Please accept my testimony in OPPOSITION to the addition of "gender-affirming treatment" (Sections 20-24) to Oregon's insurance-coverage mandate.

This is a dangerous move in the wrong direction and is not supported by medical evidence, which worldwide is concluding that these procedures cause harm, and are too risky and experimental for young people to give informed consent at the age Oregon currently considers mature for the purpose of medical majority.

Every single government or agency worldwide that has conducted a rigorous systematic review of published studies on these interventions has ceased covering them, and/or ceased promoting their use on minors:

The US Centers for Medicaid & Medicare Services has rejected coverage even for adults, due to lack of evidence:

> "Quality of the [adult] Studies Reviewed: Overall, the quality and strength of evidence were low due to mostly observational study designs with no comparison groups, subjective endpoints, potential confounding (a situation where the association between the intervention and outcome is influenced by another factor such as co-intervention), small sample sizes, lack of validated assessment tools, and considerable lost [sic] to followup."[i]

The United Kingdom's national gender service for minors—the world's largest—has been shut down after a large-scale review of 27 pediatric studies concluded that there was no evidence supporting puberty blockers over less invasive alternative approaches:

> "[C]ompared to one or a combination of psychological support, social transitioning to the desired gender or no intervention…[we considered] outcomes [of] impact on body image, psychosocial impact, engagement with health care services, impact on extent of and satisfaction with surgery and stopping treatment..bone density, cognitive development or functioning, and other safety outcomes…[T]he quality of evidence for <u>all</u> these outcomes was assessed as <u>very low</u> certainty using modified GRADE..No cost-effectiveness evidence was found for GnRH analogues in children and adolescents with gender dysphoria."[ii]

The UK National Health Service has warned that even "social transition" is a medical intervention carrying significant risk that minors cannot consent to:

> "[I]t is important to view [social transition] as an active intervention because it may have significant effects on the child or young person in terms of their psychological functioning..[I]t is important to acknowledge that it is not a neutral act…"***At primary, secondary and specialist level, there is a lack of agreement, and in many instances a lack of open discussion, about the extent to which gender incongruence in childhood and adolescence can be an inherent and immutable phenomenon for which transition is the best option for the individual.

> Professionals' experience and position on this spectrum may determine their clinical approach.[iii]

Even Sweden—the world's most enthusiastic county on this subject—has curbed its enthusiasm due to lack of evidence supporting medical necessity:

> "In December 2019, [state social services] published an overview of the knowledge base which showed a lack of evidence for both the long-term consequences of the treatments, and the reasons for the large influx of patients in recent years. These treatments are potentially fraught with extensive and irreversible adverse consequences."[iv]

France, too, has warned that nothing gleaned from a century of experimentation supports these interventions on minors, because "gender" diagnoses are untested and overapplied, and the interventions done in their name are dangerous:

> "[G]reat medical caution must be taken in children and adolescents, given the vulnerability, particularly psychological, of this population and the…serious complications, that some of the available therapies can cause….[T]he greatest reserve is required in [hormone] use, given the side effects such as impact on growth, bone fragility, risk of sterility, emotional and intellectual consequences and, for girls, symptoms reminiscent of menopause.***As for surgical treatments, …, their irreversible nature must be emphasized.***[T]here is no test to distinguish a "structural" gender dysphoria from transient dysphoria in adolescence. Moreover, the risk of over-diagnosis is real, as shown by the increasing number of transgender young adults wishing to "detransition". It is therefore advisable to extend as much as possible the psychological support phase."[v]

In the Netherlands, the head researcher and co-author of the "Dutch Protocol" for pediatric "gender" interventions, has warned that the recent drastic increase in gender interventions may be due to misinterpretation and misapplication of his research:

> "We don't know whether studies we have done in the past can still be applied to this time. Many more children are applying, and also a different type...The research on that small group of people from before 2013 may not apply to the large group that there is now…But the rest of the world is blindly adopting our research."[vi]

Recent whistleblower reports in the US reveal a staggering degree of harm driven by the for-profit pediatric gender industry; e.g.,:

