

## **Testimony in Support of HB 1254**

Dr. Daniel Scrimshaw, DO, Emergency Medicine Physician

Dr. Lovita Scrimshaw, DO, Emergency Medicine Physician

American Academy of Medical Ethics, North Dakota State Directors

March 14, 2023

Good morning Madam Chair Lee and honorable members of the Senate 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 1254 and respectfully request that you render a "DO PASS" on this bill.

First and foremost, this bill is about the protection of children. We cannot state this any simpler- this bill is about protecting children in our state of North Dakota. These hormone therapies and surgeries are documented in the literature to be harmful and regretful. This bill does not apply to adults, who are no longer minors.

Consider this example: the state does not allow a minor (less than age 21) to purchase, possess, or consume alcohol or cigarettes (even with a parent's consent). Likewise, we should not allow a minor to make this life altering decision of sex reassignment surgery/hormone therapy. Please understand and do not forget that the cornerstone of this bill is about protecting children.

In our practice of emergency medicine, we have cared for many transgender patients who have undergone surgeries and/or hormonal therapies. They still experience depression, suicidal ideation, and have suicide attempts. 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 treatment of overdoses, self-inflicted injuries, and admission to inpatient psychiatric hospitals 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 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. The Constitution of North Dakota states that the government has a responsibility to protect the people (Constitution of North Dakota, Article I, Section 2).

We were pleased to see that this bill passed the North Dakota House with such a large majority supporting it. We hope for the same level of support from the North Dakota Senate and Governor's Office. Failure to pass this bill would be unethical. All of those in office/authority have an obligation to care for and protect the children in our state. We would like to provide further information<sup>1</sup> related to the medical impact of these procedures which will explain in

detail medical reasons for our support of this bill. The data below provides evidence that children are being harmed by this surgical/medical therapy.

“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.<sup>48,49,50,51,52,53</sup> There is evidence that gender dysphoria is influenced by psychosocial experiences and can be exacerbated by promoters of transgender ideology.<sup>27,33</sup> 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.<sup>51,54,55,56,57,58,59,60</sup>

“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.<sup>56,61,62,63,64</sup>

“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.<sup>21,22,23,61,65,66,67</sup> These health disparities are not prima facie evidence of healthcare system prejudice. These mental health co-morbidities have been shown to predate transgender identification.

<sup>24,25,26,27,28,34,68</sup> 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.<sup>7,8,9,69</sup> 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.<sup>7,70</sup> The claim that sex-reassignment surgery leads to a reduction in suicide and severe psychological problems is not scientifically supported.<sup>64,71,72,73</sup>”

We appreciate the opportunity to provide testimony on HB 1254 and recommend a “Do Pass.”

