

The following is my testimony in favor of Kansas SB233. Thank you,
Kelsey Harkness

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Senate Committee on Public Health and Welfare
Testimony in Support of SB233

Dear Chairwoman Sen. Beverly Gossage, Vice Chair Sen. Renee Erickson, Ranking Minority Member Sen. Pat Pettey, and members of the committee:

My name is Kelsey Harkness. I am a journalist of more than a decade and a mother of two, going on three, children. I am writing in support of SB233, legislation that would protect vulnerable youth from harmful procedures to their bodies.

Through my work, I have spoken extensively with detransitioners who've come to regret the medicalization of their bodies. Many of them were minors when they began this journey, and say they were not capable of understanding, let alone consenting to, the myriad of catastrophic side effects they now suffer from.

Among these women I've worked with is Prisha Mosley, who is bravely stepping up to testify before your committee in support of SB233. I hope to expand on her testimony so lawmakers can understand the depth of medical destruction and abandonment that former transgender-identifying children, such as herself, now face. Her experience is far from unique, but unfortunately, much of the media is disinterested in telling the stories of detransitioners. Worse, detransitioners are discouraged from telling their own stories, as doing so subjects them to harassment and bullying, often from the very same activists who encouraged them to undergo a medical transition.

At 17 years old, doctors prescribed Prisha Testosterone, despite a long list of mental health issues, including anorexia nervosa, anxiety, panic disorder, major depression, multiple documented suicide attempts, and borderline personality disorder. At 18, a plastic surgeon removed her healthy breasts.

Today, Prisha has a slew of medical complications dating back to the more than five years she spent on testosterone and the double mastectomy that put her into financial debt. Many of these complications surround her endocrine system, which encompasses the hormones that regulate nearly every process in the body, from metabolism to growth and development, emotions, mood, sexual function, and sleep.

After years of testosterone broadened her neck and shoulders, she now carries more weight in her upper body, which causes her chronic pain. Her throat is sore, she can no longer sing or raise her voice, she suffers hair loss, as well as hair growth on her body, which she has to treat with expensive laser hair removal sessions.

Another side-effect Prisha has been left seeking medical attention for is severe sexual dysfunction, which is so bad, she says she can no longer use tampons. She experiences pain, irregular periods, and atrophy.

It's hard to understand how any adults can believe minors are capable of consenting to complications surrounding their future sexual and reproductive health at such young ages. Worse, when these children become adults, doctors don't appear willing or able to address these complications, because transitioning—and detransitioning—are both new a phenomenon. No child should be subjected to medical "treatments" that doctors can't later address or undue.

After being swarmed by health professionals encouraging her to pursue drugs and surgery as a minor, Prisha is now unable to find the care she needs to recover. For months, she's been turned down by doctors who are either unwilling or unable to help her address her serious medical complications. And she's not alone.

Access to medical care from providers who are knowledgeable is one of the major barriers that detransitioners face. This exaggerates the mental health crisis these former trans-identified children and adolescents face. Prisha is in such mental and physical pain, she has considered self-medicating. For a young girl with a history of suicide attempts, this is terrifying and tragic.

"I'm feeling pushed to go that route because no doctor will help me," Prisha said. "It is deeply triggering my [borderline personality disorder] abandonment and rejection issues. It's really easy to slip into the mindset that everyone hates me, I'm a medical monster, I'm bad and evil, and I deserve this."

No child—or adult—deserves the medical devastation that detransitioners like Prisha now face. As lawmakers, I implore you to listen to these heartbreaking stories, talk to more victims of medical mismanagement, and ask whether these medical complications are something you'd ever subject your own child or grandchild to.

As a mother, it terrifies me that under current law, doctors can so easily put children on hormones and conduct surgeries that will affect them for a lifetime to come.

European countries, which are far more left-leaning than the United States, have already drastically limited these drugs and surgeries for minors after finding *no evidence that the benefits outweigh the risks*. As lawmakers, you have the opportunity to safeguard children in Kansas, the same way Europeans have examined the evidence and decided to safeguard children in their own countries.

As Jamie Reed, a queer woman who describes herself as "politically to the left of Bernie Sanders" and former a case manager at The Washington University Transgender Center at St. Louis Children's Hospital recently wrote in [The Free Press](#), "I thought I was saving trans kids. Now I'm blowing the whistle...What's happening to children is morally and medically appalling."

It is my hope that as lawmakers, you will put politics aside, examine the evidence, and support SB233 to correct the moral and medical atrocity happening to children under the guise of "gender affirming care."

Sincerely,
Kelsey Harkness