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Testimony before the Assembly Committee on Judiciary

Assembly Bill 502

January 24, 2024

Thank you Chair Tusler, Vice-Chair Rettinger, and members of the Assembly Committee on Judiciary for holding this hearing on Assembly Bill (AB) 502. The purpose of AB 502 is to provide a civil cause of action against a healthcare provider that led to the injury of a minor due to the prescribed gender transition procedure. This Bill does not prohibit gender transition procedures, cross-sex hormones, or puberty blockers, also known as gender affirming treatment.

A minor who is injured due to a gender transition procedure may seek a civil cause of action until the age of 33, which is 15 years after they turned 18 years old. This timeframe was chosen because the negative effects of gender transition may not be seen until years after treatment has stopped. Creating this civil cause of action will hold medical professionals accountable for their actions. Long-term effects are still unknown about gender transition procedures, cross-sex hormones, and puberty blockers, meaning physicians need to utilize strict scrutiny when prescribing these treatments.

Finally, there is a safe harbor provision for medical professionals who demonstrate they engaged in due diligence before recommending the mentioned medical interventions. Additionally, exceptions are made when medical intervention is deemed necessary.

At the end of the day, we want all patients to have the best care possible. This Bill accomplishes that by holding physicians who are prescribing potentially harmful treatments accountable. Thank you for your kind attention and support of this Bill. I am happy to answer any questions you may have.



ROB HUTTON

STATE SENATOR | 5th DISTRICT

Wisconsin State Capitol | P.O. Box 7882 · Madison, WI 53707-7882 | (608) 266-2512 | Sen.Hutton@legis.wisconsin.gov

January 24, 2024

TO: Assembly Committee on Judiciary

FR: Senator Rob Hutton

RE: Assembly Bill 502 – Creating a civil cause of action for a minor injured by a gender transition procedure.

Thank you for holding a hearing on Assembly Bill 502. This bill provides a legal recourse for people who suffered harm by a gender transition procedure underwent as a minor.

This legislation creates a legal avenue for individuals who were adversely affected by a gender transition procedure or related treatment performed on them when they were under the age of 18. The bill allows such individuals to file a medical malpractice cause of action against the responsible medical providers until the age of 33.

There are still many unknowns about the long-term impacts on minors of commonly used medical interventions such as puberty blockers, hormone replacement therapy, and breast removal surgery. Research has shown that long-term hormone use in transgender youth has been associated with cardiovascular risks, blood clots, liver dysfunction, altered bone density, and irreversible infertility, among other issues.

By allowing an individual to seek legal recourse until age 33, the bill recognizes that the full consequences of these procedures may not manifest in the short-term. Research has also found that many gender-nonconforming youth stopped identifying as transgender by young adulthood, raising serious questions about the long-term physical and psychological consequences of many of today's most commonly used interventions.

The bill promotes accountability among medical professionals by ensuring they can be held liable for any harm caused by their actions. The American Medical Association emphasizes the need for comprehensive evaluation by medical professionals when making irreversible gender-affirming decisions for minors. Therefore, the bill provides a legal safe harbor if a provider can demonstrate they engaged in all due diligence before recommending medical intervention. It also includes several exceptions for circumstances where such intervention is medically necessary.

Assembly Bill 502 offers compassion and protection for vulnerable youth who are forced to live with the long-term consequences of decisions made under poor guidance. I respectfully ask for your support.



Wisconsin Family Action
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TESTIMONY IN SUPPORT OF ASSEMBLY BILL 502
ASSEMBLY COMMITTEE ON JUDICIARY
WEDNESDAY, JANUARY 24, 2024
JACK HOOGENDYK, LEGISLATIVE AND POLICY DIRECTOR

Thank you, Chairman Tusler and committee members, for holding this hearing on Assembly Bill 502 and affording us the opportunity to testify. I am Jack Hoogendyk, Legislative and Policy Director for Wisconsin Family Action. Wisconsin Family Action supports this bill.

At the outset of our testimony, we want to make a brief over-arching statement about the core issue that underlies Assembly Bill 502.

We believe men and women are fundamentally different from each other and yet complementary to each other. People are born genetically with clear male or female chromosomes and by far the vast majority are born with clearly identifiable biological characteristics that indicate male or female. Indeed, our biological sex is written into the DNA of every cell in our bodies. As such, our biological sex is intricately interwoven with how we live in society and relate to others.

We further believe that transgender-identifying individuals deserve our respect, compassion, and care as “neighbors” whom we should love as ourselves. As an outflowing of this care for our neighbors, we support public policy that affirms a person’s biological sex, as well as the unique and complementary roles both men and women play in society and for the family. We oppose efforts that would bring further harm — physical, mental, emotional, or spiritual — to those struggling with their identity in this way and attempts to “normalize” this behavior in society—especially amongst impressionable children, which is the expressed subject of Assembly Bill 502.

Recently, the governor vetoed the Help Not Harm bill which would have been extremely helpful in protecting minors struggling with gender confusion by prohibiting medical professionals from prescribing cross-sex hormones or puberty blockers or performing so-called “trans” surgeries on minors.

This bill comes at this critically important issue a bit differently.

Fundamentally, AB 502 allows a minor harmed in any way by a drug or surgical procedure that was prescribed or performed to deal with gender confusion, to bring a civil cause of action up to the time the person reaches the age of 33.

As the bill indicates in the required notice section (p. 5, line 16 through p. 8, line 4), puberty blockers, cross-sex hormones, and surgical procedures come with significant risks, both short-term and long-term. Of particular note is that once a healthy body part is surgically removed from a minor, that is irreversible.

A court case is going on right now in Wisconsin where a young woman (not a minor) who self-diagnosed herself as having “gender dysphoria” is suing UW Hospital surgeons for lack of informed consent. The patient was 19 when she had a hysterectomy and 21 when she underwent a double mastectomy. The woman says at the time when she had the hysterectomy, medical personnel never told her—never informed her and received her consent acknowledging her understanding—that she could never have children naturally once she had this procedure.¹

This type of situation would be heightened when a minor, say, age 16, is thinking these surgical procedures would be helpful in dealing with his or her gender confusion. Not being fully aware of what the procedure is or of the consequences is disastrous for anyone, but particularly for minors. Of course, in the case of a minor and a medical procedure, parents or guardians also need to be fully informed and give informed consent.

This bill puts the burden of fully informing the minor patient and his/her parents or guardians about the so-called “treatments” right where it should be—on the doctor who is recommending, authorizing, or performing the drug or procedure.

By the way, treatment in the medical world is usually about healing, not about harming an otherwise generally healthy patient, which these drugs and surgical procedures do. Stopping puberty, a natural part of a person’s growth and development, with potent drugs for no other reason than a patient’s confusion and difficulty accepting his or her biological sex, is not helpful; it is harmful. Surgically removing healthy reproductive body parts from a minor is not helpful; it is harmful. Hence, we are loathe to call these drugs and surgeries “treatments.”

AB 502 requires that the minor and the minor’s parents or legal guardian be given a very detailed notice about the so-called “treatment” or “treatments” being considered and the known and possible side effects and outcomes.

Additionally, the bill makes it very clear what a medical professional accused of harm in these situations can use as a defense—which also helps protect the minor patient.

We support this bill because first, it holds medical professionals accountable for making sure minors dealing with gender confusion and their parents are fully informed before consenting to drugs and surgeries to deal with a mental/psychological/emotion problem. Gender confusion is not a physiological problem until these drugs or surgeries happen—and then very, very serious problems can result—problems affecting the person for a lifetime. And second, the bill allows those harmed appropriate legal recourse for the harm they have endured.

We urge the committee to support this bill and move it to the full Assembly for a vote.

