

Honorable Chair and members of the Education, Energy, and the Environment Committee,

My school district, Howard County Public Schools, opposes HB161 and so do educators and parents all over Maryland. Everyone is asking why legislators who are supposed to represent their constituents are supporting this bill that would take away schools' ability to teach health in culturally sensitive ways, take away parents' rights to direct the upbringing of their children, and put federal funding for education at risk.

Whenever the topic of gender identity comes up, certain inaccurate claims are inevitably put forward. I'd like to address some of these:

1. Claim: We must teach young children about gender identity and sexual orientation to prevent bullying.

Reality: The best way to prevent bullying is to teach general principles of kindness. Hyperfocusing on this or that category is actually divisive and can lead to more bullying, not less.

2. Claim: Children "just know" they are trans and that they cannot be talked into believing they are the opposite sex.

Reality: There is no factual basis for that claim whatsoever. In fact there are many cases of individuals who were talked into believing they were trans, either by peers, social media, school, and/or others. When something is held up as special and celebrated, kids are eager to please and trans is no exception. Children have great imaginations and vulnerable individuals are very susceptible to the suggestion that they can forget past trauma and overcome social awkwardness and disabilities by declaring that they are the opposite sex. Adults, well-meaning or otherwise, who push children into this are causing lifelong harm. Not everyone taught about gender ideology at a young age is manipulated into identifying as trans but it is a fact that some of them are manipulated into believing they are trans. Teaching trans ideology at school is an unauthorized, untested psychological experiment. Instead of being forced to teach young children gender ideology, schools should be teaching children that they are not required to fit into strict outdated sex stereotypes. They can have whatever interests they want and wear whatever clothes and hairstyles they want without having to claim to be the opposite sex.

3.Claim: Very few transitioners have regrets:

Reality: We are seeing a flood of detransitioners—individuals who believed they were trans but after a short positive boost in mood, were left with bodies harmed and mental health further damaged. Some regret quite quickly but the most common time for regret is 7-10 years later. We hear people say that "only 1% have regrets" but that is factually false. Any long term data comes from countries where medical transition was very strictly gatekept, weeding out many of the individuals who originally wanted "gender affirming care" That is not at all the situation in Maryland. The 1% number is based on short term studies, convenience sampling that misses most detransitioners, and reports from the original medical providers. Most detransitioners do

not return to their original providers. Even in the cases where they do, there are no medical charge codes for detransitioning and it is not accurately tracked.

4. Claim: "Gender affirming care is life-saving suicide prevention." The popular narrative goes like this: A person with gender dysphoria will commit suicide if they are not socially and medically affirmed at all times.

Reality: When you tell them this you are literally putting suicidal ideation into their heads and training them to think they need to kill themselves. Fortunately, suicides are actually quite rare. In a recent supreme court case, even the ACLU lawyer defending "gender affirming care" admitted that there is no evidence that "gender affirming care" decreases suicides. Preliminary data analysis suggests that suicidality goes up in the long-term, not down, after "gender affirming care."

5. Claim: "Gender Affirming Care" is research-based, well established science.

Reality: WPATH, the most common source of standards of care is unwilling or unable to produce documents explaining how they came to their conclusions and recommendations. There are credible instances of political and industry influence on the standards. To be a part of the committee only required self-nomination, not any type of medical or research credentials or experience. Country after country is walking back their "gender affirming care" after discovering no clear evidence that it actually helps patients. On the other hand, there is clear evidence of lifelong harm to brain development, bone development, the endocrine system, and the reproductive system.

6. Every Major Medical Organization Supports "Gender Affirming Care."

Reality: Doctors have been censored and bullied. Unlike every other medical treatment, doctors are shunned and insulted if they dare bring up risks or concerns about "gender affirming care." So they quietly go along with whatever statements their organizations have declared, fearing the loss of their patients, their licenses, and their jobs. The trans medical industry is a \$5 billion industry. Pharmaceutical companies make donations to politicians, lobbying groups, and political organizations. Pharmaceutical stocks rise as more and more lifelong patients for their products are recruited. How many of these companies are donating to politicians and political parties to push laws like HB161, knowing full well that it will create more patients and profits for them?

Years ago, Senator Lam, one of the bill's original sponsors put it this way, "If the bill doesn't pass, that's fine."

I say to you again, if this bill doesn't pass, that's fine. If it does pass, there will be lawsuits, loss of federal education funds, loss of parental trust in schools, loss of students whose parents won't send them to school because of this, and harm to vulnerable students from being taught sexual topics when they are too young to understand them, without their parents' permission.

Please do the right thing and give an unfavorable report to HB161.