

HB 691/SB 119: Legally Protected Health Care - Gender-Affirming Treatment: Please OPPOSE this bill!!

Dear Finance Committee Chair Beidle, Vice Chair Klausmeier, and all other Esteemed Committee Members:

My position against SB119 is supported by multitudes of quality publicly available objective evidence, and not based on subjective experiences or notions.

Dr. Ken Zucker, who oversaw the writing of gender dysphoria section of the Diagnostic and Statistical Manual 5th Edition (DSM5), the main manual used by psychologists and psychiatrists, has argued that teaching about gender identity is likely to be iatrogenic--meaning causing harm--and will increase student's confusion and lead to more youth wanting to socially and medically transition to live as a different gender, which has huge health consequences. Additionally, teaching about this to young children is problematic based on the concept of "gender constancy". Gender constancy is the endpoint in the developmental process in which a child understands that that biological sex is fixed, that clothing and other contextual factors do not change one's biological sex. Research indicates that more stable schema of sex begins at age 5, with sex constancy being achieved by the age of 7 for most children. Sex constancy delays have been observed in children with gender dysphoria and Autism Spectrum Disorder. Teaching this concept to young children could negatively impact sex constancy.

There has been an unprecedented rise in Gender Dysphoria. Schools only recently have begun teaching about gender dysphoria, and that has coincided with a dramatic increase in children with the condition.

From 2017-2022, the number of youth who identify as transgender in the United States has doubled, with youth between the ages of 13-17 identifying at a rate of 1.4%, all adults identifying at a rate of 0.5%, and adults aged 65 or older identifying at a rate of 0.3%. Historically, gender dysphoria was found in 0.01% of the United States population (mostly boys), and prior to 2012 there was little to no scientific literature about girls aged 11 to 21 having ever developed gender dysphoria. Currently, most gender dysphoric youth are female at a ratio of approximately 2:1. There is currently no consensus regarding the cause for the recent rapid rise in gender dysphoria, or why females are now experiencing it at a much higher rate than males. References for this are at the end of this email.

This is unnecessary to teach. Schools that are teaching gender identity based on the idea that students would otherwise not realize this was an option for them are misunderstanding how gender dysphoria works. Young children with gender dysphoria are "consistent, persistent, and insistent" to use the common psychological terminology. In other words, they don't need adults to suggest to them that this is an option. Young children with gender dysphoria develop it organically out of their own internal sense of self, rather than needing to have it suggested to them by an adult. For adolescents, however, there is evidence that it is being spread as a social contagion among adolescent girls that is mediated by peers and internet use, which has been documented for other conditions such as cutting, anorexia, and false claims of multiple personality disorder and Tourette's syndrome. Rather than confuse young children or run the risk of negatively influencing suggestible adolescents, it makes more sense to address the needs of the few students who naturally develop gender dysphoria on a case-by-case basis, rather than presenting it as an identity option for everyone.

****Why am I talking about teaching gender ideology in schools? Because most of the young people who are presenting for treatment for Gender Dysphoria are learning about gender ideology, and NOT facts about Gender Dysphoria, IN SCHOOL or from their friends who have learned about it in school in the recent past, mostly since Covid policies forced our schools to shut down. And schools are teaching gender IDEOLOGY as if it was fact and NOT the ideology that it is. Most schools are NOT teaching about the actual medical diagnosis of Gender Dysphoria as a diagnosable mental illness as defined in the most recent version of the DSM. What is the DSM? The *Diagnostic and Statistical Manual of Mental Disorders*, often known as the "DSM," is a reference book on mental health and brain-related conditions and disorders. The American Psychiatric Association (APA) is responsible for the writing, editing, reviewing and publishing of this book. When we teach ideologies as fact in schools, we set our children up to absorb misinformation as fact. We do our children an absolute disservice by doing this!**

Gender Dysphoria is still being discussed by medical professionals from around the world, and there has been no consensus on the "right" way to handle it. Many countries, including Norway, Sweden, Finland, the U.K., Australia, New Zealand and France, have pulled back from the gender-affirming model of care.

The American Academy of Pediatrics's (AAP) statements were written by a doctor in training, Jason Rafferty. Rafferty was telling the AAP that "trans" was the new "gay" and that the AAP had to be on the right side of history. The older doctors were

confused and asked him to write up a statement. He wrote it alone, apparently no one fact checked it before it was published.

James M. Cantor, PhD, Associate Professor, University of Toronto Faculty of Medicine fact checked it after publication and said “Although almost all clinics and professional associations in the world use what’s called the “watchful waiting” approach to helping Gender Diverse children, the AAP statement rejected that consensus, endorsing **only** gender affirmation.” The AAP statement was also remarkable in what it left out—namely, the outcomes research on Gender Diverse children. **All 11 outcome studies** of Gender Diverse children, **without exception**, found the same thing: By puberty, the majority of Gender Diverse children ceased wanting to transition.

The American College of Pediatrics disagrees with transgender treatments. The research is absolute in consensus among the researchers that it's harmful and ridiculous. Pioneer Dr. Paul McHugh stated undeniably that the patient "needs their brains fixed, not their bodies," in his published longitudinal study.

Gender identity is subject to change over the course of an individual's lifetime. Further, hormonal and surgical interventions are associated with significant physical health risks, and the claims of effectiveness are not supported by the available quality systematic reviews of evidence.

