

Testimony on Gender Ideology and Gender “Transition” Drugs and Surgery

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My name is Jay Richards. I’m a Director and Senior Research Fellow at The Heritage Foundation.

In recent years, the US has seen a huge spike in the number of minors diagnosed with distress over their sexed bodies—now called gender dysphoria.

Fueling these alarming statistics is an ideology derived from critical theory. This “gender ideology” displaces the sexual binary of male and female—which we share with other members of the animal kingdom—with a subjective notion of “gender identity” that is independent of the body.

Hence, its champions avoid references to sex. They typically define “gender identity” as ... one’s *internal sense of gender*. Note that this is both circular and unfalsifiable.

Because of gender ideology:

- Children are now told they might be “born in the wrong body.”
- Official groups have replaced “sex” with a mere social construct, “sex assigned at birth.”

The most toxic fruit of this ideology, however, is in medicine. Hence the intervention called “gender affirming care.” “Gender affirming” is, in effect, *sex-denying*.

In the US, gender transition surgeries for adolescents [increased nearly fivefold](#) from 2016 to 2019.

Until recently, childhood gender discordance was very rare. Most cases resolved themselves after the child passed through puberty. In contrast, starting a child down the “gender affirmation” pathway makes it far more likely he or she will go on to take cross-sex hormones.

Here’s the dirty little secret. **There’s no reliable scientific evidence that these treatments improve the long-term health of these minors, let alone that the benefits outweigh the many risks.**

Almost half of US states have already prohibited these procedures for children. And at least three countries that were early enthusiasts for these interventions have now reversed course. The 2024 [Cass Review](#) in the UK included [nine studies](#), eight of which were systematic reviews, showing the poor quality of evidence for the benefits of these medical interventions.

And just last week, the evidence-based medicine experts at McMaster University released [two new systematic reviews and meta-analyses](#) of puberty blockers and cross-sex hormones. These showed that the evidence of benefits for these “gender transition interventions” for both minors and young adults was of “very low” quality.

The harms, in contrast, are obvious.

In a less troubled world, all doctors would follow the rule to *first, do no harm*. For now, it falls to bodies like this one in Kansas to protect children from these experiments.

I’m happy to stand for questions.