IVAN ABDOUCH, MD
DO NO HARM ACTION
WRITTEN TESTIMONY, PROPONENT – SB 63 HELP NOT HARM
KANSAS SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE
JANUARY 28, 2025

My name is Dr. Ivan Abdouch. I spent 30 years treating and advocating for transgender individuals of all ages and I want to clearly state that medical and surgical sex or gender manipulation (erroneously referred to as “gender affirming”) is never appropriate in children – so I am in support of SB 63 and any laws anywhere that ban this practice.

I received my MD in 1977 and retired in 2019. I became the medical director for the Omaha Gender Identity Team in 1988 and I continued to provide gender management for the next 30 years. Ours was a multidisciplinary group that included highly regarded psychiatrists, psychologists, therapists, social service and various other ancillary supports. We cared for transgender individuals of all ages from several Midwest states – including Kansas – because no one else in the area provided that service at the time.

The purpose of my testimony is not to cite articles and statistics to prove a point. There are already more than enough people from both sides of this debate providing the world with a dizzying array of studies, data, interpretations, nebulous concepts, accusations, name-calling, and outright hostility.

Instead, what I offer is something few others can – first-hand eyewitness observations from someone who spent 30 years providing gender management.

My 30 years in the gender management arena should make it obvious that I do not dispute the existence of transgender individuals and the condition of gender dysphoria, nor am I in any way opposed to appropriate management for those in whom it is who truly warranted. I do, however, dispute the way in which the sex and gender issues have been distorted beyond recognition in all ages, and especially in children.

Has anyone else wondered how is it that other medical conditions don’t ignite the kind of discord and chaos that we see with gender management? Why are there no pro- and anti- groups going at it over the diagnosis and management diabetes, heart disease, cancer, asthma, cataracts or most any other medical diagnosis and treatment?

I believe that flawed terminology, misconstrued concepts and departure from usual medical practices are at the core of this chaos. Sadly, physicians and even medical organizations with no experience in this arena have blindly followed this misdirection, adding false credibility to this movement.

** So what do I mean by flawed terminology? Here are just six (out of many) examples…

Sex: Medically speaking, this is a classification of a person as male or female, according to their reproductive organs and chromosomes (XX for female and XY for male). It is not "assigned" and removal of the reproductive organs does not change the sex.

Gender: Gender refers to a person's representation as male or female. Gender *identity* is how the person sees his or her *own* gender. Gender *role* is how *others* see that person's gender. People (including the person himself/herself) often confuse the two.

Transgender: People whose gender identity does not match up with their sex. It is about their internal gender identity, not their outward appearance. Sadly, the word "trans" is used as some all-inclusive term that involves non-transgender people such as drag queens, cross-dressers, autogynephilia, impostors and other non-transgender situations.

Gender dysphoria: This is specifically severe distress caused by feeling that one's gender identity does not match one's sex. The diagnosis is based on specific criteria. One cannot assume that every unhappy person who raises questions about their gender has gender dysphoria. There are at least a dozen conditions that can be mistakenly diagnosed as gender dysphoria.

There are also many euphemisms (indirect words that are substituted for those considered to be too harsh when referring to something unpleasant or embarrassing). A few examples…

Gender affirming: This is not a medical term and doesn't affirm gender. It is a euphemism that has been forced into the language. Without a clear diagnosis of gender dysphoria, treatment might be entirely incorrect and possibly even worsen an undiagnosed condition.

Top surgery and bottom surgery: These are also not medical terms, designed to avoid saying what is really happening – breast amputation, breast implants, penis amputation, creation of an artificial penis, testicle removal, artificial testicle implants, removal of the uterus and ovaries, permanent infertility, etc.

** And what do I mean by misconstrued concepts? I'll offer just three (out of many) examples...

Sex and gender issues: Transgenderism and gender dysphoria can be temporary, especially in children and adolescents but even in adults. Treatment is not for transgenderism and it is not to change the person's sex – it is intended to ease a person's gender dysphoria. Many who are transgender may never experience gender dysphoria and do not seek treatment. Sex is not changed in those who do undergo treatment.

Standards of Care: Reference is continually made to the "World Professional Association for Transgender Health (WPATH) Standards of Care". First of all, the term "Standards of Care" is a legal term (not a medical term). It refers to the degree of care that a prudent

and reasonable person would exercise under certain circumstances. There is significant disagreement among experts with equivalent knowledge, experience and expertise who are no less “prudent and reasonable” than are members of WPATH. By definition, therefore, any claim to “Standards of Care” by anyone on any side of the debate is arbitrary. The “WPATH Standards of Care” should be viewed only as a single set of “guidelines” proposed by that group for that group, not as a definitive source that is widely accepted by experts. No such definitive source exists.

