Dear Chair Weisz and members of the House Human Services Committee,

My testimony is in opposition to House Bill 1301. I ask that you give this bill a Do Not Pass.

I've noticed at time of writing, every piece of testimony for HB 1256 appears to exist verbatim for HB 1301. I can't say for sure, but it appears everyone who found fit to testify against one, submitted against the other. I think drawing no difference of attention between these bills, at least so far, so a pretty clear indicator the differences don't specifically matter. The point of these bills is to stop medically necessary trans care.

Language of extending legal rights of cisgender youth to sue doctors, while denying trans youth any bodily autonomy is certainly challenging to our sensibilities and clearly indicates a 2x standard. I'm writing this section, after finishing my HB1256 testimony. The bold choice I appear to be given is if I'd rather my doctors go to jail or give extraordinary healthcare privileges and disadvantages I'm not sure I've ever seen in healthcare legislation or implementation in my life. Is the language in HB 1301 created out of thin air? Is there precedent for any of this? Honestly curious.

Below I explain in what some may call excruciating detail trans healthcare in a nutshell, except it's a very large nutshell. Maybe like a Coconut? Definitely not a peanut. If you're able to think of some larger shell, I recommend utilizing it within this metaphor.

If we can call this what it is, it is a moral panic designed to disenfranchise and harm a minority community. I've heard similar legislation called worse things, by organizations that track hate groups, but I don't want to use that language here. Whatever clever spin is put on it, it goes against all major medical organization guidelines, by the research will cause significant harm to transgender populations, and overrides so many things I know so many republicans care deeply about in terms of keeping the government out of your life and personal medical autonomy. Our government doesn't get to tell us what to do about COVID or vaccines, but it does about hormones? I guess?

It even seems to go against these bold parental rights bills we're seeing this legislative session. If we're giving parents absolute authority to decide their kids' healthcare, why not let parents decide their trans kids healthcare? It really feels like certain legislators were given a paint by number picture and were told the number 4 was trans and they just refuse to paint that in. And then showed everyone their "finished" picture and told us it was "perfect". They kept nudging us with their elbows and winking at us, like they had done something quite clever, but we all really understood what was going on.

So, please vote Do Not Pass for all of the reasons above and below. Vote Do Not Pass because this isn't sensible legislation, it's politicians playing doctor and real people will get hurt.

I'm a suicide prevention advocate who specializes in LGBTQ+ populations. I'm also an LGBTQ+ Care Coordinator at Canopy Medical Clinic. I was a founder for Harbor Health Clinic, which was a clinic that exclusively treated transgender populations. I am the data outcome expert for LGBTQ+ individuals in North Dakota.

In the last five years I have spent thousands of hours with transgender oriented medicine, patient experience, research, and attending medical conferences. I would like to use my experience to help our public become knowledgeable on the topic.

I'm sad to say that the entire committee hearing and subsequent floor vote on this legislation will take less time than me writing this testimony. I'm writing it at 4:30 AM on what I guess is now Tuesday morning. This will be my eighth piece of testimony I've had to submit because of bills targeting LGBTQ+ individuals within our state that have the capacity to increase suicidality for this population by the data.

On Tuesday, January 24th, the House Human Services Committee will hear two bills banning trans athletes, a bill banning any support of trans students in school, a bill allowing conversion therapy, and two bills prohibiting and criminalizing trans healthcare. How many days will our committees consider the decades of research, expert testimony, or impact these bills will have on communities? Oh wait, they have approximately fifteen minutes per bill I mentioned. I can hardly expect any good governance would be possible in these conditions.

Yet, in the time it takes to order and receive a burger from Doordash, we will hear testimony for HB 1254. A bill that seeks to prohibit and criminalize gender affirming care to youth, presumably on the principle that it is harmful. That is a conversation worth having, but not one that is possible in the fifteen minutes allowed by this committee.

I would like to provide individuals with a detailed history of trans medicine, the disinformation we see impacting it, and what care actually looks like for trans youth. If we are to have reasonable discussions, we must understand the actual problem we hope to discuss. Not the speculation or fear, not the politics, but the reality of medicine for the people who receive it.

