WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 04/24/23	
Name: Karen Burton	
Are you representing: Yourself X	Organization
Organization (If Applicable):	
Position/Title: Ohio Voter	
Address: 8718 Hedgerow Ln	
City: Maineville State:	OH Zip: 45039
Best Contact Telephone: 513.309.061	Email: KarenSueBurton20@gmail.com
Do you wish to be added to the committee no	otice email distribution list? Yes X No
Business before the committee	
Legislation (Bill/Resolution Number)	: 6 <u>8</u>
Specific Issue: Prohibit Gender "Reas	ssignment" Surgery on Children
Are you testifying as a: Proponent X	Opponent Interested Party
Will you have a written statement, visual aid	s, or other material to distribute? YesNo X
(If yes, please send an electronic version of to committee. You may also submit hard cop	he documents, if possible, to the Chair's office prior ies to the Chair's staff prior to committee.)
How much time will your testimony require? Written Testimony Only	
Please provide a brief statement on your post	tion:
You have already heard testimony that includes first-hand accounts of children who were	
permanently scarred, physically and emotionally, as a direct result of treating gender dysphoria	

I am not a doctor or a lawyer. I am an Ohio voter with enough common sense to know it is always wrong to allow children to be abused in any way, including surgical removal of healthy body parts.

with medical procedures.

I strongly value personal freedom, and believe an adult who desires to mutilate their own body has the constitutional right to do so. Similarly, medical professionals have the constitutional right to decline participation in any medical treatment for any reason of conscience.

I fully expect the Ohio legislature to perform its duties in a manner that ensures full protection of civil liberties for all Ohio citizens, never affording civil liberties to one group of persons at the expense of another.

Children must be protected from all forms of destruction, including physical mutilization and pharmaceutical treatments that are administered for the sole purpose of redesigning, or "reassigning", a child's physical gender.

Children under 18 years of age have parents and legal guardians for a very good reason. Their bodies and minds are not yet fully formed. Allowing a child to make permanent, irreversible decisions about their future is parental neglect because a child's mind is not mature enough to fully weigh the risks and benefits of short-term and long-term risks and benefits.

Ohio citizens stand firmly against child abuse of all kinds, including genital mutilalization. This bill must be passed, and fully enforced, immediately.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.