



WISCONSIN CATHOLIC CONFERENCE

TO: Representative Clint Moses, Chair
Members, Assembly Committee on Health, Aging, and Long-Term Care

FROM: David Earleywine, Associate Director

DATE: March 12, 2025

RE: Support for Assembly Bill 104, Prohibiting Gender Transitioning of Minors

The Wisconsin Catholic Conference (WCC), the public policy voice of Wisconsin's Catholic bishops, thanks you for the opportunity to testify in support of Assembly Bill 104, the "Help Not Harm Act," which prohibits puberty suppressants, cross-sex hormones, and gender transition surgery for minors struggling with gender dysphoria.

As Catholics, we believe that every human being is made in the image and likeness of God and is deserving of dignity, respect, and compassion. We recognize the anguish of children as they wrestle with severe gender dysphoria, as well as their parents. They are members of our families and communities and often suffer in silence. We must treat all people with love and respect and accompany them with compassion and truth.

We support this bill because science tells us that human beings have bodies that are biologically and genetically either male or female, down to the cellular level. Sexual development disorders do occur, but these are extremely rare and do not undermine the biological distinction between male and female.

We support this bill because gender transitioning of children upends the natural development of the human person and sends the message that some bodies are mistakes that can be manipulated at will.

It is understandable that some parents agree to these interventions when they are told by medical professionals that transition is the only way to prevent their child from committing self-harm or suicide. We do not fault these parents for doing so. But the pressure put on parents needs to be called out. No one is served when fears, threats, and intimidations are inflicted on vulnerable children and families.

Of course, we can and should invest in mental health resources and reach out to those among us who are struggling, especially those considering self-harm or suicide. We are called to walk with people and accompany them with compassion and truth rather than upend the natural functioning of the human body.

It is possible to help children without resorting to sometimes irreversible hormonal and surgical interventions that can render them sterile, reduce their bone density, remove healthy parts of their body, and cause further physical and psychological damage.

Most children experience some level of confusion and dislike for their bodies. However, in the absence of hormonal and surgical interventions, and with proper support, the majority of children with gender dysphoria will grow to accept their bodies as they are.

You will hear from medical professionals today that surgical and hormonal interventions are safe and save lives. However, there are no long-term studies that show this. In 2022, Reuters reported that, “Ever since the first clinic to offer gender care to minors in the United States opened in Boston 15 years ago, none of the leading providers have published any systematic, long-term studies tracking outcomes for all patients.”¹

What we do know is that cross-sex hormones are not approved by the Federal Drug Administration for use in children.

What we do know is that European countries that once were at the forefront of gender transitioning for children have now scaled back in the face of adverse outcomes and criticisms that their earlier interventions were rushed.²

We know that the human brain is not fully developed until a person reaches his or her late twenties.

¹ Reuters, *Why Detransitioners Are Crucial to the Science of Gender Care* (Dec. 12, 2022) <https://www.reuters.com/investigates/special-report/usa-transyouth-outcomes>.

² In 2022, the United Kingdom’s National Health Service announced plans to close the U.K.’s predominant gender clinic, in part because of allegations that it pushed large numbers of children into medical gender transition procedures. See Jasmine Andersson and Andre Rhoden-Paul, “NHS to close Tavistock child gender identity clinic,” BBC News (Jul. 28, 2022) <https://www.bbc.com/news/uk-62335665>. Also in 2022, Sweden’s National Board of Health and Welfare updated its guidelines for the treatment of gender dysphoria in minors, moving away from hormone and puberty suppressing treatments for several reasons: “[T]he continued lack of reliable scientific evidence concerning the efficacy and the safety of both treatments [2], the new knowledge that detransition occurs among young adults [3], and the uncertainty that follows from the yet unexplained increase in the number of care seekers, an increase particularly large among adolescents registered as females at birth [4].” See National Board of Health and Welfare, “Care of children and adolescents with gender dysphoria,” <https://files.static-nzz.ch/2022/12/29/9a063296-b0a9-4e4d-a18f-110269f5e550.pdf>. And that same year, France’s National Academy of Medicine similarly advised “great medical caution” regarding transitioning children: “Although, in France, the use of hormone blockers or hormones of the opposite sex is possible with parental authorization at any age, the greatest reserve is required in their use, given the side effects such as impact on growth, bone fragility, risk of sterility, emotional and intellectual consequences and, for girls, symptoms reminiscent of menopause.” See National Academy of Medicine, “Medicine and gender transidentity in children and adolescents,” (Feb. 25, 2022) <https://www.academie-medecine.fr/wp-content/uploads/2022/03/22.2.25-Communique-PCRA-19-Gender-identity-ENG.pdf>. Most recently, in 2024, Dr. Hilary Cass submitted her final report and recommendations on gender identity services for children and young people to England’s National Health Service (NHS). Her report concluded that “While a considerable amount of research has been published in this field, systematic evidence reviews demonstrated the poor quality of the published studies, meaning there is not a reliable evidence base upon which to make clinical decisions, or for children and their families to make informed choices.” Her recommendations are that clinicians proceed with extreme caution when working with youth who experience gender dysphoria. See “Cass Review: Independent review of gender identity services for children and young people,” (April 2024) <https://cass.independent-review.uk/home/publications/final-report>.

In the face of all these facts, it therefore makes no sense to support or encourage youth to undergo such radical procedures.

Some will argue that children's bodily autonomy must be upheld at all costs. Where does this stop? Many children do not want to go to school or listen to their parents and teachers. Some desire to use illegal drugs or engage in other risky behaviors. It is the responsibility of adults to love and guide them during these challenging years so that they do not cause possibly irreversible damage to their minds and bodies.

At the very time all of us are becoming more aware of the man-made toxins that degrade our natural environment and physical bodies, it is deeply disturbing that certain pharmaceutical companies and medical professions are pushing drastic, artificial, and sometimes irreversible interventions on children.

So too, as we are realizing the harmful effects of social media on children, it is alarming to watch online influencers, social media companies, and other corporations creating and profiting off children's confusion about their bodies.

Children's bodies should be off limits to medical experimentation and social manipulation.

Guardrails, such as Assembly Bill 104, are needed so that children experiencing gender dysphoria are given the time, space, and support they need to mature naturally into adulthood. We urge you to support this bill so that alternative approaches to alleviating suffering in children can be found.

Thank you.