

December 1st, 2023

To the members of the Government Oversight Committee:

My name is Max Robinson. I am a detransitioned lesbian. I accessed pediatric gender services as a teenager in California. I started testosterone at 16, changed my legal sex to male, and had a mastectomy at 17. I stopped testosterone and changed my sex marker back to female at 20; I am 28 now and live my life as a lesbian woman with facial hair and no breasts. I have mild/moderate urinary stress incontinence as a result of stage 1/2 pelvic organ prolapse my pelvic floor physical therapist told me is from testosterone. I am against bans on pediatric gender transition.

Demand for transitional medicine waxes and wanes, but at its peaks, it remains a fringe issue affecting almost no one. Those of us who stop transition are a minority of a minority. The push for legislation on pediatric transition as opposed to underage cosmetic medicine more broadly, which affects many times as many American teenagers, reveals the hypocrisy of those who claim respect for bodily integrity as their justification. I have a tremendous amount of respect for people like myself who are not able to or interested in conforming to gendered expectations, so I cannot believe that cosmetic interventions represent the best possible way to treat distress around our appearances or how we are treated. I think it speaks to how intolerant our society is that most people who utilize this technology are glad they did, and that doctors who provide this care believe doing so represents profound acceptance of difference rather than pathologization of it. I wish no physician was comfortable providing cosmetic medicine, and that nobody wanted it performed on them. I don't believe children with families and communities who have always truly celebrated them for who they are would feel the need to have their gender nonconformity medicalized.

That's my opinion on this culture war. My opinion shouldn't be the law, and neither should yours. Clinical practice is best determined by clinicians. Medical practices evolve in response to data, and the data on this subject is far from conclusive at this time. Trained specialists are far better equipped to interpret it than legislators. For example, I hear it on good authority from an Ohioan that the pediatric gender clinics there prescribe hormones pretty sparingly, and don't actually perform any underage transitional surgeries. Other states do, though.

The resources spent on pushing for these bans could have been spent exploring how best to support those who detransition or what strategies other than transition may represent meaningful options for people with gender dysphoria. Bans drive clinicians and families trying to support their children out of state, they drive use of low quality remote gender care services online, and they heighten stigma against gender nonconforming children. There are many productive ways to engage with concerns about the ethics of pediatric transition, and to end the worship of heterosexual conformity that makes transition coherent by defining the woman-hating gender roles we must move within or outside of. This isn't one of them.

Max Robinson