January 24, 2023

North Dakota House Human Services Committee
North Dakota Legislative Branch

Dear Honorable Representatives and Committee Members

I felt the need to submit a second testimony in response to a few of the written testimonials I have read. The main ones being in response to the medical professionals responding in favor of this. I am a bit surprised at their responses to this. As a trans person navigating the medical field I know for a fact that all my medical history, despite what gender marker is on my documentation or chart indicates strongly of my transgender status. I.E., a diagnosis of gender dysphoria, medications I am on (estradiol, progesterone, etc.), any potential surgeries I may have had, which any medical professional seeing a diagnosis of gender dysphoria and these medications could easily put two and two together and assume. Medical charts exist for a reason, having "preferred" pronouns in things such as workday, exist for a reason, this is a non-issue, being again colored by personal bias. In this same realm, when being admitted to a hospital for any scenario you are, or your any one you are with (if your chart is not immediately available) are asked for brief medical history asking for much of the same information. Every transgender person I know in medical situations is forthcoming about the natal they have BECAUSE of discrimination they face in the hands of medical professionals. It is irresponsible, lazy, and uneducated to state, as a medical professional, in any facility that, "treating a transgender individual who has their gender marker changed from their biological marker is too challenging and problematic." I work for healthcare staffing; I have family in the medical field and in facilities, it is borderline outrageous to hear and see the testimonials saying that this poses any kind of issue for the above stated reasons. If you have a question, ask the individual or people they are with, look at their chart, be sensitive, be kind, and do your job as a medical professional and follow the standard national guidelines on treatment of transgender people.

Rosalyn W. Damlo