

Chair Nosse, Vice-Chairs Goodwin and Nelson, and all committee members,

Thank you for taking the time to read this. I am writing to oppose HB2002.

I am against this bill for many reasons. I cannot possibly go into all of them, but the overarching concern is that this bill does not protect our young, vulnerable children from harm as we should all aim to do. That is my primary objective, especially since I grew up in a family that cared for foster youth, and I have outlined how this bill fails at this multiple times.

The first issue that I would like to address is the idea that a girl should have an abortion without her parents' knowledge. I was introduced at a young age to the idea that molestation and child sex abuse is real. One of the foster children who came to live with my family was a young girl who was 16 years old. The reason that she came to our house is because, at the age of 16, she had an almost 4-year-old son who was in a wheelchair because of brittle bone disease. He was a fun, engaging child who has grown into a brilliant engineer. His mom, my foster sister, had been molested even before she began menstruating, and the molestation did not become evident to her mom until it became quite obvious that she was pregnant. If this bill becomes law, how many young girls in Oregon will never find their way out of abuse, or how long will their abuse become prolonged, because the perpetrator is able to conceal the crime? The concealment of abortions from parents is a terrible idea and will allow child abusers to evade the consequences of their horrific actions.

The second issue that I am concerned about is in line with the first. Allowing children to make permanent, or even not permanent, decisions about their ability to have children at some point in the future is a HUGE mistake. My oldest child, now almost 21, had decided when she was 13 that she did not ever want to have children. She maintained that for many years. However, about 2 years ago she met the man that she is still in a relationship with, and she now talks about having children at some point in the future. Additionally, that same daughter, with my full consent, went on birth control pills in her mid teens in order to attempt to control her extremely heavy periods. A few years later, she developed pulmonary embolisms, or blood clots in her lungs, at the age of 17. As I understand it, these likely developed as a result of genetic markers colliding with an outside impact, such as the birth control pills. If I did not know about the birth control pills, I would not have been able to advocate properly on her behalf when she was out of her mind with pain because of the pulmonary embolisms. Furthermore, as an adult with two children, at the age of 35, I was told that a hysterectomy was the last option in order to appropriately deal with my also extremely heavy periods. When this happened 10 years ago, even though the procedure was deemed medically necessary and I had been married for over 10 years and had 2 beautiful daughters, the state still wanted to make sure that I understood the permanence of my decision. I was required to find a babysitter for my two young children, drive over an hour to take a two-hour long class on the permanency and finality of my decision and the decision of those in the room, and then was required to wait 90 days before I could schedule the procedure. Additionally, my sister was required to go through the same procedure when she, a drug-addicted woman who is state-supported and who lives on the streets, became pregnant (she knew that she could not have an abortion, so she chose to give her child up through

adoption instead). She very clearly did not want to endure pregnancy or childbirth a second time, but because it was the law at the time, she was unable to be permanently sterilized when she had her son via c-section. Instead, she was made to endure the same process as I was when she became pregnant a second time so that this time she could ensure that she would not have any more children.

The third issue that I am concerned about is that mandating that health insurance companies cover “gender-affirming treatment” may well mean that our options in Oregon will be greatly reduced. I face many health issues, and because of that, I am dependent upon having good, reliable health insurance. If you mandate coverage for these costly surgeries, especially for minors, you will run many companies out of the state. This will drive up insurance costs, and cause many more Oregonians to face poverty due to medical bills.

The final issue that I will speak about is the expansion of “gender services” into rural communities. My family used to live in the greater Portland area. We had a good life, until we discovered that my daughter believed herself to be nonbinary, and attempted suicide because of the dichotomy that occurred between being socially transitioned at home and not at home. This was not because we are “transphobic”. This was simply because she did not ask us to do anything differently than we had for the previous years of her life. Eventually, she desisted. She is now as happy as any teenager can be. This is because, in part, we moved to a much more rural part of Oregon. We have discovered that healthcare here is not anywhere close to what we had before, and because of that many people here choose to drive for hours to see more seasoned professionals. The expansion of “gender services” into rural communities not only will ensure that the idea of “gender affirmative care” expands to impact our community more than it already has, but it also will guarantee either that those seeking “gender services” step in front of those who need actual life-saving care or that those seeking “gender services” in rural communities receive substandard care in an area where the risk of complications already is extremely high.