

House Bill 1209 / Senate Bill 0590
House Judiciary Committee — Hearing of March 4, 2026
Senate Judicial Services Committee — Hearing of March 10, 2026

Testimony OPPOSED and in the ALTERNATIVE, AMENDING the Bill

Testimony written for:
Reborn Athena Legal Initiative (RALI)
by Bullard Esq. Law
MD license: 1212110139
bullard@bullardesq.com
7151 Picnic Woods Rd
Middletown MD 21769
tel: 202 841 7753

Dear Honorable Committee Members,

May it please the Committee, we write on behalf of the women and girls' rights organization Reborn Athena Legal Initiative (RALI), run by Bullard Esq. Law, and as supporters of **Democrats for an Informed Approach to Gender** (DIAG), to testify in opposition to Senate Bill 0590 and the companion House Bill 1209, both labelled as an Emergency Bill.

In the Alternative to Opposing, we offer Amendments to these bills.

Thank-you for considering this RALI testimony.

Whereas: Bodies cannot "be wrong" and no one can ever be born "in the wrong body." This phrase "born in the wrong body" emerged as a manner for doctors to talk to children in a metaphor. As an adult-made metaphor for children, "born in the wrong body" is akin to Santa Claus or the Tooth Fairy. Please wake up from this new mythology. No one is ever actually "born in the wrong body", rather this is an impossibility that is foisted upon gullible children and youth and on well meaning but ill advised adults.

Whereas: "Gender identity" is akin to an immortal soul, a strong belief to which some adhere and to which many do not adhere, and to which the state, as a neutral party in matters of religion and beliefs has no jurisdiction to intervene. Hence for Montgomery County, Maryland, in a dispute that became the 2025 Supreme Court case *Mahmoud v. Taylor*, the Justices ruled that religion and belief are at stake when gender identity is taught in classrooms and that parents have the Constitutional right to protect their children from such teachings.¹ This same constitutional analysis applies to any state-sponsored

¹ William J. Ford, "Supreme Court says parents can pull kids from classes with LGBTQ-themed books," *Maryland Matters*, June 27, 2025, available at: <https://marylandmatters.org/2025/06/27/supreme-court-says-parents-can-pull-kids-from-classes-with-lgbtq-themed-books/>

promotion of “gender identity” or queer theory, that the state is intruding on religious and philosophical domains in which it has no jurisdiction because of the First Amendment of the United States guarantee of freedom of religion and freedom from state-sponsored religion.

Whereas: Parents have the right to raise their children within their own family and within their own religious and philosophical convictions, among which the irreducible importance of loving and accepting one’s own physical body in its inherent genetic makeup is an irrevocable Constitutional right.²

Whereas: Systematic reviews of the scientific evidence have shown “gender affirming care” (hereinafter, GAC) to carry more risks than benefits.³

Whereas: The Health and Human Services Gender Dysphoria Report concludes that gender-affirming care of minors (i.e., social transition, puberty suppression, cross-sex hormones, and surgeries) lacks robust evidence of long-term benefits while posing significant risks of harm for patients, including infertility, sexual dysfunction, impaired bone density, neuro-cognitive effects, cardiovascular risks, psychological distress, chronic pain, and regret. This HHS Report reminds us that these interventions contradict widely endorsed principles of medical ethics which at minimum include the prime medical directive to *do no harm*, clear and accurate informed consent, and a commitment to evidence-based care.⁴

Whereas: No high quality empirical scientific study has demonstrated GAC reduces suicides nor improves quality of life.⁵ Studies that purport to show such benefits are anecdotal, poor quality, and/or low certainty. [A widely-anticipated 2023 National](#)

² *Mirabelli v. Bonta*, 607 U. S. ____ (2026), per curiam, Supreme Court of the United States, March 2, 2026, available at: https://cdn.prod.website-files.com/63d954d4e4ad424df7819d46/69a61b347a7b680a9027a546_25A810.pdf. This case upholds parental rights to raise their children within their own guidance as parents and within their own religious and/or beliefs and convictions. The state cannot remove such parental rights via school-based gender transition that is kept secret from parents.

³ Cass H. Independent review of gender identity services for children and young people: final report. 2024. Available from: <https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/> ; Council for Choices in Healthcare, Finland, trans at: https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf; U.S. Department of Health and Human Services (HHS) report, Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices (November 19, 2025).

⁴ HHS, U.S. Department of Health and Human Services (HHS) report, Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices (November 19, 2025)

⁵ In general, see the scientific literature as discussed by the public health experts of DIAG at: <https://www.di-ag.org/suicide-risk>

Institutes of Health/Health and Human Services-funded study of youth receiving opposite-sex hormones showed no meaningful improvements in psychological functioning and the highly affirming environment provoked two suicides at 6 and 12 months of followup.⁶ In Sweden, a country with a long history of tolerance, [the longest \(40-year\) study of sex-reassigned adults](#) found that compared to others of the same sex, completed suicides were 19.1 times higher, suicide attempts 4.9 times higher, and psychiatric inpatient care 2.8 times higher.⁷

In the widely watched Supreme Court case *U.S. v. Skrametti*, Justice Samuel Alito cited the Cass Review's conclusion that "there is no evidence that gender-affirmative treatments reduce suicide," and interrogated ACLU attorney Chase Strangio on whether the treatments reduced suicide risk. **Strangio admitted that no evidence supported the widely threatened risk of gender dysphoric suicides.**⁸ "Would you rather have a dead son or a live daughter?" now has entered the medical history hall of infamy alongside such previous medical errors as lobotomies, the Tuskegee Syphilis Study, DES for pregnant women, and allegedly "non-addictive" Oxycontin.

