

Honored members of the Government Oversight Committee,

My name is Corinna Cohn, and I stand before you today as a proponent of HB 68, a bill vital for safeguarding the well-being of gender-diverse youth in Ohio and preventing their unwarranted medicalization. At the age of 15, I was diagnosed with what was then known as gender identity disorder, now referred to as gender dysphoria. This diagnosis set me on a trajectory toward medical intervention. By the time I was 18, I had commenced estrogen treatments, and by the age of 19, I had undergone sex reassignment surgery. Today, at 48, I have gained numerous insights over the past thirty years, with perhaps the most critical being that children lack the capacity to envision their adult desires and well-being accurately.

In the past two years, I have testified in three states advocating for legislation to regulate gender-related medical procedures on minors. Texas and Indiana are two states that have already enacted laws to protect children from unnecessary medical interventions.

If you had asked me two decades ago whether minors should be allowed to undergo gender transitions, I might have responded affirmatively, but with conditions. At that time, the practice of gender medicine adhered to more stringent guidelines. I personally required two clinical recommendations to undergo surgery. However, recent years have witnessed a significant decline in the regulation and safety of gender medicalization for minors.

How did my perspective change, and what questions should you pose to opponents of HB 68 in this committee? Why should you support this legislation? I will guide you through my thought process.

Question 1: What if there exists a highly principled gender clinician in Ohio who only recommends medical transition when convinced it is in the patient's best interest? What will families do when their doctor advises against it? Activists often tell families that preventing a child from transitioning will lead to suicidal tendencies. The answer is clear: families will understandably seek a second opinion. If they receive the same response, they will seek a third opinion. Ultimately, they will find a clinician willing to say, "Yes, I will proceed with the medical transition of your child." However, it is essential to recognize that this legislature is not obliged to permit such a clinician to operate in Ohio.

Question 2: What if a child undergoes medicalization, and the clinician deviates from the standard of care? What if the child later regrets the transition and seeks restoration? Who should be held accountable? Children cannot provide informed consent for these treatments, and parents are often coerced into believing it's a matter of life or death. In Ohio, and particularly in these circumstances, neither medical professionals nor parents bear liability. It becomes nearly impossible for these children to seek justice, as the statute of limitations shields doctors and therapists. The burden of risk falls squarely on the shoulders of these vulnerable youth.

Question 3: How can we establish genuine informed consent for gender medicalization among minors? New patients at gender clinics frequently hold unrealistic beliefs about the possibilities and consequences of hormone treatments and surgeries. Some gender clinicians even distort data while testifying before bodies such as this one. In such circumstances, no child or parent can provide truly informed consent, as they are being misled by the very clinicians tasked with their care.

Considering the substantial risks, the numerous unknowns, the medical profession's inability to self-regulate effectively, and the undeniable reality that children bear the entirety of the liability for these experimental procedures, I urge you to support the promotion of HB 68 to the Senate for a vote. It is our moral obligation to protect the well-being of Ohio's gender-diverse youth and ensure that they receive the care and consideration they deserve. Thank you for your time and consideration.