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Testimony of Scott Leibowitz, MD

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House Civil Justice Committee

November 19, 2020

Good morning Chairman Hambley, Vice Chairman Patton, Ranking Minority Member Brown, and the members of the House Civil Justice Committee. Thank you for the opportunity to testify in support of HB 369. My name is Scott Leibowitz and I am a child and adolescent psychiatrist, the Medical Director for Behavioral Health at the THRIVE Gender and Sex Development Program at Nationwide Children's Hospital, and Associate Clinical Professor of Psychiatry at The Ohio State University College of Medicine. Nationwide Children's Hospital employs over 13,000 Ohioans. I previously trained and served on the faculty at Harvard Medical School and Boston Children's Hospital's Department of Psychiatry for over five years, where I developed a gender and sexuality mental health clinic — one of the first in the nation.

I am also the co-chairman of the Sexual Orientation and Gender Identity Issues Committee for the American Academy of Child and Adolescent Psychiatry, which is the leading international professional medical organization defining and advocating for behavioral health practices for youth, representing thousands of licensed child and adolescent psychiatrists across

the United States and beyond. I am providing this testimony to explain my decision to support HB 369, and respectfully urge you all to support the bill as well.

At Nationwide Children's Hospital, our THRIVE clinic has served hundreds of youth with diverse gender and sexual identities from counties all over the state. I have seen families of many diverse backgrounds, with varying belief systems, all of whom have sought my help for issues related to their child's gender identity and/or sexual orientation. I think of a high school student from Northwest Ohio, born with male genitalia, who is ruthlessly teased by classmates because she began living as her authentic self, a girl. Or of a teenager from Southern Ohio who is now homeschooled and refusing to participate in the workforce – and in fact, is scared to leave his house – because of bullying after he expressed attraction to another boy. Our clinic has heard story after story of young people across Ohio, across all socioeconomic backgrounds, races, ethnicities, and religions, who have been victims of stigma and discrimination at disproportionately high rates.

These young people are not choosing this way of feeling or being, and the field of psychiatry widely considers them not to be mentally ill, which is based on a rigorous process to define and classify mental illness. The field has shifted away from considering gender-diverse identities to be disorders, because it is recognized that gender transition leads to better emotional and psychological outcomes as well as a higher quality of life. This is based on years of scholarly work and reviews of evidence.

Our classification system, known as the Diagnostic and Statistical Manual of Mental Disorders (DSM), does recognize the distress caused by feeling that one's gender is not the same as their birth sex – a distress called “gender dysphoria.” The overwhelming evidence and scientific

consensus by reputable professional medical organizations supports gender transition as the most acceptable form of alleviating gender dysphoria. The brain studies done on transgender individuals demonstrate an innate biological underpinning to this phenomenon as one significant factor.

In spite of the striking statistics on elevated rates of depression, suicide, anxiety, and poor psychosocial adjustment in these youth - which are strongly correlated to experiences of stigma and discrimination in society - transgender individuals still pursue gender transition as a way to improve their lives. For these 40,000 Ohioans, HB 369 would prevent them from having to make an unfortunate choice between the lesser of two evils. Living inauthentically erodes one's psychological well-being over time, yet living as one's true self comes with the challenges of daily stigma and discrimination. Nobody should have to choose between these two options. HB 369 removes that need and helps protect those who already suffer most, during a developmental period that is crucial to promoting lifelong positive emotional health and wellbeing. The Ohio Fairness Act would have direct positive benefits on the health of countless minor Ohioans, which sets the stage for a future Ohio that is prosperous and welcoming to all.

The American Academy of Child and Adolescent Psychiatry and my own institution, Nationwide Children's Hospital, explicitly include gender identity and sexual orientation in their non-discrimination clauses. It is time for Ohio to protect *all* of its citizens and join the 22 other states that do so. The absence of such a law will perpetuate health disparities faced by Ohioans, leading to costly mental health treatments. Support for HB 369 is the only true way to demonstrate that position and ensure that outcome. I thank you for offering me the opportunity to share my clinical perspective on this issue today.