Eirin Donovan
December 6, 2023

Hello, members of the Government Oversight Committee, and thank you for giving me the opportunity to testify. My name is Eirin Donovan. I am a trans woman from Columbus who graduated from OSU with a bachelor's degree in history. I am also a third-year law student at Vermont Law & Graduate School in South Royalton, Vermont. I spent this semester and will spend the remainder of this week working with the City Attorney's office as a legal intern. My plan has always been to return to Ohio to practice law and to focus specifically on LGBTQ+ advocacy and civil rights. I am here to oppose HB 68 and to testify on three specific subjects: issues with HB 68 specifically, my personal experiences as a trans person, and a critical historical analysis of HB 68 and its proponents' testimony.

First, there are significant legal and factual issues in HB 68's proposed changes to the Ohio Revised Code and the purported justifications in Section 2 - within what is called "the four corners of the document" in legal contexts. The legal, factual, and constitutional deficiencies just within the text of HB 68 itself almost certainly mean that the bill will be overturned on legal challenge. Numerous bills passed in other states, also titled "Save Adolescents From Experimentation" and containing much of the same text as HB 68, have already been overturned. Ohio should not be wasting its time and money on this.

HB 68's first legal effect is to bar judges from using their best judgment in child custody decisions. R.C. 3109.054 does nothing but limit judicial discretion and potentially endangers children through its contradictions with R.C. 3109.04. If a judge reasonably determines that a parent's "character, family relations, past conduct, earning ability, and[/or] financial worth"[1] are connected to and negatively implicated by their treatment of a child's trans identity (or even just the possibility thereof), which statute does the judge prioritize? What if the court interviews a child with "sufficient reasoning ability to express [their] wishes or concerns"[2] and the court determines that one of the parents subjects the child to abuse based specifically upon the desire to force the child to assume a cisgender identity?

This is not just an issue of how an individual parent might treat their trans child: this is an issue of whether Ohio courts and judges are legally allowed to determine that a parent's desire to put their child through so-called "conversion therapy"—which are, in reality, systematized forms of physical, emotional, psychological, and sexual abuse that views LGBTQ+ identity as a disease

[1] H.B. 68, 135th General Assembly, Regular Session (Ohio 2023), R.C. 3109.04(C).

[2] H.B. 68, 135th General Assembly, Regular Session (Ohio 2023), R.C. 3109.04(A)(2)(b).

to be cured[3]—is reasonably related to a child's safety when making custody decisions.[4] The text of HB 68, as expressed in the proposed text of R.C. 3129.03(A), explicitly prioritizes a parent's comfort with the possibility of having a trans child over the well-being of that child. It would be illegal, under R.C. 3129.03(A), for a mental health professional to even diagnose a child with gender dysphoria without parental consent. Even if a child's parents consent to a diagnosis, the proposed text of R.C. 3129.02 might prevent that child from receiving any medical care which they, their parents, their mental health professional, and their medical doctor might all agree is appropriate and necessary for their well-being. This does not "save adolescents from experimentation": it creates and forcibly enrolls children with gender dysphoria in a massive, poorly-designed, unmonitored experimental denial of care.

Further demonstrating this issue is the text of Section 2(G), which notes a lack of "randomized clinical trials." It fails to note that designing and conducting any such experiment would necessarily subject children to unavoidable harm. For such a study to have reliable results, every participant would need to be a trans child who's diagnosed with gender dysphoria, who wants to transition, and whose doctor agrees that transitioning is an appropriate medical decision. The study would then by design deny that care to a random selection of trans children, specifically for the purpose of seeing if they suffer from the often-debilitating mental health consequences of gender dysphoria.[5]

Complicating HB 68 is that its proposed definition of sex in R.C. 3129.01(A) excludes intersex people, despite the proposed exceptions in R.C. 3129.04 expressly allowing surgery to

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[3] See, e.g., Azeal, *Welcome to the USA, Where Torturing Children is Legal.*, YouTube (uploaded Dec. 12, 2022), https://www.youtube.com/watch?v=a0VDOA7sMh0 (wherein a trans adult describes her experiences surviving conversion therapy as a teen and the ongoing trauma she suffers). See also *Pray Away* (Multitude Films 2021), Netflix, https://www.netflix.com/watch/81040370 (describing the modern and near-modern history of conversion therapy practices, ethical problems inherent to such practices, and the ongoing lack of evidence showing broad and/or long-term efficacy despite more than a century of practice).