WPATH history: Based on its history, WPATH is an unreliable source for guidance. In 1979, the Harry Benjamin International Gender Dysphoria Association (HBIGDA) was formed. This was the forerunner of WPATH. From 1979 through 2001, the HBIGDA “Standards of Care” limited hormonal and surgical sex management to majority age or age 18, preferably with parental consent. They also recommended counseling for children and adolescents, and they acknowledged the irreversible effects of hormones. For no clearly justified reason, their 2001 “Standards of Care” began to slip adolescents into the treatment mix and they began to change their stance on hormonal reversibility – but there was no solid evidence to support these changes. After HBIGDA became WPATH in 2007, physicians became outnumbered by non-physicians on the “Standards of Care” committee – non-physicians making medical decisions – and medical/surgical management evolved into what you see today, still with no clear justification.

** Lastly, what about departure from usual medical practices? The so-called “gender-affirming” approach misses the mark at several levels. Here are four (out of many) examples…

Accurate diagnosis: Every medical student is taught that every effort should be made to secure an accurate diagnosis before making a treatment plan. Medical assessments typically incorporate subjective factors (patient history) and objective factors (physician observations and measurable things like test results) to make a diagnosis. While the patient’s account of their symptoms is tremendously valuable in making the diagnosis, patient self-diagnosis has never been considered normal practice. Yet, there are more and more instances reported of “gender-affirming” treatments being employed based on the patient’s self-assessment with no objective evidence. Imagine what would happen if a woman’s breast was removed because she insisted that she felt a lump that she’s sure is cancer and no objective assessment was done to verify that.

Organ or tissue pathology: Other than perhaps some cosmetic procedures, when else in medicine are normal, healthy organs removed from a person?

Benefit vs risk: Every decision in medicine is based on whether the benefits of action outweigh the risks. Everything I’ve discussed up to this point can apply at any age – but the risks of medical and surgical gender management in children and adolescents is especially high because no one – NO ONE – can predict the gender trajectory of a child. Even the flawed WPATH “Standards of Care” acknowledge this. People discuss suicide risk in these kids, but that has not been substantiated. It’s incredibly dangerous to make a life altering decision based on hearsay,

Biases: Much of the support for so-called “gender affirming care” is based on group-think and a number of other biases. I have appended a list of these biases for those who might be interested in knowing more about those.

In the final analysis, it is mandatory that policymakers ask and answer this question …

> *What is an acceptable number or percent of children who experience irreversible harm with lifelong effects because of erroneously receiving medical or surgical management?*

In this case, any answer more than zero means the decision to proceed with medical or surgical treatment is based on something other than safe medical practices.

I submit that the “least unsafe” management is counseling by a competent therapist.

Sometimes caring means saying “no” – or at least “not yet”.

I’m normally not in favor of government regulation in medicine – but when physicians and parents are willing to risk this kind of potential harm to the kids, someone has to step in.

Please don’t let misdirected beliefs supersede safety.

POTENTIAL BIASES AFFECTING MANAGEMENT

Anchoring: the tendency to perceptually lock on to salient features in the patient's initial presentation too early in the diagnostic process, and failure to adjust this initial impression in the light of later information. This bias may be severely compounded by the *confirmation bias*.

Ascertainment bias: when a physician's thinking is shaped by prior expectation.

Availability cascade: when a collective belief becomes more plausible through increased repetition, e.g. 'I've heard this from several sources so it must be true'.

Bandwagon effect: the tendency for people to believe and do certain things because many others are doing so.

Base-rate neglect: the tendency to ignore the true prevalence of a disease, either inflating or reducing its base-rate, and distorting Bayesian reasoning. However, in some cases clinicians may (consciously or otherwise) deliberately inflate the likelihood of disease, such as in the strategy of 'rule out worst case scenario' to avoid missing a rare but significant diagnosis.

Belief bias: the tendency to accept or reject data depending on one's personal belief system, especially when the focus is on the conclusion and not the premises or data.

Blind spot bias: the general belief physicians may have that they are less susceptible to bias than others due, mostly, to the faith they place in their own introspections.

Commission bias: results from the obligation towards beneficence, in that harm to the patient can only be prevented by active intervention.

Confirmation bias: the tendency to look for confirming evidence to support a diagnosis rather than look for disconfirming evidence to refute it, despite the latter often being more persuasive and definitive.

