Of those who came to the ministry with same-sex attractions (67 percent of all clients), 23 percent reported an elimination of all same-sex attractions. Questions focused more on behaviors showed dramatic results— 78 percent said that the ministry had helped them “in overcoming [some] form of sexual sin and/or brokenness.” And of those who reported that they had a “sexual addiction” before coming to First Stone (61 percent of the total), an



amazing 93 percent no longer considered themselves “addicted” at the time of the survey. As for harm, of 98 respondents who wrote concluding comments, 85 were positive, only 7 were negative, and 6 were mixed.

A certain percentage of the LGBT-identifying population will have negative experiences whether they have undergone SOCE or not. To scientifically prove that SOCE is generally “harmful,” one would have to prove that all of the following are true:

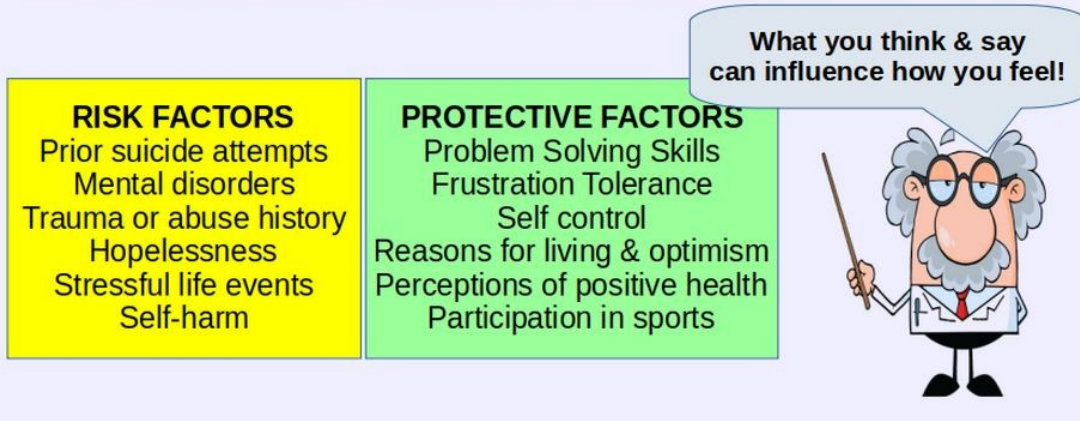
- The number of clients who report harm from SOCE exceeds those who report benefits;
- Negative mental and physical health indicators among those who have undergone SOCE exceed those among persons who have undergone alternative “gay-affirming” therapy;
- Negative mental and physical health indicators among those who have undergone SOCE exceed those among persons with same-sex attractions who have had no therapy at all.

There simply is no scientific evidence to prove each of these points. If critics of SOCE claim there is “no evidence” that it can ever be effective in changing any client’s sexual orientation, they are simply wrong.

### **Studies on the benefits of counseling to reduce suicidal thoughts**

While giving kids toxic drugs increases the suicide rate, giving them counseling reduces the suicide rate. A [2019 review](#) of 40 studies on counseling found that 37 (92%) concluded that counseling reduces both suicidal thoughts and suicide attempts.

**While giving kids drugs increases the suicide rate, giving them counseling reduces the suicide rate.** A 2019 review of 40 studies on counseling found that 37 studies (92%) concluded that counseling reduces both Suicide Ideation and Suicide attempts.

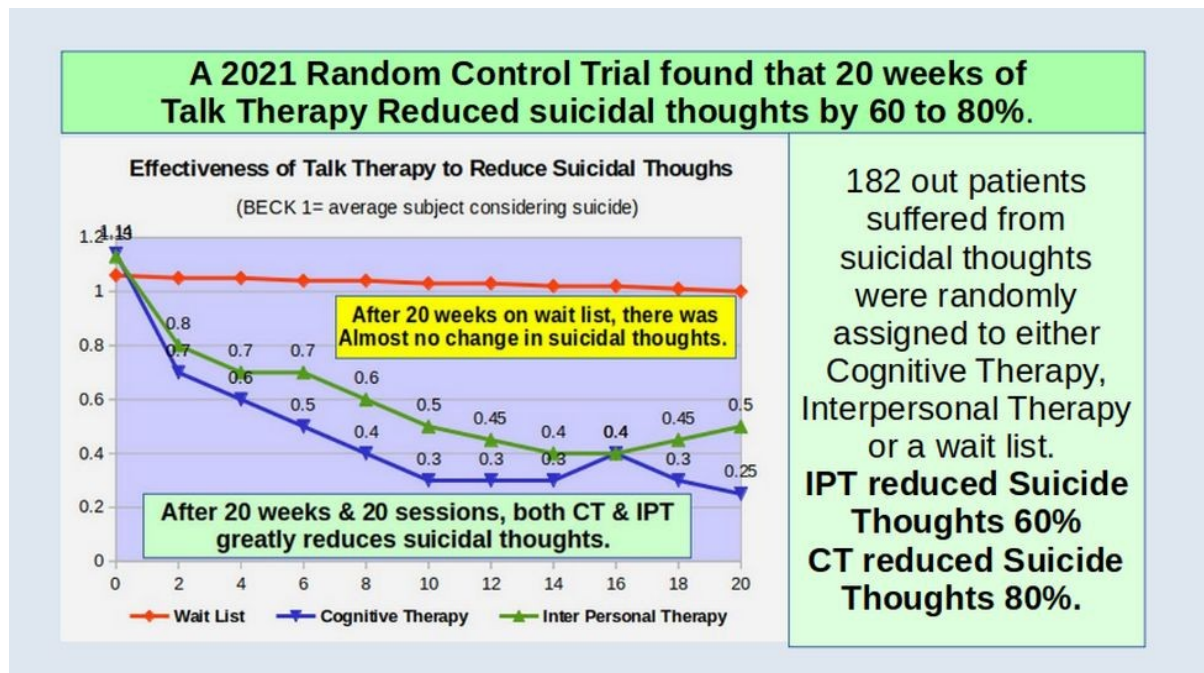


## **2021 Study finds Talk Therapy greatly reduces Suicidal Thoughts**

The two most common psychological treatments for depression and suicidal thoughts are cognitive therapy (CT) and interpersonal therapy (IPT). Cognitive Therapy relies on changing a persons thoughts in order to improve their feelings. Inter Personal Therapy helps a person deal with their feelings about past negative events. Most child counselors use a combination of both. In 2021, van Bentum et al. Published a study called, [\*\*“Cognitive therapy and interpersonal psychotherapy reduce suicidal ideation”\*\*](#)

Here is their description of their study: *“We tested whether CT and IPT outperformed the wait-list control group by comparing change in Beck Depression Inventory suicide item scores. A total of 182 outpatients, aged 18–65 years, were included and randomly assigned to one of three conditions: CT (n = 76), IPT (n = 75), or a Wait List followed by treatment of choice (n = 31). Each intervention consisted of 20 weekly sessions of 45 min. Treatments were performed by 10 licensed psychologists, psychotherapists, and psychiatrists (five in each condition) with an average 9.1 years of experience.”*

The result was that the Wait List subjects had almost no change while the IPT group had a 60% reduction in Suicidal thoughts and the CT group had an 80% reduction.



This combination of studies showing that drugs do not work while counseling does work led Sweden to move away from recommending gender mutilation drugs and towards counseling as the best option for minors. [Sweden](#) concluded the risks of puberty blockers and sex hormones outweigh any benefits. They stated that “Health care should not provide interventions that we do not know to be safe and beneficial.”

### 2023 Psychosocial Functioning in Transgender Youth after 2 Years of Gender Hormones

One of the main claims made by those who advocate giving drugs to gender confused kids is that giving them drugs will reduce their suicide rate. The claim has never been supported by any actual scientific evidence. But it has been repeated thousands of times. Recently a study was published which analyzed the mental health of 315 transgender kids from 2020 to 2022 who were given cross sex hormones at the Seattle Childrens Hospital Gender Clinic. **One of the adverse side effects was listed as “two fatalities.”** Here is a link to their study.

