



February 21, 2023

Re: Kentucky H.B. 470
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Protecting Minors from the Harms of Puberty Blockers, Cross-Sex Hormones, and Irreversible Surgeries

State lawmakers have a duty to protect citizens' health and safety. This responsibility is even more significant when protecting vulnerable children.

Children who experience discomfort with their biological sex deserve to be treated with dignity and respect and need compassionate, effective mental health care. But radical activists and profit-driven gender clinics have deceived children and parents alike into believing that unnatural, life-altering, and even permanently sterilizing puberty blockers, hormones, and surgeries are the solution to their struggle.

H.B. 470 would protect children and parents from being pressured into agreeing to these harmful, experimental “gender transition” procedures by prohibiting the administration of puberty blockers, cross-sex hormones, and surgeries on minors who experience discomfort with their biological sex.

We must be clear: the experimental gender-transition procedures—including puberty blocker and hormones—pushed on our children are often irreversible. They prevent healthy puberty, radically alter the child's hormonal balance, and may even remove healthy external or internal organs and body parts.

Such drugs and procedures are not only dangerous, but they are also experimental and unproven. In fact, multiple long-term studies show that when young children who experience gender dysphoria are allowed to mature naturally, most of them—over 90 percent according to some sources—grow out of their dysphoria.

And there is a growing movement of “detransitioners” who have come to realize—after undergoing puberty blockers, hormone treatments, and more—that they were lied to and that their medical gender transition was a devastating mistake. Many are now bravely speaking out about the damage caused by being rushed into these drugs and procedures without understanding the consequences.

I. Kentucky Has the Legal Authority to Protect the Physical Well-Being of Children by Regulating Harmful, Unethical Medical Procedures

Our laws have long protected children from things that society has determined are harmful or that a child lacks the maturity and experience to handle. Children cannot comprehend and fully appreciate the risks and life implications—including permanent sterility—that result from receiving puberty blockers, cross-sex hormones, and drastic surgical procedures. If a child lacks the maturity to sign a contract, vote, purchase alcohol, or even get a tattoo, how can they be mature enough to consent to experimental, irreversible medical procedures that lead to permanent sterilization? That is why Kentucky should act to protect children and parents from being pressured by ideologically and financially motivated gender clinics into agreeing to these harmful, experimental procedures.

Courts have long recognized that states have a compelling interest in protecting the physical and psychological well-being of children. *Sable Communications of Cal., Inc. v. FCC*, 492 U.S. 115, 126 (1989) (“[T]here is a compelling interest in protecting the physical and psychological wellbeing of minors.”). “States validly may limit the freedom of children to choose for themselves in the making of important, affirmative choices with potentially serious consequences.” *Bellotti v. Baird*, 443 U.S. 622, 635 (1979). Human experience has repeatedly proven that “during the formative years of childhood and adolescence, minors often lack the experience, perspective, and judgment to recognize and avoid choices that could be detrimental to them.” *Id.*

Kentucky’s interest in protecting its youth also extends to regulating the use of experimental medical procedures on its daughters and sons. *See Gonzales v. Carhart*, 550 U.S. 124, 157 (2007) (recognizing that states have “a significant role to play in regulating the medical profession”). The State’s authority to regulate the medical field is even stronger “in areas where there is medical and scientific uncertainty.” *Id.* at 163.

In fact, courts have rejected arguments that an individual has a constitutional right to obtain experimental medical treatments. *See, e.g., Abigail All. for Better Access to Developmental Drugs v. von Eschenbach*, 495 F.3d 695, 697, 711 (D.C. Cir. 2007) (finding no “right to procure and use experimental drugs that is deeply rooted in our Nation’s history and traditions” including requests by “terminally ill patients” to obtain “experimental drugs that have passed limited safety trials but have not been proven safe and effective”).

When regulating experimental procedures like gender transition procedures—where the science is rapidly shifting as more and more countries are reversing course and advising against the efficacy and ethics of these treatments—the Kentucky legislature is given greater discretion and deference as it sets policy to protect the health and safety of children. As the Supreme Court noted, “it is precisely where such disagreement exists that legislatures have been afforded the widest latitude in drafting such statutes.” *Kansas v. Hendricks*, 521 U.S. 346, 360 n.3 (1997).

II. Puberty Blockers Have Not Been Shown to Be Safe or Reversible

No study has ever demonstrated that the use of puberty blockers on children with gender dysphoria is safe. As a recent paper from Professor Michael Biggs of Oxford University explained, the claims that puberty blockers and other hormonal interventions are safe and reversible is “increasingly implausible.”

Rather, growing evidence shows that puberty blockers hurt a child’s physical, emotional, and psychological development in ways that we still don’t understand:

- FDA Warnings: In July 2022, the FDA issued a warning that puberty blockers carry a risk of pseudotumor cerebri, a disease with symptoms that include swelling of the optic nerve, headaches, vomiting, elevated blood pressure, and eye muscle paralysis.
- Fertility Issues: Puberty blockers prevent the natural development of a child’s reproductive organs (i.e., ovaries and testes). Yet there has not been a single study on whether children will develop full reproductive capacity after the prolonged use of puberty blockers. As a result, the Endocrine Society has cautioned about this troubling lack of data on the long-term effects that blockers may have on child’s fertility.
- Impaired Brain Development: Children experience vital neurological growth and development during puberty. But as the Endocrine Society warns, the use of puberty blockers on children “may include ... unknown effects on brain development.” Researchers in the U.K. have expressed that:

A closely linked concern [arising from use of puberty blockers] is the unknown impacts on development, maturation and cognition if a child or young person is not exposed to the physical, psychological, physiological, neurochemical and sexual changes that accompany adolescent hormone surges.