Whereas: GAC mandatory "affirmative care" inherently creates diagnostic overshadowing whereby medical authorities overlook treatable conditions in vulnerable children and youth while the same or other authorities blithely "affirm" an invisible, undiagnosable, and unverifiable "gender identity." Via GAC such overshadowed children and youth are affirmed, socially transitioned, medicalized, and suffer irreversible damage to such parts of their bodies as: their voices, their sexual and reproductive capacities, their urinary tracts, their heart and circulatory system, their bone density, and their hair. Detransitioner testimony to the harms of affirmation only (aka "affirmative care" and "GAC"), and to the easily available prescriptions for powerful and damaging drugs, is widely available. Genspect has published many of these excruciatingly painful personal narratives.⁹

March 12, 2026 is Detransition Awareness Day in Washington DC. Some 70 detransitioners will be present, making this an excellent opportunity to hear firsthand of GAC's devastating harms.

⁶ Chen, D, *et al.*, "Psychosocial Functioning in Transgender Youth after 2 Years of Hormones," *N Engl J Med.* 2023 Jan 19;388(3):240-250. doi: 10.1056/NEJMoa2206297. available at: <https://pubmed.ncbi.nlm.nih.gov/36652355/>.

⁷ Dhejne, C. *et al.*, Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden, *PLoS One.* 2011 Feb 22;6(2):e16885. doi: 10.1371/journal.pone.0016885, available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3043071/>

⁸ See "What to know about the Transgender ...," the *New York Times*, June 19, 2025, available at: <https://www.nytimes.com/2025/06/19/magazine/transgender-supreme-court-skrametti-takeaways.html>

⁹ See, <https://genspect.org/detrans/>) and, e.g., <https://stellaomalley.substack.com/p/rejection-belief-reflection-and-collapse-996> .

Whereas: Transgender identification has increased exponentially in the past decade, not coincidentally in the same time period as the introduction of smart phones and omnipresent social media. The Guardian reports 2.7% of American children and youth identify as transgender, which is nearly three times the average rate of 1% in the US.¹⁰ Historically transgenderism has been very rare, at an estimated .02% of the population.

Whereas: The internet and social media are deeply linked to rising rates of mental illness among children and youth and yet the facts of social contagion are resoundingly denied and rejected by advocates of GAC, even though we witness increasing mental illness induced via social contagion on the internet for mental illnesses such as anorexia¹¹, for suicidal ideation and plans, and for murder.¹²

Whereas: The Rapid Onset Gender Dysphoria (ROGD) hypothesis accounts for internet-based social contagion and is a major contending outlook to GAC.¹³ ROGD is not currently used as a map for treatment pathways in therapeutic or psychiatric settings and this omission constitutes deception of patients and patients' families, induces reliance on experimental hormonal treatment, and injures these deceived parties.

Whereas: Children are inherently vulnerable and children and youth who have suffered and/or experience trauma, abuse, bullying, neurodivergence, autism spectrum disorder,

¹⁰ Sam Levin, "More than 2.8m people in US identify as trans, including 724,000 youth, data shows," The Guardian, August 20, 2025, available at: <https://www.theguardian.com/world/2025/aug/20/trans-people-us-data>

¹¹ *E.g.*, Corzine, A., & Harrison, V. . (2023). Social Contagion, from Suicide to Online Challenges to Eating Disorders: Current Research and Harm Mitigation Strategies for Youth Online. *Journal of Online Trust and Safety*, 2(1). <https://doi.org/10.54501/jots.v2i1.145>; and *e.g.* U.S. Senate Committee of the Judiciary, Sub-Committee Hearing, with testimony from a Meta Whistle-Blower, Arturo Bejar, available at <https://www.judiciary.senate.gov/committee-activity/hearings/social-media-and-the-teen-mental-health-crisis>

¹² Jonathan Turley, Shapiro Professor of Public Interest Law, George Washington University, "OpenAI's dark side: ChatGPT accused of causing suicide, murder," The Hill, August 30, 2025, available at <https://thehill.com/opinion/5478336-openais-dark-side-chatgpt-accused-of-causing-suicide-murder/>

¹³ Lisa Littman, "Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria," *PLOS ONE*, August 16, 2018, available at: <https://doi.org/10.1371/journal.pone.0202330>.

sensory processing delays, executive processing delays, and other atypical presentations, experience such diagnostic overshadowing at elevated rates.¹⁴

Whereas: The American Society of Plastic Surgeons announced Feb. 3, 2026, a new policy that denounces pediatric gender surgeries because of the utter lack of scientific evidence for the efficacy of GAC (of which surgeries are one dimension).¹⁵ Take notice, the ASPS not only denounces pediatric GAC surgeries, it does so because of serious evidentiary and ethical concerns about the entire GAC treatment pathway for youth, including social transition, puberty blockers, and cross-sex hormones.

