

**Favorable Statement HB679**  
**Health Occupations – Cross-Sex Hormone Therapy for Minors**  
**Deborah Brocato, Retired Registered Nurse**

For the record, my name is Deborah Brocato. As a retired registered nurse and a mother of 4, I am strongly in favor of HB679.

**Biology Review**

Primary sex characteristics are the biological reproductive parts present at birth – penis, scrotum and testicles for males; uterus, ovaries, vagina, etc. for females. Occasionally, there are exceptions. However, the biological reality of our sex is in our chromosomes contained in our DNA. Every cell in our body contains this blueprint. If a Y chromosome is present, you are male. No Y-chromosome, you are female. Brain cells have the chromosomal information so there is no such thing as a male brain in a female body or a female brain in a male body.

Secondary sex characteristics are those that occur during puberty which begins between 8 and 14 years of age. For females, those changes include are breast development, body hair, widening hips and changes to genitalia, hormonal changes, and menses begins.

For males, those changes include growth spurts, genitalia changes, bodily hair growth, testosterone production, larger larynx and deepening voice.

In order to become an adult male or female with the ability to have children, every person must experience puberty.

**Gender Procedures**

Puberty blockers, which are the first step in what’s been called “gender affirming care,” stop this process. The effects are irreversible.

The second step in the cosmetic process of gender procedures is cross-hormones. Males are given anti-androgens to reduce testosterone and estrogen for feminization. Females are given testosterone for masculinization. This is lifelong drug dependency to maintain the appearance of the opposite sex.

Next steps would be cosmetic surgery to appear more like the opposite sex.

**Protect Children’s Health**

The biological fact is that no one can actually change from male to female or female to male. The cross-hormone drugs simply block the natural mechanisms of the body and produce a modified physical appearance to mimic the opposite sex. More studies are showing the adverse effects of these drugs and people known as “detransitioners” are revealing the devastating realities of the drugs. A detransitioner won a \$2 million verdict in her lawsuit against the medical professionals involved in transitioning her as a minor (See the attached *The Defender* article). The American College of Pediatrics reports that complications from cross-sex hormones include depression, decreased bone density, cardiovascular disease, endocrine complications, decreased sexual function, sterility and death. Further, the American College of Pediatricians stated that gender treatments offer “no demonstrable, long-term benefit” for the health and well-being of children. Now, the American Medical Association and the American Society of Plastic Surgeons no longer

support gender surgeries on minors. There is a shift in the medical community away from providing gender altering drugs and surgeries to minors. The permanent changes and serious health risks outweigh the unproven possible benefits.

Common sense should tell us that giving minors drugs to prevent their bodies from undergoing their natural development is a bad thing and will yield negative health outcomes. Children must be denied the ability to receive these drugs, and parents must be prevented from harming their children in this way. We do not allow parents to abuse their children in other ways such as allowing children to drink or use drugs or fabricate diseases or conditions as described in Munchausen Syndrome by Proxy. The use of cross-hormones on minor children still developing in mind and body must be prevented.

**I strongly recommend a favorable report for HB679.**