Ohio Senate

Government Oversight Committee

First, I'd like to extend my thanks to the Chair and the members of the Senate Government Oversight Committee for the honor of addressing you all today.

My name is Raheem Williams. I am here on behalf of Don No Harm Action and the Center for Urban Renewal and Education. I am a social scientist, not a medical doctor. Although some may find that disqualifying, I would argue it's not. No one here is contesting if it is possible to alter the body of a physically healthy minor chemically or surgically because we all agree it is possible. We argue the rationale for engaging in controversial gender treatments is not based on rigorous clinical standards and is far too dependent on suspect social science. The issue before this committee is that of ethics.

Advocates of medically transitioning minors with gender dysphoria would have you believe this is evidence-based & medically necessary. They will claim things such as puberty blockers are simply a pause button, a safe option, and that gender transitioning surgery is rare. Furthermore, some will claim these interventions represent a scientific consensus.

However, is this true?

Let us take, for example, the use of puberty blockers. The use of these drugs to treat gender dysphoria is "off-label," meaning they are not FDA-certified to treat the condition.[i] Similarly, these drugs are often, erroneously described as a pause button. Yet, it is anything but. We have decades of empirical research showing sex hormones impact our sexual development, mood, cognitive function,[ii] blood

pressure regulation,[iii] motor coordination,[iv] pain sensitivity,[v] opioid sensitivity, [vi]and brain structure.[vii] Removing or adding them does not constitute a neutral act within any context. By manipulating a child's hormones, you are manipulating their thinking and decision-making process.

Likewise, some puberty blockers such as Bicalutamide have been documented to cause young natal males to grow breasts within 6 months of use without any estrogen supplement. [viii] Additionally, the effects of introducing testosterone treatments to natal females may cause vaginal thinning, tearing, and apathy as documented in medical journals. [ix]

Lupron is a puberty blocker linked to severe long-term health issues. Females who used the drug reported issues with osteoporosis, chronic pain, degenerative disc disease, depression, anxiety, and suicidal ideations.[x] Lupron has had over 25,000 adverse events and 1,500 deaths according to the FDA (likely an undercount).[xi] The sheer number of adverse events prompted the FDA to issue additional warnings of the potential side effects of the drug. Although it is unclear how many of these events were related to the treatment of gender dysphoria in children, we can confirm the drug is being used to treat minors with gender dysphoria.[xii]

The latest Standards of Care from the World Professional Association for Transgender Health (WPATH) do not attempt to establish a minimum age for puberty blockers, cross-sex hormones, or most surgeries. Furthermore, the practice of giving minors mastectomies has been documented in kids as young as 13 in some corners of our country. [xiii] Research from Christine (now going by Xtine) Milrod, Ph.D. and Dan Karasic, MD confirmed through interviews with WPATH-affiliated surgeons that vaginoplasties are performed on minors as young as 15 years old. The WPATH openly concedes there is a lack of quality longitudinal studies addressing the treatment of gender dysphoric youth. [xiv] The Endocrine Society makes a similar admission. [xv] This fact alone should put to rest the silly assertion that this is evidence-based medicine.

Admittedly, there's limited research of varying quality that shows these controversial treatments do improve the mental health of gender-nonconforming youth.[xvi] These studies are contested due to questionable methodology and design with an overreliance on self-reporting and potential selection bias. I do not believe that is enough to dismiss them outright and I won't ask you to do that. Instead, I

want you to consider the following. According to Reuters, the number of pediatric gender clinics has grown from 1 to 100 over the last 15 years. [xvii] This coincides with an increase in suicidal thoughts and attempts among American youth. To be clear, correlation is not causation. This should not be interpreted to mean the clinics are causing suicides to spike. However, this begs the question. How was youth suicidality lower during periods of American history that were notably less tolerant towards trans identities? When will this so-called life-saving care start to manifest in the macro data? Furthermore, A retrospective study published in 2021 of over 900 trans individuals who received hormone therapy (before the age of 18) to transition found no significant change in mental health when compared to those who did not receive the drugs.[xviii]

In Norway, the use of puberty blockers and hormone therapy for minors experiencing gender dysphoria was restricted in 2020. A review of the medical literature prompted the creation of a national database to track medical interventions for minors and the reclassification of all youth-gender medical interventions as experimental.[xix]

In 2021, the Finnish Health Authority deviated from the WPATH guidelines on gender dysphoria treatment for minors. The Finnish government has announced that it will prioritize psychotherapy over medical interventions such as hormone therapy and surgery for minors with gender dysphoria, although some hormone therapy is still allowed.[xx]

In 2022, The Swedish National Board of Health and Welfare has made significant policy changes regarding healthcare for transgender minors. They have decided to prioritize mental health therapy over hormones for gender-dysphoric youth. Sweden has also imposed new restrictions on the prescribing of puberty-blocking hormones. Under the new restrictions, the prescribing of these hormones will be far more limited.[xxi]

