

Opponent Testimony for HB 68
House Public Health Policy Committee
May 21, 2023

Alisa P. Ramakrishnan, Ph.D.

Chairman P. Scott Lipps, Representative Gary Click, and members of the House Public Health Policy Committee,

Thank you for allowing me to testify today. My name is Alisa Ramakrishnan. I am a patent agent at DLA Piper, LLC, and was a stay-at-home mother for 10 years. I have two children ages 17 and 12, and our home is considered a safe haven for friends and family members who ask to be called by nicknames, or who ask that we use different pronouns. I am expressing concern about HB 68 and its negative effect on the well-being of children and families in our communities.

I have a close relative who has a child who does not identify with the gender to which they were assigned at birth. The mother and father have taken great care to show love and affection to this child, with acceptance and appreciation for their strengths. The child excels at academics and in other areas of life. The parents are strongly religious, go to church every Sunday, and pray together and eat together. Despite their strong love and concern for their child, the child still does not conform to the gender assigned at birth. The parents are distraught, and blame themselves for the child's condition. The child is almost an adult now, and has decided to leave home after graduation to live with relatives who accept their self-identified gender. This well-loved child does not feel loved at home, despite all caring and tender efforts by a caring family to help them conform to society's norms.

There was an easy fix to this situation. All the parents had to do was listen to the child and hear their concerns. Sometimes our children experience challenges that we don't understand. It doesn't mean those challenges aren't valid and real. When I was growing up in the 70's and 80's, children who acted out in school were accused of being rebellious and deliberately disruptive, and were punished. Society has since realized that many of these "bad children" were struggling with psychological and physical challenges the teachers and the parents didn't understand. How much suffering could have been averted if someone had listened to the children, and to adults who had experienced similar trials?

I have another close relative with a gender non-conforming child. Their child was able to visit supportive therapists who taught the parents how to listen to their child and accept the child's experience as valid. After several years of counseling and evaluations, in late teen years the child received hormone therapy, and lives a calmly productive and happy life. The child had been suicidal in early teen years, but now enjoys a close relationship with both parents, and is helpful and supportive of other members of the family and of the community.

True compassion involves listening to other people's experiences and putting aside our prejudices and fear long enough to try to understand the other person. The media cherry-picks dramatic events in order to support one or the other extreme sides of a position, and we should be careful when listening to radical views of any kind. We should remember to ask ourselves, what is our own experience? Do we know someone personally who has struggled with the issues in question? Do we have a close personal relationship with a trans-gender or non-binary person? Do we share intimate personal history with a person who is gay or is another minority?

If not, we should try to seek out such relationships. It will help us be more kind and compassionate.

Speaking to the medical concerns outlined in this bill, it is vital to remember that there are strong safety measures already in place in Ohio to help children with gender dysphoria. There is no chance that a child here would be able to walk into a doctor's office, request a phalloplasty or breast reduction surgery, and be shown to the operating room. They would be referred to at least one mental health specialist who would spend at least a year helping the child with any other issues, going through intensive therapy, and regular evaluations. Even after all that, surgery would be permissible only in extreme, medically-required conditions. The most the minor person could get would be hormone treatment, and then only in very special and restricted circumstances.

This bill propagates further misunderstanding of people who struggle with gender dysphoria, and misrepresents healthcare options for people undergoing gender affirming care. Bills such as these are driven by fear, hate, and ignorance. It places further negative impact on marginalized people, and unfairly targets minorities. I ask that you please consider my testimony and vote no on this bill.

Thank you,

Alisa P. Ramakrishnan