<https://www.nejm.org/doi/full/10.1056/NEJMoa2206297>

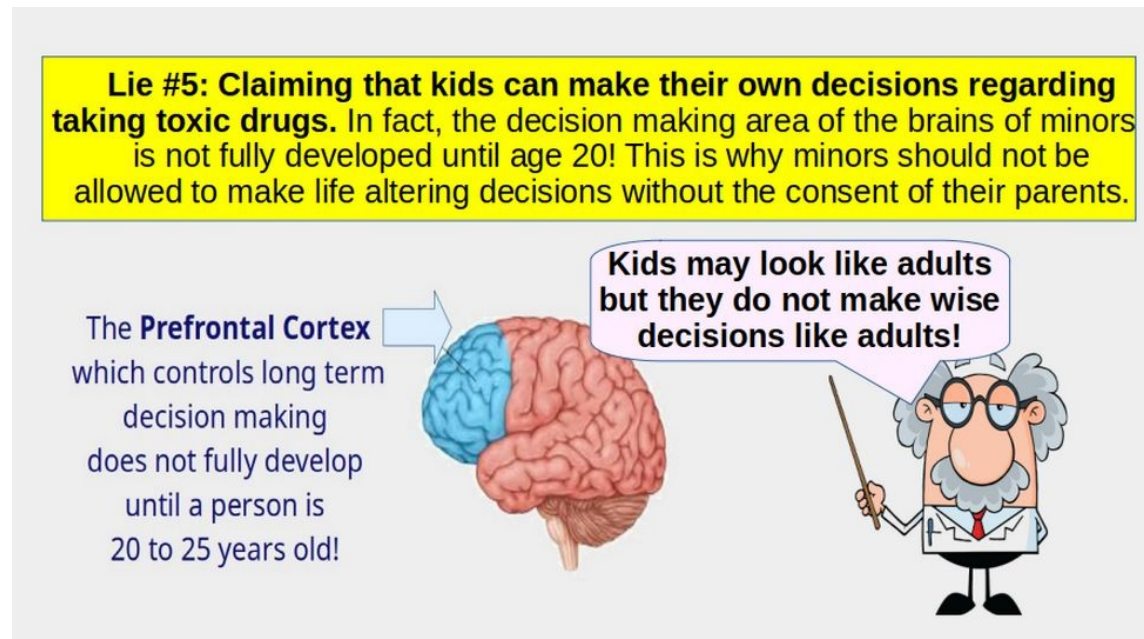
Remarkably, the clinic had the audacity to issue a press release claiming that giving these kids drugs helped improve their mental health. But here are the facts. One suicide per 315 kids is a rate of 317 suicides per 100,000 kids. Two suicides was a rate of 634 suicides per 100,000 kids.

The national rate for kids age 12 to 20 is 14 per 100,000. So a rate of 634 suicides per 100,000 is **45 times the national average suicide rate for this age group**. This is even higher than a Sweden 2011 study that found the suicide rate of Transgender subjects giving both drugs and surgery was 19 times higher than the general population.

Equally concerning, this study took in a huge amount of data on the suicidal thoughts of subjects during this two year study and then at the last minute decided not to publish this data. Why? The only possible reason is that this data confirmed what we already know – that **giving kids transgender drugs does not reduce their suicide rate**.

## VII Why Minors are not capable of providing informed consent

The next Big lie is claiming that minors are able to make their own decision about whether to start taking toxic drugs . In fact, minors cannot give informed consent because children have immature brains, they are vulnerable to peer pressure, and they don't grasp long-term consequences. The prefrontal cortex, which is where complex decisions are made, is not fully developed until about age 20.



Final brain maturation begins during adolescence with the prefrontal cortex (that part of the brain associated with high-level reasoning, executive function, weighing of consequences, planning, organization, emotional regulation, and rational decision-making) being among the last to mature.

This is why young adults are more likely to get speeding tickets and car accidents than older adults – a fact well known by car insurance companies. This is also why adolescents are more affected by the influence of peers, less future oriented, more impulsive, and differ in their assessment of risks and rewards compared with adults.

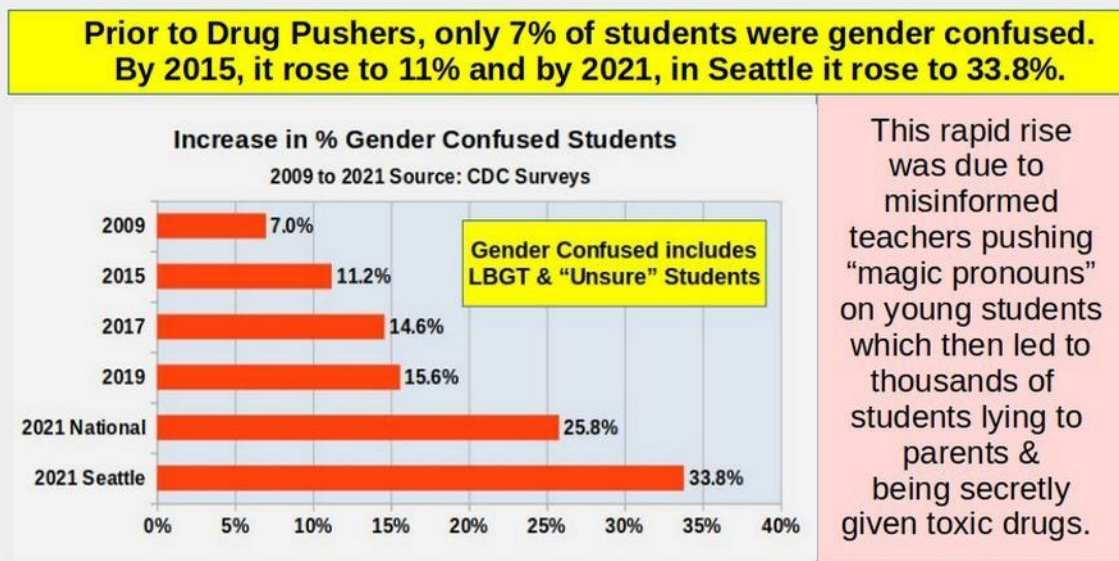
Here is a link to a report on adolescent brain development:

[https://publications.aap.org/pediatrics/article/146/Supplement\\_1/S18/34490/Adolescent-Brain-Development-and-Medical-Decision?autologincheck=redirected](https://publications.aap.org/pediatrics/article/146/Supplement_1/S18/34490/Adolescent-Brain-Development-and-Medical-Decision?autologincheck=redirected)



## VIII Increase in student victims of the Trans Drug Cult in Washington State

Thanks to the Planned Parenthood campaign to misinform teachers into pushing the Trans agenda on students, in the past 15 years, there has been an explosion of Gender Confused students. In 2009, only 7% of students claimed to be LBGTX. By 2015, 11% were Gender Confused. The 2017 CDC survey found that 87% of students were straight, 9% trans (including gay, lesbian and bisexual) and 4% were not sure. The 9% trans result was dramatically higher than historical studies which concluded that less than 1% of adults were trans. The [2021 National Survey](#) found that 26% were Gender Confused. Of the Seattle School District high school students who completed the survey, 34% were Gender Confused. In short, nearly one in three Seattle High School students now claim to be LBGTX.

