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Let's Keep Political Agendas out of Healthcare

Chair Manchester, Vice Chair Cutrona, Ranking Member Liston, and members of the House Families, Aging, and Human Services Committee, thank you for this opportunity to voice my opposition to House Bill 454. As both a nursing student (who is a top performer in all his core classes) and as a transgender man, I found HB 454 to have passages in it that I call into question as to the legitimacy of its facts in which they are presenting. Something that needs to be mentioned right off the bat is that the bill is entitled SAFE which stands for Save Adolescents from Experimentation, in which the medical definition for an adolescent represents the age group of those aged 13-17, but the bill continually refers to them as children, in which the medical definition for a child is defined as those aged 6-13. First off, lines 15-19 appear to misrepresent the total transgender population, for according to the UCLA William Institute the population that identifies as being transgender is 0.7% for youth, which represents those aged 13-17, which accounts for 150,000 people that are identifying as transgender for this age group; Furthermore, the UCLA William Institute goes on to report that 0.6% of the adult population identifies as transgender, which accounts for 1.4 million people. Secondly, lines 20-25 fails to conform to basic developmental psychology which states that a person's recognition of their gender identity is confirmed and set between the ages of 7-9, at which time there's rarely a deviation from what one identifies as past this age group and even more so as the individual progresses into adolescence. Thirdly, lines 26-31 is basically stating what is already known as a standard of practice in which the WPATH (World Professional Association for Transgender Health) has already long established very stringent guidelines for doctors in the field that are separate from adult standards and that are even more stringent for a minor as to what length of time a minor has to show distress from their biological gender, how gender dysphoria has gotten worse or emerged since adolescence, to address all psychological, medical, and social problems that could interfere with treatment, and parental consent is always required before any such medical treatment can begin for this diagnosis. Fourthly, lines 32-35 are vague in general and are dependent upon the situation. The William Institute reports 98% of respondents from a survey reporting thoughts of suicide after experiencing four or more incidents of discrimination, 13% of respondents reporting attempts of suicide after being denied equal treatment as compared to their cisgender counterparts, 11% of respondents reporting past suicide attempts due to rejection of their families for being transgender, as compared to the only 5% that reported suicide attempts that were not rejected by their families, 30% of responders reported suicide attempts due to being physically attacked in public, as compared to the 7% whom of which weren't physically attacked, and 9% of individual respondents reported suicide attempts due to not being able to receive gender affirming healthcare, as compared to the 5% of respondents that reported suicide attempts that did have access to gender affirming healthcare. I for one can contest to the fact that once I began my transitioning at age 25, my attempts of suicide had stopped, and life became bearable and worth living once again. In Fact, it is because of anti-trans bills like HB 454 that are causing a huge spike in the number of suicidal thoughts among transgender youth as shown by the huge increase of calls to the Trevor project during legislative sessions that aimed to restrict trans youth access to things like restrooms, sports, and gender

affirming health care. Fifthly, lines 36-42 falsely reports that no long-term longitudinal studies have been conducted on the risks and benefits of adolescents using puberty blockers for the treatment of gender distress or transition, when hormone blockers for youth have been around since the 1970's and originally started off as just being studied on individuals, one of which individual was studied as his health and well-being was monitored frequently for over 22 years! Since then, studies have expanded to include mixed groups of both trans male and trans female participants, as in the collection of data from 2000-2008 to include a mix of 70 trans youth participants in which results showed an improvement for their body image, in their gender dysphoria disorder, and it improved their overall mental health as it alleviated their depression, saw an improvement in their emotional and behavioral problems, and promoted a healthier psychological development. Sixthly, lines 43-48 are also falsely report, for a 2014 study that was conducted over an 8-year period followed and monitored the health and well-being as well as the transition of 55 participants, which included a mix of both female and male transgender individuals. The study began prior to the start of beginning hormone blockers then went all the way through to HRT with the average age of participants being almost 21 toward the end of the study as it continued to follow those for one year after GRS, at which time the overall study showed an improvement in physiological functioning (gender dysphoria, body image, depression, anxiety, emotional and behavioral problems) and well-being (social and educational/professional functioning; quality of life, satisfaction with life and happiness). All the participants reported not regretting using either hormone blockers or HRT, as they reported satisfaction in both their appearance and their psychological functioning as it continued to improve over time. The study goes on to conclude that a higher-than-average number of participants from this study went on to pursue higher education compared to those not having gone through transitioning. I for one can confirm this, for I delayed entering into higher education until after I transitioned, for those that are not transgender don't know or understand just how hard it is to get through the day and how hard it is to not want to turn the knife on yourself so to speak every time someone misgenders you, as if your trying to calm down an irrational part of your mind that goes off the deep end every time your misidentified. Seventhly, lines 49-58 are made out to be worse than what they are based on the wording and in some cases are not even true. In regard to biological females: erythrocytosis is only a problem if it leads to abnormal blood clots, in which the pt. is frequently monitored for, severe liver dysfunction should read possible elevated liver enzymes in which the pt. is always frequently monitored for as well, both CVD and HTN is possible and is dependent upon the individual and the risk factors that they carry and is heavily dependent upon the persons AGE, the older the person is the greater the possible risk they have of developing this. Breast and uterine cancer as well as irreversible fertility can NOT be confirmed as a side effect of HRT. In regard to biological males: an increased risk for thromboembolic disease, cholelithiasis, and hypertriglyceridemia (although these side effects are monitored for frequently), are more common with oral forms of estrogen and pose the same risks to cisgender females minors that take BC, CAD is possible only if the individual carries certain risk factors that make her more susceptible to this, macroprolactinoma is a very rare tumor that can arise from Hyperprolactinemia which in itself only poses a possible increased risk of developing and in which the pt. is frequently monitored for, and CVD, breast cancer, as well as irreversible fertility can NOT be confirmed as a side effect of HRT. Eighthly, lines 59-77 are not true, for according