Déformation professionnelle: once a patient is referred to a specific discipline, the bias within that discipline to look at the patient only from the specialist's perspective is referred to as

Diagnosis Momentum: once diagnostic labels are attached to patients they tend to become stickier and stickier. Through intermediaries, (patients, paramedics, nurses, physicians) what might have started as a possibility gathers increasing momentum until it becomes definite and all other possibilities are excluded.

Ego bias: in medicine, is systematically overestimating the prognosis of one's own patients compared with that of a population of similar patients.

Feedback sanction: making a diagnostic error may carry no immediate consequences as considerable time may elapse before the error is discovered (if ever).

Illusory correlation: the tendency to believe that a causal relationship exists between an action and an effect, often because they are simply juxtaposed in time; assuming that certain groups of people and particular traits go together.

Need for closure: the bias towards drawing a conclusion or making a verdict about something when it is still not definite. It often occurs in the context of making a diagnosis where the clinician may feel obliged to make a specific diagnosis under conditions of time or social pressure, or to escape feelings of doubt or uncertainty.

Overconfidence bias: there is a universal tendency to believe we know more than we do. This is a pervasive and powerful bias. Overconfidence reflects a tendency to act on incomplete information, intuitions or hunches. Too much faith is placed in opinion instead of carefully gathered evidence.

Premature closure: a powerful bias accounting for a high proportion of missed diagnoses. It is the tendency to apply premature closure to the decision making process, accepting a diagnosis before it has been fully verified. The consequences of the bias are reflected in the maxim ‘when the diagnosis is made, the thinking stops’.

Sunk costs: the more clinicians invest in a particular diagnosis, the less likely they may be to release it and consider alternatives.

Value bias: physicians may express a stronger likelihood in their decision making for what they hope will happen rather than what they really believe might happen.

Visceral bias: the influence of affective sources of error on decision-making has been widely underestimated. Visceral arousal leads to poor decisions. Countertransference, involving both negative and positive feelings towards patients, may result in diagnoses being missed

01/26/2025

SB63
Proponent
Written Only

Chairman Gossage and Members of the Senate Public Health & Welfare Committee,

I am submitting my proponent testimony for SB63. I strongly believe children should not be subject to any sort of gender reassignment surgery or chemical change. Any adult who would allow this to happen or perform these types of surgeries should be indicted for child abuse.

I strongly agree with not allowing our state funds (our individual tax dollars) to be used to perform this child abuse. Anyone who does receive state funds should not be able to prescribe medication for any chemical gender altering drugs. They should also not be able to perform any type of gender altering surgery as well. Also, there should be no medical assistance rebates provided for any type of gender altering surgeries.

I agree with severe punishment for all doctors or medical professionals who prescribe gender altering drugs and who perform gender altering surgeries. I believe it is fair to revoke licenses if any medical doctor, nurse, or anyone else is involved with any type of gender altering procedures on a child. They should also be held personally liable if needed without the availability of professional liability insurance.

With that said, there are some very small instances where a child is born with both sets of gender attributes. In that very small percentage, gender surgery could be performed within a set of guidelines.

I hope this bill will move forward. You must be a sick individual to perform this type of procedure on a child. Protect the children of Kansas and pass this bill. I support SB63.

Respectfully,

Brett Anderson
Republican Precinct Committeeman
Sedgwick County

Senate Public Health and Welfare

SB 63

Proponent Testimony

Date 1/26/25

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

I strongly urge your support of SB 63.

Kansas is currently the last RED state to allow so called "gender affirming care" for minors. Making this barbaric practice illegal will save children. The studies are clear. See the Uk's Cass Report of April 2024. https://cass.independent-review.uk/ This review found that the evidence supporting the use of puberty blocker and cross-sex hormones was "remarkably weak". A second study funded by the NIH- but not published by Johanna Olson-Kennedy focused on the effects of puberty blockers on transgender youth and found that these treatments did not improve mental health outcomes as expected. Olson-Kennedy cited concerns that the study might be "weaponized" by critics of transgender care. See New York Times article 10/23/24 by Azeen Ghorayshi.

It's too late to save my son from sterilization but this bill could save other parents the heartbreak my husband and I share- knowing our legacy has been terminated- along with our son's sexual function and his fertility. There is too much evidence to put into this support document, but know that "gender affirming care" is rooted in pedophilia and ideology and NOT science.

