

**Ohio House State Committee on Families, Aging, and Human Services
HB 454**

**Opponent Testimony
Gwendolyn Short, Attorney at Law
November 16, 2022**

Chair Manchester, Vice Chair Cutrona, Ranking Member Denson, and members of the Ohio House Committee on Families, Aging, and Human Services, thank you for the opportunity to testify in opposition to House Bill 454.

Introduction

My name is Gwendolyn Short, and I am an Attorney in Ohio. As representatives of Ohio, if you are truly acting in the best interest of Ohioans, you will oppose this harmful and legislatively intrusive bill. Passing HB 454 would irreparably harm Ohio youth, their families, and their communities. This bill seeks to restrict evidence-based gender-affirming care for youth experiencing gender dysphoria, undermines the relationship between a minor and their parents, teachers, and medical providers through unprecedented legislative interference.

My opposition testimony will directly address Primary Sponsor Representative Click's proponent testimony for HB 454. In his testimony, Click expresses concern for misinformation from opponents to this bill and "with any approach that is based on intimidation, fear, manipulation, and isolation."¹ Click and I share a concern for misinformation and malintent approaches. Out of such concern, I am going to highlight and challenge some unsupported claims, questionable sources, and misrepresentations found in Rep. Click's testimony.

Unsupported claims

As a preliminary matter, some assertions in Rep. Click's testimony are either missing citations entirely, or the links provided in their citations are broken. This renders these assertions unreliable.

At least two of the citations with broken links, however, are said to be sourced from the American College of Pediatricians and its president in the body of Rep. Click's testimony. The issues with this organization are discussed further below, but here it will suffice to say that the actual source being cited to is not able to be reviewed by the public. This raises doubt in the accuracy and transparency of Rep. Click's sources and research into this matter.

Further, strong assertions are made without any citation at all. Notably, Rep. Clark writes "The science tells us that between 85-95% children with gender dysphoria will desist after experiencing puberty."² The citation at the end of that paragraph leads to a video about a trans boxer and does not support this claim. In contrast, a study published by the American Academy of Pediatrics found that out of hundreds of trans youth who began social transition five years prior, 94% still identified as trans and 3.5% identified as nonbinary.³

¹ <https://ohiohouse.gov/committees/families-aging-and-human-services/bills/hb454#:~:text=Representative%20Gary%20Click,Download>

² *Id.*

³ <https://doi.org/10.1542/peds.2021-056082>

At one point, Rep. Click presents that there are no known biological causes for gender dysphoria he writes “this is scientifically measurable and is conclusive. Neurologists have done the research. Our brains match our bodies one hundred percent of the time.”⁴ This point, offered without any citation, misses the mark. A few paragraphs above, Rep. Click shares that gender dysphoria is a real condition and likens it to self-harm and eating disorders.⁵ If the brain matched our bodies one hundred percent of the time, then why would our brains tell us to inflict self-harm or starve ourselves? Why do we need a biological cause to point to in the first place? To insist that we need to identify a biological cause for those experiencing gender dysphoria implies that those experiences are wrong and need to be ‘corrected’ – this dangerous ideology, on a not-so-slippery slope, can lead to normalizing abusive practices like conversion therapy.

Questionable Sources

Rep. Click also uses questionable sources for the information he shares. The sources highlighted here are cited in Rep. Click’s testimony as if they are leading authorities when instead they are either fringe political groups or antiquated materials. The most disturbing of these sources is the American College of Pediatricians. Also discussed here is the reliance on an 1828 dictionary to define gender.

The American College of Pediatricians is cited throughout the Representative’s testimony and is heavily relied on in the section of his testimony with the header “Risk Factors.” This organization should not be trusted as a preliminary, leading source. Beyond its identification as a hate group by the Southern Poverty Law Center,⁶ this group has less than 700 members and pushes a strict, conservative rather than neutral agenda. It can hardly be considered a leading authority on youth health care let alone trans youth health care.⁷

In contrast, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Endocrine Society are just a few of the organizations that actively support gender affirming care.⁸ Each of these organizations were established at least 90 years ago and have over 67,000, 10,000, and 18,000 members respectively.⁹ These professional societies represent the experts that we already trust to administer guidelines for treating the flu, diabetes, anxiety, and a host of other conditions that can affect children. These are the leading authorities that we can trust.

When discussing gender affirmation therapy, Rep. Click begins one paragraph: “Gender affirmation therapy begins with the misconceptions surrounding gender and sex.”¹⁰ He then proceeds to provide a definition of gender from an 1828 Webster’s Dictionary and criticizes the modern understanding of gender.¹¹ To Rep. Click’s credit, HB 454 uses the 2022 definition of

⁴ See FN 1

⁵ *Id.*

⁶ <https://www.splcenter.org/fighting-hate/extremist-files/group/american-college-pediatricians>

⁷ <https://acpeds.org/about/faq>

⁸ <https://www.aap.org/en/about-the-aap/>;

https://www.aacap.org/aacap/Member_Resources/Membership_Information/Home.aspx;

<https://www.endocrine.org/about-us>

⁹ *Id.*

¹⁰ See FN 1

¹¹ *Id.*

gender.¹² However, his argument that understanding sex and gender as two separate concepts is a modern phenomenon is rested on a selective view of history.

