

Opponent Testimony Regarding House Bill 68, the “SAFE Act”
Ohio House Public Health Committee
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Chairman Lipps, Ranking Member Liston, and members of the Ohio House Public Health Policy Committee,

Thank you for the opportunity to come before you today to testify in opposition to House Bill 68, the so-called “SAFE Act.” The sponsor and supporters of this bill argue that it would “save” Ohio’s children from “experimentation” by means of gender-affirming care. Of course, they won’t call it that – they will instead talk about “chemical castration,” “sterilization,” and “mutilation.” They will call it deviant; they will call it disordered, and they will even speak of it as the work of demons. What they won’t tell you is that this type of care has literally saved lives.

I don’t know if any of you are parents, grandparents, aunts, uncles, or otherwise have children in your close families. But, speaking as a parent, any time I see my daughter suffer, I feel it a million times worse. I think that’s probably true of almost all parents – at heart, we want what’s best for our children. We celebrate their accomplishments, and we agonize over their struggles. We’re usually our children’s strongest advocates, and – even when they disagree – we’re always looking out for what’s best for them.

Perhaps the hardest thing a parent can stand to see is their child suffering. From something as simple as a skinned knee to something as dire as a terminal illness, the old saying that having a child means keeping your heart outside your body really means something. So, when you see your child suffering from some illness – whether it’s a question of mental or physical health, or both – you want them to get the best care possible. You would move heaven and earth to see their condition improved, or even cured, if possible. That’s why people come from all over the world to the Cleveland Clinic, to Nationwide, to Cincinnati Children’s, and so many of the great health care facilities we have in this state – to get the best care possible, based on the best research and from the best practitioners in their fields. By and large, we trust those professionals – trust them with our lives, and those of our kids. But there are times where a doctor recommends a treatment that could save the child’s life, but the parents do not agree. Sometimes, the parents have done their own research, but on other occasions it’s simply an ethical conflict. While the law and ethics are complicated, parents are generally free to make these determinations for themselves, provided they are considering the best interests of the child.

As has been argued repeatedly with regard to education and other topics, we typically care about parents’ rights to raise their children as they see fit. If they agree with their children’s choices, they can support them, and if they disagree, they can choose not to support them – sometimes even prohibiting them from acting on those choices. This bill would change all of that, but not for everyone. The first section of the bill explicitly prohibits courts from considering a parent’s refusal to consent to gender-affirming care when determining parental rights and responsibilities. The bill would also specifically prevent local jurisdictions from banning “watchful waiting,” or other models of care aimed at reconciling the patient’s gender identity with their biological sex. And, perhaps most significantly, it would overrule a law in place for nearly 35 years that protects the rights of patients over the age of 14 to seek mental health treatment without parental consent. So, in a case where one or both parents were not supportive of their child’s gender identity, even to the point of creating an abusive environment where the child was not able to thrive, the child could not be removed from that home situation and could not seek counseling without the parent’s permission.

Meanwhile, for parents who choose to support and affirm their children, they have no rights. While the sponsor and proponents of this bill would surely point out that there are no punitive measures laid out for parents who choose to affirm their children's gender identity, that's not the point. By effectively banning the type of health care that has been proven effective for so many children and adolescents, the state would be taking that choice out of the parents' hands. And why? Why would this state enact laws to so strongly emphasize and protect parents' rights when it comes to education, but strip parents of their rights to choose here?

The sponsor and proponents of this bill have (correctly) said that we've always had limits on what parents can consent to on behalf of their children. In his voluminous written testimony, after comparing gender-affirming care to the female genital mutilation, the sponsor argues that "while parents' rights should be highly valued, they are not without limits when children's safety is at risk." He cites the fact that parents may not deny a life-saving blood transfusion based on religious reasons and then suggests that gender-affirming care, as a whole – from puberty blockers to hormone treatments, to actual surgeries – is even more risky and dangerous than these procedures. And so, in this instance, the state will assert its authority and insert itself into the relationship between doctors and their patients (and patients' families)

Typically, just as parents typically look to the major mainstream medical institutions for guidance, so too does the state when enacting a ban like this. To use the sponsor's example of female genital mutilation, the American Medical Association has come out strongly against the practice, providing significant support for the bans on the practice at both the federal and state levels. And yet, just about every major medical association supports the type of individualized, evidence-based affirming care that this bill would ban – including for minors. Certainly, there are some fringe organizations out there that disagree, and the proponents of this bill rely heavily on those organizations' findings, but the consensus of the top medical associations in the world – on whose advice many of the co-sponsors of this bill rely every single day – is that gender-affirming care is the way to go. [Please note that I did not say that this is the unanimous opinion of the experts in the field. It's clear that there are some medical professionals who disagree, as there always are. Yet, a small number of people objecting does not invalidate the decision of the majority of a group's membership. The Ohio Legislature should be more than aware of this basic principle.]

The supporters of this bill seek to get around this inconvenient truth by attempting to degrade the credibility of mainstream medicine. If the American Medical Association, American Academy of Pediatrics, the American Psychiatric Association, and the American Academy of Child & Adolescent Psychiatry all support a gender-affirming care model, the narrative goes, they must have been co-opted by "gender ideology activists" who have muted all opposing voices. In fact, the sponsor of the bill cites "three primary reasons that the [medical] industry has failed children experiencing gender dysphoria: ideology, financial interest, and intimidation." In other words, the supporters of this bill not only disagree with all mainstream medical organizations, but they feel it necessary to make them out to be profit-fueled members of a "gender cult" who have thrown aside their commitments to "do no harm" in service of their mission to mutilate and sterilize children. I leave that determination up to the committee.