As a parent deeply and personally affected by this ideology, I welcome the opportunity to speak to any of the committee members privately to share what our family has been through. There is too much evidence now to continue to "be kind". Gender Ideology and the medicalization of vulnerable children and young adults will 100% be the biggest medical scandal of our lifetime. Please do the right thing and vote this bill out of committee and on to the VETO override. Thank you.

I would appreciate your support of SB63.

Sincerely,

Susan Cary

409 Casa Bonita Drive, Lawrence

Senate District 19

Date: Jan 24, 2025

Bill : SB63

Proponent: Do NO harm and Not using tax payer funds for such harm

Name: Patricia DeDamos

Representing : Self

To: Chairman Gossage and committee members

Dear Committee of Health and Welfare:

I firmly believe we all agree in protecting vunerable citizens: young, mentally challenged, and elderly. I strongly oppose allowing minors under 18 or possibly 21 to decide on sex change treatments ***and*** using taxpayer funds for such procedures. Children lack the maturity to make these life-altering decisions and do not grasp the potential long-term consequences. There are better ways to spend tax funds for health care. As of this testimony 26 states that have passed bans on gender-affirming care" for minors.

A 2023 study: Tavistock and Portman NHS Foundation Trust in the United Kingdom; found that **a significant proportion of children who experience gender dysphoria outgrow it** and true gender dysphoria is a relatively rare.

Society and common sense restricts many activities for those under 18 due to their developmental stage, it is inconsistent to allow them to make decisions about something as serious as 'gender affirming' treatments, and medication for life. There needs to be punishment for *mutilating* children who are not old enough to vote, buy alcohol or cigarettes, sky dive, get a tattoo, or travel on an aircraft without a parent. If we acknowledge that children aren't ready for certain responsibilities, how can we possibly justify allowing them to decide on something as serious and permanent as changing their sex?

Doctors who have abuse patients in their 'care', are well documented:

1. *Larry Nassar*: A former USA Gymnastics team doctor who was convicted of sexual assault after ***hundreds of women and young girls*** accused him of abuse under the guise of medical treatment.
2. *Christopher Duntsch*: A neurosurgeon from Texas who was nicknamed "Dr. Death" due to his record of botched surgeries. Duntsch was accused of harming 33 patients, among whom two died due to his actions. He was eventually convicted of aggravated assault in 2017 related to his malpractice.
3. *Kermit Gosnell*: A former abortion provider who was convicted of murder in 2013 after it was discovered that he had performed numerous late-term abortions **and** killed several newborns who were born alive during the procedures.

Doctors who abuse patients should be punished!

Using public funds for these surgeries would mean that every taxpayer, regardless of their personal beliefs, is forced to contribute to a procedure they might fundamentally, morally, and ethically disagree with. Furthermore, given the limited resources available for health care, and the added cost with yearly inflation I believe it's more prudent to allocate these funds towards treatments for life-threatening chronic conditions or general health care services that benefit a larger number of people. We need to prioritize our spending and ensure that we're making the most effective use of our resources, rather than funding controversial procedures that many taxpayers object to.

Thank you for supporting the protection of children in our State!

Sincerely,
Patricia DeDamos

January 26, 2025

Bills HB2071 and SB63
Proponent written-only testimony
Conferee: Timothy Elliott
Representing: self and countless Kansas youths

Attn. Chairman Carpenter, Chairman Gossage and Members of the Committees

My name is Timothy Elliott. I'm a resident of Kingman, KS and a registered voting citizen of the great State of Kansas.

These two Bills are more than just legislation. They are more than just words on paper. They stand as written stalwarts to protect our Kansas youths and the very moral fabric from which our great State of Kansas is woven.

Our beloved State of Kansas and our nation are under siege, not by foreign armies but by immoral and tyrannical ideologies that would seek to destroy the fragile minds of our youth and rip good families apart.

One such ideology is Gender Dysphoria. This is a term that modern psychology has given to the confusing, irrational, and uncomfortable thoughts and feelings that are a normal part of puberty. By giving these normal processes of puberty a label, modern psychology has become a tool used to exploit and harm our nation's young people instead of protecting them.

HB2071 & SB63 gives precise language to create a wall of

protection against those people who would seek to use Kansaa tax dollars to continue to exploit our youth and allow terrible, irreversible surgeries to be performed on them in the name of Gender Dysphoria.

In addition, these two Bills bring consistency to the laws which govern what can be physically done to a young person's body. Current Kansas law does not permit children under the age of 16 to get a tatoo, even with parental approval. One of the primary reasons for this is because children are too young to make rational decisions concerning the permanent altering of their skin. Chairman Carpenter, Chairman Gossage and Members of the Committees: how much more permanent are gender changing drugs and surgeries?!