¹¹<https://dailycaller.com/2023/11/05/woman-sues-doctors-gender-transition-surgeries-proper-consent-sex-change/>



WISCONSIN LEGISLATURE

P.O. BOX 7882 • MADISON, WI 53707-7882

To: Assembly Committee on Judiciary
From: Senator Mark Spreitzer, Senator Tim Carpenter, Representative Greta Neubauer, Representative Lee Snodgrass, and Representative Marisabel Cabrera
RE: Assembly Bill 502
Date: January 24, 2024

Chair Tusler and committee members:

As the members of the Wisconsin Legislative LGBTQ+ Caucus, we are submitting written testimony today in opposition to Assembly Bill 502. We ask that our testimony be shared with all members of the committee, and be entered into the committee record for this bill.

Gender-affirming care includes a range of services for nonbinary and transgender people, including puberty blockers, gender-affirming hormones, and surgery. Gender-affirming care reduces gender dysphoria – the clinically-significant psychological distress that results when one’s gender identity does not match their sex assigned at birth – and helps people live healthy and authentic lives.

Gender-affirming care is safe, medically necessary, and saves lives. This is the position of every major medical organization in Wisconsin and across the nation, including the American Medical Association, the American Academy of Pediatrics, the American Counseling Association, the American Nurses Association, the Endocrine Society, the American Psychiatric Association, the American Psychological Association, and the World Medical Association.

The Republican party is attacking our transgender and nonbinary neighbors by politicizing medical care. By forcing doctors to deliver canned and inaccurate propaganda both orally and in writing at every medical visit, Republican politicians are inserting themselves into medical consultations that should be private between patients and their doctors.

This bill would create a civil cause of action against healthcare providers if a patient is alleged to have suffered an injury resulting from gender-affirming care, including puberty blockers and gender-affirming hormones, and does not require that the patient receiving gender-affirming care consent to any lawsuits brought by their parents or legal guardians. Our state law already provides recourse for patients who suffer injury as a result of medical procedures if healthcare providers fail to meet the standard of care. This bill is a disgusting attempt by Republicans to scare families with propaganda and to threaten healthcare professionals with frivolous litigation in the hopes that they will stop providing gender-affirming care.



WISCONSIN LEGISLATURE

P.O. BOX 7882 • MADISON, WI 53707-7882

In other states where legislation with the goal of restricting access to gender-affirming care has passed into law, costly court challenges have resulted in those bans being temporarily or permanently blocked. This committee can take action to prevent our state from going down the same misguided path resulting in the waste of taxpayer dollars on unnecessary litigation.

Although this bill will not become law in our state, its introduction alone is harmful. Recent national surveys have shown that 86% of transgender and nonbinary youth reported negative impacts to their mental health from the introduction of anti-transgender bills, with nearly 1 in 3 LGBTQ+ young people stating that their mental health was poor "always" or "most of the time" due to anti-LGBTQ+ policies and legislation.

We ask that you not schedule Assembly Bill 502 for a vote. If AB 502 comes before you for a vote in this committee or on the Assembly floor, we ask that you vote no. We hope that you will join us in telling transgender and nonbinary youth in our state that they are seen, are loved, and that they belong here in Wisconsin.

Sincerely,

Mark Spreitzer
State Senator
15th Senate District

Tim Carpenter
State Senator
3rd Senate District

Greta Neubauer
State Representative
66th Assembly District

Lee Snodgrass
State Representative
57th Assembly District

Marisabel Cabrera
State Representative
9th Assembly District



MELISSA RATCLIFF

WISCONSIN STATE REPRESENTATIVE
46TH ASSEMBLY DISTRICT

To: Assembly Committee on Judiciary
From: Representative Melissa Ratcliff
Re: Testimony on Assembly Bill 502
Date: January 24, 2024

Good afternoon Chair Tusler, Ranking Member Anderson, and members of the Assembly Committee on Judiciary.

I am writing today in strong opposition to AB 502, an unnecessary, discriminatory bill aimed, yet again, at harming transgender youth.

There is no scientific or health care basis for this bill. It is another in an avalanche of anti-trans legislation that has been, and is being, pushed by Republican legislatures around the County. The only basis for this bill is hate, fueled by extremist think-tanks and anti-trans organizations that help devise these proposals.

Here is some of what is wrong with AB 502:

- By allowing civil cause of action, the bill may discourage health care providers from offering necessary and beneficial procedures to individuals in need, leading to further harm and distress for transgender youth.
- The bill targets providers of life-affirming care for non-binary and transgender youth. No other field of healthcare is required to recite the amount of “regret” a medical decision has caused except in the instance of gender affirming care. Credible studies show the regret rate for those who have received gender affirming care at less than 1%. In contrast, those receiving knee replacement surgery had a regret rate of 6-30%.
- Legislators should not prioritize politics over the expertise of healthcare professionals and the lives of their patients. We do not have medical degrees nor do we know the best plan of action for supporting and caring for patients. Limiting the scope of our medical professionals only further endangers the lives of our constituents and perpetuates gaps in access to healthcare. Allowing for civil lawsuits against doctors may very well drive more physicians out of Wisconsin.

My Democratic Colleagues and I will continue to defend and support life-saving care for all Wisconsinites which includes gender affirming care for our trans and non-binary youth. I strongly urge the members of this committee to vote no on this bill and instead, focus on supporting policies that promote inclusivity, understanding, and the well-being of all individuals, including transgender youth.



WISCONSIN COUNCIL
OF CHURCHES
COURAGE. JUSTICE. HOLY IMAGINATION.

To: Members of the Assembly Committee Judiciary
From: Rev. Breanna Illéné, Director of Ecumenical Innovation and Justice Initiatives,
Wisconsin Council of Churches
Date: January 24, 2024
Re: Testimony in opposition to Assembly Bill 502

The Wisconsin Council of Churches (WCC) is a network of Christian churches and faith-based organizations committed to working together across our many differences to promote collective good. We connect 21 Christian traditions, which have within them approximately 2,000 congregations and over one million church members. Exercising holy imagination, we help one another make courageous choices that lead toward peacemaking, social and economic justice for Wisconsin's most vulnerable residents, the vitality of the church, and the well-being of our neighbors.

As a Council, we have adopted a statement on Nonviolence that reminds us that "Faithfulness to its mission requires the Church to speak out against violence, minister to its victims, and work tirelessly to reduce the level of violence in society." We come here today to decry the violence in SB 479.

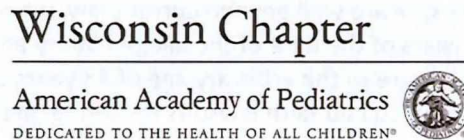
Transgender individuals are unnecessarily under attack, and this legislation is just one of many items currently before our state legislature that cause undue harm to a marginalized community. The isolation and demonizing that this bill promotes are spiritually harmful, empowering hate speech and hateful action. Transgender individuals are children of God who deserve a dignified existence.

Loving our neighbor is a basic ethical presupposition common to many faiths including our Christian scripture. It calls for unreserved respect for and identification with our neighbor, as a fellow human being created in the image of God. No one is excluded.

Access to quality medical care is a fundamental human right for all of God's people. This access should be free from stigma and discrimination and doctors should be free to provide this life-saving medical care. This legislation would discourage doctors from practicing in Wisconsin and is yet another example of politicians once again inserting themselves into private healthcare decisions between doctors, patients, and their families.

Our faith teaches that God is relentless in pursuit of well-being for the world and its inhabitants. We seek the common good. As Christians, we are called to facilitate communities of well-being, and public policy that does not harm. In this spirit of love and accountability, we reject AB 502 on its merits, and we ask this body to do the same.

Thank you for your time.



January 24, 2024

Chair Tusler and members of the Assembly Committee on Judiciary:

As organizations dedicated to providing high-quality care to all Wisconsin patients, **we oppose Assembly Bill 502**, as it would interfere with the ability to provide evidence-based care to minors who would benefit from gender-affirming care. We ask the committee to not move this bill forward.

The bill is rooted in an incorrect assumption regarding gender care patients.

According to the cosponsor memo for what would become AB 502, “[r]esearch has found that a majority of gender nonconforming youth no longer identified as transgender by young adulthood, raising serious questions about the permanent physical and psychological consequences of some commonly used interventions.” There is no citation for this statement; research, in fact, supports the opposite.