The History of Transgender Medicine

While reports of trans medicine date back 100 years, with the sex institute in Germany, within America it largely started with Harry Benjamin and Christine Jorgensen in the 1950s. Prior to this time when someone went in to get help for gender dysphoria, they were treated as crazy or having a mental health illness. We tried every intervention we could think of to help a person with a mental health disorder for decades and that never worked for this demographic. Doctor Benjamin, seeing treatment options for transgender individuals across the world, decided to try allowing affirmation for Christine. This was the first time we had positive results and someone with this condition thrived. It was considered this enormous breakthrough and Christine was celebrated in her time.

Harry Benjamin took this treatment and started researching a guideline to help people like this. This eventually became The Transsexual Phenomenon published in 1966.

At the time there became an antagonistic relationship between patients and doctors, because patients had to present in very hyper feminine ways for the endocrinologist to treat them. They had to all follow a specific script just to get medication and outside of the office would revert to whatever normal and often diverse presentation would entail. With these doctors largely being male, many of their views on women or what a woman was were often overly sexual or stereotypical. These doctors would force their trans female patients to fit these roles before prescription medication.

Part of the treatment guidelines around this also encouraged individuals who transitioned to hide the fact they did. Often it would encourage them to move to different cities to better integrate into their new role. This treatment model ended up having major detriments on trans individuals and social acceptance.

The first being that feminists within the seventies were seeing transgender women as appropriating femininity and womanhood, because they were being forced into hyper feminine stereotypical expressions just to get treatment. This reaction to treatment eventually led to the Transsexual Empire by Janice Raymond, which is the prototype to a political movement that now calls itself the gender critical feminists. This all was created in a reaction to how male endocrinologists forced hyper femininity onto trans patients or didn't give them treatment.

Another consequence of this is that often trans patients would lie and tell doctors what they wanted to hear, because they were afraid if they didn't follow the script, they wouldn't get access to medication. Doctors saw every trans person saying the same thing and mistakenly believed being trans always presented in very specific ways. This distorted our understanding of trans individuals and medicine for a pretty long time, because of the harsh gatekeeping models to care. And what we understand is the stricter we make care or the more hurdles trans people have to jump through, the more likely they will lie to get the services they think they need.

This means more restrictive models tend to be more harmful, because it becomes more difficult to honestly talk with and screen individuals. If trans individuals see care as extremely limited and their chances of getting care strict, they won't take any chances on talking about doubt or insecurity when talking with doctors. A lot of modern detransition stories seem to follow similar pathways of the patient paving forward and saying whatever they had to, misleading doctors into thinking care was appropriate.

The other detriment is that we never had the cultural conversations in the sixties or seventies, because of medicine encouraging trans individuals to hide. We didn't really start having these conversations in any meaningful way until the last ten years. And this creates this discordance we see today. Where the medical field has seventy years of research, knowledge, guidelines and practice and the cultural field has barely ten.

Because of this people who are new to trans medicine think trans medicine is new. They think we just start throwing hormones at kids and adults and have no idea what we're doing. I have given training to over a thousand people and I ask every person I train how long they think we've been providing hormone therapy to people in America and the most common answer I get is ten years.

The Transsexual phenomenon published 1966 became the groundwork for what we call the Standards of Care that the World Professional Association of Transgender Health puts out. The first edition was released in 1979 and since then we've published 8 editions, with the last one coming out in 2022. The last edition is 260 pages long and features 100 pages of citation to research. It took two years, with dozens of experts in their field, to come to the best guidelines possible in treating transgender youth and adults.

I just wish people could see it, could read through the research, guidelines, and considerations to understand why care is like it is. Oh wait, here it is: https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644.

That guideline represents 70 years of work. Yet, we'll have approximately 30 minutes to talk about this, with mostly individuals who have never done clinical research, gone to medical school, have talked to trans individuals at all, or know literally anything about any of this. People who have been fed misinformation and misrepresentation of research or over exposure of purported harm.

Disinformation Around Trans Medicine

Before we talk about transgender medicine or the disinformation around it, we need to consider why every major medical organization supports trans affirming care. We hear that trans affirming care is this leftist ideology or wokeness gone too far or some other asinine conspiracy theory with no substances and we cannot move past this point until an answer is firmly settled.

Honestly, most people have no real interaction with medical care, research, or major medical organizations. They have no idea what goes into it at all. What they do have access to is things like "What is a Woman?" by Matt Walsh. They have access to infotainment and they think what they're seeing is this exposé on the real horrors of trans medicine and not a carefully constructed disinformation campaign to radicalize individuals into a moral panic.

