April 5, 2023

S.37 House Committee on Healthcare

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1. Suicidality

A 2011 study out of Sweden concluded persons having received sex reassignment have considerably higher risks of psychiatric morbidity, suicidality, and mortality than the general population**:**
https://pubmed.ncbi.nlm.nih.gov/21364939/

Proponents think they are reducing suicidality and improving mental health based upon the Trevor Project, which is a survey, not a study. There are no evidence-based studies on the Trevor Project website that conclude gender-affirming care saves lives and improves mental health:
https://www.thetrevorproject.org/survey-2022/

When questioned by House Judiciary Committee members on comparative data on suicidality in states that affirm versus states that ban or limit gender-affirming "care," both Dr. Erica Gibson of UVMMC (Jan 26) and Polly Cozier of GLAD (GLBTQ Advocates and Defenders) (Jan 25) provided anecdotal "evidence" and speculation on future data. Neither followed up with evidence-based data on suicidality, either independent of states or based upon comparisons of states' stances. Anecdotal statements about parents' fears for their children's emotional well-being were accepted as legitimate evidence.

One of the studies from the Journal of Adolescent Health https://www.jahonline.org/article/S1054-139X(21)00568-1/fulltext referenced on the Trevor Project website stated "There are no large-scale studies examining mental health among transgender and nonbinary youth who receive gender-affirming hormone therapy (GAHT).

2. **Vermont prohibited female genital mutilation** or cutting for the purposes of ritual or custom, Sec. 1. 13 V.S.A. chapter 70, § 315 (2020), yet vaginoplasty, orchiectomy, and phalloplasty are not considered mutilation?

3. Childhood Trauma is the underlying cause of poor mental health

AAP study indicates childhood trauma as the underlying cause of anxiety and depression, which needs to be addressed with restorative psychiatric therapy, not gender-affirming care: https://publications.aap.org/pediatrics/article/148/2/e2020016907/179762/Disparities-in-Childhood-Abuse-Between-Transgender?autologincheck=redirected

4. International Standards of Care

Here is a link to a "quick facts" digital booklet, 8 pages, on side effects complications from hormones and surgeries, and international status of gender-affirming care: https://sexchangeregret.com/protect-our-youth-from-hormones-and-surgery-info-booklet/

The booklet is from the website, https://sexchangeregret.com/, founded by Walt Heyer, a man who suffered childhood trauma, transitioned to a woman and back again. He has received two million visitors to his website and 10,000+ emails from people who regret their transition.

Pages 2 and 3 of the booklet provide the status on international standards of care. UK, Sweden, Norway, Finland, and France have all taken steps to protect children from hormones and surgery.

Check out the "Research" and "Voices" options under the "POSTS" tab: https://sexchangeregret.com/posts/.

Jessa Barnard, the Executive Director of Vermont Medical Society, stated February 7 before the House Committee on Judiciary that there are national and international standards of gender-affirming care. World Professional Association of Transgender Health (WPATH - an independent, unelected, non-governmental organization) standards are not being followed in Europe.

Clearly, there is conflict nationally whether national standards of care are ethical. Vermont is taking a position at odds with recent studies and will find itself on the wrong side of history regarding gender dysphoria care.

5. Cass Review Interim Report on Tavistock Gender Clinic

The House Committee on Judiciary disregarded the February 2022 UK Cass Review Interim Report, an on-going study presented by VFA as evidence that the standards of care are rapidly changing. The Study found that practitioners felt pressured to comply with gender-affirming practices that go against clinical assessment and diagnosis practices; control measures were lacking; there is no conclusive evidence on use of puberty blockers and cross-sex hormones.
https://legislature.vermont.gov/Documents/2024/WorkGroups/House%20Judiciary/Bills/H.89/Witness%20Testimony/H.89~Renee%20McGuinness~Cass%20Review%20Interim%20Report~2-1-2023.pdf

6. Puberty blockers, cross-sex hormones, gender assignment surgery

a. Most common are urological complications from "bottom" surgeries on both males and females. Some studies indicate 25 – 40% urological complications. Urine leakage out of unwanted openings and urine blockage are common, possibly leading to kidney inflammation if left untreated.
b. Puberty blockers: failure to grow, liver damage, mental health problems, skeletal damage and bone thinning. Infertility, osteoporosis, and cardiovascular disease. Brain swelling, vision loss in children (FDA 2022). Puberty develops healthy brains and bodies. The effects of disrupting puberty are not known (UK's National Health Service and USA FDA)
c. Cross-sex hormones for females taking testosterone: heart attacks and strokes, liver dysfunction, diabetes type 2. For males taking estrogen: blood clots, heart attacks and strokes, breast cancer, weight gain, insulin resistance.
d. Gender assignment surgery: 50% of (birth-registered) males experience complications – pain, surgical site bleeding, urinary dysfunction, sexual dysfunction. For (birth-registered) females, hysterectomy causes sterility. **Suicide rate is 19 times higher 10 years after surgery**.

<u>Is this the standard of care that will be shielded under H.89 and S.37?</u>

7. Consequences of H.89 and S.37

Both H.89 and S.37 serve to shield practitioners who are mentally and physically harming minors and youth. Both bills target youth and minors: statements in Committees, on the Senate floor, and JRS53 prove this.

Statements by Senator Lyons and Jessa Barnard of the Vermont Medical Society have made it clear that all mental and medical health practitioners licensed in Vermont will be held to the standards of care determined by medical boards, without conscience protections. The House dismissed Donahue's conscience protection amendment for H.89 "not germane."

H.89 shields exclusively gender-affirming practitioners from "abusive litigation," leaving practitioners who do not follow gender-affirming standards of care at risk of being investigated and losing their license. When doctors have no choice, patients have no choice. Parents have no choice.

S.37 requires insurance companies to cover gender-affirming care without limits, and shields gender-affirming care practitioners from increases in medical malpractice insurance premiums, protecting them financially from the types of lawsuits happening internationally by minor-aged patients who claim they were rushed and/or pressured into gender-affirming care, along with their parents, and denied informed consent on the side effects of puberty blockers and cross-sex hormones, and complications from gender assignment surgeries.

S.37 and H.89 may even shield practitioners from lawsuits when there is actual negligence because the risk of losing a lawsuit and countersuit under "abusive litigation" is overly burdensome financially; although all gender-affirming care could be considered outright criminal, not just negligent, given the side effects, complications, and lifetime damage both mentally and physically.

This is how legislators, by shielding one type of care, usurp parental authority and minor protections without having explicit language in either H.89 or S.37.

H.89 and S.37 do not serve and protect youth, minors, and families. They shield mental and medical practices and practitioners that damage them.