A July 2022 study in the journal *Pediatrics* is a just a recent example of that research.¹ The authors followed 317 transgender youth after their initial social transitions to determine the numbers who “retransitioned” (later changed their gender identification). The study found that after an average of 5 years following initial social transitioning, 94 percent continued to identify as transgender, including 1.3 percent who retransitioned to another identity before returning to their binary transgender identity.

Perhaps more importantly, multiple studies show the dangers of denying our vulnerable youth needed gender care. As has been described in testimony for other legislation seeking a ban on gender care for minors, every major U.S. medical and mental health organization supports providing gender care to minors who need it. This includes the American Medical Association, the American Academy of Pediatrics, The American Academy of Child and Adolescent Psychiatry, the American Psychiatric Association, the American Psychological Association, the American College of Obstetricians and Gynecologists, and the Endocrine Society. These experts all agree: denying gender care for patients who would benefit dramatically increases the chances that those youth will suffer from depression and suicidality.

The reasoning behind the bill as described in the cosponsor memo therefore is fatally flawed, drawing a conclusion that data refutes.

The bill will have chilling effects on providing evidence-based, necessary care as well as recruiting clinicians to work in Wisconsin.

¹ <https://publications.aap.org/pediatrics/article/150/2/e2021056082/186992/Gender-Identity-5-Years-After-Social-Transition>

The provisions in the bill dramatically expanding potential liability exposure for health care providers is breathtaking in its scope. First, the bill would allow for expensive lawsuits *even when the caregiver provided treatment well within the standard of care*. This upends our state's current standard for medical liability lawsuits, which is rooted in protecting patients who were *negligently* treated. Second, the bill extends potential liability exposure well beyond current law, where *personal injury* lawsuits are required to be filed within three years of the date of the alleged injury and within one year of becoming aware of the injury. Expanding exposure to the arbitrary age of 33 years creates a host of problems, not the least of which is opening the door to bad faith lawsuits centering on care provided one or two decades earlier.

While the bill purports to provide a "safe harbor" as a defense to such a lawsuit, the requirements for that safe harbor are too narrow in scope and have vague requirements that render the prescribed defense moot. For example, one of the elements that must be shown to gain this "safe harbor" is that at least one mental health professional and one other health care provider must *certify in writing* that the patient suffers from no other mental health concern. It is quite common for gender care patients to have more than one mental health-related diagnosis, such as anxiety. Not allowing care for a patient who suffers from more than one mental health-related condition seems needlessly cruel.

The bill also micromanages care via its informed consent requirements, forcing clinicians to provide multiple pages of exact language, "both orally and in writing," and require providing information that is unsupported by widely accepted clinical standards. This requirement – clearly designed to scare patients and their parents/guardians away from pursuing this type of care – is an example of why state statutes are not the place to enshrine practice standards for a specific procedure or area of care. The science of medicine is constantly evolving, with important research constantly ongoing. This generates new findings allowing care to positively evolve. A state statute, once enacted with definitions on when certain treatment is allowed and how that treatment should be provided, is already beyond stale by the time the new law is printed or posted.

This kind of micromanagement and unnecessary incursion into health care practices also chills efforts to recruit and retain physicians, nurses, and therapists to work in Wisconsin. In the midst of a well-documented and widely reported health care worker shortage, this bill is a warning flare for clinicians deciding where to practice: *even if you provide high-quality care to patients in need by utilizing your education, training, and experience, you run the risk of facing a devastating civil lawsuit, potentially more than three decades after that care was provided.*

Assembly Bill 502 does not help patients in need, could upend our state's relatively stable medical liability environment, and establishes unnecessary practice requirements to solve a problem that does not exist. We unanimously oppose the bill and urge members of the committee to do so as well.

Name: Huab Cua

City/SD: Dane County

Thank you for reading this statement as I am opposing the bill AB 502.

Trans youth need to have control over their own bodies. As a trans person, I understand firsthand the beauty and hardships of discovering and accepting one's self as a trans individual. To accept being trans, takes so much courage and it is not just a phase.

For a young person to be aware of who they are and if they were in control of their own bodies without the government dictating young people's bodies, trans youth will be able to live in alignment with their true selves, thrive and fulfill their hopes and dreams while serving the community.

Fortunately, I am living proof that if you give trans youth access to medical gender-affirming care, we as trans people can live past the age of 18. I am here today because people honored my decision to be authentically myself.

Many of the youth that I have served who didn't have the freedom to be in charge of their own body, has battled with suicide and passed due to suicide. Your decision to strip away the support system like doctors, teachers, etc., shows that the government does not care for the trans youth's mental health and well-being. Do not let your choices be another reason why trans youth are dying everyday.

You have the great ability to save a life and the power to take one's life away. Today, I am opposing the bill AB 502.

Thank you, Huab Cua

First I want to thank you all for hearing my testimony today.

My name is Cia Siab, resident of Dane County. Currently I'm the Advocacy Program Director at the Black and Brown Womyn Power Coalition to provide capacity building for Black and Brown advocates to end violence against womyn, girls, young people and Queer and Trans people. I also have experience for over 5 years of advocating with young Hmong girls and LGBTQ youths to create brave spaces to be themselves, and to be empowered to make change in their communities.

Today I'm here to speak in opposition of AB 502.

According to a survey from Trevor Project, "The majority of LGBTQ+ young people (58%) reported believing there was a high chance (i.e., more likely than not) of living to age 35, while just over 1 in 3 (34%) believed their chances were low." This bill impacts the wellbeing of Trans youth, it impacts their quality of life and being able to grow old. AB 502 means stripping away Trans youths body autonomy, stripping them away from being themselves, stripping them from living.

Trans youth are scared and may not be able to vote yet, but this doesn't mean their voices don't matter. Just like you and me they are residents of WI, they are humans whose lives are impacted by the decisions you make. Young trans people and their health care providers should be able to make sound decisions best to their abilities without fear of being sued.

Having trans people in life I've seen how difficult it already is to access gender affirming care, medical or not, such as; finding a specialist who will provide, searching for a therapist, access to clothes and other gender- expression items.

Allowing AB 502 to happen will cause more trans youth to die. I urge you to not allow this to continue to happen. Trans youth deserve to live long fulfilling lives.

Thank you.

Logan Bitz
Regarding AB 502
January 24, 2024

My name is Logan Bitz and I am testifying against AB 502. Since this is one of many bills regarding transgender people's ability to participate in society and receive medical attention unhindered by our gender or lack thereof, I know that a lot of the facts that I think are pertinent to this decision have been covered ad nauseum. I think we're aware that the average regret rate of surgeries is just under 14.5%. We're also aware that the regret rate of top surgery, the most common gender-affirming surgery, has a regret rate around 1%. This is an enormously significant difference and has been brought up by many other people testifying against many other bills. This bill isn't about giving surgery patients the ability to recoup damages from surgeries that were pushed on them when they might not have been necessary, because if that was the case, we'd be targeting knee surgeons or prostate surgeons or post-cancer reconstructive surgeons. This bill is about making surgeons and hospitals who serve the transgender community unable to be protected against litigation from their own patients, effectively decreasing or eliminating services that are already incredibly difficult to acquire. Nobody is performing gender-affirming surgery without parental approval AND clear, timely passing of a myriad of testing and lesser intervention on any minor. Nobody is performing gender-affirming surgery without all of those hoops sans the parental approval for adults, either. The requirements in place by the WPATH are more than enough to ensure a miraculously low level of regret after these types of surgery, one that could not possibly be any lower. Anybody trying to reduce a regret rate that is already so close to zero percent is just preventing people who need that care from receiving it. Let's not also forget that bigoted individuals around the state also do more than their fair share to gatekeep people from getting this care. When I was seeking mental health professionals to assess my readiness for surgery, I had multiple people intake me knowing what I was there for and then telling me that they don't want to help people get gender-affirming surgery in the appointment so that they could still charge me for meeting them. The wait times to speak to these individuals alone set me back months. I then had to go back and repeatedly pay for more letters while I was on waiting lists to be seen by a surgeon for a consult, and then again until I reached my surgery date. It took me two years and over a thousand dollars just to get to the room for top surgery. It took me seven years just to get top surgery after turning eighteen. I've known that I was transgender since I was five and but I never would have been able to get gender-affirming care as a teenager because my parents wouldn't have allowed it. If I had been supported by my parents, I would have saved a lot of time, money, and mental and physical suffering. For the lucky few youths who have their parents' unconditional love and support, this care should not be pushed completely out of reach. I just received phalloplasty from UW Health University Hospital, so I've been through the hoops and red tape more than enough to know how deeply difficult this process is, even for the "most straightforward case in the book" according to the doctors who have assessed my eligibility. These surgeons are phenomenal. They're an asset to the state and they perform more than just gender-affirming care. It would be a shame if we drove them out of our medical system because of something this stupid. I'm honestly livid that I have to be here. I'm supposed to be recovering at home so that I can go back to living my life and being a productive member of society. This is