So, we've addressed what the supporters of this legislation are doing, but the question remains, why? I'm not here to question the personal motivations of any of the individual supporters of this bill. I don't know what's in their hearts and minds any more than they know what's in mine. In the end, it comes down to the idea that transgender people are not, in fact real. I don't mean that in the sense that they, as individuals do not exist, but rather in the sense that (as has been stated over and over again) "you can't change your sex" or that "a boy cannot become a girl, or vice versa." You have heard from trans people, including children, who have described the anguish they suffered due to their gender dysphoria. You have

heard, and will hear more, about the suicide rates among teenagers with gender dysphoria, kids who didn't feel like there was a place for them to live as their authentic selves in this world. And, while no one can deny that what these kids are feeling is real, and that their conditions are authentic, the real question is what to do about it?

According to the sponsor and supporters of this bill, and despite the opinions of EVERY major, mainstream medical association, the answer is **never** to affirm that child's gender identity. Why? Because their trans identity can't possibly be valid. It must be a mental illness, one that can only be cured by forcing the child to accept the sex they were assigned at birth. Certainly, the appropriate course cannot be to evaluate their situation individually, based on numerous clinical factors, make an appropriate diagnosis, and talk with the patient and their family about the best treatment options. While that is the general approach we take to nearly every other medical or mental health condition, that can't be the right answer here. And why not? Because a boy can't become a girl. Who's focused on ideologies now?

The proponents of this bill have also argued that there's nothing here to prohibit therapy that does not involve medical or surgical treatment. But that's not entirely true, as it would create new section 3129.03, requiring a patient to be screened for "other comorbidities that may be influencing the minor individual's gender-related condition, including depression, anxiety, attention deficit hyperactivity disorder, autism spectrum disorder, and other mental health conditions." The clear implication is that an individual identifying as transgender is mentally ill. And, given the increased prevalence of all of the listed conditions among minors these days, the bill would seem to render invalid just about ANY diagnosis of gender dysphoria. On a side note, as a parent of a child with autism, and as a person with several family members diagnosed with some of these conditions, I find it personally insulting that the state of Ohio would take the position that, due to one or more of these conditions, we should dismiss what they tell us about their gender identity.

One damaging portion of this bill that has gone largely unaddressed is not in the legislative text at all, but in the three and a half pages worth of "findings" in section 2. While the sponsor of this bill has repeatedly insisted that he has no intention to expand the ban on gender-affirming care to adults, this bill would express the sense of the General Assembly that, among other things:

- *"It is an accepted principle of economics and public policy that when a service or product is subsidized or paid for, demand for that service or product increases. Just between 2015 and 2016, gender reassignment surgeries increased by twenty per cent."* – Nothing here about minors, just an increase in the number of surgeries, period.
- *"It is of grave concern to the General Assembly that the medical community is allowing individuals who experience distress at identifying with their biological sex to be subjects of irreversible and drastic non-genital gender reassignment surgery and irreversible, permanently sterilizing genital gender reassignment surgery, despite the lack of studies showing that the benefits of such extreme interventions outweigh the risks."* – Again, this is an attack on "gender reassignment surgery" in general, NOT limited to children.
- *"The risks of gender transition services far outweigh any benefit at this stage of clinical study on these services."* – Once again, there is no limitation on this statement regarding the age group being discussed. This is a blanket statement, attempting to make it the expressed opinion of the state of Ohio that ALL "gender transition services" are unsafe and should not be paid for.

While there is nothing in the actual proposed statutory text of this bill that would cover adults seeking gender-affirming care, these statements of intent certainly lay the groundwork. Furthermore, the bill's sponsor and proponents have pointed to states like Missouri and Florida as examples of where Ohio should

go with this agenda – both of those states have significantly reduced access to these treatments for children AND adults just within the past few months.

Members of the committee, I'm going to be honest with you. I have no idea whether my words, or those of anyone else testifying before you today are going to make a difference. While the sponsor and supporters of this bill will argue otherwise, I don't believe for a second that this legislation is before you due to a spontaneous, organic concern for the well-being of children in Ohio. Another committee recently approved a ban on transgender girls participating in sports aligned with their gender identity. The proponents of that bill have spent years demonizing trans athletes as fearsome, brutish "biological men" who are coming to "destroy" women's sports and deprive women and girls of the chance to compete on a level playing field. That bill was co-sponsored by many of the same folks supporting this bill. But now we're expected to believe they see those same villainous trans athletes as victims of a profit-hungry, ideologically biased medical industry? I don't buy it. In the context of the various bills proposed over the past couple of years, including HB68, trans people are made out to be whatever they're needed to be, so long as the overall agenda passes.

In closing, I'll leave you with this. The General Assembly is a political body. Issues are discussed and debated, positions are considered and discarded, and decisions are made. Sometimes, we disagree on the issues, but in the end, we trust the process. This isn't about disagreeing on issues. No family of a transgender child is coming to try to recruit or convert your children. This is about individuals being free to make choices about how to live their lives and how to raise their children. There are real children suffering in Ohio right now – some of them are trans, others are not. Some of these children may well have adopted a different gender identity out of some sense of peer pressure or "social contagion," but most haven't. Imagine it was your child. Who would you want making the decision on how to proceed? With all due respect, out of all the available options, I for one would not want it to be the Ohio General Assembly.

Thank you.