

Statement for the Record of Chloe Cole

My name is Chloe Cole. I am a detransitioner and currently serve as a Patient Advocate with Do No Harm. As a child, I was diagnosed with gender dysphoria and underwent medical transition as a minor, including puberty suppression, cross-sex hormones, and an irreversible double mastectomy.

I am providing this statement because what happened to me should not be allowed to happen to other children.

When I was young, I struggled with my body and my identity. I was not a boy. I was a girl in distress. I needed time, counseling, patience, and help accepting my body. Instead, the adults around me treated my healthy female body as the problem.

My parents never believed I was their son. They knew I was their daughter. But doctors and psychologists told them that ordinary traits and interests, such as having short hair or wanting to be athletic, were signs that I was actually male. They were also told that if I did not transition, I would be at serious risk of suicide.

That placed enormous pressure on my family. My parents were led to believe that medical transition was necessary to keep me alive. In reality, they were given a false choice: allow their daughter to transition, or risk losing her. I have heard similar stories from many other families.

My parents were not given a fair presentation of the alternatives. They were not told clearly that saying no was an option. They were not told that I could have been supported through puberty instead of having it blocked. They were not encouraged to slow down, wait, and help me work through my distress without changing my body. They were not properly warned about the long-term physical, psychological, sexual, and reproductive consequences of the interventions I received.

I was placed on Lupron to suppress puberty. I was then given testosterone to masculinize my body. At 15 years old, I underwent a double mastectomy. My breasts were removed while I was still developing.

After surgery, I was told that the breast tissue removed from my body was healthy and cancer-free. I had an irreversible operation to remove healthy tissue before I was old enough to vote, sign a contract, or understand what motherhood might one day mean to me.

This was not minor treatment. It was not cosmetic. It permanently changed my body. It affected my development, my health, my future, and my ability to understand myself as a woman.

The peace and self-acceptance I was promised did not come. I am now almost 22 years old, and I live every day with the consequences of decisions made when I was a minor.

I have scars where healthy breasts used to be. I did not complete normal female puberty. I experience pain in my knees and hips that I associate with the treatment I received. I still live with trauma from what was done to my body. There are periods when I feel numb, have flashbacks, or experience nightmares.

One of the hardest parts is the uncertainty about my fertility. I do not know whether I will be able to have children. I do not know what my reproductive future will look like. That uncertainty is painful to live with, especially because these decisions were made before I was old enough to understand their full meaning.

I do not believe children can meaningfully consent to these interventions. A minor cannot fully understand what it means to suppress puberty, take cross-sex hormones, lose healthy breasts, face possible infertility, experience sexual dysfunction, live with surgical scars, or depend on medical care long term. These are adult consequences being placed on children.

The law already recognizes that children lack the maturity to make many permanent decisions. Children cannot vote, purchase alcohol, sign binding contracts, or consent to many other adult responsibilities. Yet children have been allowed to consent to medical interventions that permanently alter their bodies and may affect their fertility, sexual function, and lifelong health.

The medical system also failed my parents. Parents should not be pressured into approving life-altering interventions under the threat that their child will die without them. Before being asked to approve treatments of this magnitude, parents should be told what is known, what is not known, what the alternatives are, and what the long-term risks may be.

Protecting a child's healthy body is a legitimate and loving choice. Saying no should be treated as an option. In my case, it was not presented that way. My parents were not encouraged to wait. They were not told to prioritize helping me accept my body. They were pushed toward a medical pathway that permanently changed my body and harmed my life.

When I detransitioned, I did not receive the kind of long-term support that should follow such serious medical treatment. Many detransitioners report the same thing. We were told that transition was necessary and life-saving, but when we realized we had been harmed, many of us were left without adequate medical, psychological, or institutional support.

I have also experienced harassment and hostility after speaking publicly about my experience. My family has been targeted. I have received threats and abusive messages because I chose to talk about what happened to me. Other detransitioners have described similar treatment.

Congress should hear from detransitioners because we are living with the outcomes of these policies. People harmed by these practices should be allowed to speak openly. Our testimony should not be dismissed, minimized, or silenced.

My experience is not unique. I have met many young men and women who regret medical transition. Some were placed on puberty blockers. Some were given cross-sex hormones. Some underwent surgeries as minors or young adults after being placed on a path that began in childhood.

Our stories are not identical, but the pattern is familiar. Distress was treated as identity. Identity was treated as diagnosis. Diagnosis was treated as justification for permanent medical intervention.

Children who are struggling deserve compassion, counseling, stability, parental involvement, and serious care. They should not be told that their healthy bodies are wrong. They should not be placed on a path toward sterilizing drugs, cross-sex hormones, or surgeries that remove healthy body parts.

Medical care should help children heal. It should not permanently alter healthy bodies in response to psychological distress.

Congress has the power to act. It can prohibit puberty blockers, cross-sex hormones, and sex-trait surgeries for minors when used for the purpose of gender transition. It can protect parents who refuse to authorize these interventions. It can investigate the hospitals, clinics, professional organizations, and advocacy groups that promoted these practices to minors.

Congress can also require honest disclosure about the risks, unknowns, conflicts of interest, evidence standards, and long-term outcomes in pediatric gender medicine. It can prevent federal funds from supporting medical practices that permanently alter the healthy bodies of minors for the purpose of gender transition. It can also make sure that detransitioners are not abandoned after the damage is done.

I cannot undo what happened to me. I cannot get back the years of development that were interrupted. I cannot get back the healthy parts of my body that were removed. I cannot get back the certainty about my future fertility that I lost before I was old enough to understand it.

The question before Congress is not whether distressed children deserve care. They do. The question is whether children should be subjected to irreversible medical interventions that can permanently alter their bodies, fertility, sexual function, and future.

Children should not be medicalized for distress they may not yet understand. Parents should not be pressured with catastrophic predictions. Detransitioners should not be ignored once they become inconvenient to the institutions that treated them.

Congress should act before more children grow up and have to testify about what was done to them.