a waste of taxpayer time and money, and it's also a lose-lose situation for every transgender person and advocate for transgender people who shows up. Every time people testify here, one or more of us gets called out by anti-trans internet celebrities, which puts a huge target on normal citizens of the state who just want to speak on their own behalf and deeply threatens our safety and peace. We don't come here to push bills against government representative healthcare or your ability to participate in society, but we're the ones who go home and get threatened and mocked online at the end of the day. Please vote no on this bill, and also please leave us alone in general. Thank you.

Plast Reconstr Surg Glob Open. 2021 Mar; 9(3): e3477. Published online 2021 Mar 19. doi: 10.1097/GOX.0000000000003477

Plast Reconstr Surg Glob Open. 2022 Apr; 10(4): e4340. Published online 2022 Apr 28. doi: 10.1097/GOX.0000000000004340

<https://pbswisconsin.org/news-item/misinformation-flowed-at-wisconsin-assembly-transgender-bills-hearing-here-are-facts-on-gender-affirming-care-and-trans-athletes/#:~:text=UW%20Health%20may%20consider%20performing,older%20teenage%20patients%E2%80%9D%20under%2018>

To the Members of the Assembly Committee on the Judiciary:

My name is Tessa Price, and I work with Trans Advocacy Madison. We are a grassroots advocacy group that organizes queer and trans people and mobilizes them for hearings and political action. **I urge you to vote against Assembly Bill 502.** This bill would place unnecessary government restrictions on doctors and health-care providers, as well as limit access to life-saving gender-affirming care that is already much too difficult for trans folks to access in Wisconsin.

A vote for this bill is a vote to rip away countless Wisconsinites' health care. It is a backdoor ban that seeks to make the medical liability of providing gender-affirming care too onerous to be able to provide it. There is no doubt in my mind that AB502 is an election ploy to hurt children to appease a moral panic based on fear and lies. Here are just a few of the many recent studies supporting trans identities and life-saving gender-affirming care:

A 2022 study in the medical journal Pediatrics, found after a five-year longitudinal study of trans youth conducted by Princeton University's Trans Youth Project. Out of 300 young trans people aged 3-12, only 2.5% identified as transgender, 94% as transgender and 3.5% as nonbinary.

Another 2023 study in the New England Journal of Medicine of over 300 trans and nonbinary youth for two years as they took testosterone or estradiol. The report found that depression and anxiety symptoms decreased, and life satisfaction increased after starting and continuing gender-affirming hormone therapy.

Medical malpractice for gender-affirming care is already covered by Wisconsin law. The question is - why is this bill attempting to place additional restrictions? The answer is a moral panic and a misguided crusade against transgender people. This bill constitutes clear medical discrimination.

As an election ploy, this bill will be a failure. The Republican Party has been railing against trans people for years now, and every election their moral panic fails to win them votes. You can do better. AB502 is not just bad policy, but bad politics. Once again, trans people like myself are forced to speak at the capitol and defend our lives and our communities. Once again, you will fail.

I urge you to vote against Assembly Bill 502.

Thank you.

Thank you Chairman Tusler and the Assembly Judiciary Committee for hearing my testimony.

My name is Amy Wall and I live in Sun Prairie. I am opposed to AB502.

Let me start off by saying that, on the surface, this bill appears like it is trying to protect patients. By using emotional language like "injury" and "harm" in the same sentence as "child", it hopes to evoke a response to reinforce its claim. But in reality, this bill is completely discriminatory. It seeks to be a ban without appearing as a ban, through a legal maneuver.

AB502 abuses medical malpractice procedure by trying to create a de-facto ban on gender transition. It seeks to artificially inflate premiums for malpractice that doctors will be unable to afford them. It may say "minors" now, but it will eventually include adults. Several other US states have jumped from minors to adults. The organizations behind the drafting of bills like this are aiming to remove LGBTQ people from public life by making education, safety, and healthcare unobtainable. Yes, our rights ARE threatened.

The bill itself has a couple of serious problems. It references international studies on transgender patients who later detransitioned. One such study is the "Swedish" study which has recently been shown as flawed. It references extremely old data, and does not compare transgender people who did and did not receive care. Most notably, it ignores the AIDS epidemic in the 80s. Dr Dhejne, who authored the study, says it is being inappropriately used to say transition does not lower suicide rates, or that it increases them. She has repeated that it should not be used to evaluate gender dysphoria treatment.

Regret and detransition rates are extremely low in transgender patients. Yes there are patients who may have an adverse reaction to the hormone treatment. Patients have bad reactions to medication all the time. There are plenty of alternatives if they continue, or they will end up not transitioning very early or simply socially transition.

The top reason people detransition: surprise! It's discrimination, abuse, and hostility from family, peers, and the general public. Many trans kids are forced out of their home, by people who are supposed to love them, because they are trans. Many trans people live near the poverty line, because it's difficult to find work when people can discriminate against you openly. A well known, mediocre, YA author calls women like me sexual predators simply because we're trans.

Online, I have been called a groomer and most commonly, mentally ill and delusional. That's the big part of this. Supporters of bills like these do not understand gender dysphoria, so those who have it must have a mental illness. DSM IV no longer categorizes gender dysphoria as a mental condition.

Because my identity as a woman is my whole person and my soul, does the fact that I was persistent in transitioning mean I was being delusional and I was being influenced and coerced by online sources and by social media like TikTok and Instagram? HELL NO. I have never even used those apps. I never even really thought or read about trans people until I myself discovered something was different about me and how the life I was living was wrong.

I will be 51 years old in 2 weeks. I started transitioning when I was 49. I grew up as part of Generation X. There were only two acceptable genders by my generation. If you did not conform, you were ridiculed and cast out, unless you were a successful celebrity (e.g. Boy George, Twisted Sister). I am happy with how my life has turned out. I am very happy living as a woman. I had a great marriage and have two wonderful kids who accept me as I am. But there are numerous times I wish I had the opportunity to transition as a tween or teen, and been able to live my adult life as a woman. I will not stand to have people who do not personally know anyone who is transgender to interfere in the care of our community.

There is a lot of taxpayer money spent hearing these bills and all the angry and annoyed allies and queer people with public testimony, keeping the Committee from doing other more useful things. Governor Evers is going to veto it anyway. If he wouldn't veto it, it will most likely be brought into federal court and result in more taxpayer expense. Many of the almost 600 bills introduced last year ended up in injunction anyway. This right now is a chance the Committee can save everyone time and money and throw this thing in the trash where it belongs.

Thank you for your time. I will be happy to answer any questions, however personal.

Good afternoon Representatives of the Committee, my name is Griffin Pett, I live here in the City of Madison and I have come today to voice my opposition to Assembly Bill 502 and to urge you to vote against it.

While I'm not affected by this bill as the minors it references are, I felt the need to come here and share my experiences so you might better understand what one of the results of this bill would be. Seven years ago is when I became open about who I really am, who I have been for as long as I can remember, and it's been difficult. Making these changes and speaking to those I care for about them has been one of the hardest things I've had to do, some of them choosing to leave my side as I embark on this journey and seek the medical portion of transition.

