Renee McGuinness

Vermont Family Alliance Additional Testimony

Responses to Judiciary Committee members following my testimony on

February 1, 1:30 pm

Representative Barbara Rachelson cited the American Academy of Pediatrics as having Standards of Care for treating minors who present gender dysphoria and incongruence. I suggested AAP and other U.S. medical organizations review the Tavistock Interim Report and reevaluate their Standards of Care. It appears that since 2018, the AAP has changed their stance on gender identity care, along with a change internationally.

While approaches for treating youth experiencing gender-dysphoria and incongruence has evolved over the past several years, as acknowledged by the World Professional Association for Transgender Health (WPATH) the Vermont state legislature is relying on outdated American Academy of Pediatrics Standards of Care from 2018, which puts minors, especially adolescent girls, at risk of being rushed into life-altering hormone treatments that they might later regret, as did detransitioner Chloe Cole, who is "seeking damages [against Kaiser Permanente] based on the evidence of malice, oppression, and fraud".

I note Erica Gibson's testimony submitted January 26, 2023 is a letter that lists Vermont and U.S. organizations that support exclusively gender-affirming care. This letter is dated April 1, 2021.

Meanwhile the Cass Review Iterim Report was released February 2022, approximately ten months after Erica Gibson's letter dated April 1, 2021. U.S. medical organizations need to review and update their Standards of Care.

Representative Thomas Oliver asked about the effects of puberty blockers on boys [birth-registered males] versus girls [birth-registered females], and whether there were different drugs for boys and girls. My answer was inadequate, so I conducted more research and offer the following:

Planned Parenthood provides information on different hormone blockers on their website, but not information on the side effects of these drugs: https://www.plannedparenthood.org/learn/teens/puberty/what-are-puberty-blockers#:~:text=There%20are%20two%20kinds%20of,4%20months%20at%20a%20time.

Birth-registered females presenting gender dysphoria in adolescence is a recent trend, so there are no long-term studies on the effects of hormone blockers.

I recommend Section 5: Principles of evidence based service development beginning on page 53 of the Cass Review Interim Report (originally provided with February 1 testimony) for more insight into the more recent explosion of birth-registered girls presenting gender incongruence/dysphoria when historically cases have been overwhelmingly predominantly birth-registered males presenting at an early age in childhood. The graphic on Page 57 provides a helpful visual for contributing factors. So, there is a change in the case-mix not only in birth-registered males and birth-registered females, but also a difference in the age at which they present.

Of greatest concern and what needs to be flushed out is how much of this change in case-mix is biological and how much of this new case-mix is due to is cultural, social, and psychological factors, for which perhaps chemical medical means is not necessarily the answer. Here is an excerpt:

5.7. There is extensive literature discussing the possible aetiology of gender incongruence. Based on the available evidence, many authors would suggest that it is likely that biological, cultural, social and psychological factors all contribute. The examples in Appendix 4 show that this is not an uncommon situation; many conditions do not have a single clear causation – they are in other words 'multifactorial'

There is no blood test for gender dysphoria: 5.14. When it comes to gender dysphoria, there are no blood tests or other laboratory tests, so assessment and diagnosis in children and young people with genderrelated distress is reliant on the judgements of experienced clinicians. Because medical, and subsequently possibly surgical treatments will follow, it may be argued that a highly sensitive and specific assessment process is required. The assessment should be able to accurately identify those children or young people for whom physical intervention is going to be the best course of action, but it is equally important that it identifies those who need an alternative pathway or treatment.

The Cass Review Interim Report is a snapshot in time, and research is on-going. A final report will be released at a later date.

The Vermont State legislature is inconsistent in their pursuit of health care choice for individuals, free from government interference.

Last year, legislators claimed Article 22, the reproductive liberty amendment to the State Constitution, would keep government out of decision-making between patients and their doctors.

This year, H.89, taken up by the House Judiciary Committee, proposes to codify gender-affirming care as the only type of care for minors experiencing gender dysphoria and incongruence that will be shielded from "abusive litigation" from other states per page 4, lines 12 - 18 of H.89.

If Vermont legislators are truly interested in protecting rights and privacy between doctor and patient, they should abandon H.89 and repeal 18 V.S.A. § 8351.

Thank you for your service and attention to these details.

Best regards,

Renee McGuinness