Chair Roegner, Vice-Chair Antani, Ranking Member Hicks-Hudson and members of the Ohio Senate Government Oversight Committee, thank you for the opportunity to speak today.

I am a general pediatrician in practice for over 30 years. I grew up in Cincinnati, graduated from Madeira High School and Miami University. Along with my medical degree, I have a master's degree in bioethics.

I saw my first trans-identified patient in 2015, and have been researching this field since that time. This work has put me in touch with physicians, researchers, and health authorities from all over the world. Most importantly, I have met many, many people that have transitioned.

These youth deserve respect and dignity. They deserve the best possible care.

The Dutch were the first to treat gender dysphoria in youth with hormonal and surgical transition. Their experience was published in 2014 in the American Academy of Pediatrics' flagship journal. Since that publication, the numbers of youth being transitioned has skyrocketed.

The flaws in the Dutch research are well described by others. The evidence that **youth psychological well-being improves** with transition is lacking. National health authorities in Finland, Sweden and England have all concluded: **the evidence for benefit is low quality**. Health authorities in Norway, Denmark, and France have expressed the same concerns.

In the last two months, Dutch medical experts, ethicists, and media have begun to criticize the youth transition protocol developed in their own country. The Dutch Protocol is the sole foundation on which youth transition was built.

What does the lack of evidence mean, in practical terms, for the patient? It means that ***harms, not benefits, may be more likely to occur.***

This committee has been witness to serious, horrific and unimaginable harms.

Youth regret their use of puberty blockers and cross sex hormones. Young women regret having their breasts cut off, and ovaries and uteruses removed. Young men regret being castrated, and having their penis inverted into their pelvic cavity? **Despite increasing reports of regret and harm, physicians continue to defend this practice.**

Youth transition is now **recognized as experimental** by European health authorities.

England's National Health Service says it is **"not known whether hormone blockers affect the development of the teenage brain,"** and **"little is known about the long-term side effects of hormone or puberty blockers."**

Sweden's National Board of Health and Welfare clearly states: **"the risks…currently outweigh the possible benefits."**

Dr. Hilary Cass, former president of the England's Royal College of Pediatrics, was commissioned in 2020 – over 3 years ago -- to review youth transition. Because of the Cass Review, UK's only youth gender clinic will close, to be replaced with a safer model of care.

In August, in exact contradiction to England's NHS and other European health authorities, the American Academy of Pediatrics re-affirmed its 2018 policy that recommends hormonal and surgical transition. Mark Del Monte, the AAP's CEO and Executive Vice President, said: **"AAP leadership are confident the principles presented in the original policy remain in the best interest of children."**

To its credit, the AAP's will conduct its own evidence review. Evidence reviews from Finland, Sweden, England, **AND** --- a WPATH funded review published by the Endocrine Society --- all say the same thing: **The evidence of mental health benefit is lacking**.

The AAP will not find convincing evidence of benefits. **That evidence does not exist.**

- Youth are being harmed.
- Other countries are changing policy.
- However, the AAP re-affirmed hormonal and surgical transition
- They could have placed their policy on hold, ***OR***
- Told its members to proceed with caution based on the lack of evidence, reports of harm, and actions from other countries,

The AAP has not chosen the safer course.

I ask, is the AAP open minded and concerned? Or does the AAP have predetermined conclusions that exposes its bias?

- Are progressive European countries wrong? Are they motivated by politics?
- Is it possible US medical leadership is closed minded, ideological, and politically motivated?

The science is not settled. The only thing known for certain is that people are being harmed.

A paper highlighting these harms was published December 1. Five days ago. There are many key findings.

- 78 young adults reported that they did not improve after social, hormonal, and surgical transition.
- They struggled with mental health problems BEFORE gender dysphoria began.
- Gender dysphoria and happiness worsened during transition.

Internal factors led to detransition. These included:

- becoming comfortable with one's biological sex,
- discovering that trauma or mental health led to dysphoria,
- and understanding that complex problems led to gender dysphoria

External factors ---

- Family pressure,
- societal discrimination,
- peer pressure or religion

were not significant reasons for identity change and detransition.

Most importantly,

- gender dysphoria and happiness improved after detransition, and
- there was minimal inclination that those studied will reidentify as transgender.

16/78 somewhat unlikely and 59/78 not likely at all (96%) to go back. 1/78 very likely to go back, 2/78 moderately likely (4%) to go back

Why is hormonal and surgical transition NOT held to the same standards we hold ***ALL OTHER*** medical treatments? Why is harm to gender dysphoric youth acceptable?

In the end, youth sex transition will be one of the greatest ethical scandals in the history of medicine. This scandal was created by medical profession, endorsed by medical leadership, **and concerned physicians like me are threatened, hoping to silence us.**

The solution cannot be found within the medical profession. My profession will not recognize its culpability.

Universities, schools, news media, and governments support transition, making the protection of these vulnerable youth even harder.

The solution will be found in the family, in the community, in society, and in ***JUST*** governments. We must once again prioritize the truth, prioritize human dignity, and prioritize the safety of children, teens, and young adults.

Thank you for this opportunity to address the committee. I have submitted the evidence reviews I referenced, and other supporting documents. I am willing to answer any questions.