Youth health protection act

Mr. Chairman, members of the committee, my name is Karey McGlynn. (spell last name). I am a mom of 4 kids and a grandma of 6. I’m from Butte MT where I have lived all of my life. I am also a feminist. I am here to support house bill #113, the youth health protection act.

Before I talk about the dangers of medically transitioning children, I would like to clarify some terminology. The words sex and gender are often used interchangeably. I think some people are uncomfortable with the word sex, so they rely on the word gender to reference biological males and females. Gender and sex are not interchangeable though. Gender is a culturally created phenomena. Gender is how any particular society expects men and women to behave. Gender changes from culture to culture. Gender changes throughout different time periods, as well. For example, in the 1700’s, in western civilization, only men wore make-up, wigs and high heels. Pink for girls and blue for boys wasn’t really a thing until the 1940’s. In 1918, a trade publication called Earnshaw’s reads, “The generally accepted rule is pink for the boys, and blue for the girls”. For feminists, gender is one of the biggest problems in our culture. Gender is why tomboys have often been frowned upon. Gender is why boys who show too many emotions have often been shamed. Feminists believe the full range of human expression should be available and acceptable to all children and adults as well. Sex, on the other hand, is in reference to biology. We are biologically male or female. Women are adult human females. Men are adult human males. When I talk about the dangers of gender transition in children, these are the definitions I am using.

I don’t think it is ever a good idea to medically transition children. Almost all children who proclaim they are transgender will change their minds once they are adults. These children are known as desisters. There have been 12 studies done, all of which found children who feel like they are transgender do not feel that way as adults. See James Cantor’s work on this fact. * Most of these children who desist from feelings of dysphoria end up being gay or lesbian adults. Puberty blockers, cross-sex hormones and mutilating surgeries should never be an option for children. All of these procedures are experimental. People who medically transition are most often left completely infertile and many can no longer experience orgasm. None of the effects of puberty blockers, cross-sex hormones and mutilating surgeries are reversible. The use of puberty blockers and cross-sex hormones often lead to greatly decreased bone density. They also substantially increase heart attack, stroke, asthma, early menopause and cancer. In addition to all of these problems, people who transition have to take pharmaceutical drugs every day for the rest of their lives. Autistic and anorexic children are more likely to identify as transgender. My second son wanted a bright pink feather boa for Christmas when he was 3 years old. I thought nothing of this or any other gender non-conforming behaviors from him or any of my kids. He is now a happy well-adjusted adult who has 5 children with his wife. A lot of parents are now declaring they have a transgender toddler based on the clothing or toy choices of the child. There are more and more detransitioners. One detransitioner, Keira Bell, of Britain brought a suit that changed the law there so they can no longer medically transition children. There is no way that children can give informed consent for these radical, life-altering, risky drugs and procedures. Please protect the health and well-being of all our kids. Thank you so much for your time.

* https://www.psypost.org/2017/12/many-transgender-kids-grow-stay-trans-50499