January 25th, 2023
From: Gabriela Balf, MD, MPH
Re: In Opposition to SB 2231

Madam Chair Larson 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 my behalf.

This bill will have severe consequences that I urge you to consider.

As proven by studies in the world, our nation, and our state, not considering someone for whom they really are, especially in this forming environment that school is:

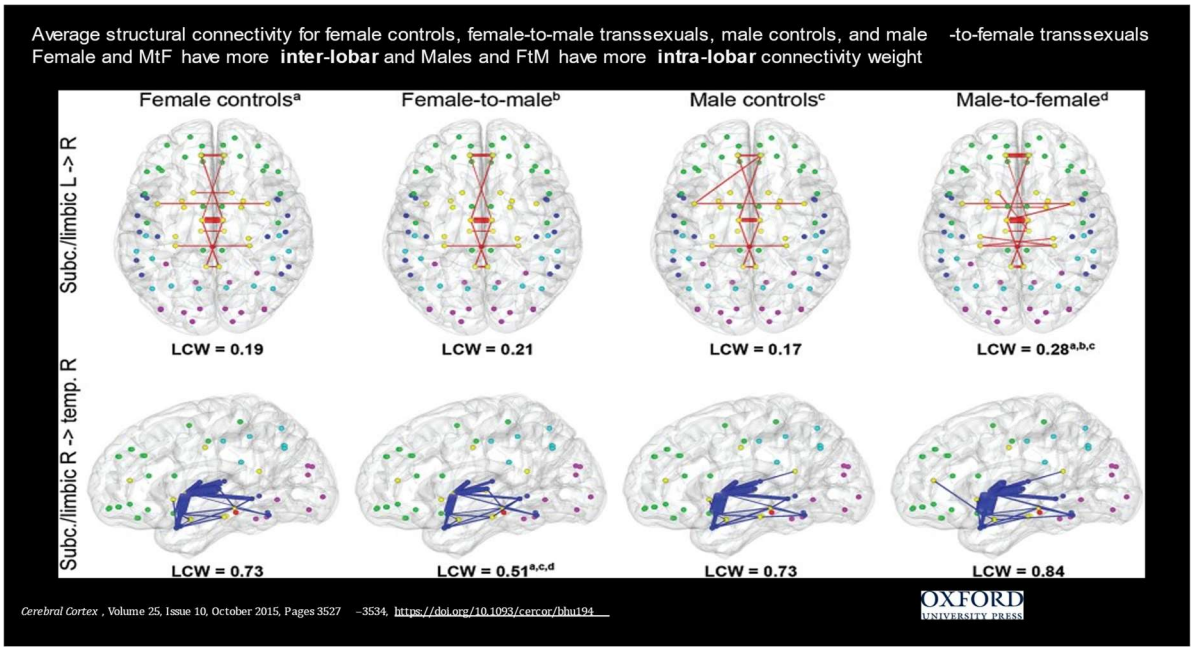
- Increases the distress they are already in
- Increases the social stigma, the harassment this minority already experiences.

Words are important.

The messages that we send when we use a different pronoun than what the person expressed are: "I don't believe being transgender is real", "Your reality does not matter to me" and, once the news disseminates, of what discrimination brings to the mental health of this minority, "I know that the words I use harm you and I don't care".

Let me present the medical facts that explain this impact of bill, and what we the medical community know that it will happen once this bill takes effect.

1. Transgender condition is not a "fad", "trend" or a "lifestyle", the same way hypertension, obesity or diabetes are not a trend, even though we see an increase in the US population. The transgender condition is a **real medical condition** – in many aspects akin to a congenital malformation– the medical term is Gender Incongruence*. The main problem is that the brain wiring does not match the person's genitalia.



*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".

How so? Since 2013, we have studies that show the differences between these wirings: the transgender person's brain matches their gender identity and not the sex assigned at birth[1]. One of the key differences between male and female brains is connectivity: males have heavy intra-hemispheric connectivity, which explains the tendency to focus on task, increased capacity to "compartmentalize", whereas the female brain displays more inter-hemispheric connectivity, which explains the numerous associations that a discussion with a woman is more likely to present, as well as the increased emotional content – from the other hemisphere than the men usually use. 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.

2. The mental distress that some, not all, transgender people experience as a result of Gender Incongruence condition (**not a mental illness**) + non-affirming conditions = Gender Dysphoria which is a disorder listed in the Diagnostic and Statistical Manual of Mental Disorders DSM 5 (on APA website at https://dsm.psychiatryonline.org/)
3. The treatment for Gender Dysphoria is to provide **gender-affirming care**, which **comprises social affirmation**, like using the children's preferred pronoun, medical-affirming care like puberty blockers and/or sex hormones, and if some people choose, many don't, gender-affirming surgery. This treatment is recommended in according to 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. These Standards are followed by all major medical societies in US: 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),etc.
4. Children spend most of their waking time in **school**. Sometimes this is the only **safe** space they have, if they experience abuse at home (in 2020 for instance, in ND there were 1614 documented cases of child abuse and 5 fatalities). The **stats** are sobering: in LGBT Youth, discrimination doubles the risk for suicide[2]. Suicidal ideation is 3 times that of their peers (up to 65%) and attempted suicide rate is 4 times that of their peers – see attachment below. The rates of substance use disorders increase[3], increasing the public health problem we already have. On the other hand, the presence of even one adult supportive presence reduces suicide attempts by 73%.
5. **Our own state's data**: - Our own youth data - North Dakota LGBTQ+ School Climate Report (2021) Faye Seidler.

