

Dear Representative Donovan, and members of the House Committee on Health and Human Services:

I am writing in support of H7884, RHODE ISLAND'S CHILDREN DESERVE HELP NOT HARM ACT, which would prohibit medical gender transition procedures for minors.

I am writing as a progressive, as a lesbian, and as someone who was bullied for being gender non-conforming. That may be surprising, as it is widely believed that the LGBTQ community unanimously supports gender transition for children. But many in my community are concerned that young gender non-conforming people are being harmed by experimental medical practices. I want gender non-conforming children to be accepted and to thrive, and there isn't an evidential basis for believing that medical transition is the best way to achieve this.

Although US medical organizations claim that pediatric gender transition is well-established, life-saving, evidence-based care, much remains unknown about the long-term consequences of child gender transition, and evidence of harm from the practice is accumulating. (An overview of the state of the evidence can be found in [Jorgensen, Althea, and Masson*](#))

I implore committee members to take the time to learn why health authorities in other countries have concluded that there is insufficient evidence to establish the safety and benefits of child gender transition. I also urge committee members to listen to detransitioners, that is, people who began medical transition, often as minors, and realized it was wrong for them, who must live with the life-long consequences of inappropriate medical interventions.

The following facts should advise caution in the pursuit of medical interventions for minors with gender dysphoria:

- The World Health Organization explained in an online FAQ that they [would not issue guidelines](#) for healthcare of trans-identified youth because “on review, the evidence base for children and adolescents is limited and variable regarding the longer-term outcomes of gender affirming care for children and adolescents.”
- The NHS in the UK ceased giving puberty blockers to minors outside of clinical trials, stating in a [policy brief](#) that “We have concluded that there is not enough evidence to support the safety or clinical effectiveness of [puberty blockers] to make the treatment routinely available at this time.”

- Several countries, including Denmark, England, Finland, Norway, and France have begun restricting the use of puberty blockers and cross-sex hormones for minors, placing greater emphasis on psychotherapeutic interventions.
- [A report from the Mayo clinic](#) found "mild to severe sex gland atrophy in children treated with puberty blockers," refuting the claim that puberty blockers are fully safe and reversible.
- [The WPATH files](#) — leaked discussions from the World Professional Association of Trans Health, the organization that sets Standards of Care for transgender medicine — revealed that the leading experts in transgender medicine are aware of long-term consequences, such as sterilization, inability to achieve orgasm, increased cancer risk, and more, and that they knowingly pursue experimental procedures in the absence of fully informed consent.

Before pediatric transition was practiced, more than 80% of children with gender dysphoria grew up to be happy with their birth sex. Most of them were gay. But transitioning children, and administering puberty blockers and cross-sex hormones, interrupts the maturation process by which they grow into their adult sexual identities. It is very possible that these children are being denied the opportunity to grow up to be happy, healthy gay and lesbian adults. As a clinician at Tavistock clinic, England's provider of gender care for children, said, "It feels like conversion therapy for gay children."

In spite of all this, clinicians in the US remain committed to medically transitioning children. Something must be done to induce the US medical establishment to take the evidence seriously and to stop the harm being done by experimental treatments on children too young to understand the consequences.

Sincerely,

Jennifer Martenson
Providence

*Jorgensen, Althea, and Masson, 2024 [Puberty Suppression for Pediatric Gender Dysphoria and the Child's Right to an Open Future](#), *Archives of Sexual Behavior*