

Chair Lipps, Vice Chair Stewart, Ranking Member Liston and Members of the House Public Health Policy Committee.

Good morning.

Thank you for the opportunity to be here. My name is Dan Williamson. I've lived in Ohio since my dad became the pastor for a church in Licking County when I was 11 years old.

Now I have two kids of my own. Riley turns 17 in two weeks. He hangs out with friends at Starbucks, spends way too much time on his phone, and listens to music on his Air Pods – most of it bad. If you have a teenager, maybe some of this sounds familiar.

Despite all that, he's a pretty good kid. He's in the National Honors Society, and leads the saxophone section in the school marching band. I know I'm biased, but I think he's the kind of smart, talented young person that we want to stay here in Ohio when he grows up.

But Riley is transgender.

When I learned this two years ago, I was in denial. I had never heard the term "gender dysphoria." I thought transgender kids came from more eccentric or even dysfunctional backgrounds. Certainly not a boring family like mine. I did not know what to do.

My wife, though, had heard of a program at Nationwide Children's Hospital called Thrive. There was a waiting list, but we eventually got in to meet with one of the therapists, Laura. It was during the pandemic, so it was a virtual meeting, all of us awkwardly squeezed in front of a laptop on our kitchen counter.

Laura told us that it was normal for parents like us to be confused and frightened. She told us the process of diagnosing and addressing Riley's dysphoria would be cautious and deliberate. She told us we wouldn't take any new steps without signed consent from both us.

Within months of that first meeting, we saw a change in Riley. It wasn't just the haircut and the clothes. It was his demeanor. He took pride in his appearance. He became more outgoing. He was nicer to his little brother. He opened up to me and his mom. He smiled.

Laura meets with us every other week or so. Sometimes it's all of us, sometimes it's just me and his mom, and sometimes it's just Riley. She never tries to push us toward medical treatment. Thrive deals with a lot of different kids with a lot of different needs, and Laura says it is far more important to address those individual needs the right way rather than doing it quickly.

I don't know what lies ahead for Riley. I do know that I am extremely grateful to Nationwide Children's Hospital for offering a program run by medical experts to help me, as a parent, make an informed choice about what is best for my child.

And while I respect all the members of this committee, I strongly believe this is a choice for our family, not our government.

Years ago, I used to wonder what I would do if one of my children turned out to be transgender. Maybe some of you sitting here today are wondering what you would do.

I know each of you would deal with it the way you thought was best. But I think some of you would be standing right here where I am, fighting for your kid.

What I'm asking of you is harder than that. I'm asking you to stand up for *my* kid, who you don't know and who you might not quite understand.

And I'm asking you to do so in a ideologically charged environment in which I know each of you is constantly bombarded by demands and outrages from the left and the right, politicizing every issue.

House Bill 68 would gut the Thrive program. But it would not keep all Ohio kids from receiving gender-affirming care. It would force them to seek it from inferior programs in other states – those inferior programs probably wouldn't have the same safeguards to make sure kids receive only the treatment they need.

I've lived in Ohio for 42 years. I love this state. I want Riley to live here when he grows up. Please, Chair Lipps, members of this committee: Send a message that he is welcome here.

Thank you, and I am happy to take any questions from the committee.