   Suicide: - 61.6% Seriously considered attempting suicide
   - 48.5% Made a plan to attempt suicide
   - 33.3% Attempted suicide

   Mental Health: - 84.6% Do not turn to adult when feeling sad, empty, hopeless, angry, or anxious
   - 26.7% Have no idea who to talk to when experiencing distress
   - 51.7% Can identify one adult to talk to if they have a problem
   - 61.1 % Reported bad mental health for one week or more each month.

   Bullying - 45.6% Experience electronic bullying
   - 59.6% Experience bullying on school property

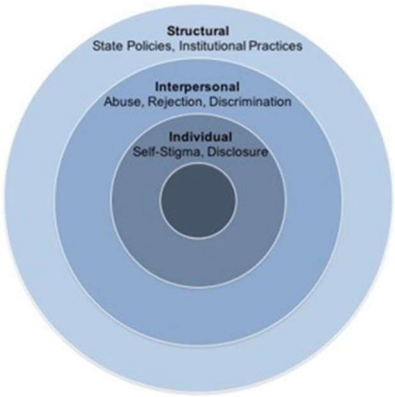
- 8.7% Straight students bullied due to perception they were LGBTQ+

Sexual health- 21.3% Have had sexual thing done to them they did not want

- 9.8% Texted, e-mailed, or posted electronically a revealing or sexual photo
- 13.4% Have had sex

Again, transgender kids are not intrinsically "damaged in some way" The answer is clearly **NO**: once they get gender-affirming treatment, be that surgery or just hormones, their mental health becomes actually better than that of the general population[4]!!

6. **The concept of Minority Stress**[5,6] - The environment – related stressors – will cause chronically high levels of adrenaline, coupled with internal stress – expectation of rejection. When coping is maladaptive (which is the normal case), society unsupportive and one internalizes the negative cognitions (stigma). The result is psychopathology, despite the fact that the individual's condition is NOT pathological.



Stigma as a multi-level construct

Therefore: Why persist in increasing minority stress[6] 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**[7] **some of our people**, bills that will stain your legacy?

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 Senate Judiciary Committee for listening to our presentation of scientific evidence.

Gabriela Balf-Soran, MD, MPH

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Selected References:

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2. Haas AnnP, Eliason M, Mays VickieM, et al. Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations. J Homosex [Internet] 2011;58(1):10–51. Available from: https://ezproxy.cul.columbia.edu/login?qurl=https%3a%2f%2fsearch.ebscohost.com%2flogin.aspx%3fdirect%3dtrue%26AuthType%3dip%26db%3dqth%26AN%3d57138125%26site%3dehost-live%26scope%3dsite

3. Lowry R, Johns MM, Robin LE, Kann LK. Social Stress and Substance Use Disparities by Sexual Orientation Among High School Students. Am J Prev Med [Internet] 2017;53(4):547–58. Available from: https://www.sciencedirect.com/science/article/pii/S0749379717303215

4. de Vries ALC, McGuire JK, Steensma TD, Wagenaar ECF, Doreleijers TAH, Cohen-Kettenis PT. Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment. Pediatrics [Internet] 2014;134(4):696. Available from: http://pediatrics.aappublications.org/content/134/4/696.abstract

5. Hatzenbuehler ML. How does sexual minority stigma “get under the skin”? A psychological mediation framework. Psychol Bull 2009;135(5):707–30.

6. 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.

- Excerpts from the 2015 US Transgender Survey report (http://www.ustranssurvey.org/reports)

“Experiencing discrimination or mistreatment in education, employment, housing, health care, in places of public accommodations, or from law enforcement is associated with higher prevalence of suicide thoughts and attempts. For example, the prevalence of past-year suicide attempts by those who reported that they had been denied equal treatment in the past year because they are transgender was more than double that of those who had not experienced such treatment (13.4% compared to 6.3%).
Those who reported that their spouses, partners, or children rejected them because they are transgender reported higher prevalence of lifetime and past-year suicide attempts. Those who reported rejection by their family of origin, for example, reported twice the prevalence of past-year suicide attempts compared to those who had not experienced such rejection (10.5% compared to 5.1 %).
People who are not viewed by others as transgender and those who do not disclose to others that they are transgender reported lower prevalence of suicide thoughts and attempts. For instance, 6.3 percent of those who reported that others can never tell they are transgender attempted suicide in the past year compared to 12.2 percent of those who reported that others can always tell they are transgender.
The cumulative effect of minority stress is associated with higher prevalence of suicidality. For instance, 97.7 percent of those who had experienced four discriminatory or violence experiences in the past year (being fired or forced to resign from a job, eviction, experiencing homelessness, and physical attack) reported seriously thinking about suicide in the past year and 51.2 percent made a suicide attempt in the past year.”

- 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