I am now 30 years old. Despite feeling this way since a young age, I believed I had no control over the changes my body went through, moving me further from who I know myself to be. I can voice train, to change the way I speak, I can choose clothing that better represents myself, I can change my name, I cannot, however, turn back time. It is too late for some things, and while I have no choice but to learn and accept myself as I am in that regard, that is not the case for the children who would be affected by the passing of this bill. I am referring to the two year period given as a defense of the action brought forward.

I oppose assembly bill 502 because it would limit the freedom of choice of those that only have a limited window of time to exercise it effectively. I know some members of the committee have children, I don't need to remind you how fast they grow up, a

lot can change in two years and time only moves in one direction. I believe the wording of the bill regarding what could be grounds for lawsuit is too open, for instance 'after effects of the gender transition procedure or related treatments'. I believe this would foremost deter health care providers from practicing medicine with their patient effectively and in a timely manner much more than it would protect the patient from harm or negligence. ~~I believe that policy like this, uninformed by specialists in the field should not be held in higher regard than, or supersede any conclusion reached jointly by a trained medical professional, their patient, and/or the patient's guardian.~~ I fail to understand why separate legislation is required to deal with **these** patient, doctor, guardian interactions outside of what already exists for resolving conflicts within that realm when they do arise.

This has been my first time testifying. I appreciate the chance to speak and considering the recent proposals of assembly bill 502, assembly bill 510 and assembly bill 377/378 I expect you will be hearing from me again.

Thank you for your time,
Griffin Pett
Madison, Wisconsin

Adelaide Aeschliman
Regarding AB502, under hearing by the Committee on Judiciary
1/24/2024

My name is Adelaide Aeschliman. I live in Madison and am currently receiving gender-affirming care as an adult. I wish to submit testimony against proposed legislation that would strip important protections for medical professionals who provide gender-affirming care.

I am deeply concerned about the impact AB502 will have on our already strained medical system. In March of 2023, the Wisconsin Hospital Association released a report on healthcare professionals and predicted a significant shortage coming in the near future. This proposed legislation would exacerbate that trend.

Specifically, the report provided recommended areas of focus to ensure that Wisconsin trains and maintains enough healthcare professionals to meet a growing demand. These areas included themes like "Mattering at Work" and "Allow healthcare professionals and teams to reach their full potential." Doctors want to be doctors. Nurses want to be nurses. They do it because they are passionate about the work they do.

This bill instead sends a clear message to providers performing gender affirming care: we don't want you here. It creates a hostile environment where a safe, routine procedure becomes an unacceptable career risk. The talented surgeons, endocrinologists, and therapists who treat gender dysphoria are the same professionals who treat all sorts of problems for the general population, and we can't expect them to stick around in this state if this bill passes. They don't need the state to tell them how to do their jobs; instead, they need the basic professional protections they need to perform their work with confidence.

As someone who sees these providers and who has many friends with gender dysphoria, diabetes, gynecological conditions, or other maladies treated by the professionals targeted by this bill, I fear that passage of this could affect the ability of me and the people I love to receive the treatment they need to live full, healthy lives.

Let doctors be doctors. I urge you to strike down this bill at every opportunity.

Thank you for your consideration.

Sincerely,

Adelaide Aeschliman
Madison, WI

To the members of the Assembly Committee,

I ask that you oppose AB 502. I am a nonbinary, life-long Wisconsinite, who is a registered nurse that works out in the community.

AB 502 is very restrictive to the patients and healthcare professionals. What someone chooses to do with their body is their choice. The healthcare professionals that are helping people in all aspects of health deserve protection. And healthcare professionals being sued for providing gender-affirming care could make the healthcare staffing shortages worse than they already are.

Please protect healthcare professionals from transphobic laws and regulations. Wisconsinites deserve a safe and affirming jurisdiction for all regardless of their gender. Oppose AB 502.

From a Wisconsin nurse who loves their communities,

Lucy Medrow
Brookfield, 53005



WISCONSIN COALITION AGAINST SEXUAL ASSAULT

Testimony

To: Members of the Assembly Committee on Judiciary
From: Wisconsin Coalition Against Sexual Assault (WCASA)
Date: January 23, 2024
Re: Assembly Bill 502
Position: Oppose

The Wisconsin Coalition Against Sexual Assault (WCASA) appreciates the opportunity to offer this written testimony for your consideration. WCASA is a hybrid organization: functioning both to support member Sexual Assault Service Providers (SASPs), while advancing the anti-sexual assault movement in the state and nationally.

AB 502 allows patients or their families to file a civil claim against a doctor for providing gender affirming care. This legislation would open the floodgates to legal challenges against medical providers that will make our state less appealing to doctors considering Wisconsin as a place to practice. AB 502 will also have a chilling effect on the state's economy, deterring investors, business owners and families from coming to Wisconsin. Finally, at a time when we should be showing the rest of the world that Wisconsin is a welcoming place for everyone, this legislation further alienates the LGBTQ+ community and makes people think twice before relocating to our state.

Along with AB 465, which proposed a ban on best practice medical care for transgender youth, these bills represent some of the most extreme political attacks on transgender people in recent memory. However, they also run counter to two central tenets of sexual violence prevention, namely bodily autonomy and gender socialization. WCASA believes all people deserve to have authority over their own bodies, including the ability to make health care decisions. Empowering people to make decisions related to their bodies is a strengths-based approach to decreasing vulnerability and enhances the ability of people to maintain healthy boundaries. Additionally, when adults tell children they have the right to say "no" in cases of child sexual abuse, it is important to model this behavior and promote skills for youth to make their own decisions about their bodies at a young age. These bills send the exact opposite message as they will limit access to lifesaving medical care for transgender youth, ultimately aiming to prevent them from living as the gender they know they are.

Gender socialization, including the rigid adherence to traditional gender roles about masculinity and femininity, is one of the social norms that contributes to sexual violence. WCASA believes that giving youth the skills to question and combat rigid gender stereotypes at a young age will help them question and combat harmful sexual based gender stereotypes as they age. Additionally, LGBTQ+ people are often discriminated against for not conforming to traditional norms of masculinity and femininity. AB 502 not only displays a fundamental lack of understanding about transgender youth, but by limiting access to medical care, it can also life-threatening consequences. Research shows that transgender youth

whose families support their gender identity have a 52% decrease in suicidal thoughts, 46% decrease in suicide attempts, and significant increases in overall health.¹

AB 502 also compounds the discrimination transgender people already experience in their daily lives. For example, transgender people experience higher rates of bullying, anxiety, and depression², while according to the Trevor Project's 2020 National Youth Survey on LGBTQ mental health, 40% of LGBTQ+ youth and more than 50% of transgender and nonbinary youth seriously considered attempting suicide in the past 12 months³. This is a crisis that will only be exacerbated by efforts to limit access to health care options for young people. Furthermore, transgender women and girls face discrimination and violence that make it difficult to stay in school. For example, 22% of transgender women who were perceived as transgender in school were harassed to such an extent that they had to leave school because of it.⁴ Transgender people are also disproportionately impacted by sexual violence, as nearly half of all transgender adults report experiencing sexual assault⁵. Those rates are even higher for Black and Native American transgender people, who thus experience intersecting discrimination and violence related to race and gender identity/expression⁶.

Finally, WCASA believes that medical decisions are best left to patients, their families, and health care providers, in accordance with best medical best practices. Politicians should not interfere with those decisions. When lawmakers disregard medical best practices and limit the ability of healthcare professionals to do their jobs, it is contrary to public health and wellbeing. AB 502 creates additional barriers for people accessing the health care they already need and often struggle to access. We do not need politicians making it harder for transgender youth by limiting their access to best practice medical care and singling them out for increased bullying and harassment.

For the reasons stated above, WCASA opposes AB 502, and we urge this committee to take no further action on this legislation. Thank you for your consideration. If you have any questions, you can reach me at ianh@wcasa.org.