So often well-meaning parents are deceived by modern psychologists into being made to believe that something awful will happen to their children if these irreversible changes aren't made to their precious child's body. So often, the child realizes later it was a mistake, but the damage cannot be undone. They are left with a lifetime of physical suffering and scars that the gender altering drugs and/or surgeries caused. Sadly some of the Gender Dysphoria victims take their own lives. The very fears that modern psychologists planted in the minds of parents and children, end up being caused by the gender altering drugs and surgeries.

These Bills will help protect children and their parents from suffering with a lifetime of guilt and regret. Chairman Carpenter, Chairman Gossage and Members of the Committees I urge you to do the right thing to protect our families and children and pass HB2071 & SB63!

Sincerely,
Timothy Elliott

Jan 24, 2025

Bill: HB2071
SB63
Proponent Written-only testimony
Conferee: Dale Enyart
Representing: Self

Chairman Carpenter, Chairman Gossage and Members of the Committees,

My name is Dale Enyart. I'm a resident of Kingman County. I'm providing my testimony as a proponent for HB 2071 and SB 63.

There are several issues that this legislation addresses and remedies. It clears up the definitions used and removes ambiguity, which creates a much more precise law.

It also helps ensure that taxpayer monies are not spent for things or procedures that are in direct conflict with their values, morals, and beliefs. This is a major issue for a large portion of Kansans who have been forced for many years to have the taxes they pay used to subsidize things that violate their morals and religious beliefs, such as abortions, abortion clinics, "gender transitioning", mandated "vaccines", and the messaging and advertising promoting these very things. We should not be forced, coerced, or deceived to support, approve, or fund actions in any way, shape, or form that break our Covenant with God Almighty.

I have friends in the medical community that witness the epidemic of physical and emotional damage that pre 18 year olds

are suffering due to being manipulated to make life and body altering, irreversible modifications (some would say mutilation) that they are not equipped with the maturity, wisdom, or discernment to make yet...and for those that argue they do have that maturity, let me remind you of the Tide Pod eating challenge so many partook of a short time ago. I not only worry about the mental health of our young generation, but also the mental health of our medical providers that feel somewhat helpless seeing the damage their own profession is propagating...and profiting from.

I support HB2071/SB63 and I ask that you do as well.

Thank you,
Dale Enyart
Daleenyart@gmail.com

Testimony of Catherine Gunsalus, Director of State Advocacy
Heritage Action for America
January 28, 2025

Supporting: Senate Bill 63

Submitted to the Senate Committee on Public Health and Welfare

Chair Gossage and Members of the Committee,

Thank you for the opportunity to present written testimony in favor of Senate Bill 63. My name is Catherine Gunsalus and I represent Heritage Action for America, a grassroots organization with two million grassroots activists nationwide, including thousands of Kansans.

Nearly two dozen states have already enacted laws prohibiting "gender-affirming" interventions for minors in most circumstances. Now is the time for Kansas to join them. Senate Bill 63 not only prohibits these dangerous procedures for minors, but holds health care professionals who profit from them accountable by prohibiting professional liability insurance to cover damages for providers who use these procedures on children. The bill also requires professional disciplinary action up to and including the revocation of their medical license.

When a child is struggling with gender dysphoria, they need compassionate care – not experimental hormones and surgery.

Body altering procedures—such as cross-sex hormones and surgeries that remove or severely alter healthy body parts—cause irreversible damage that will impact children for the rest of their lives.

Here are a few facts:

1. After so-called "sex reassignment surgery," boys and girls are nearly 20 times more likely to die from suicide than the general population.
2. Up to 98% of children who struggle with body dysphoria grow to accept their biological sex by adulthood.
3. The long-term effects of puberty blockers and cross-sex hormones have not been extensively studied. But it's already clear they can lead to infertility and other irreversible harm.
4. It is wrong to assume that everyone advocating for body-altering surgeries is "doing it for the children." In fact, the truth is, providing these pharmaceuticals and surgeries has become a very profitable industry.

Body dysphoria, depression and anxiety, and the awkwardness of puberty are all real challenges that need compassionate care. We should not allow our **children** to be pushed into experimental surgeries and drugs by radical activist groups and the medical industry.

Senate Bill 63 protects Kansas kids by ensuring that the consequences for profiting from experimental, life-altering procedures are serious. Please consider the future of these young people and protect Kansas' greatest asset, its future generation from an industry that would prey upon them at a time of confusion and weakness.

Heritage Action urges you to vote YES on SB 63.