to the WPATH (the organization that sets guidelines for doctors to follow when treating transgender pt.'s) under the section in regard to irreversible surgery for minors states that no genital surgery should be performed on anyone until they reach the legal age of consent in their country, in which they also need to have lived in the gender that aligns with their identity for at least 12 continuous months. Even though genital surgery is NOT performed on minors, I would like to take time to pay special attention to the remark about *"biologically normal and functional body parts"*, for those that are not transgender don't fully understand the hell in which a transgender person goes through when it comes to being misgendered and when they look in the mirror and see themselves totally different as to how they think of themselves as being and every time someone misgenders them, it's all that they can do to try to calm down the irrational thoughts that go through their mind that makes them want to turn the knife on themselves in order to end it, so that they don't have to face another impossible day, when all they want to do is just crawl in to bed and sleep and go to place where no one can misgender them and cause them so much mental and emotional pain. To transgender individuals these are far from normal and functional body parts, for these female reproductive parts on a transman and the male reproductive parts on a transwoman are more likened to a cancer than anything else. You may not fully understand what a transgendered individual is going through, for I as a student nurse can't fully comprehend what all my pt.'s might be going through but, I can surely try by empathizing with them and by carrying out the care plan for my pt.'s that the doctor orders based upon best medical practices. Special attention needs to be given to the statement of *"the complications, risks, and long- term care concerns associated with genital gender reassignment surgery for both males and females and numerous and complex"*, First off, I don't know how one would know this being how genital reassignment surgery is NOT done on minors and secondly, if you are referring to the surgeries in general then this statement is very generic and wrong, for ALL surgeries come with complications and risks but, it's evaluated by a pt. of legal age and the doctor that the benefits outweigh the risks and lastly there are no long term care concerns associated with GRS, for once the surgery heals in the designated time, the care concerns are just like any other surgery that has been performed in which you no longer have to bandage it and can now submerge the area in water and bath regularly. Ninthly, lines 78-89 are vastly misrepresented in not only what surgeries a minor can have done but, also with what surgeries most surgical places offer based upon what most transgendered individuals normally have done. The only surgery that might be considered on a minor according to the WPATH is the FTM chest surgery (Mastectomy); However, this is dependent upon many variables as in the minors needs to have lived in their male role for a significant amount of time and would've needed to also be on Testosterone for at least one year. The reasoning behind this is to make sure that the minor has experienced living in a more masculine role for a significant period prior to undergoing irreversible surgery. The need for surgery is dependent upon the clinical situation and the final goals of the individual as far as their gender expression goes. This type of surgery is not usually performed on a minor until they are closer to approaching the age of consent; Furthermore, even though none of the non-genital surgeries are performed on minors, it must be said that the surgeries stated that a biological male gets done for transitional purposes is highly inaccurate, for the following are not normally done for transitioning purposes regularly and because of that there are far and few surgeons that even perform the following surgeries: lipofilling, voice surgery, gluteal augmentation, hair

