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**Testimony in favor of HB 1254.**

Our society has become saturated with the idea that people can be born in the wrong bodies. The contagion of children identifying as the opposite sex is emotional and being encouraged on the Internet and in schools and the wider culture. *Suddenly teen girls claiming to be transgender is skyrocketing.*

I ghost wrote 2 books for 2 different women who are happily married with children and very thankful they did not grow up today, because they truly wanted to be boys. But they grew out of it as most children do. (Jess Echeverry & Judy Heir)

If a 12-year old was thin but told his therapist he was overweight and wanted to lost 20 pounds, the therapist would not ignore reality and put him on a diet. So why with Gender Dysphoria—when a person is disconnected from the reality of their body, would therapists play along? Since when do patients with mental problems direct their own treatment and in this case, we are talking about children.

Kids, do not have the capacity to understand the gravity of the decision that they're making on their long term sexual and life function. *MRI's show the rational thinking portion of the brain is not fully developed in children's prefrontal cortex.*

I've interviewed Walter Heyer who lived as a woman for 8 years before the idea that he was in the wrong body was rejected after he received real help and real understanding. His grandmother would dress him like a girl and he had an uncle who sexually abused him. He is a speaker on this issue and helps people detransition of which 75% he said, were sexually abused.

So often the real reason children want to be the opposite sex is not being uncovered because there's a rush to transition them

From the Daily Caller , March 11: 'We Were Wrong': Pioneer In Child Gender Dysphoria Treatment Says Trans Medical Industry Is Harming Kids

Dr. Susan Bradley, a Canadian psychiatrist and pioneer in child gender dysphoria treatment started a pediatric gender clinic in 1975 aimed at treating children with gender dysphoria offering a therapy-focused approach; most patients outgrew their feelings of being transgender over time. Around 2000, the clinic began prescribing puberty blockers to gender-dysphoric children as a way to alleviate their distress, a model which has since become widely adopted by medical establishments around the world, including in the U.S.

Bradley has expressed regret that the clinic had participated in the administration of puberty blockers for gender dysphoria, which she now believes can cement a child's sense of confusion out of which they would likely otherwise grow. She also expressed concern about the drugs' side effects.

“We were wrong,” she said. “They’re not as reversible as we always thought, and they have longer term effects on kids’ growth and development, including making them sterile and quite a number of things including bone growth.”

Bradley opened the Clarke Institute of Psychiatry Child Youth and Family Gender Identity Clinic (GIC) in 1975, and she went on to become the head of Child Psychiatry at the Hospital for Sick Children and the psychiatrist-in-chief and head of the Division of Child Psychiatry at the University of Toronto.

She chaired the Subcommittee on Gender Dysphoria for the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), the official manual of the American Psychiatric Association, which is used for classifying and diagnosing mental disorders.

She also produced research, along with other clinic doctors, showing that 87.8% of boys referred to their clinic for gender identity issues eventually “desisted,” meaning they stopped believing they were actually girls and came to terms with their sex.

Bradley came to believe that most child patients who identified as transgender were actually on the autism spectrum or suffering from borderline personality disorder, which she believes should be classified as part of the autism spectrum. Autistic adolescents are particularly prone to obsessive thinking and body image issues, and they struggle to change their minds once convinced something is true, all of which make them more vulnerable to being convinced they are actually the opposite sex and should seek medical interventions such as puberty blockers or hormones.

Bradley retired around 2012, and the clinic shut down several years later amid intense pressure from transgender activists who believed that the clinic, which did not automatically affirm children’s gender identity or transgender status, was transphobic.

I highly recommend everyone watching, ***Dysconnected: The Real Story Behind the Transgender Explosion***. It is an exposé of the transgender tsunami sweeping the U.S. and irreversibly altering hundreds of thousands of lives, especially among girls. *Dysconnected* features 18 professional perspectives using compelling evidence as blowback to cultural winds pushing children into thinking they can change their gender.

The film opens with Daisy Strongin, a young women who has detransitioned. She speaks in a permanently lowered voice about deep regrets for having been led so far astray.

I interviewed Patrick Lappert, a medical doctor who is a plastic and reconstructive surgeon in the Diocese of Birmingham, Alabama, served 24 years in the U.S. Navy and is now in private practice. Some European countries are waking up and beginning to stop transitioning children, Lappert noted. “The long-term database in Great Britain and Sweden

found that you are 19 times more likely to kill yourself if you are fully transitioned," he said. The U.S. rarely follows patients more than three years, according to him.

"Those claiming 'affirmation care' is evidenced-based have no science to back them up," he said. "It's absolute junk science. It's just like lobotomies, and it's making them a lot of money. It's absolute insanity what they are doing to children."

He thinks that as more lawsuits take place against doctors and hospitals and others pushing gender reassignment, insurance companies and the medical community will back away from gender transitioning minors.