Catherine Gunsalus
Director of State Advocacy
Heritage Action for America

TO: Madam Chair Senator Gossage and Members of the Kansas Senate Public Health and Welfare Committee

FROM: Charles Peters, MD, OFS

DATE: January 28, 2025

WRITTEN TESTIMONY IN FAVOR OF SB 63, THE HELP NOT HARM ACT

Madam Chair and members of the committee:

Thank you taking time to consider my testimony in favor of SB 63, the Help Not Harm Act. I am a Board-certified Pediatric Hematologist/Oncologist and Pediatrician who has worked in both academic medical centers and a large multi-specialty clinic in a large Midwest hospital and clinic system during my career. I am currently retired.

Most recently I worked as a general pediatrician and was the medical director of the Child Development Services (CDS) program. The purpose of the CDS program was to evaluate and coordinate treatment of children with a wide variety of developmental and psychological issues including school problems, ADD/ADHD, anxiety, depression, mood disorders and gender dysphoria. Many of the children evaluated in CDS had experienced one or more adverse childhood events (ACEs), had neurocognitive diagnoses and lived in stressful home environments. Of those with gender dysphoria, such co-morbidities were the rule rather than the exception. I support SB 63, The Help Not Harm Act, for many reasons including the solemn obligation as a healthcare professional to do no harm and to refer children for treatment of serious underlying psychopathology with cognitive behavioral therapy and/or psychiatric consultation. I and the medical community recognize the problem is not with the body of child but rather with the mind. I have followed the medical literature closely and attended medical conferences at which respected leaders in the field such as Dr. Paul Hruz, MD, PhD have spoken and eloquently expressed that reason, sound medical care and research DO NOT support treating children with cross-sex hormones and/or surgeries for gender dysphoria. Furthermore, the long-term follow-up studies in this field from Europe (especially, Sweden, Finland, The Netherlands, and England) have demonstrated that suicide rates are profoundly higher among individuals who have undergone these horrific treatments. In the case of England, their principal major clinic for such treatments (i.e., The Tavistock Clinic) has been closed by The National Health Service.

I wish to thank the committee for allowing me to provide this written testimony. I am available for questions by email (cjpeters2011@gmail.com) or phone (612-760-6192).

Sincerely,

Charles Peters, MD, OFS

Charles Peters, MD, OFS

Board-Certified in Pediatric Hematology/Oncology (#1157) and Pediatrics (#38575)

MO Medical License No. 2005029313, expiration January 31, 2026

WI Medical License No. 57086-20, expiration October 31, 2025

January 25, 2025
Bill: HB 2071
SB 63
Proponent Written Only Testimony
Conferee: Mary Stang
Representing: Self

To Whom This May Concern – Chairman Carpenter, Chairman Gossage and Members of the Committees

My name is Mary Stang. I am a resident of Sedgwick County. I am providing testimony as a proponent for HB 2071 and SB 63.
The transgender issue is an issue of sexual choice. This is an issue for adults and not children. Parents have the responsibility to prepare our children to become productive adults when they are old enough to make their own decisions. Parents have the responsibility to tell their children truth and the truth also entails sexual truth. Everyone was created as two genders only – man or woman, boy or girl. There is not any other genders mentioned in the Bible that God created. When a child is confused it is the parents duty to help them straighten and sort it out. Teaching them that there is more than two genders and even a person can be a furry, a human who believes they are an animal, is confusing the child and should be considered a form of child abuse. Children

how to find
REAL HELP
www.acpeds.org/find-a-therapist

Obtain a
SECOND OPINION

your pain is
REAL
You are not alone, and we want to help.

There is ***NO*** evidence that:
- Transgender drugs will be safe for you
- Transgender drugs will make you happy and prevent suicide

There ***IS*** evidence that:
- Most who are dissatisfied with their gender have other emotional and social problems that deserve attention. Once addressed, many eventually embrace the body they were born with.

Interview your potential therapist. Make sure they are open to exploring why you are experiencing a non-traditional gender identity.

You ***deserve*** to be healthy, happy and whole.

ACPeds is an organization of pediatricians and other healthcare professionals dedicated to promoting the optimal health and well-being of children and young adults.

The Ruth Institute is an international interfaith coalition to defend the family and build a civilization of love.

Resources:
www.transregret.com
www.acpeds.org
www.ruthinstitute.org

Will I feel better?

Puberty blockers & cross-sex hormones may actually make you feel worse!

- Many teens on puberty blockers had a greater tendency to hurt themselves.