- Lower Bone Strength: Numerous studies prove that puberty blockers diminish bone density. After just two years on puberty blockers, children’s bone density levels were at dangerously low levels, with some children having spinal densities at the bottom 0.13% of the population.

III. Cross-Sex Hormones Have Not Been Shown to be Medically Safe for Minors

Just like with puberty blockers, there are no reliable studies about the safety of the long-term use of cross-sex hormones on minors. But there are some things we do know:

- Extended use of cross-sex hormones will sterilize a child. As the Endocrine Society has explained, the high doses of estrogen given to adolescent males causes severe “testicular damage,” while large doses of testosterone on young females impacts ovarian function. That led one research to warn that “cross-sex hormones ... may have irreversible effects.”

- Cross-sex hormones cause cardiovascular harm. Three different studies have found that cross-sex hormones increase the occurrence of several cardiovascular diseases, strokes, blood clots, and other severe cardiovascular issues.

IV. Puberty Blockers and Hormones Lead to Sterilizing and Irreversible Surgeries

Putting a child experiencing gender dysphoria on puberty blockers is not a “pause button” as some gender activists claim. Instead, giving children puberty blockers and hormones places them on a one-way street that virtually always leads them to sterilizing, irreversible surgeries.

For example, a recent study from the world’s largest gender clinic in the United Kingdom found that 98% of children who were administered puberty blockers went on to eventually receive cross-sex hormones. This aligned with a similar study from the Netherlands that found that nearly 97% of children given puberty blockers proceeded to cross-sex hormones.

And when children received cross-sex hormones alone (or with puberty blockers), 100% of those children went on to receive damaging, irreversible surgeries according to three Dutch clinical studies. As explained by Dr. Stephen Levine:

These studies demonstrate that going on puberty blockers virtually eliminates the possibility of desistance in juveniles. Rather than a ‘pause,’ puberty blockers appear to act as a psychosocial ‘switch,’ decisively shifting many children to a persistent transgender identity. Therefore, as a practical and ethical matter the decision to put a child on puberty blockers must be considered as the equivalent of a decision to put that child on cross-sex hormones ...

This one-way street toward “transition” surgeries mutilates healthy bodies, turns children into lifelong customers of gender clinics, and irreparably deprives them of the fulfillment and basic human right of potentially becoming natural parents later in their lives, all with no proven long-term benefits. Worst of all, the surgeries lead to tragically higher rates of suicide. One study from Sweden showed that individuals who were subject to gender transition surgery had suicide rates almost 20 times higher than their peers.

V. Several Nations Are Restricting or Backing Away from Puberty Blockers and Cross-Sex Hormones for Minors

A growing number of nations, including some that pioneered medical transitions, are reversing course. Health authorities and medical associations in England, Sweden, Finland, France, Australia, and New Zealand are warning against, and even curtailing the use of puberty blockers, hormones, and surgeries on children with gender dysphoria:

- Sweden: The country’s main gender clinic will no longer authorize puberty blockers and hormones to be given to minors under the age of 16 because “the risks of

puberty suppressing treatment ... and gender-affirming hormonal treatment currently outweigh the possible benefits ... based on ... continued lack of reliable scientific evidence concerning the efficacy and the safety of both treatments.”

- Finland: The country severely restricts the use of puberty blockers and hormones except for exceptional case after extensive psychiatric assessment of the child, warning that “no decisions should be made that can permanently alter a still-maturing minor’s mental and physical development.”
- United Kingdom: Recently, the National Health Service eliminated their “gender clinic” model of care, suspended the use of puberty blockers and hormones except for purely research purposes, and instead announced that “psychological support” and “a watchful approach” are the recommend treatment for gender dysphoria.
- France: The National Academy of Medicine issued a statement urging “great medical caution” when working with children experiencing gender dysphoria “given the vulnerability, particularly psychological, of this population and the many undesirable effects, and even serious complications, that some of the available therapies can cause.”
- Australia & New Zealand: The Royal Australian and New Zealand College of Psychiatrists recently emphasized that treatments for gender dysphoria should focus on psychotherapy and address “co-existing issues which may need addressing and treating.”

In other words, these countries are putting psychological treatment and counseling at the forefront of caring for these children, who often suffer from other psychiatric conditions, not puberty blockers, hormones, or surgeries.

CONCLUSION

Denying the truth that each and every person is either male or female hurts real people, especially vulnerable children. Science and common sense tell us that children are not mature enough to properly evaluate the serious, lifelong ramifications when making important medical decisions. And the decision to undergo dangerous, experimental, and likely sterilizing gender transition procedures is no exception.

States must enact laws like H.B. 470 that protect minors from adults who would push them toward life-altering, sterilizing treatments that cause permanent harm. Lawmakers must stand for the children they have a responsibility to protect.