

Written Remarks on PA “Do No Harm” Act

Ban on pediatric GAC

Ban on allocation of tax dollars for GAC regardless of age

The harms of so-called gender affirming care are real. I experienced emotional manipulation and malpractice from my doctors, one of whom asked my father “would you like a dead son or a living daughter” while I was in the room. I was 14 at the time. While at that point in my life I hadn't put it in to words, I believed what he said to be true. I was convinced that either I was going to transition or die.

I believed this lie for about three years, until I desisted from my transgender identity, after realizing my true problems had nothing to do with the imaginary concept of gender identity. I had been sexually assaulted by an older boy when I was 14, experienced near-daily homophobic bullying in middle school, and was struggling with undiagnosed autism. I could have believed the lie that I was really a woman inside through the day I turned 18, and then walked into a gender clinic and gotten hormones without my parents' consent.

In Pennsylvania alone, at least 316 minors have undergone transgender surgeries. 3423 prescriptions for cross-sex hormones and puberty blockers have been written, also for minors.¹ This data was taken from public insurance claims data, so does not include out-of-pocket or crowdfunded procedures. Additionally, it does not take into account prescriptions from Planned Parenthood or procedures under fraudulent billing codes, which is a common practice in gender “medicine.”

From here on forward, I will refer to medical transition procedures, including puberty-blockers, cross-sex hormones, and related surgeries as “sex-trait modification.”

We have a wealth of evidence showing that the suicide myth is at best, not backed by evidence, and at worse a total and intentional fabrication. In fact, we have evidence showing the counterfactual: that sex-trait modification increases suicide rates and corollary factors. The best collection of scientific studies on this topic is the website <https://statsforgender.org/>, and I encourage the reader to set aside some time to peruse the site. I will give a brief overview, with citations of the side effects of common procedures:

Boys and men who are prescribed estrogen suffer from high rates of osteoporosis, cardiovascular issues, blood clots,² infertility,³ and chronic pain.⁴ Girls and women who are prescribed testosterone, i.e. steroids, experience higher rates of vaginal atrophy,⁵ infertility,⁶ chronic pain,⁷ heart attacks,⁸ male

1 <https://stoptheharmdatabase.com/state/pennsylvania/>

2 <https://pubmed.ncbi.nlm.nih.gov/22906135/>

3 <https://pubmed.ncbi.nlm.nih.gov/31380227/>

4 <https://pmc.ncbi.nlm.nih.gov/articles/PMC11671315/>

5 <https://link.springer.com/article/10.1007/s13669-020-00293-x>

6 <https://pubmed.ncbi.nlm.nih.gov/31380227/>

7 <https://pmc.ncbi.nlm.nih.gov/articles/PMC11671315/>

8 <https://pubmed.ncbi.nlm.nih.gov/30950651/>

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pattern baldness, and any other side effects seen in women to take steroids.

We also know that the vast majority trans-identified children desist by adulthood if left unmedicalized.⁹¹⁰¹¹

While I believe this aptly-named act to be a necessary first step in ending this barbaric and unscientific practice, it is only the first step. There are many detransitioners who only started medical transition in adulthood. For some procedures, such as phalloplasty, which takes skin off the forearm, rolls it up, and attaches it to the crotch to resemble a phallus, most of the patients who undergo it are adults.

Children who were told their whole life that they will either transition or kill themselves, are not suddenly able to meaningfully consent to any of these procedures once they turn 18.

The development of the pre-frontal cortex does not conclude until the age of 25. This brain region governs long-term thinking, planning, and risk processing. These are the exact functions which are necessary to make these life-altering decisions, functions which 18-24 year olds, 3% of whom identify as transgender, lack.

This is just the tip of the iceberg, as data from other states shows that many more 18-24 year olds undergo these procedures than minors.

I support this bill as written, but recommend that two follow up bills are proposed: one which extends the statute of limitations for malpractice lawsuits to 25 years after the last gender-related treatment, regardless of patient age, and the second which bans these practices for 18-25 year olds.

Thank you very much.

9 <https://di.aerzteblatt.de/int/archive/article/239563>

10 <https://pubmed.ncbi.nlm.nih.gov/21373942/>

11 <https://pmc.ncbi.nlm.nih.gov/articles/PMC5841333/>