¹ LGBTQ Policy Spotlight: Efforts to Ban Health Care for Transgender Youth. Movement Advancement Project. 2021. Available at <https://www.lgbtmap.org/file/policy-spotlight-trans-health-care-bans.pdf>

² Turban, Jack L. "Research Review: Gender Identity in Youth: Treatment Paradigms and Controversies." *The Journal of Child Psychology and Psychiatry*. October 2017.

³ <https://www.thetrevorproject.org/survey-2020/?section=Research-Methodology>

⁴ James, S.E., Herman, J.L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, D.C.: National Center for Transgender Equality.

⁵ Ibid.

⁶ Ibid.



January 23, 2024

Testimony against AB 502

To: Assembly Committee on Judiciary
From: Loree Cook-Daniels
Policy and Program Director, FORGE
Milwaukee, WI

Reasons for opposing bill:

1. Mental health comorbidities are extremely common in the general population, and even more common in the transgender/nonbinary population. Requiring a gender transition to treat an unrelated mental health concern such as bipolar disorder or anxiety will mean many trans/nonbinary people will be barred from receiving gender-affirming health care. No one has claimed gender transitioning will solve all the problems a person may have.
2. Addition of this cause of action will essentially shut down all health care professionals and institutions providing gender-affirming care. Even if no one ever sues a health care professional under the proposed provision, malpractice insurers will view the long exposure time and nonexistent history around these kinds of malpractice lawsuits as reason to charge exorbitant rates. Unable to afford malpractice insurance, health care professionals will have to cease offering care.

We do not need to shut down gender-affirming care in Wisconsin. I should know; I've been serving the Wisconsin transgender community since 2000. The existing system could be improved, but this legislation does not improve it.

Dear Members of the Assembly Committee on Judiciary,

My name is Roxanne Wegner, and I am resident of Madison. I have lived in different parts of Wisconsin my whole life, and I have been happy to call it my home.

I am urging you to vote NO on Assembly Bill 502. Gender-affirming care is an important practice to have available for transgender people, and one that has been proven to be safe and effective. As a trans woman myself, it has been deeply important for me to be able to easily, safely, and privately access gender-affirming care. The trans youth of Wisconsin deserve the same. At a time when they are already struggling with harassment and discrimination, it is important that we make them feel safe and welcome in Wisconsin.

I don't believe politicians should interfere with a doctor's ability to provide care to a patient. That matter should be left between the doctor, the patient, and their family.

Sincerely,

Roxanne Wegner

Madison, 53719

January 23, 2024

Dear Wisconsin State Assembly Committee on the Judiciary Members;

I am the Rev. Dr. Philip Hobson. I live in Madison, zip code 53719, and serve as the pastor of Salem United Church of Christ in Verona, zip code 53593. I am writing in opposition to 2023 ASSEMBLY BILL 502 as a citizen of Wisconsin, as the leader of a faith community, and as a parent.

This bill is an attempt to legislate medical care with the purported purpose of reducing harm by allowing health care providers to be sued, with the possible defenses being that certain steps were followed.

This bill is an attempt to legislate healthcare, not for the sake of protection of patients who are minors, but for the purpose of criminalizing being transgender.

This bill presents “evidence,” without citing sources or offering sound medical bases. Quoting from the bill, patients who seek gender-affirming treatment must be told: “There are people who underwent gender transition treatments as minors and later regretted that decision and the physical harm that these treatments caused, and the total percentage of people who experience this regret is unknown.” This is not scientific evidence. This is fear-mongering. If the total percentage were 30%, this would be a significant concern. If the total percentage were .03%, this would be a remarkably rare regret rate. This is fear-mongering.

It is also false. It is a lie.

“Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence” was a study done in 2021 and updated and corrected in 2022.

(retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8099405/> and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9049036/> on January 23, 2024.)

This study looked at cases of gender-affirming surgery and the rates of regret by patients. Here are the results as published in this study:

Results:

A total of 27 studies, pooling 7928 transgender patients who underwent any type of GAS, were included. The

pooled prevalence of regret after GAS was 1% (95% CI <1%–2%). Overall, 33% underwent transmasculine procedures and 67% transfeminine procedures. The prevalence of regret among patients undergoing transmasculine and transfeminine surgeries was <1% (IC <1%–<1%) and 1% (CI <1%–2%), respectively. A total of 77 patients regretted having had GAS. Twenty-eight had minor and 34 had major regret based on Pfäfflin’s regret classification. The majority had clear regret based on Kuiper and Cohen-Kettenis classification.

Medical jargon is used throughout the bill, but no sources are cited. If this bill were honest, it would cite such sources and tell patients that regret for Gender Affirming Surgery was around 1%.

In addition, this bill would make it possible to sue a health care provider for providing gender-affirming care unless “At least one mental health professional and one other health care provider certifies in writing that the individual suffers from no other mental health concerns.” It goes on to define such mental health concerns thus: “3. At least 2 health care providers, including at least one mental health professional, certifies in writing that the minor suffers from no mental health concerns other than the concern described under subd. 2., including depression, an eating disorder, autism, attention deficit hyperactivity disorder, intellectual disability, or a psychotic disorder.” This unnecessary lumping of ADHD and autism with psychotic disorders is not about protecting patients, but trying to limit who can receive gender affirming care.

This bill attempts to place the legislature in the role of overseer of medical procedures and medical care, without the benefit of facts, science, or truth-telling.

This bill represents a danger to transgender people, especially transgender minors, and I call on all legislators of good will to oppose it.

Sincerely,
Philip Hobson

To the Members of the Wisconsin Assembly Committee on Judiciary,

I am asking you to vote NO on AB502. By circumventing existing state laws meant to protect both patients and their providers, AB 502 would open the floodgates to accusations and legal challenges that will in turn make our state less appealing to families and doctors considering Wisconsin as a place to live and work.

From the amount of opposition to last Fall's bills (AB 377, AB 378, AB 465, SB 480)—which far outweighed those speaking in favor of them—it should be apparent that legislating against the LGBTQIA+ population is not popular with your constituents, especially those directly impacted by such legislation. I am saddened that no amount of public opposition or argument seems to dissuade Wisconsin's Republican legislators from trying to enact laws that target this population, especially transgender individuals. If passed, AB502 would create a culture of silence and discrimination that would allow prejudice and harm to the LGBTQIA+ community to flourish. At the very least it is already causing significant pain and suffering because their right to exist is up for endless pointless debate.

There is nothing wrong with being LGBTQIA+, and there is no reason to fear LGBTQIA+ individuals. They are not out to groom, sexualize, or assault anyone. This community is made up of individuals just like you and I who simply want to live their lives without fear of harassment, discrimination, and harm. They should not be forced to fight for their constitutional rights simply because they are different.

This bill paints the Republican Party as a group that lacks empathy for others and uses the persecution of others for political gain, but it doesn't have to be that way. There are Republicans across the country, such as Ohio Governor Mike DeWine, that have summoned courage to stand up for their LGBTQIA+ constituents. I'm hoping that you will join them in striking down legislation that unfairly targets our fellow Americans.

I oppose AB 502 and ask that you vote no for passage.

Julie Reuss

Mother of a transgender daughter, straight son, and lesbian daughter

Waukesha, WI 53188

Dear Members of the Assembly Committee,

My wife and I are Dane County residents - and parents to a healthy and wonderful trans daughter. As such, we urge you to vote against AB 502.

We all agree that the safety and health of our children is of utmost importance. But this bill actually harms trans children by scaring away medical staff from doing procedures for members of the trans community. Make no mistake - that is the entire goal of this bill. It's not about protecting children. It's about punishing medical professionals who attempt to treat trans patients - and in doing so - eliminating the ability for trans youth in Wisconsin to become their complete selves.

This bill isn't about helping trans kids like our daughter. It's entirely punitive - designed to punish and eliminate the trans community in Wisconsin.

A trans person's journey toward self realization is a long, arduous, and complex process. In our case, it's been a slow, multi-year process - and is still ongoing. Every day, we consult with each other, our daughter, her therapists, counselor, and medical professionals. Our goal is to make absolutely sure that every single step we take - however small - is the right one. No decision ever gets made without extensive research and input from the best medical providers in the UW Health system. Now, I shudder to think how many of them would be too afraid to treat trans patients if AB 502 becomes law.

