January 24th, 2023
From: ND Psychiatric Society
Re: In Opposition to HB 1254

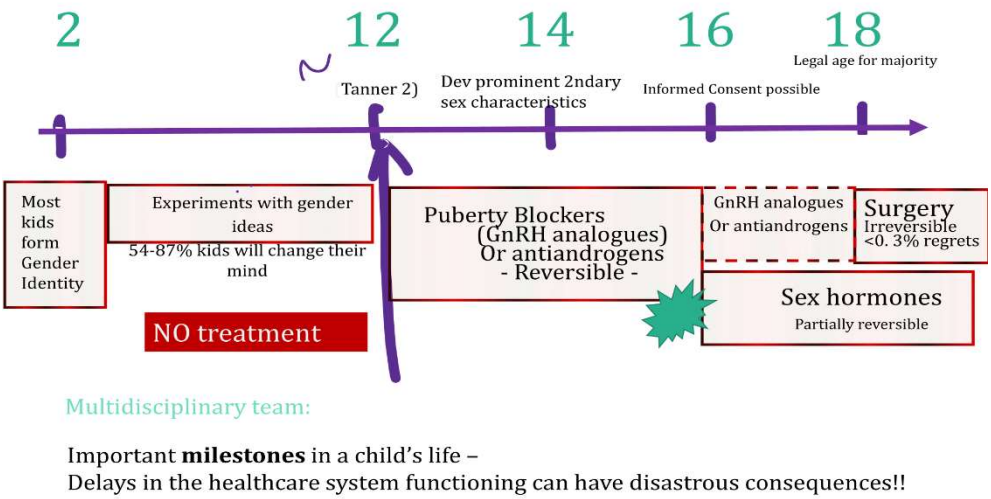
NORTH DAKOTA PSYCHIATRIC SOCIETY
A District Branch of the American Psychiatric Association

Esteemed Chairman Weisz and Committee Members,

My name is Gabriela Balf, I am a psychiatrist in Bismarck and a Clinical Associate Professor at UND, and I speak on behalf of my psychiatric society, as well as on my behalf.

As presented in testimonies for the previous bills this morning,

1. Transgender condition is a **real medical condition** – in many aspects akin to a congenital malformation– the medical term is Gender Incongruence*. I have presented earlier the science, including imaging studies that clearly reflect the reality of this condition: the brains of transgender people present as the brains of their gender identity, and not as the brains of their assigned gender at birth[1].
2. The mental distress that some transgender people experience as a result of Gender Incongruence condition + non-affirming conditions = Gender Dysphoria in the Diagnostic and Statistical Manual of Mental Disorders DSM5 (available on APA website at https://dsm.psychiatryonline.org/)
3. The treatment for Gender Dysphoria according to the standards of care of the American Medical Association (AMA), American Psychiatry Association (APA), American Association of Child and Adolescent Psychiatrists (AACAP), American Academy of Pediatrics, Pediatric Endocrinology Society, Endocrinology Society, American College of Obstetricians and Gynecologists (ACOG), follow the Standards of Care 8 of WPATH – an international multidisciplinary team of clinicians, researchers and stakeholders who have most expertise and have conducted most and longest studies in the domain of transgender care. Not following these Standards of Care simply means to be unethical, not follow the medical standards of evidence-based care, lose the medical license, not be able to practice anywhere else, etc. Bans of evidence-based medical care like the current bill have been strongly condemned by professional associations: AACAP, AMA, APA, etc.
4. There are several **misunderstandings** that I would like to clarify, because many provisions in this bill address non-existent situations. The figure below may help visualize the **real timeline of transgender care.**



*The Manual of International Statistical Classification of Diseases and Related Health Problems (ICD-11) eliminates the term "transsexualism" and replaces it with the term "Gender Incongruence " (GI)[9]. This new terminology will no longer be part of the chapter on mental disorders (chapter 6) but a new chapter is created (chapter 17) called "conditions related to sexual health".

a. Minors have **NEVER** received gender-affirming surgeries in our state. Until September 2022, when WPATH insisted on bringing decentralized, personalized treatment to the extremely rare individuals who may need a faster path, minors were not to have surgery.
b. Pre-puberty children are **NOT** prescribed puberty blockers or sex hormones.
c. Puberty blockers' actions block the development of the secondary sexual characteristics, allowing the youth to undergo thorough diagnostic evaluation, mental health evaluation and follow ups. **NO** sex hormones (gender affirming hormones) are prescribed without mental health supervision. Allowing natural sexual development causes severe distress and irreversible physical changes, very difficult to correct later.
d. **NO** gender affirming surgery is done without thorough **mental health evaluation** and/or **treatment** and **follow up**.
e. The whole transition **process takes many years**, and the youth is under close supervision from a multidisciplinary team.
f. All transgender care is documented so the whole transgender health domain gains from the collective experience at state, national and international levels. There are extremely few conditions where such close and transparent collaborations are possible.
g. There have been **misleading articles** that advanced ideas like rapid onset gender dysphoria (L Littman 2018) that the journals and the professional associations have since proven to be based on biased data and faulty methodology.

Therefore: Why persist in increasing minority stress [2] for a small number of our children? When we face so many urgent issues related to the mental health of children in our state, why don't we spend your valuable time thinking about productive ways to address those, instead of wasting your days of selfless volunteering on **bills that are proven to harm and/or kill**[3] **some of our people**, bills that will stain your legacy?

Also: Physicians who are part of their professional associations or simply want to practice medical care according to the best evidence available, up the standards of care, will be in the situation of **not being able to practice ethically in North Dakota**. Those who will want to avoid criminalization of their correct medical care will break their professional ethics code, Hippocrates's oath, and will see firsthand the well documented consequences of their malpractice: increased depression, substance use and will have lost lives on their conscience[4].

I urge you to be thoughtful when you vote for all the transgender bills that are coming your way, and listen to science. 21st century science.

On behalf of our patients, we thank the House Human Services Committee for listening to our presentation of scientific evidence.

Gabriela Balf-Soran, MD, MPH
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ND Psychiatric Society Past-President
World Professional Association Transgender Health member

Selected References:

1. Hahn A, Kranz GS, Küblböck M, et al. Structural Connectivity Networks of Transgender People. Cereb Cortex [Internet] 2015 [cited 2021 Jan 25];25(10):3527–34. Available from: https://doi.org/10.1093/cercor/bhu194

2. Hatzenbuehler ML, Pachankis JE. Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth: Research Evidence and Clinical Implications. Pediatr Clin North Am 2016;63(6):985–97.

3. Turban JL, Beckwith N, Reisner SL, Keuroghlian AS. Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults. JAMA Psychiatry 2020;77(1):68–76.

4. Grossman AH, D'Augelli AR. Transgender youth and life-threatening behaviors. Suicide Life Threat Behav 2007;37(5):527–37.

- Comprehensive statistics and scientific literature present in SOC 8 at WPATH.org – the World Professional Association for Transgender Health
- National Center for Health Statistics: https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf

Citations linked in the text:

- AACAP Statement Responding to Efforts to ban Evidence-Based Care for Transgender and Gender Diverse Youth- (November 2019)
- APA - Physicians Oppose Texas Efforts to Interfere in the Patient-Physician Relationship and Criminalize Gender-Affirming Care (March 01, 2022)
- AMA – Letter to the National Associations of Governors - Opposing state legislation that would prohibit the provision of medically necessary gender transition-related care to minor patients (April 16, 2021)