



Center FOR Christian Virtue

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To: Chairwoman Roegner
Vice Chair Antani
Ranking Member Hicks-Hudson
Senate Government Oversight Committee

From: David Mahan
Policy Director
Center for Christian Virtue

Re: Support for HB68

Chair Roegner, Vice Chair Antani, Ranking Member Hicks-Hudson, and members of the Senate Government Oversight Committee,

My name is David Mahan and I am here on behalf of the Center for Christian Virtue, Ohio's largest Christian public policy organization. I am pleased to be here today in support of HB 68, which will protect vulnerable children from harmful and experimental gender therapies, and protect the privacy and safety rights of young female athletes. Before I begin I would like to thank the members of this committee who soldiered through hours of robust discussion around this most important legislation last week. In my opinion, it was probably the most informative and well-rounded hearing that I have ever attended here at the statehouse, including several attorneys, medical professionals, young detransitioners, an organization of trans-identified adults, NCAA athletes and officials, and parents. so I will keep my remarks brief. The following is a brief synopsis of what we've learned over the past several months of hearings. Like many of you, my favorite part of public policy work is getting away from what I call the land of OZ down here on Capitol Square, and getting out into the districts to inform everyday citizens about the issues that seem to be hidden in plain sight. When the average Ohioan hears about what is happening to children in at least six gender clinics across the state, the most common response I



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get is an emphatic, “**What! Are you kidding me!**” When we peel away the flowery branding of “gender affirmative healthcare,” what we are actually talking about here is the medical practice of stopping the naturally occurring puberty of a child, initiating years of high dose, cross-sex hormone injections, and in some cases, genital mutilation via elective surgeries designed to somehow force kid’s bodies into alignment with their dysphoric perception of reality, instead of aligning their minds to fit their biology as with every other psychological condition. “**What!**” I mean let’s be honest, before getting this job, how many times have you heard about what actually goes on in Ohio’s gender clinics? In fact, after all of the phone calls and office visits from the Children’s Hospital lobbyists, have any of you received any REAL ANSWERS to critical questions like,

1. “What percentage of children evaluated in their clinics receive a diagnosis of gender dysphoria, and are recommended for “gender affirmative treatment” (GAT)
2. How many children are prescribed puberty blockers and/or cross-sex hormones in their gender clinics every year?”
3. “What is the average age of children placed on puberty blockers by their clinics?”
4. “What percentage of those children progress to cross-sex hormone treatment?”
5. “Exactly how many **minor children** have their clinics **recommended** for gender affirming surgical procedures in the past 5 years?”
6. What percentage of their patients progress to gender affirmative surgery after reaching the age of majority?



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Politics aside, isn't this issue important enough to ask serious questions and demand serious answers from the hospitals who are implementing such potentially dangerous procedures? What about the media, many of whom are standing right outside this room, shouldn't they be asking these questions? Do we now have "gender affirming journalism" as well?

With all of the spin and window dressing surrounding this issue, you would think that biological puberty is solely about transgender affirmation, when every sane adult in this room knows that puberty is far more mission critical in the lives of developing little girls and boys.

There are two ways to look at pediatric sex change procedures. At the very best, they can be viewed as **experimental**- especially here in the U.S. where we are relatively new to the practice. However, in countries where the practice has been carried out for decades like Finland, Australia, Sweden, France and the UK, the results are in, and however we may want to spin or discredit the research to fit our prospective narratives, one fact is irrefutable: all these countries have decided to walk back their decades long practice of medically "transitioning" children. But why??? Are they all just mean people or haters? Is Finland pausing the practice because it goes against their ultra conservative religious beliefs??? These nations are enduring the embarrassing and now financially devastating process of pausing these procedures because the data is just not there to prove that they are safe or effective for children. At the same time, we here in the US seem to be barreling ahead with reckless abandon! In a recent NIH funded study published in 2021 by Transgender Health, children diagnosed with gender dysphoria and receiving care at **Children's Hospital Los Angeles** were involved in a Histrelin Implant trial to test its effectiveness of suppressing the



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puberty in “early-to-mid pubertal youth with gender dysphoria” (attached). Of the 66 children who participated in the study, **the mean age was approximately 11 years old**. “What!” What disease or malady could justify such a life altering experiment on 66, 9-15 year old children? Apparently the dangerous disease is **natural puberty**.

According to the study’s authors,

“Development of secondary sex characteristics that are incongruent with gender identity can intensify gender dysphoria or trigger the initial onset of gender dysphoria in transgender youth starting puberty. Transgender youth experiencing gender dysphoria are at increased risk for anxiety, depression, suicide, and substance use compared with their peers.

Undesired secondary sex characteristics might include a laryngeal prominence, deepening of the voice, and tall stature in transfeminine youth (those designated male at birth); and breast development, menstruation, and short stature in transmasculine individuals (those designated female at birth).”

No longer is the cause of suicide for children struggling with their identity, non-affirming bigots as we’ve been bullied into believing for the past 10 years, now we are being told that its actually **PUBERTY** that is causing kids to be suicidal, and that’s why we get to experiment on and exploit 9 year olds.

Which leads to the second way we can look at this issue; as **child abuse**. When the BEST SCIENCE WE HAVE ON THE PLANET says that desistance is the norm for minors with trans-identification, resolving



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ON ITS OWN for an average of **85% by adulthood**^{1 2 3 4}, it is difficult to justify bypassing the international standard of care of “watchful waiting” and psychotherapy, to jump straight to puberty blocking, doping, and the mutilation of the **PERFECTLY HEALTHY BODY PARTS OF MINOR CHILDREN**. And for the sake of time, I will direct you to the February 22, 2022 letter that the Texas Attorney General’s Office sent to the Texas House of Representatives, answering the question of “whether certain medical procedures performed on children constitute child abuse”. (attached)

Thank you for allowing me to speak on behalf of this proposed legislation. If the committee has any questions for me, I will do my best to answer them.

The Center for Christian Virtue (CCV) is a non-profit, non-partisan organization that endeavors to create an Ohio where God’s blessings of life, family, and religious freedom are treasured, respected, and protected. www.ccv.org -- (513) 733-5775

¹ APA Diagnostic and Statistical Manual, 5th edition, “Gender Dysphoria,” p. 455.

² APA Handbook on Sexuality and Psychology (American Psychological Association, 2014), Bockting, W. Chapter 24: Transgender Identity Development, vol. 1, p. 744.

³ Cohen-Kettenis PY, et al. “The treatment of adolescent transsexuals: changing insights.” J Sex Med. 2008 Aug;5(8):1892-7.

⁴ “Do Trans- kids stay trans- when they grow up?” Sexologytoday.org, 11 Jan. 2016.