

Distinguished Members of the Kentucky State Legislature,

My name is Roger Hiatt, Jr., M.D. I am a child and adolescent psychiatrist with over thirty years of experience working with troubled youth from a majority of these United States, including many from the Bluegrass State. The many thousands of my current and former patients include well over 200 minors self-identifying as transgender; a population group that has exploded within just the past five years.

With all patients, a primary focus of my work is suicide prevention. Therefore, I wish to dispel the misinformation and disinformation surrounding the issue of transgender kids and suicidality. Proponents of hormonal and surgical interventions assert that their prohibition will result in skyrocketing levels of suicidal thought and behavior in otherwise healthy kids. This is simply NOT the case.

On the contrary, suicidality is a close companion for the majority of individuals claiming transgender identity. In fact, in spite of all medical and surgical efforts, the suicide completion rate among transgender individuals is documented to be 19 times higher than for those who embrace their chromosomal sex.

Therefore, the only outcome that actually results in decreased suicidality is in fact “desistance,” or a return to gender identity consistent with biological reality. A pivotal event leading to children abandoning the transgender identity is the onset of puberty.

Puberty blockers and opposite sex hormones thus adversely impact the probability of the very outcome with the most favorable prognosis. While historically 80-90% of affected kids will spontaneously desist without these interventions, effectively all children who initiate puberty blockers continue to identify as the opposite sex into adulthood.

These experiments are performed despite a 2022 statement by the activist World Professional Association for Transgender Health (WPATH) “acknowledging the complexity of dealing with such adolescents amid lack of longitudinal research on the impact of transitioning gender.”

Efforts to medicalize this psychiatric disorder rob otherwise healthy children of the opportunity to rediscover their innate biology and instead doom them to a lifetime as medical patients in pursuit of an impossible dream: a change in biological gender.

Chromosomal genotype is fixed and unchangeable; no amount of hormonal and surgical manipulation will impact that biological reality. The superior approach is watchful waiting while addressing the underlying psychological conditions invariably present. I urge you to support this important legislation that clearly promotes the best interests of young people in Kentucky.

Respectfully,  
Roger Hiatt, Jr., M.D.  
Child and Adolescent Psychiatrist