

Testimony in Support of HB 1301

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Good morning Chairman Weisz and honorable members of the House Human Services Committee. We are physicians in Minot, ND and also serve as the North Dakota State Directors of the American Academy of Medical Ethics. We are testifying in regard to House Bill 1301 and respectfully request that you render a "DO PASS" on this bill.

We would like to quote from the Christian Medical and Dental Associations Ethics Statement related to the medical impact of these procedures which will explain in detail medical reasons for our support of this bill.

"1. Transient gender questioning can occur during childhood. Most children and adolescents who express transgender tendencies eventually come to identify with their biological sex during adolescence or early childhood.^{48,49,50,51,52,53} There is evidence that gender dysphoria is influenced by psychosocial experiences and can be exacerbated by promoters of transgender ideology.^{27,33} Early counseling for children expressing gender dysphoria is critical to treat any underlying psychological disorders, including depression, anxiety, or suicidal tendencies, and should be done without promoting attempts for gender transitioning.

"2. Hormones prescribed to a previously biologically healthy child for the purpose of blocking puberty inhibit normal growth and fertility, cause sexual dysfunction, and may aggravate mental health issues. Continuation of cross-sex hormones, such as estrogen and testosterone, during adolescence and into adulthood, is associated with increased health risks including, but not limited to, high blood pressure, blood clots, stroke, heart attack, infertility, and some types of cancer.^{51,54,55,56,57,58,59,60}

"3. Although some individuals report a sense of relief as they initiate the transitioning process, this is not always sustained or consistent over time. Some patients regret having undergone the transitioning attempt process and choose to detransition, which involves additional medical risk and cost.^{56,61,62,63,64}

"4. Among individuals who identify as transgender, use cross-sex hormones, and undergo attempted gender reassignment surgery, there are well-documented increased incidences of depression, anxiety, suicidal ideation, substance abuse, and risky sexual behaviors in comparison to the general population.^{21,22,23,61,65,66,67} These health disparities are not prima facie evidence of healthcare system prejudice. These mental health co-morbidities have been shown to predate transgender identification.

^{24,25,26,27,28,34,68} Patients' own gender-altering attempts and sexual encounter choices (or, in the case of children, their parents' choices on their behalf) are among the factors relevant to adverse outcomes in transgender-identified patients.

"5. Although current medical evidence is incomplete and open to various interpretations, some studies suggest that surgical alteration of sex characteristics has

uncertain and potentially harmful psychological effects and can mask or exacerbate deeper psychological problems.^{7,8,9,69} Evidence increasingly demonstrates that there is no reduction in depression, anxiety, suicidal ideation, or actual suicide attempts in patients who do undergo surgical transitioning compared to those who do not.^{7,70} The claim that sex-reassignment surgery leads to a reduction in suicide and severe psychological problems is not scientifically supported.^{64,71,72,73} ”

In our practice of emergency medicine, we have seen many transgender patients who experience depression and suicidal ideation, including patients who have undergone such surgeries and/or hormonal therapies. Unfortunately, such surgeries and/or hormone therapies did not help their psychiatric illness; often these procedures and hormone therapies worsen their depression. In our practice, this often necessitates admission to inpatient psychiatric care in order to help prevent death by suicide. We support this bill, because sex-reassignment surgeries and hormonal therapies are dangerous and harmful to children (as enumerated above). As the professional Osteopathic Physician Oath says “I will be mindful always of my great responsibility to preserve the health and the life of my patients.” The government of North Dakota also shares in this responsibility to protect its children from such harmful therapies.

We appreciate the opportunity to provide testimony on HB 1301 and again recommend a “Do Pass.”

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21. Some professional organizations appear to acknowledge the same, even if they generally claim gender-sex discordance is normal. The World Professional Association for Transgender Health says in its Standards of Care that "gender dysphoria" may be "secondary to, or better accounted for by, other diagnoses." (Wpath.org. 2012. Standard Of Care For The Health Of Transsexual, Transgender, And Gender Nonconforming People. [online] Available at: <<https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf?t=1604581968>> [Accessed 11 November 2020]. p24) The British Psychological Society says, "In some cases the reported desire to change sex may be symptomatic of a psychiatric condition for example psychosis, schizophrenia or a transient obsession such as may occur with Asperger's syndrome...." (Shaw L, Butler C, Langdridge D, et al. Guidelines and literature review for psychologists working therapeutically with sexual and gender minority clients. British Psychological Society Professional Practice Board. Leicester, UK, 2012, p. 26 [Accessed online 16 January 2021 at: <https://beta.bps.org.uk/sites/beta.bps.org.uk/files/Policy%20-%20Files/Guidelines%20and%20Literature%20Review%20for%20Psychologists%20Working%20Therapeutically%20with%20Sexual%20and%20Gender%20Minority%20Clients%20%282012%29.pdf>]) The American Psychological Association's APA Handbook of Sexuality and Psychology allows for the possibility that pathological family of origin dynamics may be causal. (Tolman, D., Diamond, L., Bauermeister, J., George, W., Pfafs, J. and Ward, L., 2014. APA Handbook Of Sexuality And Psychology. American Psychological Association, p.743.)
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