

May 17, 2022

To whom it may concern,

As a practicing Infectious Disease physician in the central Ohio region, I have been privileged to take care of people from various walks of life, including many from diverse sexual minority groups. As such, I have been alarmed by the movement championed by politically motivated groups to trivialize the issue of gender dysphoria. They view it as the next great cultural phenomenon. Though they state their motivation is to protect this group of highly vulnerable members of our society, their actions to actively inculcate young people into their pseudo-scientific positions proves otherwise. As such, I would like to provide this written testimony in support of passage of HB 454.

Minors who suffer from gender dysphoria overwhelmingly desist and come to accept who they are by adulthood, unless they are led down a path of affirmation. A conservative estimate from the literature would be 85%. In addition, they suffer from much higher rates of mental illness including anxiety, depression, behavioral disorders, and suicidal tendencies. No doubt, the opponents of the bill will state that stigma in society is to blame for these poor predictors of outcome. However, reality contradicts this. One of the prize examples is the Netherlands. Over a 50-year period of acceptance, there has been little difference made in the rates of suicide among the gender dysphoric. In addition, those who suffer from gender dysphoria have also experienced much higher rates of family conflict, parental mental illness, and bullying as children. It would be much more compassionate to allow clinicians and therapists to help a person work through all of these interconnected issues rather than leaving one out as sacrosanct.

The human brain is a remarkable organ, one that is not fully developed until a person is an adult. As an example, the frontal lobe – which deals with judgement and inhibition – matures by the age of 23-25. It is with this in mind that I want to state clearly that clinicians who push for medical and surgical interventions to affirm a transient sense of identity are committing malpractice. Concerning puberty blocking drugs used in minors, we know that they arrest genitalia in an underdeveloped stage, compromise bone density, lead to sexual dysfunction, and lead to the risk of infertility. Contrary to what others may purport, the effects of these agents are not fully reversible.

Sex reassignment surgery is purely cosmetic and can lead to permanent sterility. No doubt it offers a lucrative option for surgeons willing to perform it but at what cost. Though some short term studies seem to show a mental health benefit to patients who undergo these procedures, longer term studies show dissatisfaction and continued struggles with mental health disorders. In other words, reality sets in once you get out of the honeymoon period.

There is now a growing population of people termed de-transitioners. They went down a road that they thought would fulfill them and found it to be a dead end. Our children are precious and should not be used for social or medical experimentation. I urge all on both sides of the political divide to support this bill. Thank you.

Sincerely,

Sunil V Bhat, MD