



Written by [Selwyn Duke](#) on December 16, 2024

## **MALPRACTICE: Woman Sues Doctor Who Gave Her “Sex Change” Drugs – at AGE 12**

Are the capons finally coming home to roost for the doctors prescribing “transgender” treatments for children and irreparably harming them? This may be the case if a new malpractice lawsuit is any indication. It was filed by a woman prescribed puberty blockers *at age 12* and, unbelievably, a *double mastectomy at 14*.

This has been a long time in coming. Back in 2021 I [lamented](#), *not* for the first time, that it’s surprising such lawsuits are

not a trend already as [the doctors in question have] long been hurting people with scientifically baseless prescriptions and, as the American College of Pediatricians essentially stated in 2016, are guilty of child abuse.



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And as child abuse is precisely how many would describe the trespasses in the current story. As *The Daily Signal* [reports](#):

When Clementine Breen began getting puberty blockers at age 12, she had no idea she was agreeing to become a lifelong patient.

Breen, now a 20-year-old detransitioner, filed a lawsuit last Thursday against prominent child-gender specialist Dr. Johanna Olson-Kennedy, alleging medical negligence.

Breen says Olson-Kennedy pushed her into irreversible transgender medical interventions at only 12 without proper psychological testing or monitoring of her mental health and the side effects of hormone regimens.

“I think telling me that the only treatment for my body issues was transitioning was kind of the worst thing for me, because in retrospect, I just have PTSD,” Breen told *The Daily Signal*. “I just needed treatment for what happened to me when I was a kid.”

Breen, currently a student at University of California-Los Angeles, not only began taking puberty blockers at 12 and testosterone at 13; she then had “top surgery” — a double mastectomy — at 14.

### **Kids on the (Dis)Assembly Line**

As shocking as this is, Breen’s story is also more common than many may think. Just ask [Jamie Reed](#), an



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ex-“transgender” clinic case manager who describes herself as “politically to the left of Bernie Sanders.” Reed resigned from her job in 2022 because her former employer’s medical practices are, she states, “morally and medically appalling.” Specifically, she says that the clinic, the Washington University Transgender Center at St. Louis Children’s Hospital, would reflexively refer kids for MUSS (Made-up Sexual Status, aka “transgender”) treatments assembly-line style. This is despite these youths’ actual problems being attributable to other issues. For example, Reed [mentions](#) that many had “depression, anxiety, ADHD, eating disorders, obesity ... [and] autism, or had autism-like symptoms.”

In light of this, consider the rest of Breen’s story. Her lawsuit states that she was a “vulnerable girl struggling with complex mental health struggles.” Breen further informs via her suit, [Just the News writes](#), that

sexual abuse starting at 6 or 7 may be related to her “anxiety, depression, presumed autism, and undiagnosed post-traumatic stress disorder,” which Breen credits to “a severely autistic brother, whose autism caused him to act out violently and made him highly volatile, creating a difficult home environment,” none of which she said the defendants explored.

... The suit details allegations that Olson-Kennedy and fellow defendants CHLA [Center for Transyouth Health and Development at Children’s Hospital Los Angeles], UC San Francisco’s St. Francis Memorial Hospital, surgeon Scott Mosser and his Gender Confirmation Center of San Francisco, and therapist Susan Landon “made numerous material misrepresentations” to get Breen’s parents to go along with recommended care.

They include that blockers were [“completely reversible” — a claim that divides the Biden administration](#) — and [that] Breen would kill herself if subsequently denied testosterone. She alleged Mosser never discussed the recommendation letters from Olson-Kennedy and Landon with Breen or even [met] her before her surgery.

### **Emotional Blackmail**

This is par for the course. MUSS Sexual-distortion Treatment (SDT) peddlers will often use a hard-sell approach with patients and their parents. A standard line is, “Would you rather have a live son or a dead daughter?” This, however, is deceit.

Not only is switching sexes an impossibility, but data show the exact opposite of what the SDT pushers claim. As the American College of Pediatricians (ACPed) related in a [2016 statement](#), “Rates of suicide are twenty times greater among adults who use cross-sex hormones and undergo sex reassignment surgery, even in Sweden which is among the most LGBTQ-affirming countries.”

Is this surprising? All evidence indicates that the confusion in question, what should be called Sexual Identity Disorder, is a psychological problem. And changing bodies when we should be changing minds is like changing a computer’s hardware to solve a software problem.

### **Hard Currency for Soft Science**

Again, though, and sadly, the MUSS agenda has destroyed many young (and older) lives. There was Nathaniel (last name withheld for privacy reasons), who was castrated while still a teen. Calling his SDT a “Frankenstein hack job” in 2019, he plaintively [confessed](#), “I feel as though I have ruined my life.”

Then there’s a girl known as “Milo,” who’d been a poster child for the MUSS agenda. Last year she [admitted](#) that her SDTs were “a big mistake.” Unfortunately, this was after butchers had already



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performed a double mastectomy and a hysterectomy on her.

There's also Paul Rowe, who now regrets his 1989 genital-mutilation surgery. Feeling stuck in limbo, he'd like to resurrect his old self but says it's fruitless. "I can never become a complete man again," he [laments](#). "There's no turning back."

Note: A multitude of other such stories can be found at [SexChangeRegret.com](#).

So how can this child abuse be ended? The aforementioned Jamie Reed essentially said that doctors at her SDT clinic would rationalize away their "treatments'" problematic nature. This is not surprising. As author Upton Sinclair noted, "It is difficult to get a man to understand something, when his salary depends upon his not understanding it." But therein lies the answer.

These SDT pushers' income must be made dependent on their understanding, and their acceptance of, reality. They must be sued relentlessly, to the point where malpractice insurers will no longer cover their body-mutilation treatments. That's the only kind of treatment, after all, that works with people who follow the dollar and not the science.



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