

Submitter: T Deb

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2458

From the beginning of her life our daughter was all about the dolls, tea sets, twirly dresses, etc. She pretended to be a mommy, a school teacher, or a princess - in love with a long list of imaginary boyfriends: Hercules, Shrek, Barney, all the handsome heroes in Disney films. With two older brothers, she had every opportunity to be exposed to what would be considered boyish interests but showed no desire for their rough-and-tumble activities. Instead, she basked in their attentions paid to her as their softer baby sister.

Until her junior year in high school she had crushes on and then dated only boys.

Midway through that year (2016-17) she began dating a “trans boy” classmate at school. We were puzzled but we have always had an attitude of acceptance, and since she had been a member of her school’s Gay/Straight Alliance for about a year we thought this was her way of showing acceptance (yes, we were naïve). About two months after this classmate dumped her, she informed her school’s counselor that she was suicidal, and informed all of us that she had been struggling with depression/anxiety for several years.

During her initial treatment she announced in a family counseling session that she was “gender fluid” and wished to be called by a different name. We were blindsided. We agreed to go along with this at first because, when you are worried that your child wants to die, a request to call her by a different name seems a small price to pay. In our ignorance we took the term “gender fluid” to mean “bisexual”. We are convinced that most of her information on transitioning comes from hours spent on Tumblr, YouTube, TikTok etc. along with her GSA club friends – interestingly, this group seems to have been made up of almost exclusively trans-identifying kids (i.e., a lot of T and very few L, G or B).

Our now 22-yr-old daughter has shared her own observation that many of her GSA acquaintances (again, mostly trans identifying) in high school and now at college seem to fall somewhere on the Autism spectrum, and yet this doesn’t seem to sound any alarms for her!

To our horror we discovered that she began taking testosterone about 11 months ago. When we pointed out the physical risks, including sterilization and an atrophied uterus, her response was that she never wanted kids anyway and is fully planning to have a hysterectomy when the time comes. How many of us who thought we did/didn’t want kids in our twenties later changed our minds? She has already spoken about wanting “top surgery”. This casual attitude towards major, invasive

medical procedures can only be laid at the feet of an ideology that has no regard for the individual's long-term health and a medical community that has lost its moral compass.

Depending on the relationship she is in, our daughter has referred to herself as "trans", "gender fluid", "lesbian", "bisexual", and lately back to "trans man". Again, with this shifting sense of self, does it make sense that medical transition and its permanent effects is a sound decision? Does it seem ethical to medicalize adolescents or even young adults who often have underlying Autism, trauma, mental illness, ADHD, etc. when they are years away from fully comprehending the long-term consequences?

To forbid mental health professionals to explore co-morbidities under the guise of it being "conversion therapy" is to rob these young people of choices they may - indeed many of them WILL - want to have available to them later on: fertility, healthy body parts, non-dependence on synthetic hormones as a substitute for reproductive organs they no longer possess. You only need ask any one of the growing number of detransitioners if they wish they had been offered a more balanced form of therapy instead of the "affirm only" approach. Vote no on HB 2458.