



April 20, 2026

Andrew Ferguson
Chairman
Federal Trade Commission
600 Pennsylvania Avenue, NW
Washington, DC 20580

Re: Conflicting statements from the American Psychological Association (APA) on “gender-affirming care” for minors

Dear Chairman Ferguson:

I am writing as Chief Medical Officer for Do No Harm (DNH) in light of the American Psychological Association’s (APA) September 26, 2025 statement, [“Request for Public Comment Regarding ‘Gender-Affirming Care’ for Minors” \[Docket No. FTC-2025-0264\]](#), which clearly and irreconcilably conflicts with the organization’s 2024 [“APA Policy Statement on Affirming Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals, Addressing Misinformation, and the Role of Psychological Practice and Science.”](#)

The contradictory messages – which expose the APA for telling federal regulators one thing, and gender activists another – raise concerns that the APA may be knowingly promoting so-called “gender-affirming care” (GAC) for minors in violation of Section 5 of the Federal Trade Commission (FTC) Act.

Do No Harm is a nationwide organization composed of over 50,000 medical professionals and concerned citizens dedicated to protecting healthcare from identity politics. Protecting children from the irreversible harms of gender ideology is central to our mission. We advocate for what should be common sense: children should not be subjected to dangerous, life-altering procedures that lack scientific justification.

In recent months, amidst crumbling medical consensus on GAC for minors, the APA has tried to play both sides of the gender debate without actually changing its stance.

On March 27, 2026, in response to questions from the Daily Wire, the APA [denied](#) any inconsistency between the organization’s September 2025 statement and its 2024 Policy Statement. A close reading of both documents, however, tells a very different story.

The [2024 APA Policy Statement](#) takes a strong ideological and prescriptive stance:

- Affirms the APA's support for "unobstructed access to healthcare and evidence-based clinical care" for transgender, gender-diverse, and nonbinary minors, including medical "gender-affirming" interventions.
- Declares the "primary goal is to encourage psychologists to unite in their support for access to psychological and all appropriate healthcare services and treatment for transgender, gender-diverse, and nonbinary individuals." This includes children.
- Lists "non-affirmation" as an example of gender based "mistreatment," falsely equating it with "violence" and "discrimination."
- Opposes state bans on "gender-affirming care" as contrary to "the comprehensive body of psychological and medical research supporting the positive impact of gender-affirming treatments" and equates them with human rights violations.
- Calls for insurance plans to cover "both psychological and medical gender-affirming care."
- Offers as an example of "misleading and unfounded narratives" the notion that gender dysphoria could be a "manifestation of traumatic stress or neurodivergence."
- Repeatedly argues in favor of "psychological and medical" support, research, and interventions as they relate to "gender-affirming care."

Conversely, the APA's September 26, 2025 letter to the FTC adopts a far more cautious, tempered tone focused on psychological assessment rather than medical intervention:

- Psychologists' primary role is "comprehensive, multi-dimensional assessment" that is "cautious, individualized, and ethically grounded."
- "A diagnosis of gender dysphoria or the identification of a youth as gender-questioning is not an automatic or singular pathway to medical intervention or even social transitioning."
- "Gender identity development is a complex, evolving process" and not all youth who experience gender dysphoria will persist with it into adulthood.
- There are "significant ethical and practical barriers" to long-term research on certain medical interventions for minors, leading to a "lack of long-term scientific evidence."
- Psychological support services are "essential and well-supported" and "distinct" from medical interventions.
- The letter repeatedly emphasizes comprehensive assessment, screening for co-occurring conditions (e.g., autism, trauma, depression), family involvement, and informed consent that fully discloses uncertainties.
- Children and adolescents are specifically identified as a "vulnerable population" requiring "heightened protections in research;" the statement later adds, "conducting randomized controlled trials (RCTs) on minors would expose certain participants to potential, often irreversible, harm."

To summarize, the APA's own 2025 letter stresses that competent psychological care does not involve rushing children toward predetermined outcomes or making broad claims about treatment effectiveness without thorough evaluation, seemingly undercutting the affirmation-only posture of the 2024 policy. Additionally, the 2025 letter admits that there is a "lack of long-term scientific evidence" supporting medical interventions for minors in direct contradiction of the APA's 2024 policy statement defending the necessity of these "evidence based" interventions for kids. The APA's [claim](#) that the two documents are "consistent" and its defense that "affirming care does not mean a predetermined outcome, automatic validation of any particular intervention, or bypassing clinical judgment" is completely undermined by reading them. The 2024 Policy Statement explicitly endorses medical gender-affirming care and condemns non-affirmation as harmful, while the 2025 FTC submission appears to walk that back in the face of regulatory scrutiny.

The APA cannot have it both ways. These conflicting messages, which will influence how psychologists and other providers counsel children and families on irreversible medication interventions, are misleading to consumers, patients, and the FTC.

As the FTC continues its ongoing investigation against medical organizations such as the [World Professional Association for Transgender Health](#), the [Endocrine Society](#), and the [American Academy of Pediatrics](#), DNH respectfully suggests that the FTC use its authority to launch a similar investigation into whether the APA has made "false or unsubstantiated representations" about pediatric gender treatments. An investigation into potentially unfair or deceptive trade practices in this space must examine why the nation's largest psychological organization appears to present one face to the public and practitioners and a different face to federal regulators.

Full transparency is urgently needed from the APA about the scientific limitations of so-called "gender-affirming care" for minors, with organizational policy clearly following suit.

Thank you for your consideration of these comments and for your critical work on this issue.

Sincerely,

Kurt Miceli, MD
Chief Medical Officer
Do No Harm