[4] See, e.g., Human Rights Campaign, *The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity*, https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy (collecting the official statements of more than a dozen major medical, psychiatric, psychological, educational, and other professional organizations which condemn conversion therapy at any age).

[5] Tiffany Jones, *Improving Services for Transgender and Gender Variant Youth: Research, Poolicy and Practice for Health and Social Care Professionals*, Jessica Kingsley Publishers 88-89 (Jan. 21, 2019), https://ebookcentral.proquest.com/lib/vls-ebooks/detail.action?docID=5625503 (recognizing "the relationships between stress, anxiety, depression, substance use and gender dysphoria" that affect trans youths' well-being and complicate care).

be performed on intersex minors. In fact, the proposed definitions of R.C. 3129.01 do not define or even acknowledge the existence of intersex people. This means that, should HB 68 pass into law, the state of Ohio will ban transition care it calls "invasive" and "irreversible" in Section 2(J) for trans minors in a bill which calls this care "experimentation" in its title, despite significant medical evidence demonstrating its efficacy. BUT: it will expressly remain legal for parents to decide that those exact forms of care should be performed on their intersex infant children, who are too young to either consent to such surgery or to understand what is happening. There is, in fact, decades of data and study showing that the vast majority of intersex people experience severely negative outcomes in exchange for no observable medical benefit.[6] Please consider the following statement from the American Academy of Family Physicians:

> The American Academy of Family Physicians (AAFP) opposes medically-unnecessary genital surgeries performed on intersex children.
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> Scientific evidence does not support the notion that variant genitalia confer a greater risk of psychosocial problems later in life. However, many intersex children are subjected to genitalia-altering surgeries in infancy and early childhood without their consent or assent. Such surgeries may have irreversible effects, including but not limited to infertility, chronic pain, inaccurate sex/gender assignment, patient dissatisfaction, sexual dysfunction, mental health conditions, and surgical complications.
>
> The risk of neoplasia in intersex individuals is understudied and may vary by condition. Gonadectomy should not be recommended to minimize this risk without sufficient evidence. Genital surgeries should only be recommended as medically necessary for intersex infants and children for the purpose of resolving significant functional impairment or reducing imminent and substantial risk of developing a health- or life-threatening condition.
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> Information regarding genital surgeries should be medically accurate, developmentally appropriate, and patient-centered to promote self-determination and self-advocacy. Decisions regarding elective gentital

[6] See, e.g., Human Rights Watch, *US: Harmful Surgery on Intersex Children* (July 25, 2017), https://www.hrw.org/news/2017/07/25/us-harmful-surgery-intersex-children (linking to and summarizing a 160-page report on data collected over several decades of surgically altering infants' genitalia to fit cisnormative expectations of form and function).

> surgeries should be delayed until intersex children are able to actively participate in the informed consent process.[7]

HB 68 not only fails to protect intersex children, it actively and uniquely puts them at risk of lifelong medical harm.

Existing studies and evidence strongly show that familial support, social acceptance, and appropriate medical and mental health care (including transition-related care) have more positive effects on trans people's mental health than any other possible response.[8] Section 2 of HB 68 purports to justify the bill's text and purpose, but the information it includes is misleading at best. Section 2(B) of HB 68, for example, asserts that the American Psychiatric Association believes trans people might be ten-thousandths of a percent of the U.S. population at most. This is the same number used in Section 2(B) of Arkansas's HB 1570, which is also titled the "Save Adolescents From Experimentation" Act, and which also fails to give a more detailed citation than "the American Psychiatric Association."[9]

Upon reading HB 68 for the first time, I instantly recognized this: I wrote my law school application essays about the harm of legislating trans people out of existence and specifically focused HB 1570 and its reliance on misinformation, presented fearfully and lacking proper citation. Section 2(B)'s specific figures—that trans women are 0.005 to 0.014% of the population, and that trans men are 0.002 to 0.003% of the population—are taken from an

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[7] American Academy of Family Physicians, *Genital Surgeries in Intersex Children* (Oct. 2023), https://www.aafp.org/about/policies/all/genital-surgeries.html.

[8] See, e.g., Center for the Study of Inequality at Cornell University, *What does the scholarly research say about the effect of gender transition on transgender well-being?*, https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/ (stating that a systematic review of scholarly literature published between 1991 and June 2017 "found a robust international consensus in the peer-reviewed literature that gender transition, including medical treatments such as hormone therapy and surgeries, improves the overall well-being of transgender individuals."). See also Center for the Study of Inequality at Cornell University, *What does the scholarly research say about the link between family acceptance and LGBT youth well-being?*, https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/%20what-does-the-scholarly-research-say-about-the-acceptancerejection-of-lgbt-youth-2%20/.