- Girls taking high doses of testosterone had more emotional and behavioral problems, including more mania and psychotic symptoms.

Will I be safe?

These drugs are not proven safe to use for gender identity distress.

*"[Pediatric transition is] possibly the **biggest scandal** in medical history."*
- Dr. Christopher Gillberg, world-renowned psychiatrist

Will I be healthy?

Puberty blockers & cross-sex hormones have potentially permanent side-effects and increase serious health risks.

- Puberty blockers are linked to osteoporosis, mood disorders, seizures and cognitive impairment.

- Cross-sex hormones increase the risks of heart attacks, strokes, diabetes, blood clots and cancers.

Who benefits from my life-long dependence on these treatments?

Medical and pharmaceutical companies reap massive profits from patients receiving hormone replacement therapies, surgical repair procedures and follow-up corrective surgeries.

You deserve to be sure

Do I want to be on medication for the rest of my life?

Am I ready to be sterile?

Can I live with this decision forever? Have I ever changed my mind before?

Have I talked to people who care about me and can offer me other options?

have enough issues while growing up and their sexual preference or choice should not be one of them. Children have enough trouble learning the basics in life that will help them to become a productive adult. Confusing them with issues that are not truthful, not necessary, can and is considered indoctrination is not acceptable and should not be allowed, especially in our children's schools or anything our children are involved in. Physicians should be held accountable for indoctrinating our children and performing mutilation surgery that can not be reversed. These surgeries are causing suicide, regret, mental issues and lifelong health issues as the pamphlet below shows. No doctors, teachers or anyone of authority should have the right to do anything without a parents permission. This includes indoctrination with books or class discussions in subjects such as sex education class. There is so much more our children need to concentrate on in their early education years that is much more important in preparing them for life. Our children are our future and I would think we would all feel better about them taking their place in society well prepared and confident. Teaching them, encouraging them and building their confidence is the right way. Confusing them and helping them to remain confused using various methods such as puberty blockers, transitioning and gender mutilation should not be allowed by anyone that is associated in any way with children and young adults and it should be considered against the law if used, practiced or implemented in any way.

The reason why I am writing this testimony and this bill matters to me is because I have grandchildren that I am concerned about and want to make sure they are raised with good morals, principles and values. I want them to be productive men and adults and one day have a family of their own. I want them to know what is the right way to raise their family. I want that for all families and children as well. I believe God created two genders, man and woman, and all we have to do is look in the mirror to see what we were created to be. The transgender issue is a sexual choice, a distraction to children and it is indoctrination. Parents rights override teachers and doctors and as the Constitution states 'We the People' have the power over all elected servants. Elected servants are to listen and do the will of the people and the people of Kansas do not want our children around any transgenders or the issues that surround them now or ever. I also believe that transgender issues are mental issues that need to be addressed by mental health personnel. I, also, feel that not a single cent of tax dollars should be used for a sexual choice ever. Tax dollars are paid and meant to be spent to improve our communities resources for all not a few. Our taxes are already being misused and the city is showing the neglect. If we waste more taxes on frivolous issues then our city will continue to decline and tax money will decrease due to residents leaving. Doctors take oaths to help take care of us and should never be allowed to do experimentation on humans, mutilations on children or adults and should be

held responsible for everything they do. Mental health doctors are one of those health care practitioners who have a huge responsibility to protect our children's mental health and not confuse them more by spreading false information and using procedures that can and will be harmful to their lives. Thank you for your time in this matter.
Sincerely,
A Mother and Grandmother of boys (males), a lifelong resident of Kansas and Proud Citizen of We the People of the United States of America,
Mary Stang – Sedgwick County, Kansas

Key Points for Legislators
Kansas SB 63

I am a pediatric endocrinologist with 46 years of experience in the novel field of transgender (formerly transexual) patients. The opponents of this bill have considerably less experience. I have a vested interest in this legislative effort.

NO BIOLOGIC BASIS FOR TRANSGENDER

No test exists for a diagnosis to be made- it is based on the opinion of a child or adolescent.

There is no such thing as a male or female brain

Published studies indicating "born that way" are deeply flawed

GENDER IDENTITY IS A STATE OF MIND

Counseling has always been the first and most effective way of resolving the issue.

80-98% resolution of incongruence between biology and gender identity of the patient occurs if the patient is allowed to progress completely through natural puberty (over 16 published studies over the past 15 years). **The only truly compassionate care is to provide in depth evaluation of mental health of the patient and family and to provide counseling to resolve all underlying depression and anxiety.** 100% of my transgender patients have significant precedent mental health issues.

