

Good morning. I would like to start by taking the time to thank you all for hearing me today. I have been following the progress of this bill and preceding bills concerning gender affirming care for youth in Ohio closely. I can say that I have heard a lot from various voices that has made me put in a lot of research and think very intentionally about what I want to say today.

I think it would be best to begin by drawing some attention to some numbers surrounding the matter. Roughly 1.4% of youth in the United States today identify as transgender, roughly 300,000 youth. In Ohio, 1.15% of youth fall within this category, or about 8,500 youth in total. These 8,500 young people rely on us to provide them with the means to grow into happy and healthy adults. However, we know that roughly 82% of transgender youth consider suicide as a legitimate option. That's 6,970 of those children. 40% of them will actually attempt suicide at least once. 3,400 youth. Gender affirming care, including puberty blockers and hormones is associated with a roughly 73% reduction in risk of suicide. To ban these interventions is to ban a key life saving intervention when working with these young people.

I have been hearing a lot of testimony given and questions raised about the risk of detransition or transition regret later in life. I want to share that these arguments caused my quite a bit of pause in my research and considerations. When looking through research that examines incidences of transition regret, I found a wide array of statistics reporting the "true" rate of detransition. The study with the highest rate of detransition was a study conducted looking at pharmacy records from the US Military Healthcare System. 25.6% of people on record who started taking their hormones before 18 suddenly stopped taking them within four years of starting. However, there was no further follow up with these patients beyond examining pharmacy records, so there's no way of knowing if they "stopped" taking their hormones because they switched insurances. Another study showing high rates of detransition, 13.1%, was examining people who had detransitioned at some point in their transition long term. Many of these people, 82.5%, detransitioned for external factors including pressure from their parents and community and then later transitioned again. One of the most commonly quoted rate of detransition that I was able to find stated that approximately 2.5% of youth who transition will detransition, and this most commonly occurs in youth who transition before the age of 6 and eventually detransition before the age of 10. Meaning that these youth were never old enough to receive the interventions that we are discussing today. If we look back again at the roughly 8,500 transgender youth in Ohio, we are looking at 213 of those youth detransitioning. 8,500 youth. 6,970 considering suicide. 3,400 attempting suicide. 213 detransitioning. That is 213 youth who actually survive detransitioning.

Now, I by no means want to suggest that those 213 individuals are not deserving of our compassion and our attention. In fact, I believe that the trans community does not pay enough attention to these individuals. The topic of detransition is one that is uncomfortable to discuss because we know that these discussions lead us to situations that we find ourselves in today. The

threat of having our identities put into question and our access of the means of our survival into danger. However, that does not mean we can simply ignore these 213 youth who will eventually live to regret their transition. We may even see higher numbers than that, and I want to stand before you today and say that I am also concerned by these numbers. More work needs to be done in the medical field to help reduce the number of transgender youth who receive gender affirming care who will later detransition. Notice how I say the medical field and not legislators. The fact of the matter is that today people are being forced to look at a group of 8,500 transgender youth and decide if they care more about the 3,400 who will attempt suicide or the 213 who will regret their transition. This is not a situation that is helping any of these young people.

In my research, I found a very moving quote by Daniela Valdes and Kinnon McKinnon, two researchers looking at the two narratives of transition and detransition that states: “These are not opposing political viewpoints. They simply reflect a wide range of real outcomes of medical interventions that can fundamentally transform a person’s body and their life.” No person deserves to have their identity and their life experience weaponized to push a political agenda. People who experience transition regret deserve our attention and our compassion, but not at the expense of youth who need gender affirming care. We need to be doing the work towards finding the right level of information gathered and provided prior to being given access to gender affirming care such as hormones and puberty blockers. But in order to do this, we cannot also deny access to them all together.

I can say that I was one of the 82% of transgender individuals who seriously consider suicide as an option. But my parents saw this and recognized it. I was on testosterone before I could become one of the 40% who actually make an attempt. I live every day grateful that I can finally exist inside of a body that I recognize in the mirror. I will continue to live every day fighting for the rights for transgender youth who remind me so much of myself at their age. I will also continue to live every day fighting for justice for those 213 whose doctors have failed them. I hope that you all will live every day without failing the 3,400.

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