

Testimony in Support of House Bill 1301

My name is Catherina Girton, and I identified as a transgender male beginning at age 13. I medically transitioned later as an adult. After years of struggling with gender dysphoria, along with diagnosed anorexia, bulimia, anxiety, and depression, I thought that pursuing medical transition and living as the opposite sex would bring me happiness. I believed what trans activists told me: transitioning was my best option and the only way to prevent suicide.

I received a prescription for testosterone from Planned Parenthood after only a 30-minute phone call with a doctor. No blood work nor therapy was required. My other serious psychological issues, as well as my hesitation due to being unsure of the effects testosterone would have on my singing voice, were of no concern to the doctor. I was a semi-professional singer at that time.

Hormones, but not therapy, were covered by my health insurance. After just a few months, a second Planned Parenthood doctor wrote me an approval letter for a double mastectomy, also without any in-person meeting or recommendation that I address my other mental health issues first.

After four months of injecting testosterone, I suffered health side effects, including heart palpitations, stabbing pain in my right side, nausea, vomiting, and edema. I acquired a vocal disability that made it painful to speak or sing. I was forced to make the difficult decision to stop transitioning. Although most of my health symptoms resolved, I still struggle with daily vocal discomfort and pain.

I am one of a quickly growing number of detransitioners: individuals for whom transition not only failed to improve, but worsened, their situation. Sadly, the lack of proper evaluation and medical negligence I experienced are common themes expressed among this group.

Gender dysphoria is a symptom and often temporary. In contrast, transgender body modification is permanent, known to cause negative health effects, and has not been shown to improve mental health long-term.

While puberty blockers are often called “fully reversible” or a simple “pause button” by trans activists, this couldn’t be further from the truth. These drugs halt the development of the reproductive organs, interfere with bone maturation, and may permanently stunt brain development (1-4). Marci Bowers, president-elect of WPATH, has admitted that every male child they have treated with puberty blockers suffers from permanent sexual dysfunction (5). Over 95% of children who start puberty blockers proceed to cross-sex hormones, completely bypassing natural puberty, which has catastrophic, life-altering health effects (6-7).

Today, gender identity ideology is even more pervasive than it was when I was a teenager. Children are learning from the internet, TV shows, friends, and even school personnel that they might be in the wrong body and require drugs and surgeries to correct this. I was forced to wait until adulthood to transition, which I'm grateful for now. Had I had access to puberty blockers, testosterone, and surgeries at such a young age, I'd likely be sterile, suffering from osteoporosis, stunted brain development, and any number of unknown health issues, since gender transition procedures have not been tested through clinical trials or controlled studies.

After spending two years healing from my transition experience, I have come to accept my biological sex. Believing transition was the only option led me down a path that resulted in irreversible damage I will live with for the rest of my life. Others went much further in their transition and now regret having body parts removed or feel devastated they will never be able to have children. It is insane to even consider that minors can consent to permanent body modification resulting in the loss of their future fertility and a lifetime of serious health problems.

I wholeheartedly support House Bill 1301, which safeguards children from making irreversible damaging decisions and becoming victims of medical experimentation. Extreme body modification is not a treatment for mental illness, and it is barbaric to practice it on children.

References

1. Lee, et al. [“Low Bone Mineral Density in Early Pubertal Transgender/Gender Diverse Youth: Findings From the Trans Youth Care Study.”](#) *Journal of the Endocrine Society*. 2020 Sep 1; 4(9). Published online 2020 Jul 2.
2. Cass, Hilary. [“Independent Review of Gender Identity Services for Children and Young People – Further Advice.”](#) *The Cass Review*. 19 July 2022.
3. Schneider, et al. [“Brain Maturation, Cognition and Voice Pattern in a Gender Dysphoria Case under Pubertal Suppression.”](#) *Frontiers in Human Neuroscience*. 14 November 2017.
4. Hudson, et al. [“Fertility Counseling for Transgender AYAs.”](#) *Clinical Practice in Pediatric Psychology*. 16 March 2017.
5. RubbleofEmpires. [Puberty blockers are chemical castration. Marci Bowers \(WPATH\) casually reveals extent of the damage.](#) 16 September 2022.
6. Van der Loos, et. al. [“Continuation of gender-affirming hormones in transgender people starting puberty suppression in adolescence: a cohort study in the Netherlands.”](#) *The Lancet Child and Adolescent Health*. 20 October 2022.
7. Lathom, Antony. [“Puberty Blockers for Children: Can They Consent?”](#) *The New Bioethics*. 27 June 2022. p. 268-291