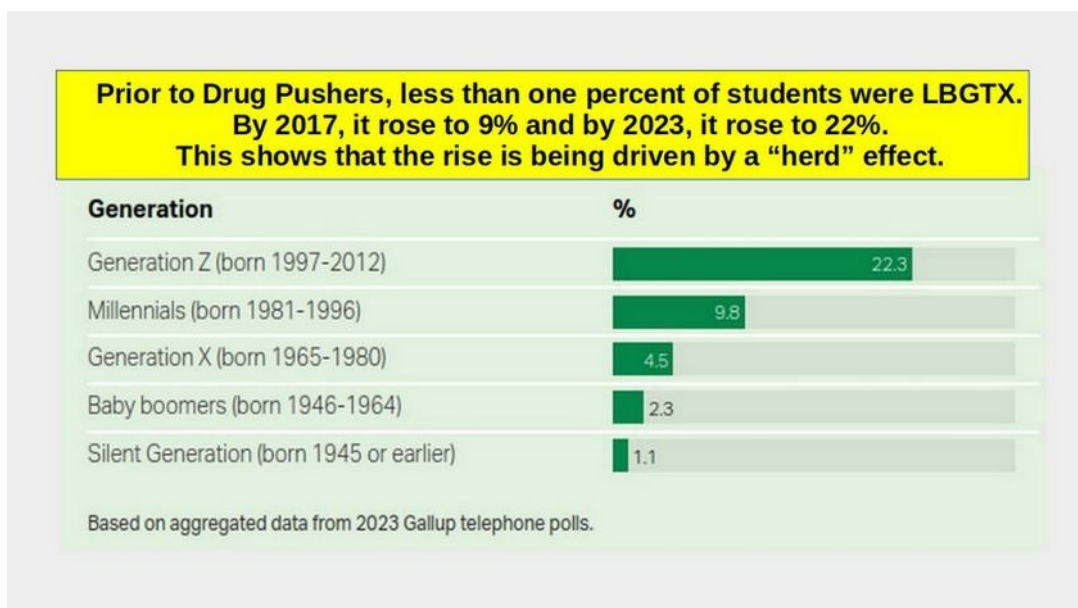


### Gallup Polls confirm the rise in LBGTX students is a social trend.

One of the key goals of growing up is to find a group you can fit in with and belong to. A danger of this need to belong is that teenagers are highly susceptible to joining cults. We define a cult as **a group that uses magical thinking to create a myth that promotes a radical lifestyle based on a series of lies**. Believing that a person can magically change their gender just by changing their pronouns and then taking toxic drugs is an example of a dangerous cult.

As evidence that what is really happening is related to this generational cult formation, Gallup polls found that the rise in the percentage of those who claim to be Trans is related to their age group. **Each younger generation is about twice as likely as the generation that preceded it to identify as LBGTX.**

More than one in five Gen Z adults, ranging in age from 18 to 26, identify as LBGTX, as do nearly one in 10 Millennials. The percentage drops to less than 2% of baby boomers and 1% of the Silent Generation. We are thus witnessing the formation of a Trans Cult based on lies and propaganda being spread in our schools using the false claim that students need to be able to take drugs in order to reduce the risk of suicide.



**How many students are taking Trans Drugs here in Washington state and what is the cost to tax payers?** While the brainwashing starts in First grade, most kids do not fall victim until they are exposed to social media influences in middle school and high school. We have about 550,000 Middle and High School kids in our schools. In the 2021 Healthy Youth Survey, 1% claimed to be Trans. In the 2023 Survey, 4% or 22,000 claimed to be Trans. At this rate, by 2025, 7% or 38,000 will be Trans. By 2027, 10% or 55,000 will be Trans. 38,000 students times \$20,000 per year equals \$760 million dollars per year spent getting tens of thousands of students permanently addicted to toxic drugs. The lifetime cost of Trans Drugs and Surgery is about a half million dollars or one billion per 2000 kids which comes to tens of billions of dollars paid for by tax payers.

## IX Harm to Washington students of 8 years of Planned Parenthood Sex Ed Propaganda

### Consequence #1: Record Parental Removal of their kids from Washington Public Schools

Planned Parenthood's radical Trans sex ed curriculum has resulted in record number of parents removing more than 150,000 students from public schools since 2017. According to data from the Washington Office of Financial Management, the population of children aged 5-19 have risen by an average of 12,000 per year over the past 12 years. This includes births and people moving to Washington state. This number includes 12,000 in 2022 and 11,000 in 2023. When including this growth of 12,000 students per year, **more than 91,000 students have left our public school system since 2018.**

Year	Actual October Headcount Enrollment per OFM	Change in Enrollment from previous year	Parents pulling their kids out of school - annual	Parents pulling their kids out of school - cumulative
2015	1079434	12000	0	0
2016	1092384	13000	0	0
2017	1103393	11000	0	0
2018	1107127	3724	8000	8000
2019	1115732	8605	3000	11000
2020	1077739	<38,000>	50000	61000
2021	1074262	<3000>	15000	66000
2022	1077339	3000	9000	75000
2023	1073794	<4000>	16000	91000

In addition, another 6 percent of students who were enrolled in October 2022 dropped out of school by the end of the year. This is **another 64,000 students lost for a total of 155,000 students.** Since Reykdal took office, there has been a 10% increase in private school enrollment and a 37% increase in home school enrollment.

### Consequence #2: Dramatic Increase in Student Absenteeism

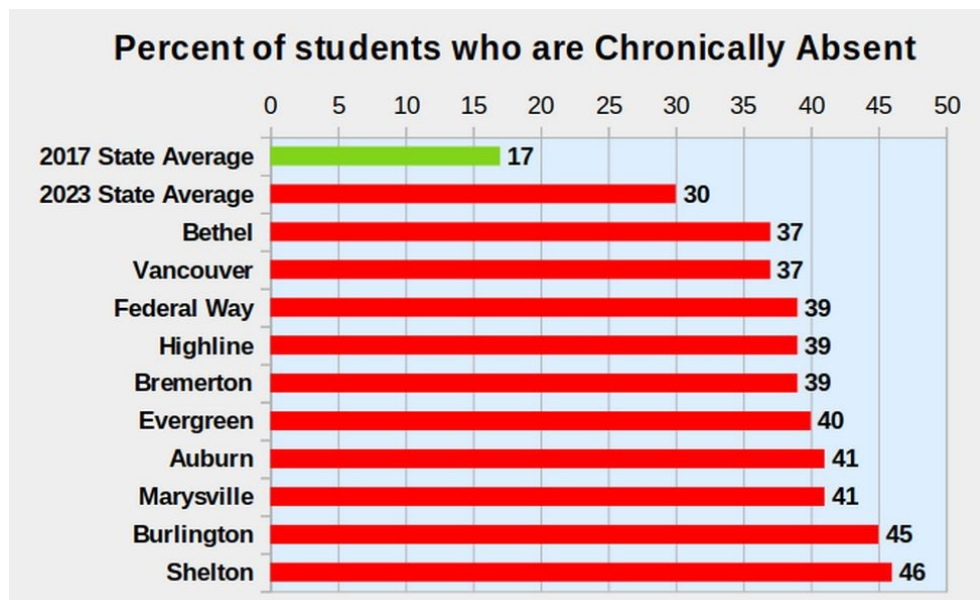
#### Chronic Student Absenteeism has doubled since 2017

The number of students still enrolled in the schools but chronically absent from schools has doubled since 2017. Chronic absenteeism is defined as

the percentage of students missing at least 10 percent of a school year. In Washington, this means being enrolled in the schools but missing at least 18 days of instruction. Chronic absenteeism is strongly related to failing courses and later dropping out of school. It is also strongly related to mental health problems including anxiety, depression, suicidal thoughts, drug abuse and crime rates including the probability of being arrested later in life and related to family unemployment later in life.

A very large number of these chronically absent students are almost never at school. In 2017, Washington was already near the worst in the nation with 17% chronic absenteeism - likely due to the fact that Washington state has among the highest class sizes in the nation. From 2017 to 2022, the national average doubled from 14 percent to 28 percent. The average in Washington state rose from 17% in 2017 to 33% in 2022 and 30% in 2023. See: "Chronic Absenteeism: 2017–2023," American Enterprise Institute, January 2024. <https://www.returntolearntogether.net/>

Here are the latest Chronic Absentee rates in selected school districts in Washington state:



Even 17% student absenteeism is not acceptable. In fact, it represents a serious threat to the current and future well being of our children.

### **Consequence #3: Dramatic Decrease in Student Test Scores**

Since 2017, Washington students have suffered record learning losses. These learning losses began even before the 2020 school closures.

