



Do No Harm

North Dakota Senate

Senate Committee on Human Services

HB 1254

January Littlejohn

Opening Statement

Chairwoman Lee and Members of the Committee:

My name is January Littlejohn.

I am a mother of a teen daughter who, at age 13, suddenly started experiencing distress over her sex. I am also a licensed mental health counselor in the state of Florida. My daughter expressed no previous signs of gender confusion in her childhood. The confusion only began after three other friends at school were identifying as transgender. In the 4th grade, my daughter was diagnosed with ADHD, which makes her emotionally behind her peers. She also has difficulty making and maintaining meaningful, long-lasting friendships.

As we struggled to understand the sudden announcement from our daughter, we elicited the help of a mental health professional. Shortly thereafter, without our knowledge or consent, we discovered our daughter had been socially transitioned by her middle school. The mental health of our daughter quickly deteriorated. She became more angry, withdrawn, and depressed. The school created a dangerous and straining wedge between us and our own child.

After months of research, and with the advice of her counselor, we chose a path of watchful waiting. I was shocked, while investigating the unvarnished details of gender affirming care, to find American children and teenagers routinely

prescribed pharmaceutical drugs. These drugs take the form of puberty blockers and cross sex hormones, causing irreversible changes to their young bodies, posing loss of future fertility and sexual function. There is also no high-quality evidence medical transitioning produces positive outcomes in patients. Why would we risk our young daughter's future, her whole self, including mental health and her fertility, on such low-quality research?

Then I learned that both in my home state of Florida and across our country, even double mastectomies were being performed on minors. I could not understand why parents were consenting to these irreversible changes for their child. I also did not understand why doctors were recommending these "treatments" for children and teens, despite longstanding scientific evidence on adolescent brain development.

Adolescents certainly cannot give informed consent. It is not until age 25, that the human brain is fully developed. Minors do not have the same cognitive ability to weigh the consequences of these choices. This requires thinking through how they may feel in not only 5 or 10 years, but for 20 years and longer.

In the recent past, there were safeguarding in place for medical transitioning of minors. Now, that safeguarding no longer exists. Children are instead *only* affirmed and may do so with any transgender identity they choose. This is the lived reality for adolescent patients in gender clinics, the offices of private physicians and mental health clinicians. They are universally fast-tracking thousands of American youths along a medicalized transition pathway.

Equally alarming as the procedures themselves, we found major medical and psychological associations had blindly supported these radical treatments without ever actually engaging its evidence and research. Many parents who ultimately consent to the medicalized transitioning of their child, do so under great coercion. Parents are told their child's risk of suicide is, and will remain, high unless they are affirmed. Without being offered meaningful, alternative pathways such as psychotherapy or watchful waiting, these parents can never truly give consent. Moreover, how is informed consent given when these medication's long-term consequences are not fully known, yet remain in use without approval by the FDA for gender dysphoria?

Now, we are seeing regret in teens and young adults put on these medical pathways. It did not cure their dysphoria, nor did it resolve the root cause of their distress. Many of these individuals have co-occurring mental health issues such as previous sexual or physical trauma, eating disorders, anxiety, depression, and autism. Some of the detransitioners are now sterilized from the hormones, are experiencing vaginal atrophy, bone density issues from puberty blockers, as well as

a plethora of other negative side effects. Many have no idea about the state of their fertility. There are detransitioners experiencing medical issues for which physicians have no effective treatment plan, especially those with complications from gender surgeries such as phalloplasty. Countries including the United Kingdom, Sweden, and Finland, are moving away from the affirmation-only model. In response to completing a systematic review of existing literature, these nations determined that the risks to their youth far outweigh their benefits of medically transitioning while a legal minor. The United States, meanwhile, is becoming an outlier in the treatment of children with gender dysphoria. We are allowing doctors to experiment on children based on the child's feelings or better put, a self-diagnosis, that could very well change as the child matures in a loving, neutral environment.

Please stop allowing doctors to experiment on America's children. If my spouse and I had affirmed our daughter, she would have unquestionably gone down this path believing medical transitioning would fix her pain. She was convinced her pain would only be solved by hormones and surgeries, despite having no understanding of the short-term or long-term consequences. If we had affirmed her in a false identity, we would have ultimately affirmed her self-loathing, encouraged body disassociation, and put her on a path of a lifelong medical patient. She may have even been led to suicide, given the 7-10 years post transition rate is 19 times that of the larger population.

My daughter has desisted after two years and is on a path of self-love with the body in which she was created. Please protect future children from the harm of experimental transition medications and surgeries. Please restore integrity to the medical establishment. Ensure we are grounded in science and robust evidence-based research instead of subjective and often self-serving political ideology. To that point, there is no longer even a coherent, shared definition of the word "transgender" among our medical community. There is also no test to tell which child will desist and which child will persist in their desire to transition. Neither is there a test telling us which children will regret these irreversible medical treatments and which will not. The emerging generation of American citizens deserve ethical and compassionate care for gender dysphoria. This mental health issue, as evidence supports, requires treatment by mental health professionals, not through hormones and surgeries mutilating and disfiguring the human body.

Thank you for your time and consideration.

January Littlejohn

Tallahassee, Florida