

My name is Corinna Cohn. I am here as a proponent of HB 68. Last year, representing the Gender Care Consumer Advocacy Network, I appeared before this body in provisional support of HB 454. I come to you today to offer my full support of HB 68, and it is urgent that this bill be referred by committee in order to protect young Ohioans.

Four years ago I naively believed that most of the doctors and therapists who provided services to gender dysphoric patients were looking out for the best interests of their patients. Since then, I've spoken with clinicians, patients, therapists, academics, and policymakers about gender medicine, and I've come to realize that gender medicine is not healthcare, it is an attempt to achieve a form of perfection through medicalization. While I have no desire to stop competent adults from accessing these services, when applied to children this practice is reckless and destructive.

There are two ways of looking at the larger issue of transgender medicalization: through the lens of data and through the lens of ego fulfillment. Through the data lens, which we assume is used by clinicians, the question of whether to prescribe a treatment depends on the patient's personal factors and the risks and benefits of the treatment. The other lens, ego fulfillment, positions doctors and therapists as change agents whose purpose is to affirm and enable the release of the gendered "authentic self" sealed within the sexed body of their patients.

We can say with confidence there is no strong data which supports the practice of pediatric sex change. There are two groups of studies that are commonly referred to for supporting sex change medical interventions, but one has been criticized for faults in methodology, and the other has a follow-up period too short to draw conclusions. In either case, we don't have enough data to make strong statements in favor of concretizing a child's gender identity by medically changing their sex.

However, the clinicians themselves do not defend their work with data. Instead, they understand their work as "saving" their pediatric clients, not from any particular illness or adverse outcome, but from the inevitable doom of adulthood trapped within their sexed bodies. I have spoken to and listened to the testimony of numerous clinicians who attest that the joy of their work is to watch their patients change before them. As for the data? Whether these patients are thriving five or ten years later, nobody knows, and nobody is keeping track.

Every week there are new questions raised about the evidentiary basis for this form of medicine and the potential harms it brings to children. While American clinicians have been aggressively in favor of medicines and even surgeries, other countries have been reversing course, emphasizing the need for thorough mental healthcare for this population group.

At some point the data will catch up to the practice and we'll know for certain when, if ever, it is appropriate to medically change the sex of children. But given the absence of evidence, and given the clinicians own lack of

regard for evidence-based medicine, the this committee should assume its mantle as the regulator of last resort and refer HB 68 out of committee.