We are loaded with highly charged language like mutilation, groomer, or irreversible to offend the sensibilities of average people. We frame trans experts with a critical and skeptical lens, we ignore any positive outcomes, overblow the negative, give platforms to the most skeptical, and create narratives that position themselves as "just asking questions" to appear neutral to an audience. But the conclusion you will come to from that movie is abundantly clear. You will walk away saying that gender shenanigans have gone too far, it's hurting everyone, and it needs to be stopped. That is the only goal and real message of that movie. Every bit of it is designed to take you to the journey to agree with how it ends - politically attacking people who support trans youth.

So, how did doctors fumble so much? How how major medical health association miss what Mr. Walsh presented so clearly and obviously within his documentary? That is the real question here. How did this political pundit who has a long history of being anti-LGBTQ+ stumble into this truth that nobody else was brave or smart enough to find?

Because he didn't. He gained interviews under false pretense and heavily manufactured a narrative through which he went on to lead a campaign against a children's hospital that resulted in bomb threats. In December, I noticed almost every day Fox News ran another piece on a person who detransitioned. These are heartbreaking, sobbing stories of people harmed by gender affirming care. And the intent of the stories is to show this harm and frame it as the norm, rather than the rare exception.

If this is the only information people have to go on, then banning medical care is the only logical and sane thing to do. If this is the only information people have to go on it is easy to believe medical care has been taken over by wokeness or ideology, because how else could we explain this nonsense?

Well, a few things come to mind. Detransition harm is extremely over exposed. Modern demographic research suggests it accounts for approximately 1-2% of individuals treated. When you think about trans care, do you get the impression it is helpful for 98% of people who pursue it? Because that is what the data suggests. If you think that transition care hurts 10% of the people treated, you are thinking of the problem as five times worse than it is. And that isn't even looking at the nuanced complexity involved in detransition and why someone chooses to detransition.

Doctors who treat patients see this overwhelming amount of success, improved outcomes, reduce suicidality for the vast majority of their patients. Research, time and time again, proves affirming individuals in how they identify helps community health. Every effort is made to help ensure transition treatment is correct for an individual and I'll get into that later, but the reason people believe transition treatment is harmful is political disinformation. Literature suggesting otherwise simply does not exist in modern medicine. (I refer you to the 260 page standard of care).

Other questions come up. Puberty blockers, doesn't that destroy bones? I read that in the New York Times, so it has to be true! No, puberty blockers can impact bone density in a number of ways that should be monitored and managed. Things doctors are aware of and if there are underlying conditions blockers shouldn't be used. If this was ignored and not mentioned as part of care, that is a doctor failing, not the medical guidelines. Further, bone density tends to be lower in trans populations due to malnourishment often attributed to depression and anxiety because of minoritized stress. So there is limited research showing improvement on mood and nutrition could offset any diminish within bone density. That would disappear if society was very kind and nice to trans people as a default though.

Yes, but aren't hormones causing irreversible damage to kids, how dare doctors!? Irreversible…hmm. I believe, natal puberty is also irreversible and requires medical intervention and surgery to correct for trans adults. Why do we not frame the harm natal puberty has on transgender individuals as irreversible? If kids are too young to know they're transgender, how come they're old enough to know they're cisgender? How come we can assure all kids are cisgender, but no kids are transgender? Do you see where I'm coming from here? It's one of those standards and there are two of them. I think we have a word for that. Bystanderd?

But, it's mutilation! Horribly disfiguring these kids, how could we allow this? Probably the same way we allow cisgender boys to remove breast tissue and cisgender girls to get breast augmentation done. Because it improves mental health. Vastly more cisgender youth are getting these surgeries than transgender youth. It is that twin standard again. Where things are fine, unless it is transgender youth, then it's irreversible, awful, mutilation, and damaging. I'm starting to hone in on it, it's one third less of a triple standard.

And here is the big problem. Doctors are largely not investing their time having a culture war on reddit. Doctors don't have time to follow this nonsense at all. They are completely baffled by these inane and manufactured accusations. They don't study the culture, political backlash, or disinformation that is happening. They innocently try to talk about their research, experience, and patient outcomes like that has value to a crowd that has been primed to treat any trans acceptance as an agent of woke ideology.