## How to view NAEP test scores for yourself

Here is a link to the NAEP test results page for Washington:

[https://www.nationsreportcard.gov/profiles/stateprofile/overview/WA?chort=1&sub=MAT&st=MN&year=2022R3&sfj=NP&cti=PgTab\\_OT&sj=WA](https://www.nationsreportcard.gov/profiles/stateprofile/overview/WA?chort=1&sub=MAT&st=MN&year=2022R3&sfj=NP&cti=PgTab_OT&sj=WA)

Here is a chart on the 4<sup>th</sup> Grade Math test. Historically, Washington 4<sup>th</sup> graders averaged 5 points above the national average – which was near the top in the nation. In 2019, Washington 4<sup>th</sup> graders fell to the national average or 25<sup>th</sup> in the nation. In 2017, about half of our Fourth graders were proficient in math. Currently only 35% are proficient:

ASSESSMENT			AVERAGE SCORE		ACHIEVEMENT LEVELS		
Subject	Grade	Year	Score	Difference from National public (NP)	At or above Basic	At or above Proficient	At Advanced
Mathematics (scale range 0–500)	4	2022	235	# ♦	74	35	8
		2019	240	# ♦	79	39	9
		2017	242	+3 ♦	80	42	11
		2015	245	+5 ↑	83	47	12
		2013	246	+5 ↑	86	48	10

The Eighth Grade Math score is also bad. In 2017, Washington Eighth Graders were among the highest in the nation at 7 points above the national average - with 41% proficient. Currently, our Eighth graders are only 3 points above the national average and only 28% are proficient. Clearly our students are going in the wrong direction.

ASSESSMENT			AVERAGE SCORE		ACHIEVEMENT LEVELS		
Subject	Grade	Year	Score	Difference from National public (NP)	At or above Basic	At or above Proficient	At Advanced
Mathematics (scale range 0–500)	8	2022	276	+3 ↑	64	28	8
		2019	286	+5 ↑	72	40	13
		2017	289	+7 ↑	75	41	13
		2015	287	+5 ↑	74	39	11

The reason Washington state students have historically performed near the highest in the nation is that Washington is one of the eight wealthiest states in the nation. It is therefore shocking that our student test performance has fallen to the national average.

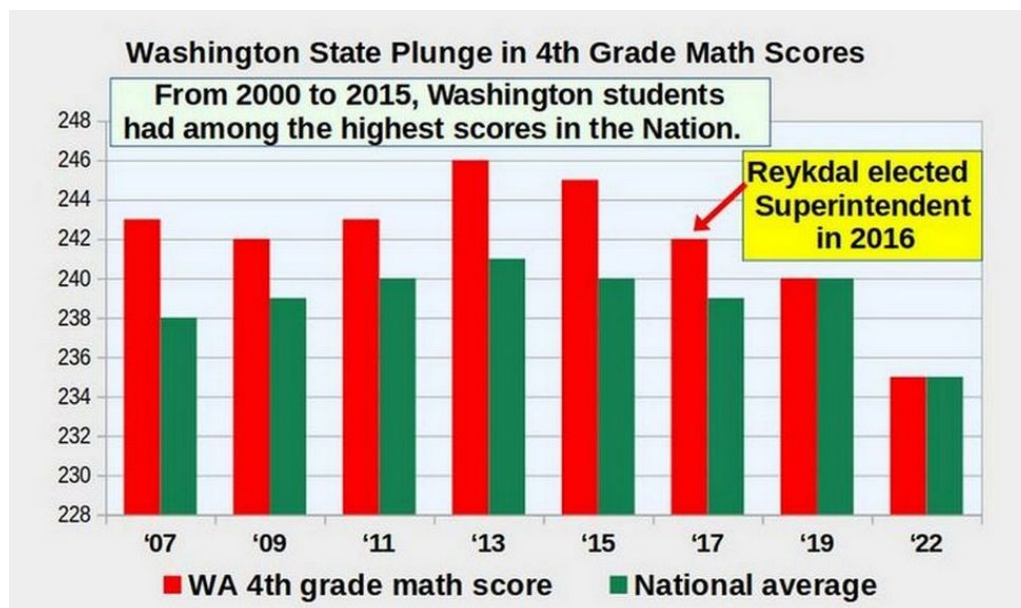


Nevertheless, let's look at State Comparisons to see how that has changed since 2017. To get to the state comparison page for Washington, go to the above link and click on the State Comparisons tab.

**On Fourth Grade Math, Washington is now 27<sup>th</sup> in the nation. In 2015, Washington was 8<sup>th</sup> in the nation.** On Eighth Grade Math, Washington is now 18<sup>th</sup> in the nation. In 2015, Washington was 8<sup>th</sup> in the nation. Washington is ranked 8<sup>th</sup> in the nation in per capita income. Washington therefore should be about 8<sup>th</sup> in the nation in NEAP test scores.

### **The Biggest Red Flag is NAEP Math Scores**

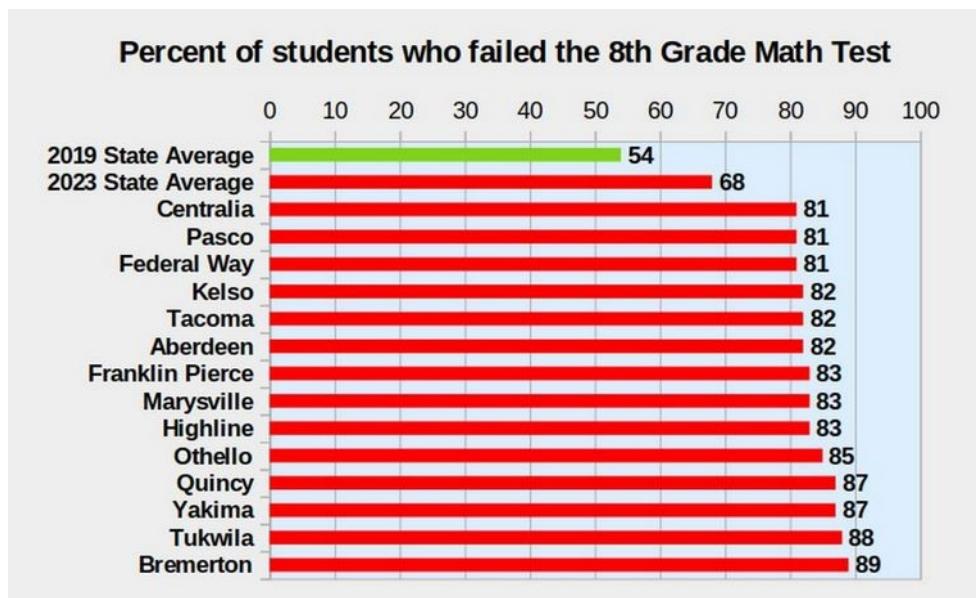
Far more concerning than the record drop in 8<sup>th</sup> Grade Reading scores, Washington students suffered a record decline on the 4th and 8th Grade Math tests. The reason this should set off alarm bells is that Washington is one of the ten most affluent states in the nation – and all standardized tests are known to be related to family income – with students from more affluent families performing much better than students from poorer families (also known as the Achievement Gap). Because of this factor, **Washington students have always performed in the Top Ten states on the NAEP Math tests.** On several occasions, our students have performed in the Top Five states as is shown by this graph:



Since 2017 Washington student test scores on the NAEP Fourth Grade Math test have declined more than in any other state in the nation! **Since 2017, Washington students have lost more than a year of math learning!**