Whereas: The AMA has weakened its support for GAC upon the same evidence as used by the ASPS.¹⁶

Whereas: The existent language of SB 0590 and HB 1209 conflates homosexuality with transgender /gender identity disorder and obfuscates the iatrogenic harms of GAC.

Whereas: The World Professional Association of Transgender Health (WPATH) is designated in the Maryland 2023 Trans Health Equity act as establishing the standard of care (SOC 8 is the current version) for transgender treatments and yet **WPATH has been discredited because** of establishing their SOC 8 with documented a) lack of scientific objectivity, b) widespread and deep conflicts of interest in its expert committee, c) politicization of its process in establishing SOC 8, d) intentionally burying scientific studies that produced data that conflicted with WPATH ideological goals, e) omitting any consideration of ETHICS from SOC 8, f) advocating, in a seeming return to an age of barbarism, that **some young men unavoidably need castration because they are inherently “eunuchs”**, g) deleting age limits on surgeries under the political pressure from Admiral Rachel Levine then at HHS, h) privately acknowledging that children cannot understand GAC and thus cannot consent and yet publicly advocating treatment based on “informed

¹⁴ A. Kallitsounaki, *et al.*, “Autism Spectrum Disorder and Gender Dysphoria/Incongruence. A systematic Literature Review and Meta-Analysis,” *Journal of Autism and Developmental Disorders*, May 2022, available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10313553/>. Fully one-third of the patients at the UK GIDs had an autism spectrum diagnosis. See, H. Cass, “Independent review of gender identity services for children and young people”: Final report, Appendix 5, *Epidemiology and Outcomes for Children and Young People with Gender Dysphoria: Retrospective Cohort Study Using Electronic Primary Care*, 2024.

¹⁵ American Society of Plastic Surgeons Position Statement, Feb 3, 2026, available at: <https://www.apa.org/news/press/releases/2019/09/treatment-migrant-children>.

¹⁶ See reporting at: <https://www.nationalreview.com/news/first-major-medical-org-comes-out-against-trans-surgeries-for-minors/> which quotes the AMA stating, “the evidence for gender-affirming surgical intervention in minors is insufficient for us to make a definitive statement . . . the AMA agrees with ASPS that surgical interventions in minors should be generally deferred to adulthood.”

consent”, i) abandoning the fundamental medical directives to *first do no harm*, obtain informed consent, and practice evidence-based medicine.¹⁷

I. OPPOSITION

The bill should be flatly rejected by the committee. Moreover, the existing Maryland statutory ban on conversion therapy should be amended as per our recommended amendment below.

II. In the alternative to out-right rejection of this bill, the committee should adopt this AMENDMENT to 1 (c) 1 and 1 (c) 2:

1 (c) (1) : Amend the definition of “conversion” so that the definition includes the following:

“Conversion” shall include converting, or encouraging and/or aiding in the transition, of a child or youth, and in particular vulnerable youth, from their biological chromosomal sex — that is XX chromosomes for females and XY chromosomes for males— to an ideational identity that is divorced from their biological, chromosomal sex and yet concretized in and through conversion and transitioning practices which include GAC.

1 (c) 2 : Amend the definition of “conversion therapy” so that it shall include any and all practices whether within a social work consultation, a therapy session, a school lesson, a school health setting, and/or a hospital, doctor’s office, or clinic, that:

- 1) teach or lead children to believe they can be born in the wrong body (this anti-empirical and is a factual impossibility that is abusive to teach to children)
- 2) teach or lead children and youth, in particular vulnerable youth, to believe that their body is wrong and must be substantially altered by an array of practices including social conformity with opposite sex gender stereotypes, drugs, and surgeries.

Definitions:

“Vulnerable” shall mean within this statute

- 1) those who have fragile psyches,
- 2) those who have suffered any form of trauma, abuse, neglect, family dissolution from dysfunction, death, or divorce, poverty, and/or any other damaging event;
- 3) those with any form of neurodivergence such as Autism spectrum disorder, thought processing delays, sensory processing disorders, or any other neurodivergence.

¹⁷ Democrats for an Informed Approach to Gender, “WPATH Exposed,” available at: <https://www.di-ag.org/wpath-exposed>. See also the leaked WPATH communications at, WPATH Files, pp.10-15, available at <https://static1.squarespace.com/static/56a45d683b0be33df885def6/t/6602fa875978a01601858171/1711471262073/WPATH+Report+and+Files111.pdf>. HHS Gender Dysphoria report *op cit.* and Cass Review *op cit.* both reveal WPATH as unscientific and discredited. The *U.S. v. Skrametti* decision portrayed an unsettled medical terrain with WPATH SOC8 cast into discredit.

4) those with mental health challenges such as depression, anxiety, anorexia or any other mental illness.

“Youth” shall mean within this statute:

any individual who has reached age 18 and has not yet passed age 25.