

Dear Ohio Legislatures,

My name is Reia Watson, I wish I could testify before you today but my written testimony will have to do. I am writing this with the strong hope that it may impact your decision on the legislature affecting gender-affirming care for trans patients.

To do this, I must share some details of my medical history with you. By the time I was 14, I had already begun taking regular hormone injections under the advice of my parents and doctors. Perhaps even more alarming, I had a surgical procedure performed on my genitals.

This might upset you and even persuade you to ban such care immediately, however, none of the treatment I described was trans-affirming care. Rather, these were cis-affirming procedures recommended to myself and my parents by medical professionals. I was prescribed testosterone injections to treat delayed male puberty before I truly knew whether I wanted to undergo male puberty. I was given an Orchiopexy, a surgical procedure to treat undescended testicles, that was ultimately ineffective. This procedure involves making incisions in the scrotum to secure the testicles in a downright position. As I mentioned, the result was a failure. My testicles continued to ascend whenever a doctor with cold hands tried to inspect them. Perhaps they never wanted to come down in the first place.

Although I am indeed a trans woman, I did not begin my medical transition until after the age of 18. I share this with you not because I believe such procedures should be banned, but because I lawfully agreed to those procedures under informed consent. With the information my doctors, my parents, and I had, it seemed like the right choice. I have wrestled with those decisions, as I know my parents have because they were ultimately wrong for me. However, I can not change my past but I am still free and able to lead a happy and healthy future thanks to gender-affirming care.

Every day, patients under the age of eighteen are prescribed gender-affirming care. These procedures include cosmetic surgeries, as well as hormonal and behavioral therapies. Some of the same procedures are done to treat gender dysphoria in cis and trans patients. Trans patients constitute a small fraction of the patients seeking gender-affirming care, particularly among minors.

Patients and their parents have the right to decide what health care is right for them, and that should include gender-affirming care. This has always been true for cis-gendered patients, and it should be no different for trans ones. Furthermore, I challenge you to author a constitutional piece of legislation that bans certain procedures for only trans patients when in most cases trans patients are self-identified.

I want to leave you with a few questions to ponder as the future of trans children across our state rests in your hands.

How is a cis-gendered child receiving puberty blockers because they don't feel ready to undergo puberty any different than a trans-gender child receiving them?

How are cis-gendered boys and girls receiving breast reductions any different than a trans child receiving the same?

How about hormonal therapy?

It's no different. There is always the chance that someone will later decide they made a mistake. But that does not impede our abilities to lead fulfilling lives, nor does it mean these procedures should be banned for everyone else.