

## FAV HB 722

### LEGISLATIVE TESTIMONY **FOR HOUSE BILL 722**

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I am a physician-epidemiologist. I have been Chair of the Department of Population Dynamics at the Johns Hopkins BSPH for 19 years. My special areas of research and teaching have included international family planning and reproductive health. Here is the web link to my credentials: [https://en.wikipedia.org/wiki/Henry\\_Mosley\\_\(epidemiologist\)](https://en.wikipedia.org/wiki/Henry_Mosley_(epidemiologist))

Personally I am not transphobic. I fully supported my granddaughter when she transitioned to a male at age 16 by starting testosterone and then having a bilateral mastectomy at age 18. I used his chosen name and pronouns and gave him a car and thousands of dollars of support when he moved away from home. About 6 years later when she realized that transitioning did not help her many symptoms of mental illness (Borderline Personality Disorder), she stopped testosterone and now has resumed her female identity.

I know that I do not have to make a case for giving parents priority in the care and protection of their minor children. Any of you who are parents know what mean. In fact, the American Academy Pediatrics (AAP) that supports gender affirming care has in its 2018 Policy Statement under the heading ], Gender-Affirmative Care, "*A strong, non-judgmental partnership with youth and their families can facilitate exploration of complicated emotions and gender-diverse expressions while allowing questions and concerns to be raised in a supportive environment.*" Underline added. (Rafferty, 2018). Among the 9 final AAP Recommendations, number 2 is: "*that family-based therapy and support be available to recognize and respond to the emotional and mental health needs of parents, caregivers, and siblings of youth who identify as TGD.*" (TGD - Transgender and Gender Diverse). Underline added. (Rafferty,2018).

I want to make two major points regarding the critical need to involve parents in the protection of their minor children.

- 1. First - Minor children, especially adolescents generally, as well as vulnerable children suffering from autism spectrum disorders (Leef, 2019) and other mental health problems (Littmann, 2018, Newcomb,2020 ), are literally being**



often can be obtained in a single visit to a gender affirming provider. There are major concerns about a child being able to give informed consent (Levine, 2023, Vrouenraets, 2022). There is no requirement to diagnose or treat underlying mental health problems (Edwards-Leeper, 2021, Jorgensen, 2023). In fact, psychological intervention are even considered harmful “gate-keeping” (Levine, 2023, Jorgensen, 2023).

e. **Predators:** These exist on the internet. No more needs to be said.

**2. Second – Gender affirming hormonal and surgical interventions for adolescents with recent onset gender dysphoria have known adverse effects, and there is no long-term evidence that that benefits outweigh the permanent consequences of sterility and sexual dysfunction (Levine, 2023).**

a. **Puberty blockers:** Puberty blockers are FDA approved for short term use in children with premature puberty but are not approved to block puberty in children for the purposes gender transition, so they are prescribed “off label”. They are well documented to have adverse effects on bone density (Biggs, 2023). There is no long term data on the effects blocking normal hormones on brain development during puberty, though scientists have expressed concerns.(Chen, 2020).

Although it is asserted that the effects of puberty blockers on fertility are “fully reversible”, there is no published research supporting that contention. It has been documented that between 95-98% of dysphoric children started on puberty blocker go on the cross-sex hormones. This is far higher than the 5-10% who desist when they are only given mental health support (Malone, 2021).

b. **Cross-sex hormones:** It is well established that cross-sex hormones produce permanent sterility and further severely interfere with sexual function (Stolk, 2023). The question is whether minor children who have never had sex much less children can fully understand what this will mean for them in the decades ahead. For young people who have detransitioned and reverted to their biological sex after several years, this is a major source of regret for the choices they made as minors (Jorgensen, 2023)

c. **Surgery:** All surgeries have risks of complications, so this is not the primary issue. Rather the concern is that there are growing numbers of detransitioners among young persons who suffered from recent/rapid onset gender dysphoria as adolescents and initiated medical and surgical gender transition on the advice of gender-affirming providers who now regret making permanent changes to their bodies (Jorgensen, 2023). More and more are beginning to sue their gender-affirming providers. (Economist, 2023)

**3. Related issues and questions:**

a. **How about minor children who come from dysfunctional families and have suffered abuse or even violence?**



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