This year the United Kingdom's (UK) National Health Service (NHS) has amended its guidelines for gender dysphoria treatment, specifically for children and young people. The new guidelines state that young people under the age of 16 should not be prescribed puberty blockers, and that those aged 16-17 should be subject to additional safeguards before being prescribed these treatments.[xxii]

The caution coming from European medical authorities is of particular note because Norway, Sweden, the UK, and Finland have stern hate speech laws that prevent harsh criticism of the LGBTQ community. This giant gap between the actions of European authorities and American medical groups is evidence of a few critical facts. There is no real consensus amongst medical practitioners on the sensitive subject of medical gender transitions for minors. The standard of care guidelines cited by American interest groups and journalists are not universally accepted and are currently being contested by medical experts around the world.

HB 68 isn't about hate; it's not about bullying a minority community. HB 68 exists as a sad but necessary response and refutation of pseudo-scientific child experimentation. I urge this committee to pass it.

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[iii] Sarah E. Baker et al, "Neurovascular control of blood pressure is influenced by aging, sex, and sex hormones," *American Journal of Physiology-Regulatory, Integrative and Comparative Physiology* 311, no. 6 (2016): R1271-R1275, doi: 10.1152/ajpregu.00288.2016.

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[v] Suzanne A. Nasser and Elham A. Afify, "Sex differences in pain and opioid mediated antinociception: Modulatory role of gonadal hormones," *Life Sciences* 237 (2019): 116926, doi: 10.1016/j.lfs.2019.116926.

[vi] Jordan Marrocco and Bruce S. McEwen, "Sex in the brain: hormones and sex differences," *Dialogues in Clinical Neuroscience* 18, no. 4 (2022): 373-383, doi: 10.31887/DCNS.2016.18.4/jmarrocco.

[vii] Ivanka Savic et al, "Role of testosterone and Y chromosome genes for the masculinization of the human brain," *Human Brain Mapping* 38, no. 4 (2017): 1801-1814, doi: 10.1002/hbm.23483.

[viii] Anna Neyman, John S. Fuqua, and Erica A. Eugster, "Bicalutamide as an androgen blocker with secondary effect of promoting feminization in male-to-female transgender adolescents," *Journal of Adolescent Health* 64, no. 4 (2019): 544-546, doi: 10.1016/j.jadohealth.2018.10.296.

[ix] Yonah Krakowsky et al, "The effect of gender-affirming medical care on the vaginal and neovaginal microbiomes of transgender and gender-diverse people," *Frontiers in Cellular and Infection Microbiology* 11, (2022): 1368. https://www.frontiersin.org/articles/10.3389/fcimb.2021.769950/full.

[x] Christina Jewett, "Drug Used to Halt Puberty in Children May Cause Lasting Health Problems," STAT, February 2, 2017, www.statnews.com/2017/02/02/lupron-puberty-children-health-problems/.

[xi] Darcy Spears, "More Women Come Forward with Complaints about Lupron Side Effects," *KTNV 13 Action News Las Vegas*, February 12, 2019, www.ktnv.com/news/investigations/more-women-come-forward-with-complaints-about-lupron-side-effects.

[xii] Kelsey B. Eitel et al, "Leuprolide Acetate for Puberty Suppression in Transgender and Gender Diverse Youth: A Comparison of Subcutaneous Eligard Versus Intramuscular Lupron," *Journal of Adolescent Health* 72, no. 2 (2023): 307-311, doi: 10.1016/j.jadohealth.2022.09.017.

[xiii] Johanna Olson-Kennedy et al, "Chest reconstruction and chest dysphoria in transmasculine minors and young adults: comparisons of nonsurgical and postsurgical cohorts," *JAMA Pediatrics* 172, no. 5 (2018): 431-436, doi:10.1001/jamapediatrics.2017.5440.

[xiv] E Coleman et al, "Standards of care for the health of transgender and gender diverse people, version 8," *International Journal of Transgender Health* 23, no. 1 (2022): S1-S259, doi: 10.1080/26895269.2022.2100644.

[xv] "Transgender Health: An Endocrine Society Position Statement."

[xvi] Daniel Jackson, "Suicide-Related Outcomes Following Gender-Affirming Treatment: A Review," *Cureus* 15, no. 3 (2023), doi: 10.7759/cureus.36425.

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[xviii] Elizabeth Hisle-Gorman et al, "Mental Healthcare Utilization of Transgender Youth Before and After Affirming Treatment," *The Journal of Sexual Medicine* 18, no. 8 (2021): 1444–1454, doi:10.1016/j.jsxm.2021.05.014.

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