



Do No Harm

North Dakota Senate

Senate Committee on Human Services

HB 1254

Miriam Grossman MD

Opening Statement

Chairwoman Lee and Members of the Committee:

My name is Dr. Miriam Grossman.

I am a board-certified child, adolescent and adult psychiatrist who treats young people with distress about their sex.

My message today is simple. North Dakota has an opportunity to protect vulnerable children and teens and put medical science and compassion ahead of extreme ideology.

In North Dakota, and across America, so-called "gender-affirming care" is the standard approach for treating these individuals. Gender-affirming care requires denial of biological reality. It demands unquestioning acceptance of a child's self-diagnosis, something unheard of in every other field of medicine. Gender affirming care typically places a child on a path leading to life-altering and irreversible medical interventions.

This is unethical. A vast majority of children, in one study up to 93%, who develop gender dysphoria before puberty ultimately become comfortable with their bodies and no longer seek medical transition. Depending on the study, as few as 7% will

continue to have severe distress. Yet gender-affirming care would subject 100% of these children to dangerous treatments.

Regarding youth who develop gender dysphoria in adolescence, they are a new phenomenon. They have not been adequately studied, and all medical interventions must be considered experimental.

Experts in this field acknowledge a severe lack of scientific knowledge of gender dysphoria. This is reflected in publications and statements from across the medical literature and other countries' experience. The team at Do No Harm and I can supply the committee with some of those resources as these policy questions continue to be engaged by the General Assembly.

The science regarding the treatment of gender dysphoria is far from settled. There is no consensus whatsoever among doctors and therapists. Yet the consequences of transgender hormones and surgeries are undeniable. They include infertility, sexual dysfunction, osteoporosis, cardiovascular disease, and crippling emotional pain. These treatments may even contribute to suicide among those who regret these procedures later in life.

The better path is to abandon gender-affirming care and promote psychotherapy. European countries have taken this approach, based on the evidence and a desire to protect vulnerable children. In fact, Britain, Sweden and Finland, have nearly abandoned gender-affirming care in the past two years. Why is a teenager in Stockholm protected from risky medical interventions with no evidence of long-term benefit, while the same teenager in Fargo is not?

To allow children and teens, whose minds are still developing, to make life-altering decisions when we have no substantial evidence of long-term benefit is madness.

My colleagues and I at [Do No Harm](https://donoharmmedicine.org) are happy to answer any questions of committee members or meet with you individually to discuss these critical public policy issues further.

Thank you.

Miriam Grossman MD