

Opponent Testimony for House Bill 68
Dr. Nicolas Shannon Savard
Government Oversight Committee
December 6, 2023

Chairwoman Roegner, Vice Chair Antani, Representative Click, and Members of Government Oversight Committee,

I write to express my opposition to Representative Click's proposed "Save Adolescents from Experimentation Act" and the "Save Women's Sports Act." My name is Dr. Nicolas Shannon Savard. I am an educator; a researcher of LGBTQ community, culture, and inclusive educational practice; and I work with LGBTQ youth in Columbus and Northeast Ohio. I am also a transgender adult who has had the great fortune to be able to access all of my gender-affirming healthcare here in the state of Ohio. Regarding the "Save Women's Sports Act," I speak as a former NCAA athlete who has been shaped by their participation in both high school and college sports. Regarding the "SAFE Act, I would like to address some of the outdated science informing the rationale presented in the proposed bill and offer an account of the consequences of denying compassionate, affirming gender-related care to transgender youth.

I'll begin with the so-called "Save Women's Sports Act" which aims to mandate sex segregation on school sports teams, largely it seems, out of a concern that transgender girls might a "biological advantage" over cisgender girls on the field, the court, or the track. First, there's little evidence to support this, and the NCAA and interscholastic athletic leagues in this state already have regulations addressing this possibility. Even if, as Rep. Click states, there were boys trying to join girls sports teams, the fact that the average male tends to be taller and have more muscle mass than the average female, doesn't necessarily make any individual boy a better athlete. It is deeply sexist to assume so; it erases the hundreds of hours that women athletes dedicate to training to develop their skill, strength, speed, and strategy in the sports they play. However, I'll apply Rep. Click's logic to my own high school basketball team. It was 2008; more than a few times, I heard girls on the opposing teams complaining that they shouldn't have to play against a "man," that the "man" on our team shouldn't be allowed on their home court. Their complaints and accusations were not directed at Michelle, our starting center, or Kim, our best rebounder. Both stood over six feet tall (taller than many players on the boys' team) and, surely, they had a biological advantage over the rest of us. Should that mean Michelle and Kim ought to be banned from the basketball court? Neither of those two, however, were the targets of suspicion. The player called a "man" by girls on the other team, the one they claimed to be "uncomfortable" with, was our 5'3" point guard, Jenny. The only girl on the court with her hair cut short. This is not an issue of biology. It's an issue of bigotry. HB-68 will not save women's sports; it will only lead to more situations like the one I've described here. Only the homophobic teenagers will have the backing of the law, not just mean-spirited insults.

To move on to the bulk of the "Save Adolescents from Experimentation Act," I'd like to start with a brief acknowledgement of the history the medical and psychiatric treatment

of gender nonconforming children. I believe this can shed light on why it may appear that there are suddenly so many more transgender children and teens today than there were 10 years ago when, in reality, we just have a much better understanding of transgender identity and experience than we did 10 years ago. In 1980, the American Psychiatric Association added "Gender Identity Disorder" to the third edition of the Diagnostic Statistical Manual, listed under "psychosexual disorders." This category included "Gender Identity Disorder in Childhood," "Transsexualism," (renamed to "Gender Identity Disorder in Adolescence/Adulthood" in 1987) and "Gender Identity Disorder-non-transsexual, unspecified." Much of the diagnostic criteria for children was based on their behavior, clothing choices, preference in playmates, and parents' assessment of the appropriateness of their child's masculinity or femininity, with very little consideration of the child's internal experience. The most common course of action and advice given to parents when children displayed gender atypical behavior or feelings was to encourage the child to assimilate into the gender role that matched their birth sex. In other words, tomboys ought to transition into "young ladies" and sissies ought to transition into "real men" by the age of twelve or so. In the last 40 years, we've arrived at a much more nuanced understanding of transgender experience that distinguishes between gender nonconforming behavior, sexual orientation, and one's internal sense of identity. The fifth edition of the DSM, reflecting further research and aiming to de-pathologize gender nonconformity, included an overhaul of the diagnostic criteria for "Gender Identity Disorder," changing the name to "Gender Dysphoria."¹ This marked two major shifts: 1. One's gender identity and sense of self is no longer classified as disordered and 2. The criteria for diagnosis focus far more on internal experience and addressing distress rather than aiming to assess gendered behavior or preferences. The reason that we're seeing so many more referrals for the treatment of transgender children today than we have in the past is that this updated diagnostic criteria was just published in 2012. Medical and mental health professionals did not have the language or guidelines to talk about this before then.