reconstruction, and other aesthetic procedures and as far as surgeries for biological females go, the following are wildly exaggerated as far as what transgender men normally have done for transitioning purposes: voice surgery (for testosterone naturally widens the vocal cords and therefore, deepens the voice and eliminates the need for this one), lipofilling, pectoral implants, and other aesthetic procedures. Tenthly, lines 90-94's statistical figures are taken out of context and are presented in a biased way and because of this are creating an outlier, for yes, gender reassignment surgeries have gone up 20% during 2015-2016; However, this is not referring to transgender surgeries on minors and it's not taking into account that it was starting around this time that more private and state insurance companies starting offering coverage for these much needed procedures, as before this offering of coverage it is because most transgendered individuals live way below the poverty line (averaging about \$20,000 a year income) and can't afford this much needed surgery, so it was such a blessing and a win for these individuals whom of which had to wait what would've seemed like to them an eternity to be able to get the affordable health care that they so desperately needed. Lastly, lines 95-103 are made out to be either worse than what they are, not true, or inaccurately reported, for there has been numerous studies conducted regarding the consequences that can occur when transgender minors are not able to transition. During a 2014 recap of a Canadian clinic, they saw high rates of suicidal ideation prior to the treatment for gender dysphoria when participants had to wait to begin treatment for this condition until they reached the age of 16, in which 12% of the 84 participants (10) carried out their suicidal thoughts and it resulted in a trip to the ER. This is just the difference between starting treatment for gender dysphoria at age 16 instead of age 14 for it provides two more years of extreme struggles with the issues building up and leading to suicidal ideations that overtime build more and get so unbearable that they are carried out but, once treatment began the suicide attempts reduced from 10 to 4. This study is based on the individuals being treated with either hormone blockers or HRT, in which this is also beneficial to go through at a younger age, for it prevents the unwanted biological secondary sex characteristics for the individual going into effect when on hormone blockers and is completely reversible and therefore, allows time for the minor to make sure that this is what they really want before starting chest surgery if they are FTM and this surgery can also be delayed if on hormone blockers during the start of puberty for it will delay the formation of unwanted breast tissue development and therefore, help the minor alleviate some of the distress that's caused with unwanted secondary sex characteristics. I for one can relate, for my inability to deal with my biological gender got to be so bad that I would start contemplating ways in which to kill myself and ending up hurting myself almost daily to get out built up aggression that resulted from being misgendered throughout the day and the only thing that prevented me from killing myself was the sight of seeing treatment in the horizon and once treatment began I was able to refrain from hurting myself until surgical interventions could be carried out and eliminate the need; Furthermore, upon just even starting treatment for my gender dysphoria was enough to remove the thoughts of suicide from my mind. Another study worth mentioning is an 2015 one comparing transgender adolescents that were allowed to use puberty blockers to those that were denied. This study consisted of 201 individuals with gender dysphoria that were an average age of 15, in which the study found that the group that was unable to start puberty blockers, in which they were just treated with psychological therapy originally saw an improvement in psychological functioning after six months of therapy; However, after the six

months of initial progress they began to see a leveling off, in which their psychological functioning still stayed substantially lower than that of the other half of the study in which were allowed to use puberty blockers and they too saw an improvement in their psychology functioning when their puberty blocker therapy was accompanied by psychological therapy, but unlike those that were denied the use of the puberty blockers, this group of individuals sought a huge improvement in their psychological functioning that continued to improve during their six month checkup since being on the puberty blockers. This is just a mentioning of a few studies to show you the positive effects that treatment for gender dysphoria has on adolescents and the negative effects that it has when they are not able to be treated for their gender dysphoria, so therefore, these studies mentioned here in this letter alone just goes to show you that the benefits do outweigh the risks! When I was an adolescent they didn't offer hormone blockers back then and therefore, it made my whole high school experience hell on earth, for I was constantly bullied and picked on for being different and would be continually asked by my fellow classmates *"Are you a boy or a girl!"* in which time I would answer a boy and that would only make them make fun of me more as they just didn't understand what I was going through. I had no friends, for my gender dysphoria made me an outcast which left me out of being able to experience things that a normal biological male would, like that of dating, playing football, being in the boy scouts, among other things that every childhood boy does. If only I would have had the opportunity to use the hormone blockers back when I was growing up, for I know my parents would've jumped on the chance to provide me with the experiences that every other boy gets to have during their adolescent years and therefore, make my future a little brighter by adding a little more happiness to my life. I urge you to withdraw HB 454 and any other future bills like it and leave the medical decisions in the fully capable hands of the parents, doctors, and adolescents so that these "children" can go through puberty the way in which it should've been to begin with, so that they can get to experience all of the wonderful things during their adolescent years that I wasn't able to, so that they can grow up to be even happier adults.

References:

- 1.) <https://williamsinstitute.law.ucla.edu/publications/age-trans-individuals-us/>
- 2.) https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf? t=1613669341
- 3.) <https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/>
- 4.) <https://www.thetrevorproject.org/blog/new-data-illuminates-mental-health-concerns-among-texas-transgender-youth-amid-record-number-of-anti-trans-bills/>
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