[9] Section 2(B), H.B. 1570, 93rd General Assembly, Regular Session (Ark. 2021), https://www.arkleg.state.ar.us/Home/FTPDocument?path=%2FBills%2F2021R%2FPublic%2FHB1570.pdf.

outdated print edition of the DSM-5.[10] The following sentence, which states that the APA deliberately underestimated the trans population based on the number of patients receiving transition-related care at specialized clinics, was omitted in Arkansas's HB 1570 and is omitted in Ohio's HB 68.[11] The APA does not provide this estimate via any online resource on its official website, http://www.psychiatry.org. More recent data suggests that at least 0.6% of the U.S. population is trans.[12]

HB 68 also relies on misrepresentations of transition care, how many people receive it, and what proportion of recipients regret receiving it. Section 2(C), in specific, alleges that "the vast majority" of trans children are not trans and do not actually need care.[13] This, like other claims made in HB 68, is a popular falsehood. Erin Reed, a trans woman and journalist, interrogates the claim thusly:

> Zucker is the genesis of the number that is most often cited, "80% desist from being trans." Upon review of Ken Zucker's research, half of Zucker's patients did not even meet the definition of diagnostic criteria for transgender youth. His main research consisted of only 45 youth utilizing the old diagnostic criteria. A review of his clinic yielded much darker results, however: Zucker was engaging in conversion therapy practices that sought to push trans youth to identify as cisgender. His clinic was promptly shut down in 2015 as a result of a Canadian anti-conversion therapy law. Although Zucker denies the allegations that he engaged in conversion therapy, his practices and history paint a different picture. In the 1990s, he stated support for gay conversion therapy with the rationale, "a homosexual lifestyle in a basically unaccepting culture simply creates unnecessary social difficulties."

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[10] American Psychiatric Association, *DSM-5* (5th ed. 2013), Internet Archive, p. 488 (internal p. 454) (uploaded Nov. 26, 2016), https://archive.org/details/DSM5Eng/page/n487/mode/2up.

[11] *Id.*

[12] See, e.g., USAFacts Team, *What percentage of the US population is transgender?*, USAFacts (Aug. 3, 2023), https://usafacts.org/articles/what-percentage-of-the-us-population-is-transgender/ (estimating that 1.03% of the US is trans). See also Jody L. Herman et al., *How Many Adults and Youth Identify as Transgender in the United States?*, UCLA School of Law Williams Institute (June 2022), https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/ (stating that 0.5% of US adults are trans, as are 1.4% of US minors aged 13-17).

[13] Section 2(C), H.B. 68, 135th General Assembly, Regular Session (Ohio 2023).

…

> Because of a tiny sample size, outdated data, the impossibility of youth transition, and Zucker's clear ideological motivations, his 80% detransition rate clearly should be viewed as false and useless in current research on gender affirming care, especially considering modern data, criteria, and research exists.
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> Steensma's 2011 and 2013 studies had similar issues in his research, which in some ways had even worse methodological flaws. Steensma used the old criteria, which is not the way that gender dysphoria is diagnosed today. Worse, the two studies classified every youth who did not return to the clinic as having "desisted" or "detransitioned" with no long term follow-up. Half of the participants in the studies did not return and all were classified as having "desisted." The sample sizes were tiny at the getgo - only 53 people were in the first study and 127 in the second study. Given the fact that a large portion if not the majority of Steensma's patients were classified under decades old criteria and assumed permanently detransitioned simply for refusing to follow up, these studies cannot be used to make any reasonable claim of desistance rates.[14]

Section 2(M) cites a 20% increase in gender-affirming surgery from 2015 to 2016 and implies that, therefore, care providers' potential economic conflict precludes Medicaid from ethically covering transition-related care.[15] According to the Journal of the American Medical Association, a total 4,552 gender-affirming surgeries occurred in 2016.[16] When compared to the United States population as a whole, a rounding error would be orders of magnitude larger than 4,552. If you'll allow me to be glib, "a nationwide distribution of people equal to 0.039% of the population of Ohio" is a far less threatening statement than "the bad thing increased by 20%."

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[14] Erin Reed, *Debunked: No, 80% of Trans Youth Do Not Detransition*, Erin In The Morning (Mar. 17, 2023), https://www.erininthemorning.com/p/debunked-no-80-of-trans-youth-do.

