

For April 15, 2025

To the Chair and members of the Committee, thank you for having me here today to testify in support of these important pieces of legislation which protect children from the harm caused by sex reassignment surgery and sex transition services.

My name is Kurt Miceli. I am a resident of Delaware County, graduate of Drexel University's College of Medicine, and psychiatrist who had been working for hospitals and human service providers in Southeast PA for the past fourteen years. I am now medical director of Do No Harm Action where we seek to counteract the dangerous trends in medicine, including youth-focused gender ideology – an ideology which has led to great harm here in our Commonwealth and our country.

To understand the scope, Do No Harm launched the Stop the Harm database in the fall of 2024. It found that during the period of 2019 to 2023 there were over 5,700 insurance claims for sex reassignment surgeries throughout the United States.<sup>1</sup> 316 took place in Pennsylvania.<sup>2</sup>

More so, Landon Hughes, et al, in a Research Letter published this year in *JAMA Pediatrics*, estimated that 1.4 out of every 1,000 female adolescents had received a prescription for cross-sex hormones by the time they turned eighteen.<sup>3</sup> That's well past the prevalence of gender dysphoria in adults noted in DSM-V, which is anywhere between 1 in 10,000 to 1 in 40,000 people.<sup>4</sup> These are real people – real kids with real parents from real families.

And, all of this is being done with little evidence supporting the efficacy and necessity of sex trait modifications on minors – especially when we know the vast majority of children will outgrow their gender dysphoria if allowed to go through natural puberty.<sup>5</sup>

The Cass Review, released last year, using peer-reviewed systematic evidence, confirmed this weakness of evidence and specifically stated that “we have no good evidence on the long-term outcomes of interventions to manage gender-related distress.”<sup>6</sup> Subsequently, puberty blockers were banned indefinitely for minors in the United Kingdom.<sup>7</sup>

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<sup>1</sup> <https://stoptheharmdatabase.com/about/>

<sup>2</sup> <https://stoptheharmdatabase.com/state/pennsylvania/>

<sup>3</sup> Hughes LD, Charlton BM, Berzansky I, Corman JD. Gender-Affirming Medications Among Transgender Adolescents in the US, 2018-2022. *JAMA Pediatr.* 2025;179(3):342–344. doi:10.1001/jamapediatrics.2024.6081

<sup>4</sup> American Psychiatric Association (2013) Diagnostic and statistical manual of mental disorders: DSM-5. 5th edn. Washington, D.C.: American Psychiatric Publishing.

<sup>5</sup> Rawee, P., Rosmalen, J.G.M., Kalverdijk, L. et al. Development of Gender Non-Contentedness During Adolescence and Early Adulthood. *Arch Sex Behav* **53**, 1813–1825 (2024). <https://doi.org/10.1007/s10508-024-02817-5>

<sup>6</sup> Cass, H. (2024). Independent review of gender identity services for children and young people: Final report. <https://cass.independent-review.uk/home/publications/final-report>

<sup>7</sup> <https://www.theguardian.com/society/2024/dec/11/puberty-blockers-to-be-banned-indefinitely-for-under-18s-across-uk>

Why, then, are we ignoring systematic reviews from England, as well as Finland and Sweden, which also highlight the experimental nature of gender reassignment in minors?<sup>8,9</sup> Instead, we have researchers like Johanna Olson-Kennedy who has been reluctant to publish NIH-funded study data.<sup>10</sup> Why? Because puberty blockers, in this case, don't appear to improve the mental health of the children they intend to benefit.

While the evidence is scant, the harms are significant. A month ago, I had the privilege of taking part in Detransitioner Awareness Day. The stories of these young adults, who as children suffered great harm, are heartbreaking. Some have lost significant bone mineral density due to puberty blockers. Others won't be able to breastfeed their future child, as they've had irreversible mastectomies. And some won't even be able to have children given their resulting infertility from the sex trait modifications they've suffered.

These are just some of the physical harms from life-altering drugs and surgeries, making these children permanent medical patients. More so, it doesn't include the psychological trauma these individuals have faced. No doubt, the medical community failed these children. We need laws to make sure this never happens again.

Fortunately, state-by-state, laws are being passed to protect children. More than half of the states in our country have laws – in various forms – protecting children from these harmful sex trait procedures. Such laws echo common sense and the public sentiment. In a recent New York Times/Ipsos survey, 71% of respondents agreed that “no one under age 18 should have access [to puberty-blocking drugs or hormone therapy]” when used for transgender care.<sup>11</sup>

No longer should we pressure kids and their parents into life-altering drugs and surgeries. For the sake of our children, we can no longer afford to ignore the science. The evidence behind these sex trait modifications is extremely weak, while the danger it poses and the harm it inflicts is extremely great.

It's now time for our Commonwealth to prohibit these harmful procedures that cause irreparable damage. It's time to stop taxpayer dollars from being used for gender transitioning procedures in minors. It's time for us to embed in the law our commitment to “do no harm” to children who are struggling with gender dysphoria and related mental health conditions.

Thank you for your time. I am happy to take any questions to further elaborate and discuss.

Respectfully submitted,  
Kurt Miceli, MD

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<sup>8</sup> [https://segm.org/sites/default/files/Finnish\\_Guidelines\\_2020\\_Minors\\_Unofficial%20Translation.pdf](https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf)

<sup>9</sup> <https://perma.cc/E7S9-7CLB>

<sup>10</sup> <https://www.cnn.com/2024/10/25/health/puberty-blocking-medications-transgender-kids/index.html>

<sup>11</sup> <https://www.ipsos.com/sites/default/files/ct/news/documents/2025-01/NYT%20Ipsos%20Poll%20Topline%201.18.2025.pdf>