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H.89 Senate Committee on Judiciary
Shielding gender-affirming care practitioners from "abusive litigation."
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I have presented concerns on both H.89 and S.37 to committees. Both H.89 and S.37, companion bills, serve to protect the "gender-affirming" model over other models that might better serve those experiencing gender dysphoria and incongruence. In my testimony, I hope to lay out the reasons why both H.89 and S.37 fail to protect minors, youth, and families.

1. **Mental Health and Suicidality**

Proponents believe they are shielding "best practice" care, improving mental health, and reducing suicidality. The Trevor Project is the only "evidence-based" resource provided under H.89 witness testimony, 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/

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 states "There are no large-scale studies examining mental health among transgender and nonbinary youth who receive gender-affirming hormone therapy (GAHT).

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/

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, GLAD (Jan 25) provided anecdotal "evidence" and speculation on future data. Neither followed up with evidence-based data on mental health and 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. Dr. Gibson stated she does not have collated data based upon the types of care patients are receiving through the UVMMC Childrens Hospital Transgender Youth Program.

On April 4, Dr. Gibson claimed before the House Committee on Health care that whatever resources a patient needs are made available to them, yet the link she provides on her written testimony, titled "Transgender Youth Program," assumes a transgender diagnosis. If this website is considered the hub for gender dysphoria resources in Vermont, information on the universal experience of uncomfortableness among adolescents during the process of puberty is missing. https://www.uvmhealth.org/childrens-hospital/pediatric-specialties/transgender-youth-program

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. Cass-Review-Interim-Report-Final-Web-Accessible (2).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 companion bills

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.

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.

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 filed 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.

VFA is well aware there is no explicit language in H.89 and S.37 regarding parental rights and minor consent. We ask you to consider whether the care you would be shielding is helpful or harmful to minors, youth, and their families.