[15] Section 2(M), H.B. 68, 135th General Assembly, Regular Session (Ohio 2023).

[16] Jason D. Wright, et al., *National Estimates of Gender-Affirming Surgery in the US*, JAMA Network Open (Aug. 23, 2023), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2808707.

This all necessarily leads to HB 68's constitutional problems. Section 2(A) states that Ohio "has a compelling government interest" in protecting its citizens. This leaves out half of the constitutional test: if the government must prove in court that it has a compelling interest to pass and enforce a discriminatory law, then it must also prove that the law is narrowly tailored to serving that specific purpose.[17] For the factual and legal inconsistencies I've already described, HB 68 is not capable of passing a test of strict scrutiny. These issues implicate the Due Process Clause of the Fifth Amendment, the unenumerated rights protected by the Ninth Amendment, and the Equal Protections Clause of the Fourteenth Amendment. HB 68 violates the guarantee of equal protection under the law in Article I, Section 2 of the Ohio Constitution, and the disparate subjects of law it alters violate Article II, Section 15(D). It's plainly and definitely unconstitutional, and all its passage will accomplish is a massive waste of time and money.

Second, the effect of this bill guarantees that trans children will suffer in some of the exact same ways that I suffered as a child. HB 68 imposes specific modes of being upon children in Ohio, acknowledging that trans children *can technically* exist while expressly frustrating their ability to exist authentically and to receive adequate medical and mental health care *specifically because of* their trans identity. It is extremely difficult to put these experiences into words, both from the emotional difficulty of thinking about them and the linguistic difficulty of expressing the experience of severe gender dysphoria.

When I feel like making a joke about having gender dysphoria as a closeted trans teenager, I describe it as living through my own personalized version of John Carpenter's 1982 body horror film, *The Thing*. I talk about the scene where the thing disguised as Bennings runs outside, but everyone sees it with a writhing mass of flesh for an arm and it lets out this unearthly scream. And then I say, "hah! Puberty, am I right?" And everyone's having a good time. I also like to make jokes about transphobic conspiracy theories, like the idea that there's no such thing as trans people because we've all just brainwashed by Japanese cartoons since the 1990s.[18]

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[17] See, e.g., *Reed v. Town of Gilbert*, 576 U.S. 155, 171 (2015) (stating that to pass strict scrutiny, the government must prove that a law "furthers a compelling governmental interest and is narrowly tailored to that end.").

[18] Ana Valens, *Transphobic doctor claims anime makes people trans, gets shut down by Twitter*, The Daily Dot (Nov. 13, 2018, updated May 21, 2021), https://www.dailydot.com/irl/transphobic-doctor-twitter-anime-makes-people-trans/. The doctor mentioned in the title is Dr. Ray Blanchard, the source of a number of debunked theories about trans identity and sexuality. These theories are often still used to associate trans people and identities with mental illness and disability for the purpose of denying us health care; see, e.g., Section 2(D), (E), , H.B. 68, 135th General Assembly, Regular Session (Ohio 2023).

Having a serious conversation is a lot less funny. One of my earliest memories is from age four, telling myself that I'm a bad person for wanting to try on a dress. By that point of my life, I had already learned that having feelings outside of what was "acceptable" for a boy to feel was wrong. By eight years old, I decided that having feelings was a problem and that I should try to stop having them. Puberty was, in fact, like living through my own personalized version of *The Thing*. I was never allowed to stop watching and experiencing my body become something alien and horrific. I actively avoided looking in mirrors from ages twelve to twenty-eight because I couldn't see my face without wanting to die. Just the state of physically sensing the world around me was severely distressing because it involved sensing my physical form. I felt an innate, unshakeable feeling of brokenness that accompanied every thought and every action. It was an inescapable and constant layer of misery lying just beneath the surface of every waking moment, no matter what.

I did not have goals during this part of my life. I played video games to dissociate from the idea that I, Eirin Donovan, was a person who existed. I tried to build a life that would let me gradually alienate myself from everyone I knew so they wouldn't be sad when I killed myself. I still struggle with reaching out to people and forming meaningful relationships because there's a part of me that believes that my existence is intrinsically burdensome. I did not learn that trans people existed or that transitioning was an option until I was seventeen years old, at which point I already hated myself way too much to consider transitioning or believe that I deserved to be happy. I remember very little of multiple years during my early twenties because the first thing I did every morning was drink two shots of liquor.

