



NORTH DAKOTA

Family Alliance LEGISLATIVE ACTION

Testimony Supporting House Bill 1254

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Good morning, Madam Chair Lee and honorable members of the Senate Human Services Committee. My name is Mark Jorritsma and I am the Executive Director of North Dakota Family Alliance Legislative Action. I am testifying on behalf of our organization and its constituents in favor of House Bill 1254 and respectfully request that you render a “DO PASS” on this bill.

A small but growing number of children struggle to embrace their God-given sex, instead feeling that they were born in the wrong body and “are” the opposite sex. The majority of these children will come to reconcile with their biological sex. In fact, 80 to 95 percent of children will outgrow gender dysphoria if untreated, so in many cases, watchful parenting and waiting is often all that’s required.¹

For those who are especially struggling or who suffer from related psychological stress, talk therapy and other standard mental health interventions may be appropriate. 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 above naturally occurring levels, and even sometimes surgery. The pressure is so great that in many states, medical professionals are legally barred from offering helpful talk therapy to children for this issue.

Giving kids puberty blockers, cross-sex hormones, and transgender surgery violates the first duty of medicine: “do no harm.” For example, Female Genital Mutilation (FGM) is something that can be a part of some girls’ transition process. It is unethical and opposed by both the World Health Organization and the United Nations.

There is also long-term, irreversible harm of cross-sex hormones. Side effects are related to changes in the body’s secondary sex characteristics. Once these effects begin, there is no reversing them. For example, a girl taking testosterone will notice a deepening voice and increased hair growth after a few months. These changes are permanent.

¹ <https://www.getprinciples.com/understanding-and-responding-to-our-transgender-moment/>

According to the American College of Pediatricians², for biological females, risks of cross-sex hormone treatment include:

- Irreversible infertility;
- Severe liver dysfunction;
- Coronary artery disease, including heart attacks;
- Cerebrovascular disease, including strokes;
- Hypertension;
- Erythrocytosis, which is an increase in red blood cells;
- Sleep apnea;
- Type 2 diabetes; and
- Destabilization of psychiatric disorders.

For biological males, risks of cross-sex hormone treatment include:

- Irreversible infertility;
- Thromboembolic disease, including blood clots;
- Cholelithiasis, including gallstones;
- Coronary artery disease, including heart attacks;
- Type 2 diabetes;
- Macroprolactinoma, which is a tumor of the pituitary gland;
- Cerebrovascular disease, including strokes; and
- Hypertriglyceridemia, which is an elevated level of triglycerides in the blood.

However, these other issues notwithstanding, the most significant problem is that minors cannot consent to these harmful interventions. If a child is not old enough to vote, drink alcohol, buy cough syrup over the counter, or purchase cigarettes, why would we permit them to decide on dangerous hormones and drastic surgeries? We know that the prefrontal cortex – the part of the brain responsible for rational decision-making – may not be fully developed until age 25³. People who are vulnerable to making poor decisions should not be making drastic life-altering decisions about their medical and physical future.

This bill prevents these harmful consequences from decisions about surgeries and hormone treatments. It protects minors from making rash, emotional decisions that end up harming them in the long run. For these reasons, North Dakota Family Alliance Legislative Action requests that you render a “DO PASS” on House Bill 1254.

Thank you for the opportunity to testify and I am happy to stand for any questions.

² <https://acpeds.org/position-statements/gender-dysphoria-in-children>

³ <https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentID=3051>