## Record Decline in Students passing the 8<sup>th</sup> Grade Math Test

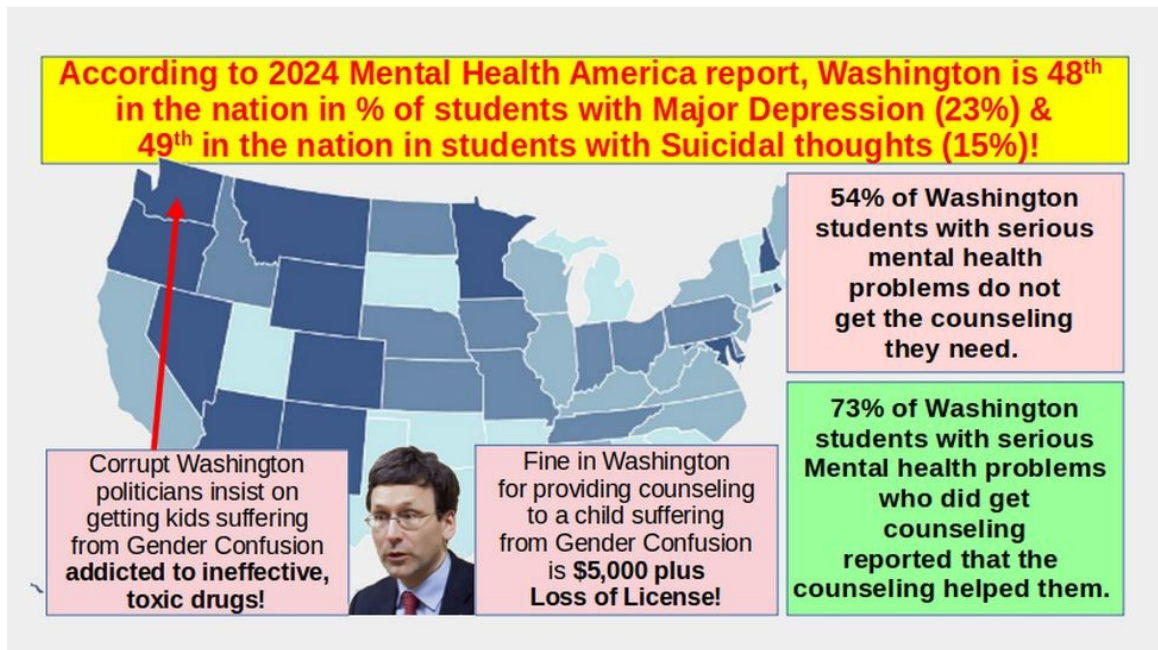
The Washington 8<sup>th</sup> Grade Math test is important for several reasons. First, it can be correlated to the National 8<sup>th</sup> Grade Math test – making it harder to rig. Second, it is a good predictor of students passing the 10<sup>th</sup> grade math test. So it is a look into our future. In 2017, only 46% of students passed the Washington state 8<sup>th</sup> Grade Math test. In May 2023, only 32% of students passed the 8<sup>th</sup> Grade Math test. For the first time in State History, 68% failed the test. **In many school districts, 80 to 90% of the students failed this test:**



We now have only a few school districts left that are performing well. Sadly, we now have a huge number of school districts that are doing very poorly. It is stunning how many school districts in Washington state now have fewer than 20% of the students who are able to pass the 8<sup>th</sup> grade math test.

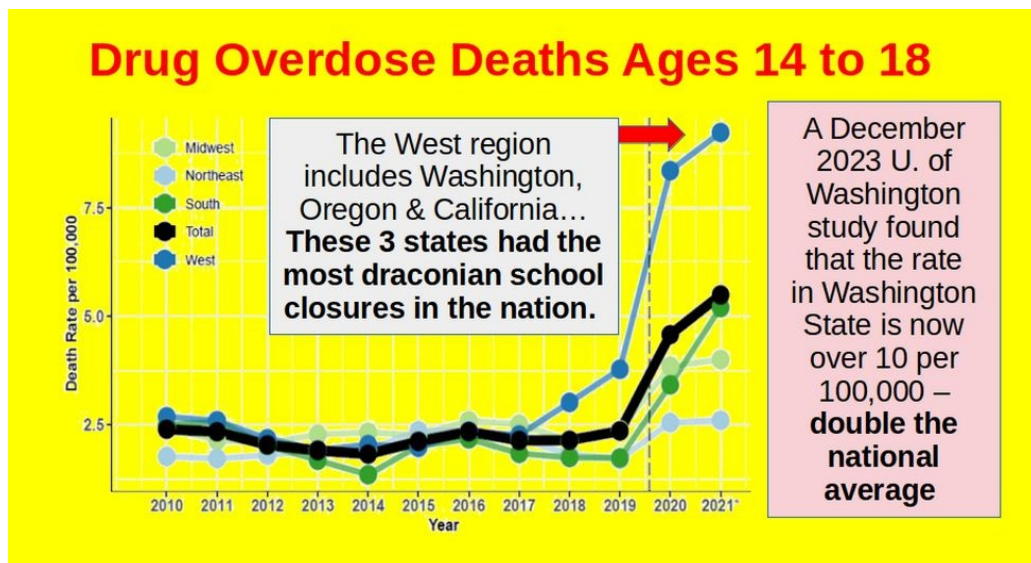
## Consequence #4: Dramatic Decrease in Student Mental Health

8 years of Planned Parenthood Trans Drug Cult propaganda has caused Washington state to fall to **48<sup>th</sup> in the nation in childhood mental health.**



### Consequence #5: Dramatic Increase in Student Drug Overdoses

Studies published in December, 2021 & December 2023 found that **Drug Overdoses among Washington state 14 to 18 year olds are the highest in the nation – and more than twice the national average!**



In addition, 20% of high school students now think about committing suicide and hundreds of thousands of students now suffer from Depression and Anxiety.

## 20% of Washington High School Students Have thought about committing suicide



Hundreds of  
thousands of  
Washington  
Students  
now suffer  
from  
Depression  
Or  
Anxiety

These are only a few of the many signs of students in distress. It is the entire Trans Drug Cult propaganda that has severely harmed children. Which leads us to our final topic of how to end Planned Parenthood Trans Drug Cult propaganda in Washington state.



## X Trans Cult Victim files complaint against Planned Parenthood

In April 2024, attorneys for Cristina Hineman filed a [35 page complaint](#) against Planned Parenthood. This complaint provides a first-hand account of how Planned Parenthood deceives its victims.

Here are quotes from this complaint:

*“Plaintiff Cristina Hineman is an example of the growing number of young people who have been victims of so-called “gender-affirming care,” characterized by the immediate, no-questions-asked “affirmation” of one’s desired gender identity, irrespective of the underlying reasons for such desire and without any mental health assessment. “*

*“At every step of the way, Cristina was failed by the medical and mental health providers that she and her family sought out for help with her depression, anxiety, social exclusion or rejection disorder, and other mental health conditions.”*

*“As she entered into her teen years, Cristina began dealing with significant mental health issues. Cristina began to suffer from anxiety and major depressive disorder, social exclusion disorder, self-harm, and passive suicidal ideation. After visiting online websites, Cristina became convinced that **her numerous mental health struggles would resolve if she adopted a different gender identity.** When she told her mental health providers that she was adopting a transgender identity, they unquestioningly “affirmed” this suddenly onset new identity, without conducting appropriate mental health evaluations or offering Cristina appropriate psychological counseling. They would eventually encourage her to pursue life-altering cross-sex hormones and even a double-mastectomy of her healthy breasts.”*

*“Cristina’s mental health struggles, however, continued to persist and worsen. But convinced that gender transition was the only thing that could fix her, a mere week after switching her identity from agender to transgender male, she went to Planned Parenthood, where, after a single, roughly thirty-minute visit, she was prescribed life-altering cross-sex hormones.”*



*“The clinicians at that Planned Parenthood would continue to prescribe her testosterone without question for well over a year, and in fact would increase her dosage at Cristina’s request (rather than their own clinical judgment). Those clinicians, however, were simply following the orders from Planned Parenthood Federation, which mandates the treatment protocols Planned Parenthood affiliates, individual health centers, and their clinicians and practitioners must abide by for any patient seeking “gender-affirming” cross-sex hormones; and those mandated protocols are that a **Planned Parenthood clinician must give any patient “gender-affirming” cross-sex hormones upon request, without any mental health evaluation or even review of records.**”*

*“Cristina ultimately sought “top surgery,” or an unnecessary removal of her healthy breasts, all the while cheered on by her supposed mental health providers. Settling on the cheapest option she could find, Cristina had a double mastectomy performed on her. “*

*“It was almost immediately thereafter that she experienced profound regret and realized that transitioning was not resolving her mental health issues but was in fact worsening them, **that surgery and hormones had not made her a man.** After this realization, she began to detransition.”*

*“Cristina is now 20 years old and recognizes that she had been betrayed by the lack of care and concern Defendants showed her in facilitating life-altering medical decisions. The scars across her chest and the irreversible changes to her body from prolonged usage of testosterone are constant reminders that she needed an unbiased medical expert willing to evaluate her properly and provide the care she needed.”*

## **XI Planned Parenthood caught illegally selling Aborted Fetus Body Parts**

In 2015, videos released by the Center for Medical Progress (CMP) exposed Planned Parenthood for negotiating the sale of hearts, lungs, and livers from babies it had aborted. Because it is illegal to profit from aborted fetuses, hearings were held in the Senate and House – both of which found that the allegations were true – which then led to calls to defund Planned Parenthood for breaking federal laws.

