

Testimony Opposing HB 68

Gender identity describes one's sense of themselves as male, female, or on a different point on the gender spectrum. The gender identity of transgender and other gender diverse (TGD) people is not aligned with their recorded sex at birth,

TGD people face higher risks for discrimination and violent attacks.

Research shows that gender-affirming care, when accessible and desired, may reduce distress and can make it easier to live in a sometimes hostile world.

“Transgender students need to be seen and acknowledged,” says Meem Fahlstrom, a middle-school teacher in Minnesota. For those who don't have a supportive environment at home, “they need extra care,” in schools such as access to counseling and a student Genders & Sexualities Alliance (GSA) where they can connect with peers.”

<https://www.learningforjustice.org/magazine/genderaffirming-care-what-it-is-and-why-its-necessary>

Of course, all young people need to be seen and acknowledged and given extra support if they don't have it at home. But for LGBTQ+ students—and especially those who are transgender and nonbinary—these essentials are far too often missing. Moreover, these children inevitably must negotiate extremely hostile surroundings at the classroom, school or district level, in state politics and on social media. Educator support is often a lifeline under these conditions, so it is important for teachers and others to know how best to support their trans and nonbinary students.

Transgender youth have been the target of sustained fearmongering, disinformation and legislative discrimination for the last decade, and these unrelenting attacks have continued to increase.

Research shows that gender awareness is generally established by age 5 or 6, meaning that most people will have a sense of their gender by that age and that gender identity is usually stable and kids don't grow out of it.

Many, but not all, trans-identifying children experience gender dysphoria (clinically significant distress stemming from an incongruence the child

recognizes between their sex assigned at birth and their gender identity), for example, which is one factor that can shape the appropriate care for an individual.

All medical gender-affirming care is done under the supervision of a team of health care providers, including, at a minimum, a doctor with expertise in adolescent care or endocrinology and a qualified mental health expert. No medical care happens without the involvement and consent of parents.

The American Medical Association, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the Endocrine Society, the American Psychological Association and the American Psychiatric Association all have policy statements and guidelines on how to provide age-appropriate gender-affirming care, and find such care to be evidence-based and medically necessary.

Medical experts confirm that withholding gender-affirming care from minors who need it causes grave harm. When every single day a child has been disparaged, called the wrong name, told to wear a certain kind of clothing, or given pronouns that do not match how they experience themselves, it can take a toll on their mental health. Lack of gender-affirming care can lead to depression, self-harm such as cutting, suicide ideation and suicide attempts. Older children may also turn to substance use and risky behaviors.

The harm of withholding care has been documented in numerous studies that show that 1) trans youth are at increased risk for these serious problems, and that 2) receiving gender-affirming care significantly reduces those risks.

At the onset of puberty, the first possible gender-affirming medical treatment is the introduction of puberty blockers. These prevent the development of secondary sex characteristics, such as facial hair and a lower voice or the development of breasts. This is important because for many transgender children the emergence of these physical traits can be overwhelmingly distressing since they exacerbate the dichotomy between their lived gender

and the sex assigned at their birth. (These medications are routinely used for cisgender children whose onset of puberty is unusually early.)

Puberty blockers give kids some time, and can be safely taken for two to three years.

Medical guidelines say that transgender minors *SHOULD NOT* get genital surgery. Transphobic fearmongering that claims such surgery is part of care for children is a deliberate falsehood. And it bears repeating that *NO* medical gender-affirming care for minors happens without parental consent and a significant amount of counseling. Medical centers and experienced professionals have the expertise to work with youth and families to make decisions on gender-affirming care.

The laws and bills restricting or banning gender-affirming care are built on misinformation or deliberate disinformation and ignore the medical guidance of professionals about the necessity of care.

I'm asking this committee to be willing to learn more about trans people and the tremendous obstacles they face in society, and to shelve HB 68 until they can fully consider its broad negative ramifications by thorough study of all evidence-based information provided by peer-reviewed medical science.

Thank You