

I am fearful of the fallout and the consequences of this bill. I say this as a practicing physician for 34 years in Oregon, Vice President of CMDA (Christian Medical & Dental Associations) of 14,000 members, and national director of AAME (American Academy of Medical Ethics). This bill allows avoidance of sound medical practice by limiting data collection, going against community standards of care, and avoiding transparency. Healthcare in our communities and our state will suffer. I say this out of compassion for those with gender dysphoria and those with an unplanned pregnancy, whom I have treated throughout my career.

First, regarding gender dysphoria in adolescents, there are numerous lawsuits across our country. There will be more. This puts Oregon at risk and our communities at risk. Desistance rates for adolescents with gender dysphoria remains high, near 90%, in that they will identify with their biological sex after puberty. We need compassion for them with good mental health care and avoiding permanent damage. Let's follow the science. Those seeking to detransition are growing in numbers.

Second, regarding chemical abortion, which is the most common form of abortion, let's not put Oregon at risk. Lawsuits are pending against the federal government and within other states for allowing mifepristone and/or patients to cross state lines. Let's show compassion to those with unplanned pregnancy in our own state and avoid unnecessary harm caused by shielding the unethical practice of treating patients from other states.

I am fearful of more malpractice lawsuits in Oregon and raising insurance premiums for all in healthcare. I am fearful of creating animosity within our own healthcare communities if you pass this divisive bill. We need transparency not secrecy. We need to protect our children, not harm them. We need to honor parental rights, accountability, and safe medical care. This bill puts all of this at risk.

Please see scientific bibliography following 8 points of gender dysphoria:

#### Gender Dysphoria, Transgenderism, and "Gender-Affirming" Health Care (GAHC)

- 1) Gender dysphoria is a diagnosis, whereas transgenderism is an ideology.
  - Shouldn't vulnerable children be protected from adult sexual ideologies?
- 2) The natural course of gender dysphoria is desistance by adulthood, conservatively in 85%, unless it is affirmed.<sup>1 2 3 4 5 6</sup>
  - Why affirm confusion that would likely otherwise resolve?
  - Affirming sex rejection at what ultimate price to minors?
  - Why not affirm biological integrity?
- 3) Gender dysphoria carries the overwhelming probability of underlying mental health issues, adverse childhood experiences, autism spectrum disorder, and troubled family dynamics that usually precede the gender dysphoria.<sup>7 8 9 10 11</sup>
  - Do those problems disappear with either adulthood or so-called transition?
  - Isn't it clear that sex rejection is a dodge from facing underlying problems?<sup>12</sup>
- 4) The probability of both desistance and underlying mental health and family issues is why watchful waiting, with mental health evaluation and support for both patient and family, is increasingly recognized as the standard of care for minors with gender dysphoria.
  - Do you see that transition/sex rejection is a dodge rather than a treatment?

- 5) Systematic scientific literature reviews from the UK,<sup>13 14 15 16</sup> Sweden,<sup>17 18</sup> Finland,<sup>19</sup> Germany,<sup>20</sup> Florida,<sup>21</sup> and the US HHS<sup>22</sup> show GAHC is based on low to very low-quality studies (highly flawed). Lawsuits from regretters are rapidly mounting.
  - If GAHC is unscientific, why force it on anyone?
  - Why should insurance or government pay for it? Based on what?
  - Shouldn't we protect people from ideology masquerading as science?
- 6) Transition affirmation is not proven to be safe or effective long term, does not reduce suicides, and does not repair mental health issues and trauma.<sup>23 24 25 26</sup>
  - What organizations and experts led us to believe otherwise? Why trust them?
- 7) Minors cannot give truly informed consent. Children have developing and immature brains; their minds change often; they are prone to risk taking and vulnerable to peer-pressure; and they don't grasp long-term consequences.<sup>27 28 29 30</sup>
  - Don't adults protect minors in less consequential decisions precisely because of this lack of capacity?
- 8) There is always a more honest way to deal with gender confusion than chemical sterilization and surgical mutilation of healthy young bodies.
  - Isn't addressing the underlying mental health problems and traumas far less harmful than damaging sexual function, sterilization, mutilation?

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