AB 502 goes to great lengths to paint transgender procedures as dangerous or ineffective. Yet it ignores the vast amount of data and research that overwhelmingly show the positive long term effects of transitioning.

As parents, it's our job to raise our children right - whether they are trans or not. And that's what parents like us are doing every day. So please vote against this spiteful bill. It will do nothing but marginalize and harm our families, even more than they already have been.

Thank you,
S.C.
Middleton, WI

To the Assembly Committee on Judiciary,

Please vote NO on AB 502. This bill is merely a shameful attempt to attack transgender people in Wisconsin and the doctors that care for them. The state legislature has no business inserting itself into the doctor's office. If horrific bills like AB 502 become law, they would be recklessly endangering transgender patients, and create a chilling effect on the medical profession. Attacks like this bill are taking us into a dangerous world where the expertise of doctors and the medical field are being hampered, leaving patients under threat of not being able to get the medical care they need, simply because a hateful few don't like it. Overriding best practice medical care is reckless and has only devastating, negative effects on the ability for transgender people and also all people to access medical care. The last couple times I was in a medical facility, I kept thinking that this is no place that politicians should have any control over. Let me put it to you this way - by denying access to gender affirming care, abortion and encouraging lawsuits against providers, you are creating a public health crisis with your own actions, one in which the health transgender people and women suffer due to this insidious layer of control that you are pushing that prevents doctors from doing their jobs and providing the services that people need.

Gender affirming care is proven, life-saving care that is approved by every major medical organization. Trans folks need access to it as much as a type 2 diabetic needs daily insulin and attacking the ability for doctors to provide this care and the ability of transgender people to access it threatens their lives. Trying to open floodgates to let doctors be sued for doing their jobs would be a catastrophic mistake. Please vote NO on AB 502 and start listening to us when we tell you that transgender adults and youth need access to this lifesaving care.

Chris Heizer
Eau Claire, WI

To whom it may concern,

I am writing to express my disgust at the possibility of AB 502 becoming the law of the land in Wisconsin. Gender affirming care is important for anyone, no matter what their gender identity. This defies physician/ patient privilege and strips doctors of the right to do what's best for their patient. Which happens to be their job. Doctors should never get sued for treating their patients just because narrow minded people disagree with that treatment. I'm a mom of 7 and a taxpayer and I believe that all citizens are valuable. It's time to take care of everyone and stop the hatred and discrimination. I will never vote for anyone that expresses hatred towards any group of people. And I do vote!

Thank you for your consideration.

Jacqueline Gelhar
3285 Waubenoor Dr
Green Bay, Wisconsin 54301

To the Assembly Committee on Judiciary;

My name is Eyrekr Wiemer and I live in Waukesha. I oppose AB 502 because it serves to criminalize medical care provided by trained professionals to transgender individuals that seek those services. This is yet another bill to dehumanize transgender people. This bill, like many others targeting transgender families, is based on outright lies. It is a solution, seeking a problem that doesn't exist.

I implore this Assembly to stop targeting transgender people, their families, and care providers.

Thank you
Eyrekr Wiemer

Members of the Assembly Committee on Judiciary -

My name is Alex Habriga. I'm a life long resident of Wisconsin. I'm a veteran of the US Armed Forces. I'm transgender. And I'm writing to you in opposition to AB 502.

I've struggled with gender dysphoria my entire life. I've spent most of my life trying to ignore it, repress it, run away from it. None of it worked and a little over two years ago I finally decided to try gender affirming care. It's one of the best things I've ever done for myself. It has been nothing short of life affirming and I can't imagine going back at this point.

The science is clear. The efficacy rate is extraordinary. There is no problem here. Gender affirming care works. Not affirming transgender children causes them great harm. We should not be throwing up barriers to medical decisions best left to Wisconsin families and their physicians. But this is precisely what AB 502 would do.

I beg of you, please just let these kids be themselves. They're not harming anyone. We shouldn't be harming them. Please vote no on AB 502.

Thank you for your time and consideration.

Alex Habriga
2133 S Fish Hatchery Rd
Fitchburg, WI 53575

Hello! I am a 19 year old nonbinary person living in Green Bay, Wisconsin. I am very disturbed by the AB-502 bill getting a hearing, as someone who would like to be able to receive gender-affirming care in the future without having to stress about leaving my home state to do it safely. I have lived here all my life and I have found several amazing, loving communities with my fellow queer and trans people and I feel so lucky and grateful to have found them here. Having queer friends to listen, understand, and commiserate throughout middle and high school as we all faced bullying and hardships and being able to meet queer elders who have faced far worse than I and made it out alive and thriving has inspired me to keep being fighting for my rights and to be proudly out where I can. Whenever I visit Madison, I am amazed by how accepting and progressive the community there seems to be. These lovely individuals and experiences have made me proud to live in Wisconsin, and I know that I'm lucky to be here and to have met the people I have. I deserve the right to live a full and happy life, and to become one of those queer elders and inspire a new generation of queer youths someday. I would love to be able to do that here in Wisconsin, and that may not be possible if this bill is passed.

Thank you for listening,
Forrest Gerondale (they/them)

I am writing in opposition of the proposed bill AB 502. For the last six years I have been witnessing my son's journey of becoming someone he is comfortable being. Since he started taking testosterone and started school in a smaller and accepting community I have seen a tremendous change in his mental health. He is participating in school, he has been making friends and feels more comfortable in his body. He has stopped self harming and is more engaged in life!

We need more availability of gender affirming health care as this will save lives! We need more health care professionals who understand and specialize in this type of care. Health care should be basic human care and rights. Trans people have to deal with so much adversity and discrimination, please don't take away basic health care availability. No one would chose to be in this situation unless they thought they had no other choice.

Sincerely a Mother who loves their child so much and the lives of others who are persecuted.

Bridget Gracner



January 22, 2024

Testimony of Wisconsin Faith Voices for Justice re: Gender-affirming Medical Care

Re: AB 502

To: Assembly Committee on the Judiciary

Contact: Rabbi Bonnie Margulis, Executive Director, Wisconsin Faith Voices for Justice,
wifaithvoices4justice@gmail.com; 608-513-7121

Wisconsin Faith Voices for Justice is a statewide interfaith education and advocacy organization. We are dedicated to promoting justice, equity, compassion, and love throughout Wisconsin for all members of our community. We are writing today to oppose AB 502.

This legislation will only serve to stigmatize further members of the trans community, who already are too often made to feel like outcasts in our society. The bill will have a chilling effect on doctors who wish to serve their patients to the best of their ability and provide the best and most appropriate care possible.

Please oppose this legislation, which will only cause harm to our LGBTQ+ siblings and make Wisconsin less hospitable for doctors and their LGBTQ+ patients.

To the Assembly Committee on Judiciary:

Gender-affirming care, including for transgender youth, is evidence-based, medically necessary, and life-saving. This is why every leading medical organization, including the American Medical Association, the American Psychiatric Association, and the American Academy of Pediatrics, strongly oppose efforts to criminalize and deny this care to transgender people.

Patients and their doctors should be the ones making individual healthcare decisions, not cynical politicians looking to score political points through fear-mongering and ignorance. As a Member of Congress, you must fight against this.

Transgender people deserve the same chance to thrive and live fulfilling lives as everyone else. Having the freedom to control our bodies and seek the healthcare we need, including gender-affirming care, is an essential right for all people.

I urge you to not remain silent in this moment. Use your voice to publicly show support for the transgender community. Most importantly, use your power to protect life-saving healthcare for trans youth and adults alike.

Thank you!
Lora Cadwell

Megin McDonell
Executive Director, Fair Wisconsin
122 E. Olin Ave. Ste. 100
Madison, WI 53713

To All Members of the Assembly Committee on Judiciary, Clerk and Staff,

Good afternoon. My name is Megin McDonell, I am the Executive Director of Fair Wisconsin – Wisconsin’s only statewide LGBTQ+ civil rights and political advocacy organization – and I am also the parent of a transgender child.

