

February 28th, 2023

Re: Official Testimony Supporting **S.S.B. 1197**

Dear Mr. Chairman and Members of the Committee,

My name is Joseph Kohm III. I am an attorney and the Public Policy Director for Family Policy Alliance. Family Policy Alliance advocates for policies that strengthen families and religious freedom in state capitols across the country, and federally. We host an alliance of 40 state-based family policy organizations, to achieve a vision of a nation where families thrive, life is cherished, and religious freedom flourishes. Thank you for the opportunity to share with you how S.S.B. 1197 will protect children from dangerous sex change procedures.

First, S.S.B. 1197 helps children struggling to embrace their biological sex by protecting them from harmful drugs and surgery. A small but growing percentage of the American population experiences distress identifying with their biological sex,¹ and for the small percentage of children who are gender nonconforming or experience distress identifying with their biological sex, studies consistently demonstrate that the majority come to embrace their biological sex in adolescence or adulthood, thereby rendering most medical physiological interventions unnecessary.²

However, in recent years, politicized medical organizations have pushed referring children for invasive, harmful forms of “treatment” that can include off-label use of puberty blockers, administration of cross-sex hormones far above naturally occurring

¹ See, e.g., Gary J. Gates, Williams Distinguished Scholar, *How Many People are Lesbian, Gay, Bisexual, & Transgender?* 1 THE WILLIAMS INSTITUTE (April 2011).

² Thomas D. Steensma, et al., “*Desisting and Persisting Gender Dysphoria After Childhood: A Qualitative Follow-Up Study*,” 16 CLINICAL CHILD PSYCH. AND PSYCHIATRY (2010) 499-516; Annelou L. C. de Vries and Peggy T. Cohen-Kettenis, “*Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach*” in *Treating Transgender Children and Adolescents: An Interdisciplinary Discussion 11-12*, Jack Drescher and William Byne, ed’s., (2014).; See World Prof’l Ass’n for Trans. Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, v. 7 at 11, available at

[https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20\(2\)\(1\).pdf](https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20(2)(1).pdf).

levels, and even – sometimes – surgery. These organizations have adopted their "guidance" without long-term, peer-reviewed studies.³ The pressure is so great that in many states, medical professionals are legally barred from offering helpful talk therapy to children for this issue.⁴ This functionally sends children struggling with their biological sex down a one-way path to transition by making it appear to be the only treatment option available. This is especially alarming given the fact that 80 to 95 percent of children will outgrow gender dysphoria and embrace their biological sex if these experimental treatments are not used,⁵ but 100% of children go on to transition if these harmful treatments *are* used.⁶

The use of puberty-blockers to treat gender dysphoria in children is experimental, with these drugs being used in an off-label manner, and will create long-term damage, including:⁷

- i. Sterilization: The combination of puberty blockers with cross-sex hormones will result in sterilization.
- ii. Potential for decreased growth spurts: There is preliminary evidence that delaying puberty may decrease the puberty-related growth spurt and thus limit the height the person would have otherwise achieved.
- iii. Potentially increased risk for osteoporosis: The time in our lives when the greatest concentration of calcium is put into our bones is during adolescence. Halting the natural onset of puberty will stop that process and there is no evidence that the normal calcium deposition is regained once puberty is restarted.

³ Paul Dirks, Transition as Treatment: The Best Studies Show the Worst Outcomes, The Public Discourse (Feb. 16, 2020), <https://www.thepublicdiscourse.com/2020/02/60143/>.

⁴ 2017 Bill Tracking WA S.B. 5722; 2017 Bill Text HI S.B. 270.

⁵ American College of Pediatricians, *Gender Ideology Harms Children*, Aug. 17, 2016, available at <https://www.acped.org/the-college-speaks/position-statements/gender-ideology-harms-children>.

⁶ Becky McCall, Lisa Nainggolan, *Transition Therapy for Transgender Teens Drives Divide*, WebMD Health News (Apr. 23, 2021), <https://www.webmd.com/children/news/20210427/transition-therapy-for-transgender-teens-drives-divide>.