### **(a) Purchase of tissue**

It shall be unlawful for any person to knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration

**42 U.S. CODE 289G-2**

## **2015 Texas dumps Planned Parenthood for selling Aborted Fetus Body Parts**

Based on the 2015 videos and Congressional hearings confirming that Planned Parenthood broke federal laws (and Texas laws), Texas dumped Plan Parenthood as a Medicaid provider in October 2015 by sending them a termination letter. Planned Parenthood filed a 20 page complaint on November 23, 2015 in the case called Planned Parenthood of Greater Texas v. Traylor Here is a link to their 20 page complaint:

<https://storage.courtlistener.com/recap/gov.uscourts.txwd.784032/gov.uscourts.txwd.784032.1.0.pdf>

Here is a link to all the court documents in this case:

<https://www.courtlistener.com/docket/4560719/planned-parenthood-of-greater-texas-family-planning-and-preventative-health/>

On January 4, 2017, Planned Parenthood filed a 3 page motion for a preliminary injunction which is at this link:

<https://storage.courtlistener.com/recap/gov.uscourts.txwd.784032.58.5.pdf>

On January 12, 2017, Texas filed a 43 page response at this link:

Here is a quote from the Texas response:

*“States have the right to terminate a provider’s Medicaid agreement for reasons bearing on that provider’s qualifications, and “qualified” means “to be capable of performing the needed medical services in a professionally competent, safe, legal, and ethical manner.” The termination of Planned Parenthood’s Medicaid provider agreements in Texas is attributable to the mounting evidence that they engage in gross violations of medical and ethical standards. “*

*“On multiple occasions, Planned Parenthood has engaged in misrepresentation and obfuscation in order to conceal their activities. After they were caught on an undercover video trying to arrange a deal with a tissue procurement company for fetal tissue, Planned Parenthood began repeating the baseless claim that the videos were deceptively edited, fraudulent, and discredited as if it were a fact. It is not—as the evidence in this case shows — and neither are so many of the other baseless claims that Planned Parenthood continues to make regarding their activities related to fetal tissue donation, their corporate structure, and their dependence on Medicaid funds.”*

*“Planned Parenthood has gone to great lengths to mislead the public about the grisly reality exposed by the video footage... The fact that Planned Parenthood is willing to disregard medical and ethical standards compels the OIG to terminate their Medicaid agreements.”*

*“The free-choice-of-provider provision in the Medicaid Act states that beneficiaries may obtain medical care from any entity or person who is “qualified to perform the service or services required.” The Medicaid statute itself, however, does not define the term “qualified.” See *id.* at 492. Thus, defining what it means to be a “qualified” provider has been left up to the states. The Fifth Circuit has interpreted the term “qualified” in the Medicaid act to mean “capable of performing the needed medical services in a professionally competent, safe, legal, and ethical manner.” *Id.* What “professionally competent, safe, legal, and ethical” means in particular is defined by state law.”*

*“Planned Parenthood is not qualified as a Medicaid provider under the law due to evidence that they are willing to violate medical and ethical*

*standards.”*

On January 17, 2017, Planned Parenthood filed a 22 page amended complaint against Texas Health and Human Services Commission (HHSC) claiming that Medicaid rules protected their “Medicaid freedom of choice.” This new complaint implied that the **CMP videos were edited**. However, Congress found that the CMP videos were not edited. Here is a link to the Planned Parenthood [22 page complaint](#):

On January 19, 2017 the judge issued a 2 page order temporarily granting the injunction and requesting more information by January 30, 2017.

On January 31, 2017, Texas submitted an 11 page [motion to dismiss](#).

On **February 21, 2017**, the judge issued a 42 page ruling granting the Planned Parenthood Motion for a Preliminary Injunction at this link:

<https://storage.courtlistener.com/recap/gov.uscourts.txwd.784032.100.0.pdf>

The judge ruled that the **videos were not adequate evidence** for Texas to get rid of Planned Parenthood. On August 7, 2017, Texas appealed this decision to the Fifth Circuit. Here is a link to their [69 page appeal](#):

Here are quotes from their appeal: page 19

*“The Texas Inspector General watched the entire unedited video five times, in addition to reviewing a transcript of the video. The Inspector General also consulted with OIG’s Chief Medical Officer, who also reviewed the unedited video footage and informed the Inspector General that, in his opinion, **the video demonstrated that Planned Parenthood violated accepted medical and ethical standards.**”*

*“The Final Notice stated: These practices violate accepted medical standards, as reflected in federal and state law, and are Medicaid program violations that justify termination.”*

*“The Supreme Court, in O’Bannon v. Town Court Nursing Center, held that a private right of action does not exist to challenge a state agency’s determination that a provider is not “qualified” under the Medicaid Act.”*

On **November 23, 2020, the Fifth Circuit full panel** issued an opinion in favor of Texas and against Planned Parenthood Here is the link to their 105 page November 23, 2020 decision:

<https://www.ca5.uscourts.gov/opinions/pub/17/17-50282-CV1.pdf>

Here are quotes from this decision:

*“Our decision rests primarily on two independent bases: (1) the Supreme Court’s decision in O’Bannon v. Town Court Nursing Center, 1 and (2) the text and structure of § 1396a(a)(23), which does not unambiguously provide that a Medicaid patient may contest a State’s determination that a particular provider is not “qualified”; whether a provider is “qualified” within the meaning of § 1396a(a)(23) is a matter to be resolved between the State (or the federal government) and the provider. “*

*“The statute only allows Medicaid patients access to providers who are “qualified.” 42 U.S.C. § 1396a(a)(23)(A). The majority correctly concludes, consistent with O’Bannon, that a provider is qualified if and only if the state has deemed that provider qualified to participate in Medicaid... Medicaid regulations “allow states to set reasonable standards relating to the qualifications” of providers. (42 C.F.R. § 431.51(c)(2)). “*

*“States can, for example, terminate providers for “excessive charges; fraud, kickbacks, or other prohibited activities; failure to provide information; failure to grant immediate access under specified circumstances; default on loan or scholarship obligations; or **false statements or material misrepresentations of fact.**”*

*“The OIG provided the district court with a report from a highly regarded forensic firm concluding that both videos were authentic and not deceptively edited.”*

**Thus the case ended in favor of Texas and against Planned Parenthood. This led to a new case being filed on February 5, 2021 asking for \$2 billion dollars in damages against Planned Parenthood. The case is called: United States ex rel Doe v. Planned Parenthood Federation of America Inc.**

A whistle blower filed this 73 page complaint against Planned Parenthood in a Texas federal court which ultimately could lead to nearly **\$2 billion in fines against Planned Parenthood**. The complaint was based on court rulings confirming that Planned Parenthood had been submitting millions of dollars of false or illegal Medicaid claims in Texas and Louisiana as far back as January 2010. Here is a link to this [complaint](#).



This case kicked off a mountain of litigation with Planned Parenthood filing a blizzard of motions attempting to delay the court proceedings. Here is a link to the complete 4 page case file:

<https://www.courtlistener.com/docket/62341481/united-states-of-america-v-planned-parenthood-federation-of-america-inc/>

Here is a quote from this complaint:

*"This is a civil fraud action... against Planned Parenthood... as a result of Planned Parenthood having presented false or fraudulent claims for payment or approval under the Medicaid program, and having concealed or improperly avoided an obligation to repay money wrongfully obtained under the Medicaid program."*

Planned Parenthood filed a motion to dismiss the complaint. On April 29, 2022, the court issued an order denying the motion to dismiss the complaint. Here is a link to this 35 page [court order](#).