> "[T]here began to be a dramatic increase in a new population: Teenage girls [who] suddenly declared they were transgender and demanded immediate treatment with testosterone. [They] needed a letter of support from a therapist—usually one we recommended—who they had to see only once or twice for the green light. To

> make it more efficient for the therapists, we offered them a template for how to write a letter in support of transition. The next stop was a single visit to the endocrinologist for a testosterone prescription. That's all it took." *** "[C]linics like the one where I worked are *creating* a whole cohort of kids with atypical genitals—and most of these teens haven't even had sex yet. They had no idea who they were going to be as adults. Yet all it took for them to permanently transform themselves was one or two short conversations with a therapist. Being put on powerful doses of testosterone or estrogen–enough to try to trick your body into mimicking the opposite sex–affects the rest of the body. I doubt that any parent who's ever consented to give their kid testosterone (a lifelong treatment) knows that they're also possibly signing their kid up for blood pressure medication, cholesterol medication, and perhaps sleep apnea and diabetes."[vii]

"Progressive" Oregon should be leading the world in protecting butch girls and femme boys from discriminatory medical practices that teach them their bodies are "wrong." Instead it is pursuing nothing short of medical sterilization on a minority population:

> "[T]he practice of transgendering children, that is becoming increasingly common in the twenty first century, should be understood as a contemporary form of eugenics practice. This practice employed sexual surgeries…and drug treatments to modify the behavior of the "unfit" in the early twentieth century, and family counseling in the mid century to regulate sex and gender.***The most significant similarity lies in the fact that a project of social engineering lies behind both forms of practice. Both practices are based upon the idea that certain problematic behaviors have a biological basis and can be "cured" by treatments which alter and affect sexual characteristics. In the first half of the last century a project of social engineering took place in Europe and North America which was directed at the control or elimination of the economic underclass, "morons", prostituted women, criminals, those deemed to be "gypsies", those seen as morally deficient, lesbians and gays, all considered to be the "unfit", through sterilization. Presently a regime of transgendering children, as well as adults, has the effect of shoring up a correctly gendered and heterosexual state and citizenry.[viii]

---

[i] Centers for Medicaid & Medicare Services, Decision Memo for Gender Dysphoria and Gender Reassignment Surgery [on adults] (CAG-0446N), 30 Aug 2016, https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282

[ii] "Evidence review: Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria," UK National Institute for Health Care Evidence (NICE), Oct 2020.

[iii] Cass H, "The Cass Review–Independent review of gender identity services for children and young people: interim report," Feb 2022, pp.62-63, https://cass.independent-review.uk/wp-content/uploads/2022/03/Cass-Review-Interim-Report-Final-Web-Accessible.pdf.

[iv] Policy Change Regarding Hormonal Treatment of Minors with Gender Dysphoria at Tema Barn - Astrid Lindgren Children's Hospital, Mar 2021, English translation at: https://segm.org/sites/default/files/Karolinska%20Policy%20Change%20K2021-3343%20March%202021%20%28English%2C%20unofficial%20translation%29.pdf

[v] "Medicine and gender transidentity in children and adolescents," Press release of the French National Academy of Medicine, 25 Feb 2022, following a review of available evidence, https://www.academie-medecine.fr/la-medecine-face-a-la-transidentite-de-genre-chez-les-enfants-et-les-adolescents/?lang=en

[vi] "More research is urgently needed into transgender care for young people: 'Where does the large increase of children come from?'" Voorzij, 27 Feb 2021, https://www.voorzij.nl/more-research-is-urgently-needed-into-transgender-care-for-young-people-where-does-the-large-increase-of-children-come-from/

[vii] Reed J, "I Thought I Was Saving Trans Kids. Now I'm Blowing the Whistle: There are more than 100 pediatric gender clinics across the U.S. I worked at one. What's happening to children is morally and medically appalling," The Free Press, 9 Feb 2023, https://www.thefp.com/p/i-thought-i-was-saving-trans-kids?r=24m08n&utm_medium=ios&utm_campaign=post:

[viii] Jeffreys S, "The transgendering of children: Gender eugenics," Women's Studies International Forum 35 (2012) 384-393, http://dx.doi.org/10.1016/j.wsif.2012.07.001