As the proposed "Save Adolescents from Experimentation Act" would, in effect, ban effective, consensual, thoroughly-informed, evidence-based treatment of gender dysphoria based on outdated understandings of transgender childhood and adolescence. I would like to offer a brief image of what happens when trans youth do not have access to gender-affirming care. I was a transgender kid, growing up in the nineties and early 2000s, in the era of "Gender Identity Disorder." I was a textbook case: I preferred sports over dolls and makeup; usually took on male roles in pretend-play;

¹ My explanation here draws upon the following sources which give a much more in-depth overview: Davy, Zowie. "The DSM-5 and the politics of diagnosing transpeople." *Archives of sexual behavior* 44, no. 5 (2015): 1165-1176.

Drescher, Jack. "Transsexualism, gender identity disorder and the DSM." *Journal of Gay & Lesbian Mental Health* 14, no. 2 (2010): 109-122.

F. Beek, Titia, Peggy T. Cohen-Kettenis, and Baudewijntje PC Kreukels. "Gender incongruence/gender dysphoria and its classification history." *International Review of Psychiatry* 28, no. 1 (2016): 5-12.

Lev, Arlene Istar. "Disordering gender identity: Gender identity disorder in the DSM-IV-TR." In *Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM)*; pp. 35-69. Routledge, 2014.

fought my mother tooth and nail to let me wear boys' clothes, causing many scenes in department store dressing rooms during back-to-school shopping season. When I learned what changes would accompany a female puberty, in the absence of gender-affirming mental healthcare or puberty-delaying medication, I devised every way I could to stop puberty myself. At 12 years old, I would do hundreds of pushups every night before bed, trying to prevent my breasts from growing. When that didn't work, I would wrap my chest in ACE bandages at night and wake in the morning with sore ribs. I would exercise without appropriate rest and restrict my eating in hopes that I could stop my periods. The more my parents, following the guidance of the time, tried to get me to accept my social role as a young woman, the more they tried to get me to feel proud of my body, the more they tried to teach me how to be appropriately feminine, the deeper I fell into depression, anxiety, and shame, and the more disassociated I became from my own body and my emotions. By 16 years old, having accepted that I had failed to prevent puberty, I would lie awake at night praying I would develop breast cancer, knowing that the treatment would involve hormone suppression and a mastectomy.

When I moved to Columbus for graduate school at 23, I was finally able to access transition-related healthcare and gender-affirming psychotherapy. It is without exaggeration that I say this saved my life. However, I am also still dealing with the physical and mental consequences of the methods I used to survive and address my gender dysphoria in my adolescence. My excessive exercise regimen and habitual disregard for my body's pain signals has left me with permanent joint damage. It has taken years of therapy to re-learn how to connect with my emotions. It has taken years of therapy to repair my relationship with my body and to re-learn how to recognize the most basic of physical sensations: hunger, soreness, fatigue.

It gives me great hope that today's transgender youth may not have to experience what I did growing up. Medicine, research, therapy, and social supports exist today in ways that I could not have imagined 18 years ago. Please do not take that away.

As a transgender Ohioan, as an educator, as someone who works closely with trans and gender nonconforming youth, I ask you to strongly consider my testimony opposing HB 68 and vote NO on this bill.

Thank you, again, for the opportunity to testify. I would be happy to answer any additional questions or provide input as needed. You may reach me by email at nicolasshannonsavard@gmail.com.

Thank you,

Respectfully submitted,

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