Have you been provided with proper long-term safety data of the mental and physical health effects of “gender affirming care”? There have been horrible side effects of these treatments and medications. There have been people who have undergone sex reassignment surgeries that experience daily pain and suffering, oozing from surgical sites, etc. (All you have to do is look up articles, because they are out there. You can also go to **sexregret.com** and you will read horrific personal tragedies. (I have included several links where you can find such tragic personal accounts at the bottom of my testimony).

As a member of the legislative Committee you have one intrinsic duty and that is to **do no harm** and serve the common good. I ask that you reject this bill and any other legislation associated with it for the sake of our children, families and all people.

Please Vote Against HB691/SB119!!

Respectfully submitted,

Trudy Tibbals

An extremely concerned Mother and Maryland resident

P. S. Here are some articles, documentaries or videos that each and every one of you should read or watch about the “transing” of our children through the use of gender affirming care and sex reassignment surgeries:

<https://sexchangeregret.com/damaged-the-transing-of-americas-kids/>

<https://sexchangeregret.com/man-who-transitioned-40-years-ago-details-why-he-stopped/>

<https://sexchangeregret.com/the-sex-change-i-had-40-years-ago-was-a-scam-not-medicine/>

<https://sexchangeregret.com/nearly-half-of-patients-who-had-bottom-surgery-suffer-surgical-site-bleeding-later-study/>

<https://sexchangeregret.com/prisha-mosley-i-lost-my-voice-i-lost-my-chest-i-dont-know-if-im-going-to-be-able-to-have-kids/>

<https://sexchangeregret.com/a-medical-atrocity-pediatric-surgeon-joins-growing-movement-against-trans-surgeries-on-minors/>

<https://www.dailysignal.com/2022/09/19/our-voices-can-no-longer-be-denied-says-detransitioner-in-new-documentary/>

<https://nypost.com/2022/08/24/woman-sues-psychiatrist-for-approving-gender-transition/>

[r/detrans on Reddit](#)

<https://sexchangeregret.com/andre-van-mol-md-fatal-flaws-in-regret-surveys/>

And

<https://cmda.org/regretting-transition-for-gender-dysphoria/>

<https://sexchangeregret.com/children-who-identify-as-transgender-likely-going-through-a-phase-says-uk-health-service/>

<https://www.fox32chicago.com/video/1293170>

<https://sexchangeregret.com/fda-warns-of-brain-swelling-and-permanent-vision-loss-found-in-children-taking-puberty-blockers/>

<https://news.sky.com/story/hundreds-of-young-trans-people-seeking-help-to-return-to-original-sex-11827740>.

Here is also part of a Public Comment I gave at one of my county's Board of Education meetings:

For those that say there is “no such thing” as detransitioners, I would love to see them argue with such detransitioners as **Chloe Cole**, a female who had mutilating transition surgery and later regretted it, and **Chris Beck**, a former Navy Seal, who transitioned to Kristin Beck, and then regretted his decision and has stated that “it’s time for America to “wake up” regarding how the transgender push is hurting children...Everything you see on CNN with my face, do not even believe a word of it...Everything that happened to me for the last 10 years destroyed my life. I destroyed my life. I’m not a victim. I did this to myself, but I had help...There are thousands of gender clinics being put up over all of America,” he said. “As soon as [children] go in and say, ‘I’m a tomboy,’ or, ‘This makes me feel comfortable,’ and then a psychologist says, ‘Oh, you’re transgender.’ And then the next day, you’re on hormones — the same hormones they are using for medical castration for pedophiles. Now, they are giving this to healthy 13-year-olds...Does this seem right? This is why I am trying to tell America to wake up.” **Soren Aldaco**, “...who attempted a gender transition at age 17, is suing the doctors who operated on her, accusing them of ignoring her plethora of mental health conditions and pushing her down a destructive path...filed a lawsuit in the Tarrant County District Court of Texas. She alleges that her doctors behaved more like “ideologues” than medical professionals and that they did not properly take her autism, depression, anxiety, and other comorbidities into account when they evaluated her for an attempted gender transition. “Despite these telltale signs demanding caution and therapeutic resolution,” the suit emphasizes, Aldaco’s physicians “deliberately and recklessly propelled” her “down a path of permanent physical disfigurement and worsening

psychological distress.” Prisha Mosley filed a lawsuit accusing her doctors and therapists of rushing her down a dangerous and life-altering path. Kayla Lovdahl has also filed suit, accusing medical professionals of fast-tracking young Lovdahl through her gender transition, one that she now deeply regrets. The suit alleges that those medical professionals “who immediately, and negligently, affirmed Kayla’s self-diagnosed transgenderism without adequate psychological evaluation,” “promptly placed her on puberty blockers and testosterone at age 12,” and “performed a double mastectomy within six months at age 13.” The “Defendants were not ‘caring’ for Kayla,” the suit says. “They were experimenting on her.” K. Yang worked for an LGBT nonprofit center funded by the New York State Department of Health. “We were indoctrinating public school children with gender identity and transgender ideology,” she says. So now, with immense inside knowledge, Yang knows exactly how to help parents ‘de-program’ their children who may have become ‘brainwashed’ by online, educational, or social media sources that are teaching them lies. And with family members who escaped China and Mao’s Cultural Revolution, Yang knows just how vital it is to equip children with the ability to think for THEMSELVES. “I was thinking that what I was doing, was a good thing. It was the right thing. I thought my beliefs were correct. And they were morally superior...I — and now I know, that I was wrong. And part of how I know I was wrong...is because I really started investigating the money behind what was pushing this movement.”