Despite my plan to have an "ethical" suicide which wouldn't hurt anyone but me, I don't know how many times I tried to commit suicide and failed. My least pleasant attempt was the time I tried to overdose on iron supplements. I read online that it would prevent my stomach from generating its mucosal lining, so my body would digest itself. It would be an extremely long and painful process, which I believed I deserved at the time. I believed that I deserved to suffer because I was trans and I wasn't strong enough to live under my expected cis identity for long enough to kill myself in a painless and ethical fashion. The entire point of killing myself was to hide that I was trans. HB 68 will force trans children in Ohio to experience this, to live through this, and to spend their full adult lives dealing with this.

Transitioning saved my life.

Third, trans people and/or people and communities analogous to modern trans identity existed throughout human history and across the world.[19] I believe that HB 68 and many of its proponents misrepresent trans people, identity, medical care, and existence as recent, unprecedented, and dangerous phenomena. I believe it's extremely important that this misinformation be disputed: we must consider HB 68 within the context of the world it exists in, not the world it purports to create by stigmatizing trans existence.[20]

Trans-analogous communities existed throughout human history, and their treatment in their respective societies was highly variable. The idea of sex and gender are a pure binary with strict and immutable correlation is extremely contemporary. Herodotus (widely regarded as the first historian) recorded the existence of the *Enarei* during his life in the 5th century BCE.[21] Hippocrates, a physician and Herodotus' contemporary, described them as "eunuchs among the Scythians, who perform female work, and speak like women."[22] Because they lived prior to the advent of widespread literacy and a written historical record, it is unclear whether we (as modern observers) should understand *Enarei* as a separate gender or a separate sex, as far as their role within their contemporary society functioned. Rachel Hart notes that these descriptions coincide with Rabbinic tradition, stating:

> Rabbinic tradition identifies six potential genders, one of which is *androgynos*, an individual who has both "male" and "female" characteristics, but does not wholly belong to either. Though the source texts attempt to operate within a binary system, the inclusion of multiple options within that scheme points to an acceptance that more than two genders actually exist, despite how they are often incorporated – or not – into Jewish societies (Kukla 2009). The *androgynos* is not presented as a commonly-encountered individual, but rather the rabbinic authors use this gender variant – and others – to describe individuals on the

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[19] See, e.g., Kalonymus ben Kalonymus (translated by Rabbi Steve Greenberg), *Commemorating Transgender Day of Remembrance: Excerpt from Even Bohan, 13th Century*, Eshel Online (Nov. 20, 2015), http://www.eshelonline.org/commemorating-transgender-day-of-remembrance/.

[20] I primarily use online citations for the purpose of making this document more accessible.

[21] Herodotus (translated by George Rawlinson), *The History of Herodotus Book IV*, MIT Internet Classics Archive, http://classics.mit.edu/Herodotus/history.4.iv.html. This translation describes them as "[t]he Enarees, or woman-like men."

[22] Hippocrates (translated by Francis Adams), *On Airs, Waters, and Places Part 22*, MIT Internet Classics Archive, http://classics.mit.edu/Hippocrates/airwatpl.22.22.html.

> periphery of their normative culture. Herodotus does the same when describing the Enareës as a small subsection of Scythians; his Scythians are already Other, and the Enareës are further distanced by fact of their gender variance. The fact that *androgynoi* is the word Herodotus uses for the Enareës supports a gender-variant interpretation for their identity.[23]

We have no reason to believe that *Enarei* adopted feminine modes of dress and/or behavior unwillingly, or (assuming for the sake of argument that Hippocrates correctly diagnoses their impotence as a consequence of medicinal bloodletting) that they were forcibly prevented from dressing, acting, and/or assuming the social roles of men.

I insert this short paragraph after running out of time to continue writing about the vast and extremely cool and interesting history of trans and analogous people throughout the world and its history.[24] I strongly recommend that this Committee consider the example of Dr. Magnus Hirschfeldt's *Institut für Sexualwissenschaft*, the research he and his colleagues were already doing into the existence of trans people and the positive effects of transition care in the early 20th century, and the why so many people observe legislation like HB 68 and are reasonably fearful of social and political movements which define trans identity and public existence as dangerous.[25]

I take particular issue with misrepresentations of history being used to argue that transition care should be illegal. Examples of such misrepresentation include comparisons of transition care to lobotomization, or arguing that heightened trans mortality during the HIV/AIDS crisis of the 1980s proves that transition care itself heightens trans mortality.[26]

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[23] Rachel Hart, *(N)either Men (n)or Women? The Failure of Western Binary Systems*, The Society for Classical Studies (Annual Meeting 148), https://classicalstudies.org/neither-men-nor-women-failure-western-binary-systems.