## References:

1. CMDA Ethics Statement Transgender Identification. 2021. <https://le.utah.gov/interim/2021/pdf/00002606.pdf>
7. Dhejne C, Lichtenstein P, Boman M, Johansson AL, Långström N, Landén M. Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden. *PLoS One*. 2011;6(2):e16885. Published 2011 Feb 22. doi:10.1371/journal.pone.0016885
8. Kalin NH. Reassessing Mental Health Treatment Utilization Reduction in Transgender Individuals After Gender-Affirming Surgeries: A Comment by the Editor on the Process. *Am J Psychiatry*. 2020;177(8):764. doi:10.1176/appi.ajp.2020.20060803
9. Van Mol A, Laidlaw MK, Grossman M, McHugh PR. Gender-Affirmation Surgery Conclusion Lacks Evidence. *Am J Psychiatry*. 2020;177(8):765-766. doi:10.1176/appi.ajp.2020.19111130
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](http://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, Langdrige 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., Pfaus, J. and Ward, L., 2014. APA Handbook Of Sexuality And Psychology. American Psychological Association, p.743.)
22. Bechard M, VanderLaan DP, Wood H, Wasserman L, Zucker KJ. Psychosocial and Psychological Vulnerability in Adolescents with Gender Dysphoria: A "Proof of Principle" Study. *J Sex Marital Ther*. 2017;43(7):678-688. doi:10.1080/0092623X.2016.1232325
23. Dhejne C, Van Vlerken R, Heylens G, Arcelus J. Mental health and gender dysphoria: A review of the literature. *Int Rev Psychiatry*. 2016;28(1):44-57. doi:10.3109/09540261.2015.1115753
24. Hanna B, Desai R, Parekh T, Guirguis E, Kumar G, Sachdeva R. Psychiatric disorders in the U.S. transgender population. *Ann Epidemiol*. 2019;39:1-7.e1. doi:10.1016/j.annepidem.2019.09.009
25. Kaltiala-Heino R, Sumia M, Työlajärvi M, Lindberg N. Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child Adolesc Psychiatry Ment Health*. 2015;9:9. Published 2015 Apr 9. doi:10.1186/s13034-015-0042-y
26. Becerra-Culqui TA, Liu Y, Nash R, et al. Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers. *Pediatrics*. 2018;141(5):e20173845. doi:10.1542/peds.2017-3845
27. Zucker KJ, Lawrence AA, Kreukels BP. Gender Dysphoria in Adults. *Annu Rev Clin Psychol*. 2016;12:217-247. doi:10.1146/annurev-clinpsy-021815-093034
33. Bradley SJ, Zucker KJ. Gender identity disorder and psychosexual problems in children and adolescents. *Can J Psychiatry*. 1990;35(6):477-486. doi:10.1177/070674379003500603
34. Lisa Marchiano (2017) Outbreak: On Transgender Teens and Psychic Epidemics, *Psychological Perspectives*, 60:3, 345-366, DOI: 10.1080/00332925.2017.1350804
48. 2013. Diagnostic And Statistical Manual Of Mental Disorders. Arlington, VA: American Psychiatric Association, p.455.
49. Tolman, D., Diamond, L., Bauermeister, J., George, W., Pfaus, J. and Ward, L., 2014. APA Handbook Of Sexuality And Psychology. Washington D.C: American Psychological Association, p.774.
50. Cohen-Kettenis PT, Delemarre-van de Waal HA, Gooren LJ. The treatment of adolescent transsexuals: changing insights. *J Sex Med*. 2008;5(8):1892-1897. doi:10.1111/j.1743-6109.2008.00870.x
51. Ristori J, Steensma TD. Gender dysphoria in childhood. *Int Rev Psychiatry*. 2016;28(1):13-0.doi:10.3109/09540261.2015.1115754
52. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline [published correction appears in *J Clin Endocrinol Metab*. 2018 Feb 1;103(2):699] [published correction appears in *J Clin Endocrinol Metab*. 2018 Jul 1;103(7):2758-2759]. *J Clin Endocrinol Metab*. 2017;102(11):3869-3903. doi:10.1210/jc.2017-01658
53. Kenneth J. Zucker (2018) The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children" by Temple Newhook et al. (2018), *International Journal of*