Here are quotes from this order:

*"Relator seeks civil penalties and treble damages under the False Claims Act ("FCA"), the Texas Medicaid Fraud Prevention Act ("TMFPA"), and the Louisiana Medical Assistance Programs Integrity Law ("LMAPIL") on behalf of the United States, Texas, and Louisiana... On November 1, 2021, Texas notified the Court of its election to intervene in the suit."*

*"Relator plausibly pleads the existence of an obligation... Defendants argue the effective date of the terminations from the Medicaid programs did not occur until March 2021 because it was "objectively reasonable for Affiliate Defendants to rely on federal and state-court orders, and the thirty-day extension granted by Texas state authorities, in continuing to submit Medicaid claims." But this argument fails for two reasons. First, it ignores the terminations sent by Texas and Louisiana would become effective 30 days after Defendants received the termination notices. ("If you do not request an Informal Hearing or an Administrative Appeal, your termination will become effective (30) days ... from the date of your receipt of this letter."); (" If you do not request a hearing as discussed above, the effective date of your enrollment will be the 30th calendar day following your receipt of this Final Notice of Termination."). Second, the argument ignores the effect of the Fifth Circuit's ruling vacating the injunctions. Once vacated, Defendants allegedly knew of their obligation to repay the States. "*

*"Planned Parenthood was effectively terminated from Texas Medicaid, at the latest, by February 1, 2017... Defendants argue Relator fails to plead facts demonstrating how PPFA allegedly directed and participated in its affiliates' alleged wrongdoings. The Court - however- finds Relator's Complaint plausibly alleges facts about PPFA's control and direction of its affiliates, as well as PPFA ' s involvement in its affiliates' violations of medical and ethical standards."*

*"A parent corporation may be held liable for acts of subsidiaries when an "alleged wrong can seemingly be traced to the parent through the conduit of its own personnel and management," and when the parent has interfered with the subsidiaries' operations in a way that surpasses control intrinsic to ownership. "*

On **October 23, 2023**, the Court issued a **47 page opinion** on competing motions for summary judgment which can be downloaded from [this link](#).

Here are quotes from this decision:

*"Planned Parenthood Federation of America ("PPFA") is a nonprofit corporation with nearly **\$400 million in annual revenue and \$500 million in assets...** Planned Parenthood employees stated they could avoid federal and state partial-birth abortion laws by claiming they did not intend to procure intact or mostly intact specimens. "*

*"The federal termination litigation culminated on November 23, 2020, with an en bane decision by the United States Court of Appeals for the Fifth Circuit... That decision held that the individual plaintiffs had no right of action to challenge Affiliate Defendants' termination and vacated the injunction. After Affiliate Defendants asked Texas for a six-month "grace period" to remain a participant in the Medicaid program, Texas sent a letter on January 4, 2021, denying that request but allowing 30 days for Affiliate Defendants to transition patients to new providers. The day before that period expired, Affiliate Defendants filed a lawsuit in Travis County District Court in Austin, Texas and obtained a temporary restraining order ("TRO"). On March 10, 2021, Judge Livingston denied the requested relief after finding no authority that a federal injunction stays administrative deadlines."*

*"Affiliate Defendants billed Texas Medicaid for services until March 10 or 12 of 2021. They have not paid back the money received during the preliminary injunctions or under the state court's TRO."*

*“On February 5, 2021, Relator filed this action against Defendants, alleging that they violated state and federal law by (1) falsely certifying their compliance with Texas and Louisiana Medicaid rules and regulations and by (2) failing to repay the government millions of dollars of Medicaid funds that they knew or should have known they were obligated to repay. To those ends, Relator seeks civil penalties and treble damages under the False Claims Act ("FCA"), the Texas Medicaid Fraud Prevention Act ("TMFPA"), and the Louisiana Medical Assistance Programs Integrity Law ("LMAPIL") on behalf of the United States, Texas, and Louisiana. On November 1, 2021, Texas notified the Court of its election to intervene in the suit. “*

*“Plaintiffs' expert Donald Lochabay, Jr. determined that Affiliate Defendants submitted 45,181 false claims to the Texas Medicaid program and 99,230 false claims to the Louisiana Medicaid program. Plaintiffs allege there were \$8,962,161 in false claims submitted to the Texas Medicaid program and \$8,059,229 in false claims submitted to the Louisiana Medicaid program. The current minimum penalty for violating the FCA is \$12,537 per violation, with a maximum penalty of \$25,076 per violation.”*

*“In Texas, a provider whose Medicaid credentials are terminated is no longer eligible to seek or receive Medicaid reimbursement. Importantly, termination becomes effective 30 days from receipt of the Final Notice if no administrative appeal is requested.”*

*“a party who relies upon the wrong interpretation of the law should not be rewarded over a party who relies upon the correct interpretation... an overruling decision is not a change of law but a mere correction of an erroneous interpretation.”*

*“Affiliate Defendants' reliance on the vacated injunctions to avoid repayment obligations amounts to "acting in reckless disregard of the truth or falsity of the information.”*

*“Where the defendant has an ongoing business relationship with a repeated false claimant, and the defendant knows of the false claims, yet does not cease doing business with the claimant or disclose the false claims to the United States, the defendant's ostrich-like behavior itself becomes a course of conduct that allowed fraudulent claims to be presented to the federal government... “*

*“Hence, PPFA can be “directly” liable under Section 3729(a)(1)(G) for “indirectly” causing Affiliate Defendants’ submission of false claims without resort to derivative liability. And this could be shown by evidence that PPF A “operated under a policy” that caused Affiliate Defendants to submit false claims. “*

On January 11, 2024, the court ordered a stay in the case pending an appeal by Planned Parenthood to the Fifth Circuit. The Fifth Circuit heard oral arguments for the appeal in March 2024.

On February 26, 2025, a three-judge panel for the Fifth Circuit unanimously ruled in favor of Planned Parenthood. On June 26, 2025, the Fifth Circuit granted an en banc hearing to be heard on September 25, 2025 stating: *“ this cause shall be reheard by the court en banc with oral argument on a date hereafter to be fixed. The Clerk will specify a briefing schedule for the filing of supplemental briefs. Pursuant to 5th Circuit Rule 41.3, **the panel opinion in this case dated February 26, 2025, is VACATED.**”*

Regardless of the outcome of the en banc hearing, it is likely that the loser will appeal this case to the US Supreme Court. The case is still ongoing but it appears likely that Planned Parenthood will eventually face a huge fine for continuing to operate in Texas and Louisiana for years after they were de-certified. Here is a link to the Fifth Circuit legal filings:

<https://www.courtlistener.com/docket/68159062/doe-v-planned-parenthood/>

The latest filing is a 24 page Amicus brief from the USA (Trump Justice Department) filed on September 8, 2025. Here is the link:

<https://storage.courtlistener.com/recap/gov.uscourts.ca5.216753/gov.uscourts.ca5.216753.229.1.pdf>

Here are quotes from the USA Amicus brief:

*“The False Claims Act (FCA), 31 U.S.C. § 3729 et seq., is the federal government’s primary tool to combat fraud and recover losses due to fraud in federal programs. The United States is a real party in interest in all FCA cases, including those brought by relators under the FCA’s provisions, and has a significant interest in ensuring that courts properly construe the FCA. The United States accordingly submits this amicus brief in support of plaintiff-appellee to address arguments concerning attorney immunity that Planned Parenthood Federation of America, Inc. has made on appeal.”*

*“FCA actions may be brought by the Attorney General or by a private party in the name of the United States, known as a relator, under the FCA’s qui tam provisions. Id. § 3730(a), (b)(1).”*

*“Contrary to the panel’s reasoning, there is no basis for extending the absolute immunity accorded to public prosecutors to private attorneys the Supreme Court squarely rejected that equivalence in Ferri, emphasizing that there is a “marked difference” between counsel’s duty “to serve the undivided interests of his client” and the prosecutor’s duty to “represent the interest of society as a whole.”*

*“Conduct by persons acting under color of state law which is wrongful under 42 U. S. C. § 1983 or § 1985 (3) cannot be immunized by state law.”*

*“For these reasons, this Court should conclude that the federal common law immunity afforded to public prosecutors does not extend to the private attorneys of PPFA’s L&L Department. “*

Based on the above, it is likely that the Fifth Circuit En Banc Panel will rule in favor of Texas. It is also likely that the US Supreme Court will rule in favor of Texas should the case ever be heard there. Thus, within the next year or two, this case will lead to billions in fines against Planned Parenthood.