A more inquisitive look into our history shows that well before 1828, gender-variant individuals have been in our society. Indigenous people expressed gender variance in a way that Europeans did not understand. Europeans then used such gender variances as justification for colonization and the view that Indigenous people were in need of salvation.¹³ White settlers/colonizers were gender variant too. In the late 17th century, many governing bodies shamed and ostracized these individuals, forcing them to flee their homes in many cases.¹⁴ Let's not make the same mistake in 2022 in Ohio.

Misrepresentation

Rep. Click's testimony misrepresents two sources in his testimony. He presents a block quote as if it is from a high court of the UK when it is instead from a small conservative group; he concerningly misuses a scientific study when discussing suicide.¹⁵

In Rep. Click's testimony he informs the reader that a decision from a high court of the UK led to the end of an institute's gender affirmation program. He then provides a block quote.¹⁶ At first, a reader would think this block quote is from the high court. It is not. It is from a small group that advocates against gender affirming care and rejects the modern research on it.¹⁷ The block quote provided judgment on the type of care those experiencing gender dysphoria should receive. The court did not. The high court of the UK specified in the case that the issue before it was not whether gender affirming care is appropriate.¹⁸ They left that to doctors.

Representative Click shares a concern for mental health and suicide rates in his testimony he writes: "The elevated suicide risk of individuals who have transitioned tops the charts at twenty times the average rate of suicide."¹⁹ He then cites an academic study. Later, he says "If we are genuinely as concerned about life saving treatment and reducing the risk of suicide, we must listen to the professionals..."²⁰ I agree. So, I looked at that study. In the study Rep. Click cites to support his position that to decrease suicide rates we should deny people gender affirming care there is vital context missing from Rep. Click's presentation. First, the average rate of suicide used in the study is the overall average of the population; it is not compared to people experiencing gender dysphoria who did not transition.²¹ Second, and even more pressing, the professionals who conducted this study, who we should listen to, warn against weaponizing their study in the exact way Rep. Click's testimony does.

¹² https://search-prod.lis.state.oh.us/solarapi/v1/general_assembly_134/bills/hb454/IN/00/hb454_00_IN?format=pdf

¹³ <https://www.nps.gov/subjects/lgbtqheritage/upload/lgbtqtheme-transgender.pdf>

¹⁴ <https://www.nps.gov/subjects/lgbtqheritage/upload/lgbtqtheme-transgender.pdf>

¹⁵ See FN 1

¹⁶ *Id.*

¹⁷ https://segm.org/about_us

¹⁸ <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

¹⁹ See FN1

²⁰ *Id.*

²¹ <https://doi.org/10.1371/journal.pone.0016885>

“For the purpose of evaluating the safety of sex reassignment in terms of morbidity and mortality, however, it is reasonable to compare sex reassigned persons with matched population controls. The caveat with this design is that transsexual persons before sex reassignment might differ from healthy controls ... It is therefore important to note that the current study is only informative with respect to transsexuals persons health after sex reassignment... **In other words, the results should not be interpreted such as sex reassignment *per se* increases morbidity and mortality. Things might have been even worse without sex reassignment.** As an analogy, similar studies have found increased somatic morbidity, suicide rate, and overall mortality for patients treated for bipolar disorder and schizophrenia. This is important information, but it does not follow that mood stabilizing treatment or antipsychotic treatment is the culprit.”²²

Here, gender-affirming care is not the culprit. Lack of long-term medical care is the culprit. The professional researchers agree, concluding the study:

“Even though surgery and hormonal therapy alleviates gender dysphoria, it is apparently not sufficient to remedy the high rates of morbidity and mortality found among transsexual persons. Improved care for the transsexual group after the sex reassignment should therefore be considered.”²³

In sum, what the professionals who conducted this study, and across the board are communicating is not that we deny gender-affirming care but that we provide more holistic, long-term care.

There were other unsupported claims, questionable sources, and misrepresentations sprinkled throughout Rep. Click’s submitted testimony for HB 454. The ones discussed here are the ones that I found the most concerning and most distorting of the information.

Conclusion

I ask this committee to take a critical look at HB 454 and a critical look at the testimony provided in support and in opposition of it. If you do, you will find that this bill is unnecessary, overreaching, and will only serve to oppress Ohioans.

Chair Manchester, Ranking Member Denson, and members of the Ohio House Families, Aging, and Human Services Committee, thank you for the opportunity to provide opponent testimony against HB 454.

Thank you for your attention. I would be happy to answer any of the committee’s questions at this time.

²² *Id.*

²³ *Id.*