⁷ American College of Pediatricians, *Gender Ideology Harms Children*, Aug. 17, 2016, available at <https://www.acped.org/the-college-speaks/position-statements/gender-ideology-harms-children>.; E. Coleman, et. Al, *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 INT'L JOURNAL OF TRANSGENDER HEALTH 51, 5213 (2022).

The use of cross-sex hormones comes with serious known risks. For biological females, these risks may include:⁸

- i. Irreversible infertility;
- ii. Severe liver dysfunction;
- iii. Coronary artery disease, including heart attacks;
- iv. Increased risk of breast, cervical, and uterine cancers;
- v. Cerebrovascular disease, including strokes;
- vi. Hypertension;
- vii. Erythrocytosis, which is an increase in red blood cells;
- viii. Sleep apnea;
- ix. Type 2 diabetes;
- x. Loss of bone density; and
- xi. Destabilization of psychiatric disorders.

For biological males, these risks may include:⁹

- xii. Irreversible infertility
- xiii. Thromboembolic disease, including blood clots;
- xiv. Cholelithiasis, including gallstones;
- xv. Coronary artery disease, including heart attacks;
- xvi. Type 2 diabetes;
- xvii. Breast cancer;
- xviii. Macroprolactinoma, which is a tumor of the pituitary gland;
- xix. Cerebrovascular disease, including strokes; and
- xx. Hypertriglyceridemia, which is an elevated level of triglycerides in the blood;

Additionally, sex change surgeries and their effects are irreversible. These gruesome procedures include, for boys, removing the subject's penis and fashioning a fake vagina out of it (penectomy and vulvoplasty); and, for girls, removing flesh from the forearm or thigh and fashioning a fake penis out of it (phalloplasty), or a double mastectomy, the removal of both healthy breasts. The effects of damaging children in this way before they

⁸ World Prof'l Ass'n for Transgender Health at 37-40, 50, 97-104 (includes a more comprehensive list of side effects and risks than what is included here).

⁹ Id.

even reach the age of majority include infertility, increased risk of infection, and a high risk of additional necessary surgeries, and many more.¹⁰

S.S.B. 1197 protects vulnerable children from such “treatment” by granting children a right of action to seek legal recourse against doctors who perform these procedures on them. When plaintiffs incur damages at the hands of others, the law’s objective is to make them whole or as close to whole as possible. Sadly, most children who undergo gender transition procedures can never be made fully whole. For example, a 14-year-old girl who undergoes a double mastectomy will never be able to nurse her future children or regain lost, fully healthy body parts.

Thankfully, S.S.B. 1197 is victim-centric, granting these children a right to recover vast amounts of damages. No amount of money could ever restore what was taken from them, but this bill correctly aim to make them as whole as possible.

Second, S.S.B. 1197 ensures vulnerable children struggling with gender dysphoria receive the help they need. It protects their access to therapy and other helpful treatments, such as anti-depressant medication. It creates an environment that ensures any children with comorbidities, such as depression or anorexia receive proper treatment for those conditions, rather than enabling a singularly-focused, one-way transition pipeline that would leave these comorbidities totally untreated. In 2014, a study found that 62.7% of patients diagnosed with gender dysphoria had at least one co-occurring disorder, and 33% were found to have major depressive disorders, which are linked to suicide ideation.¹¹

Additionally, S.S.B. 1197 makes allowance for children who may already be taking cross-sex hormones and puberty blockers by allowing them to take a healthy amount of time to wean off these dangerous drugs: the substantive provisions of the bill do not go into effect until six months after it is enacted.

In conclusion, S.S.B. 1197 is critically needed legislation to protect Iowa’s children from dangerous and irreversible gender transition interventions. By passing this bill, Iowa will

¹⁰ Cecilia Dhejne, et. al, *Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden*, 4 SEX MED. 57-58, 62-64.

¹¹ Azadeh Mazaheri Meybodi, et. Al, *Psychiatric Axis I Comorbidities among Patients with Gender Dysphoria*, PSYCHIATRY JOURNAL 1-5.

demonstrate its commitment to protecting vulnerable children and ensuring access to the healthcare they need. Therefore, we strongly urge you to vote “Yes” on this legislation.

Sincerely,

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Director, Public Policy