In June 2024, in the case of **Medina v Planned Parenthood**, the US Supreme Court accepted review of the South Carolina decision to exclude Planned Parenthood from its list of Medicaid providers. Here is a [link](#) to a page summarizing all of the Amicus briefs submitted in this case. These briefs included a [24 page brief](#) filed by 18 Republican states on February 10, 2025. Here are quotes from this brief related to the video of Planned Parenthood selling aborted fetus body parts:

*“In July 2015, an organization released video footage, taken surreptitiously, allegedly showing staff at a Planned Parenthood in Texas sifting through the body parts of aborted children and negotiating the sale of those body parts. This footage sparked a congressional investigation.”*

*“Louisiana also launched an investigation into Planned Parenthood facilities operating in the state and, one month later, the Louisiana Department of Health and Hospitals decided to terminate its agreements with the abortion providers. As per state law, it gave the organization thirty days to appeal the decision. Planned Parenthood did not appeal through*



*the administrative process. Instead, it sued the State in federal court.”*

*“Planned Parenthood argued the qualified provider provision gave it, or the private individuals who joined the suit, a right to sue the State under § 1983 to reverse the funding decision.”*

*“Two months later, the Middle District of Louisiana agreed, granting an injunction prohibiting the State from terminating its Medicaid agreements with Planned Parenthood.”*

*“Also in 2015, the Texas Office of the Inspector General concluded that the same video footage showed Planned Parenthood violating Texas law, including prohibitions on the sale of human body parts. Based on the unlawful conduct, the State concluded that Planned Parenthood was not a “qualified provider” and was no longer eligible to participate in the State’s Medicaid program. Texas terminated its agreements with Planned Parenthood.”*

*“Rather than challenge the termination through the State’s administrative process—which it had a right to do—Planned Parenthood joined private individuals and sued the State under § 1983.9 Texas asked for dismissal, arguing the qualified provider provision does not clearly and unambiguously contain a private right of action enforceable under § 1983. “*

*“Two years later, the Western District of Texas rejected that argument. Relying solely on Gee, it held that the individual plaintiffs did have such a right to sue when a provider was determined to no longer be “qualified.” It then proceeded to find that Texas had violated that right and granted a preliminary injunction in favor of Planned Parenthood. “*

*“In 2019, the Fifth Circuit granted Texas’s petition for en banc review. One year later, in 2020, the en banc Fifth Circuit overruled Gee.”*

*“In the end, it took six years of litigation in two States for the Fifth Circuit to finally—correctly— determine that Congress never created a right to sue in the first place. Fortunately, it has now done so, and in that circuit, there will be no right to sue unless Congress expressly says there is. This result holds Congress to its duty to make any terms and conditions clear and unambiguous and prohibits courts from reading into statutes implied rights that Congress did not make explicit. This is the result the Constitution requires.”*

In June 2025, the US Supreme Court ruled that states can exclude Planned Parenthood from their Medicaid programs. Their 64 page [ruling](#) rejected a Planned Parenthood challenge to South Carolina's exclusion of Planned Parenthood. Here are quotes from this decision:

*“Medicaid offers States “a bargain.” Armstrong v. Exceptional Child Center, Inc., 575 U. S. 320, 323 (2015). In return for federal funds, States agree “to spend them in accordance with congressionally imposed conditions.” Should a State fail to comply substantially with those conditions, the Secretary of Health and Human Services can withhold some or all of its federal Medicaid funding. This case poses the question whether, in addition to that remedy, individual Medicaid beneficiaries may sue state officials for failing to comply with one funding condition spelled out in 42 U. S. C. §1396a(a)(23)(A).”*

*“A State must submit to the Secretary a “plan for medical assistance.” §1396a(a); see also §1396–1. To win the Secretary’s approval, that plan must satisfy more than 80 separate conditions Congress has set out in §1396a(a). This case concerns one of the conditions state plans must meet.”*

*The spending power allows Congress to offer funds to States that agree to certain conditions. See, e.g., South Dakota v. Dole, 483 U. S. 203, 207–208 (1987). But when a State violates those conditions, “ ‘the typical remedy’ ” is not a private enforcement suit “ ‘but rather action by the Federal Government to terminate funds to the State.’ ”*

*“§1983 provides a cause of action “only for the deprivation of ‘rights, privileges, or immunities,’ ” not “ ‘benefits’ or ‘interests. To prove that a statute secures an enforceable right, privilege, or immunity, and does not just provide a benefit or protect an interest, a plaintiff must show that the law in question “clearly and unambiguously” uses “rights- creating terms.”*

*“Consistent with this understanding, early courts described federal grants not as commands but as contracts. Because spending-power legislation is “in the nature of a contract,” a grantee must “voluntarily and knowingly” consent to answer private §1983 enforcement suits before they may proceed. And that consent cannot be fairly inferred if the federal spending-power statute fails to provide “clear and unambiguous” notice that it creates a personally enforceable right.”*

## **XII Proposed Remedies**

Time and again, Planned Parenthood has prioritized its profits over the health and well-being of women and children. It is time to hold them accountable for the many lies they have told parents and children to convince them to join the Trans Drug Cult. Lives are at stake — and so is the truth.

We have provided evidence that Planned Parenthood has severely harmed of children here in Washington state through false medical claims including falsely telling them that all they need to do to change from a boy to a girl is change their names and pronouns and start taking toxic Trans Drugs. Despite the harm of these drugs, Planned Parenthood of Washington continues to claim on their website that these drugs are safe and effective when in fact they are neither.

The harm from these false medical claims is not only to the children and families that are deceived by the Planned Parenthood propaganda campaign. The harm also falls on every tax payer in Washington state who is forced to pay higher taxes in order to subsidize the lies of Planned Parenthood. The harm also falls on every student, parent and teacher who are subjected to Planned Parenthood Trans Drug Cult propaganda in our public schools.

### **We are now left with the question of how to hold Planned Parenthood accountable for their false medical claims?**

The Federal Trade Commission is [empowered](#) to (a) prevent unfair methods of competition and unfair or deceptive practices; (b) seek monetary redress and other relief for conduct injurious to consumers; (c) prescribe rules defining acts or practices that are unfair or deceptive, and establishing requirements designed to prevent such acts or practices.

We ask that Planned Parenthood of Washington be prohibited from continuing to give non-FDA approved Trans drugs to children in our state and that Planned Parenthood be fined for each of the thousands of children they have harmed in the past as a result of their fraudulent and deceptive medical claims. We further ask that Planned Parenthood of Washington be required to post a notice on every one of their web pages describing in detail the harms of giving kids toxic trans drugs.

In addition, we ask that Planned Parenthood of Washington be prohibited from any contact with our public schools for a period of at least ten years.

In addition, we ask that Planned Parenthood of Washington be prohibited from accepting any tax payer funds for at least ten years.

Finally, we ask that Planned Parenthood of Washington be required to set up a Independently operated **Planned Parenthood of Washington Trans Victim Compensation fund** to compensate any child and any family harmed by their past Trans Cult lies. In particular, this fund should automatically compensate any Detransitioner at least a million dollars per victim for the fact that their life was severely harmed by Planned Parenthood lies. Given that the Washington Planned Parenthood 2024 report admitted to 3,355 Gender Affirming care visits and that this crime against children has been going on for at least the past eight years, this fund should start with enough money to pay for at least one thousand detransitioners – meaning that **the initial balance of this Washington State Planned Parenthood Trans Victim Compensation Fund should be at least one billion dollars.**

Thank you for helping us hold Planned Parenthood of Washington accountable for their past and current fraudulent medical claims – and for obtaining justice for their current and past victims.

Sincerely,

David Spring M. Ed.

Director, Washington Parents Network

[David@WashingtonParentsNetwork.com](mailto:David@WashingtonParentsNetwork.com)