

Crystal Kijesky
11980 Provident Drive
LaPlata, MD 20646

SB0460– OPPOSED

I am against proposed bill SB0460 and ask that you give it an unfavorable report.

SB0460 proposes to “affirm” and use “inclusive” language regarding persons who believe they were born the wrong gender.

Though I am heartily moved by the suffering of people who believe they were born the incorrect gender, I do not believe the prescription for their suffering should be to block nature.

Science, and a little background of history, shows that there are people who are effected with gender dysphoria. A medical condition that requires treatment. Not in the form of puberty blockers and mastectomies in the prime of their developmental growth.

I did grow up a “tom-boy.” I climbed trees, got dirty, and liked “boy” things. Never once was it ever presented to me by the adults surrounding me, that I was born into the wrong gender. The extremes that we have gone to so that children and teens, we are still developmentally immature, can make such life-altering decisions, is mind blowing.

I have three children. I have always taught them that we live in reality. When they were little, in the imaginative stage, I would play-along that they were horses or puppies. But when we ate, or had bedtime, we would always know that we were humans. Boys and girls who brush our teeth and need sleep in a human bed. This may sound silly to state in my testimony, but this is what we adults need to teach to our young people who are suffering with this confusion.

A few scholarly articles are linked below. I do hope you take the time to read them and realize helping someone isn't always affirming what they want to be, but what they are. This is when reality and true help can be obtained.

[Doctors Have Failed Them, Say Those Who Regret Transitioning \(webmd.com\)](http://webmd.com)
[Debate Heats Up on How Best to Treat Gender-Questioning Kids \(medscape.com\)](http://medscape.com)

[Home](#) | [SEGM](#)

Sharp Increase in Incidence of Gender Dysphoria in Children and Young People

Historically, the small numbers of children presenting with gender dysphoria were primarily prepubescent males. In recent years, there has been a sharp increase in referrals of adolescents, and particularly [adolescent females](#), to gender clinics. Many do not have a significant history of childhood gender dysphoria and a number suffer from [comorbid mental health issues](#) and neurodevelopmental conditions such as [autism \(ASD\)](#) and [Attention-Deficit/Hyperactivity Disorder \(ADHD\)](#). The reasons for these changes are understudied and remain poorly understood.

Childhood-onset gender dysphoria has been shown to have a high rate of natural resolution, with [61-98%](#) of children reidentifying with their biological sex during puberty. The research into the course of gender dysphoria desistance among the cohort presenting with adolescent-onset gender dysphoria is still in its infancy, due to the novelty of this presentation. However, recent research from the UK clinic population suggests that [10-12%](#) of youth may be detransitioning within 16 months to 5 years of initiating medical interventions, with an additional [20-22%](#) discontinuing treatments for a range of reasons. The researchers noted that the detransition rate found in the recently-presenting population raises critical questions about the phenomenon of "[overdiagnosis, overtreatment, or iatrogenic harm as found in other medical fields.](#)"

[Studies](#) | [SEGM](#)

A huge variety of info. Please take the time to visit the studies pages.

▼ C. Health risks of medical and surgical affirmation

- ▶ Bone health complications
- ▶ Cardiovascular complications
- ▶ Endocrine complications
- ▶ Fertility complications
- ▶ Other biomedical risks and uncertainties

▼ D. Desistence, detransition and regret

- ▶ Adolescent-onset gender dysphoria
- ▶ Childhood-onset gender dysphoria
- ▶ Mature adult transitioners

I urge you to please issue an unfavorable report on SB0460.

Sincerely,
Crystal Kijesky
LaPlata, MD