Damn the research, the medicine, the bathwater and the baby, it all has to go. All major medical organizations are simply wrong and we the people by virtue of being mad need to fix this. Only we are qualified to say how the world should work and if someone disagrees, it's them who is political. Incredibly convenient when the people you disagree with all happen to be biased, wrong, and political or pitching an agenda. I wonder what it's like to be that blindingly sure of something.

And we all have bias obviously. I have bias. Nothing in what I'm writing should be taken as the hard truth. This is often what the data suggests, it's what the guideline suggests, it's the best information we have to operate on until better information comes along.

I try very hard to examine my own bias. I constantly think of how much I care about the life of LGBTQ+ individuals and how that is impacting my rationale when thinking about bills like this. And when scrolling through dozens of new pieces of legislation it's difficult to tell the difference between an honest policy to help individuals based on sex placement and a political attack on a marginalized community. But honestly, when I saw the research that only 1% of individuals detransitioned, the first thing I did was share it with doctors I knew and ask them to disprove it, because it seemed too low. Also if our research isn't airtight, it is completely picked apart by anti-trans individuals. Airtight research on the other hand is completely dismissed by anti-trans individuals, but it does add an exciting second layer to the discourse where researchers meet in the bar and cry over science.

I know I can get things wrong. I know medicine isn't always perfect, I know there are doctors that screw up or caution that should be taken when it isn't. But if you care about the thousands of hours I have spent on this, the experiences I've cultivated to improve outcomes and reduce suicidality, I can assure you no good answer comes from banning medically necessary healthcare and it absolutely is not an answer non-medical people will come to good conclusions in within a few hours. So, let me explain what that healthcare looks like.

Trans Healthcare for Youth

The very first recommendation is to bring a kid to see a mental health specialist. If a kid talks about being trans or wanting to transition, the first recommendation is getting them to talk to a therapist. That is step one.

A therapist will then talk to the kid. They will assess if this kid is able to adequately express their concerns and then what those concerns may be. They will explore if the issues the youth is having may be better explained by things like traditional body dysmorphia, anxiety over puberty, anxiety in general, or other factors related to what is going on in their life.

It is much simpler to treat all of that than to treat transition related care. Typically the first recommendation to make around care is socially transitioning. For youth this typically means growing out hair for trans girls or cutting it short for trans boys. It can mean using a new name or pronouns. We then assess how the youth is doing in this role, if they feel support, and if it feels right for them. These sessions can be weekly or monthly depending on availability and affordability.

If at any point the youth says this isn't working, we stop. If it appears to improve their mood and involvement, we continue. Transition care is a constant negotiation between a healthcare team, parents, and youth, often for years. Some kids explore gender identity and determine they're comfortable as the sex that was assigned to them at birth. Some don't.

You sometimes hear that kids who socially transition are more likely to go on to start puberty blockers as some scare tactic that allowing social transition starts kids on an inescapable ride to being trans. This would also be true if most kids just knew who they were and largely weren't confused about their identity. And that's probably what's happening here.

Kids can come out as trans at a young age, around five years. This is in line with developmental psychology's understanding of identity development. Some kids will try to come out and be told they're wrong or be hit, so they stop mentioning until later in life. Some kids will know something is wrong with their body, but not have the language to communicate it. Some kids won't really have any alarm until puberty happens and their body starts developing in a way their neuroanatomy doesn't expect. Every kid is different in what their needs are, but we as parents or healthcare providers listen and respond to kids.

We hear arguments that kids are too young to decide things like this, but being trans isn't a choice. We're not electing them into a decision about their 401k retirement plan that requires some serious thought and experience. We are listening to them express distress with their body,

because there is an anatomical conflict as seen in literature review of research and twin studies. Suggesting kids are too young to know this is similar to suggesting kids are too young to know if their leg is broken or they feel pain. It is simply not the right way to look at being trans. Outside of questions of identity, what gender is, what biology is, or what human rights are - we're talking about fundamentally how an individual's physiology is functioning. A trans person's physiology does not care how we define sex, what XY or XX is supposed to be or do, it just knows something went wrong.

Social transition is obviously non-invasive and a safe way for kids to explore gender to see what is right for them. This is healthy and encouraged for any kid who wants to explore it. This doesn't mean we encourage kids to be transgender or cisgender, but rather we show kids they will be loved no matter who they are. We let them play and if they find something that works for them, we explore that.

