

Committee on Public Health and Welfare  
SB 12  
In Person Proponent Testimony  
Friday, February 10, 2023

Dear Honorable Chairwoman Senator Gossage and Members of the Public Health and Welfare Committee,

I strongly urge your support to SB12.

In the spring of 2021, my son's best friend (a trans identified teenager, aged 18, preferred name "Aaron" not her real name) underwent an elective hysterectomy. Aaron did not have the physical, emotional or mental capacity to protect herself or to make life altering decisions. It's never ok to chemically castrate, sterilize, or mutilate a child.

SB12 is not only necessary, but one of the most important pieces of legislation this body has ever taken into consideration. In service to a radical far left agenda, children are being led down a path of gender confusion and identity crisis. This crisis, manufactured by the culture is then exploited and monetized by medical professionals who first put them on chemical castration drugs like Lupron- as Aaron was 3 years before her elective hysterectomy. Then she was given cross sex hormones which often have irreversible and permanent effects. Finally, before the age of 21 many of these kids, like Aaron, will undergo a hysterectomy or double mastectomy, which will alter their bodies and their lives forever.

This operation was "needed" because Aaron has gender dysphoria. Leading up to this operation, "Aaron" had been taking puberty suppressing drugs and testosterone for approximately 3 years. Aaron is not a male, never will be male, and now will also never carry a child and be a mother. In the months leading up to the hysterectomy, Aaron had some very worrisome health side effects. The most alarming for a 17-year-old, was passing out at work and having heart palpitations. Aaron's parents took her to Children's Mercy in Kansas City and the doctor diagnosed (in Aaron's words) "a heart that's too small". On Aaron's 3<sup>rd</sup> appointment with this doctor, it occurred to her that the Doctor probably didn't know she was "trans" and that maybe the doctor thought her heart should be bigger. (The doctor thought she was male-the paperwork had all been filled out using the trans identification of male) and after years of testosterone and puberty blockers (which were not disclosed to the doctor), Aaron appears more or less like a male adolescent.

Unfortunately, SB12 is necessary due to the ill-advised and profit centric policies of physicians and hospitals. It seems the medical industry has forgotten the guiding directive of "first do no harm". Especially for children and adolescents. Consider:

- Unknown how many young people will go on to desist in their gender dysphoria, 48,000 separate "detransitioners" on one reddit thread alone
- Medical interventions such as puberty blockers and wrong sex hormones are permanent.

- A robust follow-up is a 2011 study by the Karolinska Institute in Sweden, which examined the outcomes of more than 300 patients over three decades. Its findings starkly contradict the activist narrative. Around ten years after surgery is when a post-operative transsexual person's mental health can begin to most rapidly deteriorate. Post-operative transsexuals also appeared to be at a higher risk of killing themselves than comparable non-transgender peers.
- Despite the increased social acceptance and availability of hormones and surgery, the transgender population has been found to be overrepresented in homelessness, suicidal ideation, unemployment, prostitution, and HIV contraction. There is very little reason to think that more hormones and surgeries will do anything to change that.
- American hospitals have large financial incentives to carry out these procedures. In the United States, the sex reassignment surgery market is set to reach a market value of more than \$1.5 billion by 2026. Some operations cost up to \$53,700; performing 50 of these a year brings in \$2.7 million.
- Tavistock Gender Clinic in England and Karolinska Institute in Sweden have reversed course. Neither clinic is now giving "gender affirming care". Rather they are giving therapy and watchful waiting.
- Testimony at Tennessee State by former "trans kid" Luka Hein. "At 21 I now live with lifelong complications from [transitioning] that I have no idea if they will go away," Luka told legislators in her Friday testimony. "My joints constantly hurt. I have no idea if I will ever be able to carry a child someday, not to mention the fact that my breasts are gone. There was nothing wrong with my body; I was just a teenager that was uncomfortable, and instead I was pushed down a path that taught me that growing up was a disease that needed to be cured with surgery and medicine."

Aaron's story is not complete. The life-long effects are still to come. It's too late for Aaron, but it's not too late for the girls and boys I see every day in the high school classes I teach. A child who is confused about her identity needs guidance and love and clarity. She does not need hormone injections and elective surgical procedures. Kansas kids can't buy cigarettes. Can't rent a car. Can't get a tattoo. Collectively, as a society, we understand that these decisions are life altering and a child cannot comprehend and maturely consider the consequences to their actions. It is beyond the pale to allow children to make irreversible, life altering medical decisions. Kids like Aaron cannot protect themselves, but we can, and we must. Thank you.

I would appreciate your support to SB12.

Sincerely,

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