

To Chair Lipps, Vice Chair Stewart, Ranking Member Liston and Members of the Public Health Policy Committee:

I testified at the hearing for HB 454 and appreciate the chance to speak again today on behalf of children and families. I am not a Dr or an activist. I am not an expert on psychology or child development. I am a mother who has been thrown into something I knew nothing about and have read and talked to anyone I can to help me help my daughter.

Unfortunately, the story I will tell is like many others you have heard and I want to challenge you to ask why that is. My daughter battled with mental and physical health problems from a young age. In middle school she was bullied, had friend issues, and didn't want to live. I took her to Cincinnati Children's Hospital, but she wasn't "suicidal enough" to be held. A year later, she had a friend attempt to end their life and another succeed. In addition, there was a very public suicide of teenager on 71 South.

Within a week, our daughter disclosed her suicide plan to me and so, at 14, she was admitted to inpatient care at Cincinnati Children's Hospital North College Hill. While in the hospital I found her journals and artwork that depicted an extreme self-loathing, loneliness, isolation, paranoia, and same sex attraction. Unfortunately, the doctor assigned to her never spoke with us during her stay, did not return my calls and never met us in person. **We were never given a formal mental health diagnosis for our daughter** and she was released after 1 week. We later learned that our daughter was severely traumatized during her hospital stay by other patients and staff.

Things returned to a 'new' normal and we continued to try to get her the proper mental health care. Soon after starting high school, she declared she was a boy. She insisted on new pronouns and said she wanted to dress "masculine". She discarded anything that was feminine. She also had a new name for us to call her. We were blindsided. Where did this come from? Even though she had previously said she was attracted to girls, she also had a crush on a boy. Now she wanted to be a boy?

Our pediatrician recommended the Cincinnati Children's Hospital Transgender Clinic. On the first visit, we met with a social worker for a short health history and then the founder of the Clinic. **There was no discussion of past or current mental health** or what we felt as parents would help our daughter.

The whole appointment lasted less than 15 min and in front of our daughter, the judgement was handed down.

1. We (and everyone around us) would affirm our daughter – who is now our Son. This meant, we HAD to use that name and pronoun our daughter wanted - even if we didn't believe it or want to use it.

2. We had to buy her new 'masculine' clothes and a binder to reduce the appearance of her breasts.
3. She needed to see a Gender therapist that they would recommend.
4. She was given birth control that limited her to 4 cycles a year because "women really didn't need to have a monthly cycle"
5. Our 15-year-old daughter was offered testosterone. (we declined)
6. They told us to buy a book called Gender Quest and go over it to be discussed at a future visit. It was never mentioned again.
7. We were provided with a letter from the Dr to give to all other providers and our daughter's school that told them how to affirm our daughter as a boy. (See attached)
8. We were given a handout of 'Best Practices for Suicide Prevention.'

At subsequent visits we never talked with personnel without our daughter's presence in the room but were asked to leave while the nurse or social worker talked to her alone. We continually felt pressure from the gender clinic staff to pursue full social and medical transition of our daughter as the only answer. It was clear that this renowned gender clinic only wanted to push medical transition. They didn't care about the root cause of our daughter's distress. **We felt trapped and coerced** and went along out of **fear** as the clinicians continually **threatened** us with the possibility of our daughter's suicide.

We attended a clinic sponsored support group several times. At our first meeting the founder and head of the clinic was specifically asked about treatment of wrong sex hormones and the long-term effects of Testosterone. After dodging the question multiple times she finally claimed not to have any long term data of the cumulative effects of wrong sex hormone treatment. According to her, her "JOB" was to get "the kids" through adolescence alive. Once again we were advised that our children would commit suicide if we didn't follow these unapproved medical protocols. Furthermore, her main concern seemed to be that we as parents submit these treatments to insurance to compel the insurance companies to pay for them.

This support group has an online forum that is over 1000 strong where parents and clinic staff share their advice to parents. This includes how to change name/gender on birth certificates up to which surgeons will take minors and how to get the required letters of support. The group does not support a parent who questions any of these treatments but rather tells them their child knows best and should lead the way in their own treatment. Some of the kids are 3 years old.

After 2 years of affirming her gender and following the instructions of the doctors, our daughter went back to outpatient hospital care due to another deep depression. It became clear to us that affirmation was not making a difference. **No Doctor or Therapist we talked to would consider any alternative than full medical transition. They did not discuss her other mental and physical health issues.**

Four years after her original hospitalization, our daughter shared that *she told us she was male b/c she thought that would be easiest for us to understand. She didn't feel female but she doesn't feel male.* She still had major issues with doing what a normal 17-year-old would do (no job, no driving, no planning for college) so we had some brain assessments done. We found that her Startle Reflex was still 75% intact. It should be gone by 1 yr of age. This meant that she had an overactive brain stem and was always in a fight or flight mode, like people with a trauma diagnosis. As indicated earlier in childhood, her processing of the spoken word was behind. It was that of an 11-year-old. She had the fine motor skills of an 8-year-old and the body awareness of a 9-year-old.

This means **her social and emotional understanding of her body was pre-pubescent**. Her gender therapist had absolutely no interest in these findings or our concerns and continued to only support transition.

Sadly, our attempts to help our daughter were undermined by Equitas Health in Columbus shortly after her 19th birthday. Despite abnormal hormonal bloodwork, *which required an MRI that only proved there wasn't a brain tumor*, our 19-year-old daughter began Testosterone injections. After almost 3 years on Testosterone, she is likely sterilized, her voice has been permanently altered, she has acne all over body, her hairline is receding, her face is puffy and her depression and anxiety has not improved. We know that she suffers from sleep issues, sensitivity issues, OCD, ADD, some sort learning or processing disability and unaddressed trauma. Yet none of those have resolved.

None of those issues can be addressed with surgery and yet her Equitas Dr. has continually encouraged her to have a bi-lateral mastectomy in order to address her problems. Furthermore, I overheard the Dr recommending that my daughter apply for Medicare so they can pay for this treatment. As of today, she has scheduled a bi-lateral mastectomy. I have to wonder where she would be if she'd received more comprehensive care by her physicians.

I am here today because when doctors ignore underlying issues, good science, bad side effects and only push a single treatment without considering any others, we must step in and question why.

Please support families and vote yes on HB68 to protect parents and children from being coerced into harmful, life altering surgeries and drugs before these kids have the development to understand the lifelong implications of these treatments.