Once puberty happens there are considerations to be made. Puberty blockers are the first option, to put a pause on puberty. They have risks and side effects that are both known and managed. But this allows the kid, parent, and doctors more time to see if transitioning is right for them. We don't want any kid to go through an irreversible puberty - natal or otherwise, they don't want to. That is a horrifying and traumatizing experience, that is preventable.

So we do puberty blockers typically depending on when puberty starts and what is going on with the people in their life and what will be appropriate for them. This continues with visits to the therapist and check-ins with an endocrinologist. If something isn't working or if the kid says they actually would rather be the sex assigned at birth, we stop and puberty resumes.

So, if they've been doing really well socially transitioning as the sex they identify as, we look at including the correcting puberty through hormone treatment. We again look at if this is working for the kid. We closely monitor their mood and involvement with life. We continue to have conversations as a care team throughout this process. If they've been on puberty blockers and went into hormone therapy, they may not even need top surgery.

If they came out later in life during or after puberty, they may have developed secondary sexual characteristics in line with their sex assigned at birth that are irreversible outside of surgery. As stated earlier in this testimony, this is common surgery for cisgender youth. As they get older, gender confirmation surgery may be considered. Not all trans people will want to pursue hormones or surgery. Often care teams like to see stable trans identity for years before recommending more permanent healthcare options.

While a lot of surgery around trans individuals is framed around mutilation, that is inaccurate for a number of reasons. Often surgeries create empowerment for individuals, increase functionality, increase mood, and improve quality of life. That is again why we do this.

Care for trans individuals is highly personalized and individualized. There is not one treatment that will work for each person as they come to understand gender identity and experience

puberty at vastly different ages and with different access to resources. The vast majority of transgender individuals, when accounted for by minoritized stress and discrimination, report improvement on quality of life, mental health, and physical health associated with transitioning. I will refer you to the 260 page guideline for this, put together by dozens of medical experts, over two years.

It can be hard for individuals who have only ever seen trans stories in the news to understand this care pathway or the benefit it has to patients, because they often just see the people who have the worst experiences. The fact is that healthcare can fail everyone, trans or otherwise. Doctors are overworked and hospitals are understaffed. Not all patients get the focus or care they deserve and that is a challenge in all of healthcare. People who pursue transition may be failed by the medical system in the same way people may pursue help with chronic pain, disability, or a number of other issues and be underserved and misdiagnosed.

The solution to these problems is not eliminating healthcare. It is creating better opportunities and more funding for our doctors and nurses. This is what I've learned attending healthcare conferences representing the current best treatment options for trans youth. I think what may surprise some readers is those who work in trans healthcare are just as offended seeing stories of pain from people who went through gender affirming care. It is just that when we see it, we can understand how the person was failed going through care and what should've been done differently so they could've gotten the care they needed. A layperson just watches it and assumes it's all bad.

Conclusion

I wanted to demystify the history of trans healthcare, breakdown disinformation, and explore what it is actually like to treat trans youth and why. There is a reason every major medical association shows affirming and accepting trans youth to be the gold standard of care and that's because it is based on sound practice, research, outcomes, and experience.

This care is evolving, new research is happening, and better models of treatment are devised to make sure patients are healthy and happy. There are hundreds of new studies coming out each year that get added to the literature and consideration of care. If one has concerns they would be well suited to study it or talk to the experts on it.

It took us seventy years of research to get to today. It took millions of hours of conversations, deliberation, conferences, debates, and analyzing literature to determine the treatment protocols for transgender youth from the lens of medical doctors, researchers, and experts. Legislators are not well suited, nor do they have the time to accurately decide the best medical protocols. They are not by virtue of being legislators qualified to practice medicine.

This bill suggests banning the medically necessary, safe, and appropriate treatment by the research for transgender care. If this passes it sets a dangerous precedent that all care can be determined by the whims of legislators and political agents, rather than medical doctors. I think

we can all think of legislators we don't want in our doctors office directly or indirectly, even if they're a person we could watch a football game with. Go Bison!

Please consider voting Do No Pass for this Legislation. I am happy to talk to anyone who wants to learn more about the process.

Thank you for your time, consideration, and service to our state.

Best regards,

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