

May 17, 2022

OH HB 454

Proponent Testimony

The Ohio House Families, Aging, and Human Services Committee

Dear Chair Susan Manchester, Vice-Chair Al Cutrona, Ranking Member Sedrick Denson, and Members of the House Families, Aging, and Human Services Committee:

My name is Dr. Jeffrey Barrows. I am a retired Ob/Gyn who has practiced here in Ohio for many years. Through those years, I often prescribed the medication that is now being referred to as a “puberty blocker” as treatment for endometriosis for my female patients. I am very familiar with the drug as well as its side effects and potential dangers. These drugs are extremely potent and when initially approved by the FDA, could only be prescribed for a period of 6 months. Now they are being used for much longer periods of time to stop puberty in young adolescents suffering from gender dysphoria without adequate scientific proof of their safety. This is bad medicine for several reasons.

First, multiple studies have shown that on average 85% of adolescents suffering from gender dysphoria will resolve that dysphoria spontaneously if they are given supportive care without actively intervening.^{1,2,3,4,5} This means that active intervention is unnecessary in the vast majority of these adolescents. Second, if that active intervention is associated with medical risk, not only has an unnecessary intervention been undertaken, but that adolescent has been exposed to unnecessary risk. Multiple studies have shown that the prolonged use of these “puberty blockers” causes reduced bone mass in adolescents, raising their risk of bone fracture later in life.^{6,7,8,9,10} Third, over 98% of gender dysphoric adolescents started on “puberty blockers” go on to receive the hormones normally found in the opposite sex, so called “cross sex hormones”.^{11,12,13} Cross sex hormones have been shown to increase the risk in biologic males of diabetes,¹⁴ stroke,¹⁵ and blood clots.²¹ Risks of cross sex hormones in biologic females include a 2-4 fold increase incidence of heart attack.¹⁶

While those who advocate for “gender transition” therapy using “puberty blockers” and “cross sex hormones” typically emphasize mental health improvement with active intervention. However, “puberty blockers” have been shown to cause greater self-harm in adolescents,¹⁷ without reducing suicide among patients suffering from gender dysphoria.¹⁸

The use of “puberty blockers” and “cross sex hormones” on adolescents with gender dysphoria is unsupported by good medical science and is harming children.

Please vote YES on HB 454

Dr. Jeffrey Barrows

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