[24] See, e.g., Step Back, *There Have Always Been Trans People*, YouTube (Jan. 27, 2023), https://www.youtube.com/watch?v=4IWvGhlRiIY. (beginning with archaeological evidence which predates the invention of writing demonstrating the existence of trans-analogous people and describing global historical phenomena of people and communities that did not conform to the compulsory social expectations of cisgender, heterosexual presentation and identity in the modern US).

[25] Brandy Schillace, *The Forgotten History of the World's First Trans Clinic*, Scientific American (May 10, 2021), https://www.scientificamerican.com/article/the-forgotten-history-of-the-worlds-first-trans-clinic/.

[26] See, e.g., *Testimony Summary of Dr. David Bonnet*, November 28, 2023, https://ohiosenate.gov/committees/government-oversight/legislation/hb68.

Regarding the specific comparison to lobotomization: transition care is something that patients want and actively choose for themselves, whose recipients almost always experience profound benefit, and who regret receiving such care at a drastically lower rate than a number of other, much more common medical procedures.[27] In contrast, people did not choose to be lobotomized: the procedure was forced upon them, specifically to control their behavior and alter their personalities.[28] That one of its uses was to "cure" the victim of their LGBTQ+ identity makes the comparison especially ironic.[29]

Proponents often refer to what they call "the Swedish study" as proof that trans identity, in itself, either contributes to a heightened mortality rate among trans people or that transition care does not have a meaningfully positive effect on trans people's mental health.[30] Dr. Cecilia Dhejne, the lead researcher on the study, stated her opinion about this misrepresentation in an interview:

> It's very frustrating! I've even seen professors use my work to support ridiculous claims. I've often had to respond myself by commenting on articles, speaking with journalists, and talking about this problem at conferences. The Huffington Post wrote an article about the way my research is misrepresented. At the same time, I know of instances where ethical researchers and clinicians

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[27] See, e.g., Lauren Bruce et al., *Long-Term Regret and Satisfaction With Decision Following Gender-Affirming Mastectomy*, 158 JAMA Surgery 1070 (2023), https://jamanetwork.com/journals/jamasurgery/article-abstract/2808129?guestAccessKey=43a62af8-3042-4678-b29d-3430c3ff98c1&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfl&utm_term=080923 (finding that zero of the study's 139 participants regretted their double mastectomy two years later). See also Valeria P. Bustos et al., *Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence*, 9 Plastic and Reconstructive Surgery Global Open (2021), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8099405/ (finding that, in a meta-analysis of 27 studies including 7,928 transgender patients who underwent gender-affirming surgery, a total of 77 (fewer than one percent) patients regretted undergoing gender-affirming surgery).

[28] See, e.g., Katherine Ott, *The history of getting the gay out*, National Museum of American History Behring Center (Nov. 15, 2018), https://americanhistory.si.edu/explore/stories/history-getting-gay-out.

[29] *Id.*

[30] See, e.g., citation number 21 of Dr. David Bonnet's testimony.

> have used this study to expand and improve access to trans healthcare and impact systems of anti-trans oppression.
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> Of course trans medical and psychological care is efficacious. A 2010 meta-analysis confirmed by studies thereafter show that medical gender confirming interventions reduces gender dysphoria.
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> …
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> People who misuse the study always omit the fact that the study clearly states that it is not an evaluation of gender dysphoria treatment. If we look at the literature, we find that several recent studies conclude that WPATH Standards of Care compliant treatment decrease gender dysphoria and improves mental health.[31]

The study examined trans mortality from 1973-2003 and determined that trans people had a higher mortality rate than cis people during a period of time which included the AIDS crisis. It is deeply frustrating for an entire political movement to rely so centrally on factual misrepresentations which, at their core, demean our very existence by representing it as a risk to be avoided instead of a different form of identity and experience.

There is so much more I wish to write, and so much more I know I could write, given adequate time and resources. I urge this Committee to consider and rely upon the consensus of major medical organizations, and grant trans and intersex people the equal protection under the law we are guaranteed by the federal and Ohio constitutions.

Sincerely,
Eirin Donovan

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[31] Cristan Williams, Fact Check: Study Shows Transition Makes Trans People Suicidal*, The Trans Advocate*, https://www.transadvocate.com/fact-check-study-shows-transition-makes-trans-people-suicidal_n_15483.htm (describing and debunking misinformation regarding "the Swedish study" including an interview with its lead researcher, Dr. Cecilia Dhejne).