



Oregon Pediatric Society

A Chapter of the American Academy of Pediatrics. Incorporated in Oregon

DATE: March 20, 2023

TO: Representative Rob Nosse, Chair
Representatives Christine Goodwin and Travis Nelson, Vice-Chairs
Members of the House Committee on Behavioral Health and Health Care

FROM: James Unger, MD, MPH
Oregon Pediatric Society Board Immediate Past President

SUBJECT: Support for HB 2002 – Access to Gender-Affirming Health Care

I am Dr. Jimmy Unger, a retired Pediatrician with more than 30 years of Pediatric practice experience and a member of the Oregon Pediatric Society, writing in strong support of HB 2002. The roles of a pediatrician include a) listening to our patients and b) protecting children from harm. My testimony will reflect these values and focus on the gender-affirming care aspect of the bill, while acknowledging that the proposed legislation has other important aspects.

Understanding the increasing prevalence of people identifying as transgender, nonbinary, or gender fluid may be challenging for many people. I, for one, needed to listen to and learn from my transgender patients. I witnessed the tremendous benefits of gender-affirming care in kids who had experienced some long-term suffering from untreated gender dysphoria, and then were able to obtain medically necessary gender-affirming care. The steady stream of national news reports about politicians inexcusably targeting transgender kids makes it imperative to pass a bill that protects both patients seeking optimal medical care and the healthcare professionals providing such care.

Opposition to gender-affirming care calls to mind the response to advocacy for women's suffrage, racial integration, and gay rights/marriage equality. Those inclusive public policies were controversial when first broached, meeting with skepticism and even hatred, and yet through perseverance are now more widely accepted with changed public attitudes. Some policymakers may choose to remain ignorant and make little or no effort to understand how youth identify themselves. Sadly, their failure has deleterious impact on these children. I have witnessed first-hand the benefits of gender-affirming care, and our laws must protect transgender patients' needs for optimal medical care.

The entry of politics into the discussion of individual patient treatment plans is regrettable and not in the best interest of a clinician's patients. While my degrees in medicine and public health do not qualify me as an expert in law or political science, I do know that many opponents of gender-affirming care once embraced the notion of a government that does not intrude into private lives. In their successful efforts to ban sports participation, close gender-affirming clinics, legislate bathroom privileges, and prosecute parents for following medical advice,



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elected officials in other states have found a group of kids they can victimize. They do so armed with some misinformation and myths. For example:

- **“We’re forcing kids into something that can’t be reversed.”** #1: No one is forcing anyone to do anything. Gender-affirming clinic providers merely offer options for families to accept or reject. #2: Opponents of gender-affirming care fail to understand the irreversible action of the body’s hormones that, if left unchecked, will force the physical change of a child into a body that doesn’t fit the child’s identity. Likewise, opponents fail to acknowledge the reversibility of the puberty blockers which they want to ban.
- **We don’t know about the long-term effects.** The bill’s opponents may cite concerns about long-term side effects as a reason to ban puberty blockers—an argument that could be used to prevent every new pediatric therapy or treatment. By definition, one can never know the long-term effects of a new treatment. They also ignore the knowledge acquired from decades of use of puberty blockers in other pediatric clinical settings.
- **Some of these “trans kids” may just be acting out on a whim or having other mental health problems—this will “label” them forever.** Admittedly, the diagnosis of gender dysphoria is not always easy or straightforward. If anything, a diagnostic dilemma underscores the need for multidisciplinary clinics staffed by a team of experts who can help sort out whether a child, indeed, has gender dysphoria.
- **This bill attacks parental rights.** There is no language in the bill that changes the age of consent. Parents provide crucial support for their children with all medical decisions.

While I was in practice, like most busy doctors, I lacked both the time and academic expertise to personally sort through all the peer-reviewed literature on the multitude of new recommendations that arise frequently. I was grateful for and relied on the guidance provided by medical professional societies’ panels of experts who actually do have the time to analyze the data. The most widely respected children’s medical professional groups—such as the American Academy of Pediatrics and the Pediatric Endocrine Society—endorse the gender-affirming care protected by HB 2002.

Debate about the quality of scientific evidence belongs on medical school campuses and in medical journal editorial offices in which medical professionals—not politicians -- engage one another. It should be entirely up to health care providers and the kids/families in their practices to choose optimal medical treatment plans. The freedom for families, patients, and doctors to discuss all possible treatment options is under attack and needs the protection afforded by HB 2002. Thank you for considering my testimony in support of this bill and for your work in promoting children’s health.