- Transgenderism, 19:2, 231-245, DOI: 10.1080/15532739.2018.1468293
54. Laidlaw MK, Van Meter QL, Hruz PW, Van Mol A, Malone WJ. Letter to the Editor: "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline". *J Clin Endocrinol Metab.* 2019;104(3):686-687. doi:10.1210/jc.2018-01925
55. Safer JD, Tangpricha V. Care of Transgender Persons. *N Engl J Med.* 2019;381(25):2451-2460. doi:10.1056/NEJMcp1903650
56. Levine SB. Informed Consent for Transgendered Patients. *J Sex Marital Ther.* 2019;45(3):218-229. doi:10.1080/0092623X.2018.1518885
57. Shatzel JJ, Connelly KJ, DeLoughery TG. Thrombotic issues in transgender medicine: A review. *Am J Hematol.* 2017;92(2):204-208. doi:10.1002/ajh.24593
58. Vumc.org. 2012. Key Transgender Health Concerns | Program For LGBTQ Health. [online] Available at: <<https://www.vumc.org/lgbtq/key-transgender-health-concerns>> [Accessed 12 November 2020].
59. Getahun D, Nash R, Flanders WD, et al. Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study. *Ann Intern Med.* 2018;169(4):205-213. doi:10.7326/M17-2785
60. Goodman, M., 2018. [online] Pcori.org. Available at: <<https://www.pcori.org/sites/default/files/PCORI-Goodman076-English-Abstract.pdf>> [Accessed 11 November 2020].
61. Heyer, W. 2019. Usatoday.com. 2019. Hormones, Surgery, Regret: I Was A Transgender Woman For 8 Years- Time I Can'T Get Back.. [online] Available at: <<https://www.usatoday.com/story/opinion/voices/2019/02/11/transgender-debate-transitioning-sex-gender-column/1894076002/>> [Accessed 11 November 2020].
62. International Association of Therapists for Desisters and Detransitioners. (2020). Introduction to Detransition for Therapists. [online]. Available at: [https://iatdd.com/introduction-to-detransition-for-therapists/?fbclid=IwAR2bsQ-ojdFi7Zyow\\_RNCDcD34eGU\\_flce\\_x8mfRpH3s0DRp91PwwONkto](https://iatdd.com/introduction-to-detransition-for-therapists/?fbclid=IwAR2bsQ-ojdFi7Zyow_RNCDcD34eGU_flce_x8mfRpH3s0DRp91PwwONkto) [Accessed 4/26/2021].
63. Sky News. (2019). 'Hundreds' of Young Trans People Seeking Help to Return to Original Sex. [online]. Available at: <https://news.sky.com/story/hundreds-of-young-trans-people-seeking-help-to-return-to-original-sex-11827740>. [Accessed 4/26/2021].
64. Horvath H. "The Theatre of the Body: A Detransitioned Epidemiologist Examines Suicidality, Affirmation, and Transgender Identity". [online]. Available at: <https://4thwavenow.com/2018/12/19/the-theatre-of-the-body-a-detransitioned-epidemiologist-examines-suicidality-affirmation-and-transgender-identity/>. Assessed 4-26-2021.
65. Bränström R, Pachankis JE. Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study [published correction appears in *Am J Psychiatry.* 2020 Aug 1;177(8):734]. *Am J Psychiatry.* 2020;177(8):727-734. doi:10.1176/appi.ajp.2019.19010080
66. Schulman, J. K., & Erickson-Schroth, L. (2019). Mental Health in Sexual Minority and Transgender Women. *The Medical Clinics of North America*, 103(4), 723–733. <https://doi.org/10.1016/j.mcna.2019.02.005>
67. Becasen JS, Denard CL, Mullins MM, Higa DH, Sipe TA. Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006-2017. *Am J Public Health.* 2019;109(1):e1-e8. doi:10.2105/AJPH.2018.304727
68. Levine SB, Solomon A. Meanings and political implications of "psychopathology" in a gender identity clinic: a report of 10 cases. *J Sex Marital Ther.* 2009;35(1):40-57. doi:10.1080/00926230802525646
69. Levine SB. Ethical Concerns About Emerging Treatment Paradigms for Gender Dysphoria. *J Sex Marital Ther.* 2018;44(1):29-44. doi:10.1080/0092623X.2017.1309482
70. Malone WJ, Roman S. Calling Into Question Whether Gender-Affirming Surgery Relieves Psychological Distress. *Am J Psychiatry.* 2020;177(8):766-767. doi:10.1176/appi.ajp.2020.19111149
71. Tucker RP. Suicide in Transgender Veterans: Prevalence, Prevention, and Implications of Current Policy. *Perspect Psychol Sci.* 2019;14(3):452-468. doi:10.1177/1745691618812680
72. Wold A. Gender-Corrective Surgery Promoting Mental Health in Persons With Gender Dysphoria Not Supported by Data Presented in Article. *Am J Psychiatry.* 2020;177(8):768. doi:10.1176/appi.ajp.2020.19111170
73. Wiepjes CM, den Heijer M, Bremmer MA, Nota NM, deBlock CJM, Coumou BJG, Steensma TD. Trends in Suicide Death Risk in Transgender People: Results from the Amsterdam Cohort of Gender Dysphoria Study(1972-2017). *Acta Psychiatr Scand.* (2020); 141(6):486-491.