MYTH OF COMPLETED SUICIDE IF TRANSITION IS NOT ALLOWED

The only entire population studies done are from Swedish data and prove mental health is NOT improved by transition.

The studies purporting benefit are flawed by selection bias and passive review of retrospective convenience sample surveys

The article published last month in NEJM on the prospective collection of two years' data is flawed by elimination of mentally troubled patients and downplaying of patients who dropped out, and the suicide deaths of two study participants

"STANDARDS OF CARE" ARE PUBLISHED AND ACCEPTED BY THE VAST MAJORITY OF PRACTICING PHYSICIANS AND THEIR PROFESSIONAL ASSOCIATIONS

The so-called standards of care are actually only guidelines promoted by activists within the professional societies based on opinion and absolutely no scientific studies. The British Medical Journal has very recently rated the WPATH guidelines "0" on a scale of 0-6, and has rated the Endocrine Society Guidelines "1" on that same scale. The alphabetical listing of some 20 societies given by opponents at the recent Senate Committee Hearing would suggest that each of these organizations carefully crafted their own guidelines after significant deliberations by their membership. In truth, the ideologues in the leadership of these organizations just gave their stamp of approval to the existing WPATH and Endocrine Society Guidelines. The 67,000 members of the American Academy of Pediatrics had no

input in their organization's policy statement. The major input was from the Human Rights Campaign.

The often cited "Dutch Protocol" on which these guidelines are based has just been completely decimated by an extensive scientific review as having no basis- data were hand-picked to prove a point and write guidelines. When ALL the data is reviewed, it disproves the theory of any benefit to the child's mental health by transitioning socially, medically, or surgically. In other words, no child should be subjected to such interventions.

THE MYTH THAT SOCIAL, AND MEDICAL INTERVENTIONS ARE REVERSABLE AND CAUSE LESS HARM THAN NOT APPLYING THEM

As the recent Cass Report from the UK documented, social interventions to reassign an incongruent gender trip the family fabric apart and disrupt the child's social environment in ways that can't be repaired.

Puberty blockers are not a "pause" but are instead a very slippery pathway to use of wrong-sex hormones (99% of patients who start puberty blockers in the U.S. proceed). Delaying or interrupting puberty in adolescence causes irreversible bone mineral loss. Normally-timed natural puberty changes a number of body organs including the gonads and the brain. Stopping such changes during the adolescent years has not been studied, despite calls to do so before proceeding with the standardization of treatment protocols

The serum levels of wrong-sex hormones is exponentially greater than body is designed to endure without causing serious induced risk of cancers, stroke, and heart disease, and which make the patient drug dependent for the remainder of their lives

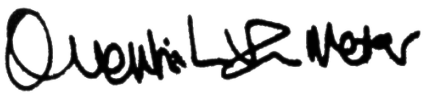
No validly designed published studies show more benefit than harm.

These children are sterilized.

THE MYTH THAT REGRET OF TRANS PATIENTS IS NEGLIGIBLE

De-transitioners have been bullied into silence but have finally found their voice both on-line and by bringing lawsuits against those who sent them down the transition pathway.

By approving SB 63 , Kansas will join the brave, forward-thinking group of states who have, like the majority of European countries, seen the need to protect the suffering transgender children and adolescents from harm.



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SB63 Written Only Proponent Testimony

Chairwoman Gossage and members of the committee,

I am writing in strong support of SB63, also known as the Help Not Harm Act. I believe this bill is an important step in protecting the most vulnerable members of our society—our children.

I stand firmly against gender transition procedures for minors. These treatments and surgeries are life-altering, often irreversible, and carry significant physical, emotional, and psychological risks. The numerous laws restricting the actions of minors make it clear that they are not equipped to comprehend the long-term consequences of such decisions—especially those influenced by external pressures from social media, peers, and even adults who should know better. Yet, we continue to allow it to happen.

This issue goes beyond individual choices; it's about safeguarding vulnerable children from practices that could harm them for life. While some may argue that these procedures provide relief or affirmation, studies and firsthand accounts reveal that many young people who undergo them experience regret and lasting complications.

Moreover, I strongly oppose the use of taxpayer dollars to support or promote such procedures. State-funded resources should prioritize protecting children, not enabling irreversible treatments on individuals who are not yet capable of making fully informed decisions. It's our responsibility to act as a shield for those who cannot yet advocate for themselves.

I pray the committee will vote to pass this bill out of committee.

Respectfully submitted

Kari Sue
Vosburgh
Sedgwick County Precinct Committeewoman