I am speaking today in fierce opposition to Assembly Bill 502.

Assembly Bill 502 would allow patients or their families to sue a doctor for providing gender affirming health care in an unprecedented manner. This bill would open the floodgates to a slew of accusations and legal challenges that will make our state less appealing to doctors considering Wisconsin as a place to grow their careers. By circumventing the existing state laws meant to protect both patients and their providers, this bill would also have a chilling effect on our state’s economy, deterring medical professionals, investors, business owners, and new families from coming to Wisconsin.

At a time when we should be showing the rest of the country and the world that Wisconsin is a welcoming place for everyone, AB 502 would further alienate the LGBTQ+ community and make people think twice before visiting or moving to our state.

And in the midst of a severe doctor shortage, this bill would discourage current and aspiring medical providers from choosing Wisconsin as their place of practice. If this bill becomes law, doctors won’t want to come here.

And I would like to be clear: this bill is part of a coordinated national political war on the transgender community, designed to distract and divide the



fair
wisconsin

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general public and eradicate the gains in social acceptance and lived equality that the LGBTQ+ community has fought so hard for over the last 50+ years since Stonewall.

These anti-LGBTQ+ legislative attacks come at an exceedingly dangerous time. Attacks on the transgender and nonbinary community are increasing, with more than 550+ anti-LGBTQ+ bills introduced across the country in the past year. More than 450 of them are explicitly anti-transgender, and of those, at least 130 seek to restrict access to critical, life-saving health care.

At its core, this is an extreme example of politicians once again inserting themselves into private healthcare decisions between doctors, patients, and their families. Politicians should not be interfering with personal medical decisions, let alone deciding the best course of action taken by parents and doctors to support the wellbeing of LGBTQ+ youth.

Every major medical organization, including the American Medical Association and the American Academy of Pediatrics, agrees that gender-affirming care is safe, beneficial, and appropriate for transgender and gender non-conforming youth. Patients of all ages, alongside their families and doctors, should be able to make medical decisions without interference from partisan politicians.

Our message to lawmakers is simple. Politicians have no business interfering with deeply personal and private medical decisions that should be made between individuals, their families, and their healthcare providers.

Please vote against Assembly Bill 502 and stop playing games with the lives of transgender Wisconsinites. Thank you.

To whom it may concern,

I am writing today to express my wholehearted opposition to AB 502, which would allow doctors and medical professionals who provide gender affirming care to be sued.

Whether assembly Republicans like it or not, AB 502 will drive both healthcare providers and their patients out-of-state to live, work, and pay taxes. I am fortunate to have a good life in Wisconsin, where I have lived for 26 years. I have family, friends, a job with the state, and access to gender affirming care. If that care were to no longer be available, I would begin the difficult process of moving out of Wisconsin.

I would also like to remind the assembly that the medicine and treatments offered to trans people are often available to cis people. Who is to say that an aging cis man taking testosterone to help his mood and energy isn't receiving gender affirming care? Or a young cis girl who is prescribed hormone blockers when she begins puberty in second grade?

In sum, this bill jeopardizes the Wisconsin workforce, as clinicians face potential legal recourse and their patients look to other states for better care. It also unfairly singles out care for trans minors—treatment which already has a very high level of safeguards in place and is often the same medicine or procedures offered to cis people (including minors!) without the same level of medical gatekeeping.

Sincerely,
Rainer Carboni
Madison, WI

Hello,

I'm a transgender teenager living in Wisconsin, and I'd like to still have the chance to safely get gender affirming surgery when I'm older, without having to leave the state. I want to be able to live comfortably, and become who I feel I am, and if this bill comes into place, I fear that I won't be able to do that.

Thank you,
Dakota Andrews

Dear State Assembly,

Thank you so much for your time and service. I want to express opposition to AB502, and urge the Assembly to reexamine both the medical facts and the basic experiences and truths of the trans community before voting for this bill, which I am gravely concerned could harm the ability of many friends of mine to access healthcare.

First, establishing a civil cause of action against gender transition procedures for minors for psychological injury opens up the immense risk of a parent suing on behalf of the child, not due to any sort of harm, but due to a parental opposition to the treatment or misunderstanding of the child's needs, which could limit the child's ability to access the healthcare they need and deter medical practitioners from entering this field if it carries such a large liability risk. If the medical means to support people in accessing the bodies that feel beautiful and spinny and good to them are made so financially risky as to be confined only to the very rich, or the denizens of urban areas, the suffering and falsehood of bearing dysphoria would suffocate so many of our poor and rural fellow citizens. I applaud the desire to keep doctors liable for actual physical errors made in executing any kind of surgery, but Wisconsin's Malpractice laws—which allow a lawsuit within three years of any procedure for physical complications—more than suffices for this. Putting in this extended waiting period and removing the limits around what the charges can be is equivalent to making the procedure itself a liability and will do nothing but deter anyone from providing care to trans people that celebrates their truths.

Second, in terms of the concerns raised about puberty blockers and bone density, while this can be a side effect it is very possible for doctors to monitor this risk and continue to use the puberty blockers safely. With bone scans conducted during treatment, puberty blockers are significantly less risky than antidepressants. Medications like antidepressants, antipsychotics, substitute painkillers intended to cause emotional suffering as a punishment in prisons like Gabapentin, sedatives, all drugs of restraint, are tolerated in violent mechanisms of action and violent side effects, but a drug that people voluntarily use because it makes them feel whole and safe and joyous in their bodies is being maligned due to having risks equivalent to many drugs sold over the counter. If you want to make the procedure safer, please allow more funding for bone imaging at hospitals across Wisconsin. Do not take something beautiful out of the hands of children because their voices of seeking belonging and the bedazzling and problematizing of enforced constructs scare you.

Finally, in reading the medical script part of the bill, I was appalled by the focus on optimal treatment outcomes that reduce the phenotype of "gender discordance" and the idea of minimizing treatment—in other words, keeping people's bodies within the cis, the restrained, the governed, rather than celebrating whatever is beautiful to them. I want to urge you to release into gender as the infinite-dimensional swirling sphere that it is, rather than boxes of right behaviors that partition us off from joy. I think the idea of physical transition as not a rectification of a wrong, but just an exploration of the new holy spaces the flesh can inhabit, terrifies and excites something deep. You don't need to have some objective disorder, physical and psychological, to crave anything—physical, mental, emotional—and explore the limits of human experience. That a gender-dreaming youth could be in play with their body, seeking to heal the pain of dysphoria and also simply seeking truth and rightness, makes the legitimization of all self-denial and coercion shatter.

So we reframe this as a matter of medical fact and optimal treatment to a fixed standard of the body, to hide from the unbearable joy of one another's truths. It does not have to be this way. As legislators, I urge you to transgress the paradigm of the cis body as normal and instead celebrate the diversity of people's desires for their bodies and use your resources to aid all people, regardless of how well they perform to any standard, in accessing what is beautiful to them. Thank you.

Best wishes,
Peter Tarson

Good morning,

I'm writing to strongly urge policymakers to oppose AB 502 which, if enacted, would allow doctors who provide gender affirming care to be sued. I am a constituent of Madison and care deeply about this community, especially the LGBTQ and Trans community. As someone with a trans partner, the thought of medical providers refusing to provide the necessary and affirming care my partner needs because of the threat of legal repercussions is terrifying. My partner would not feel safe here in Wisconsin. Please stand on the side of safety, compassion, and love for our fellow community members in this beautiful city and state.

Thank you for your consideration.

Leah Rolando (she/her)

Madison, WI 53704

AB 502 Committee on Judiciary

Dear members of the Assembly Committee on Judiciary,

My name is Bex Streit and I am a Transgender man and resident of the city of Milwaukee for the past 10 years.

I am writing today to urge you to vote NO on Assembly Bill 502. Let's put aside the sheer hypocrisy baked into this legislation that it would carve out exceptions for these supposedly "dangerous" medical practices to still be performed on intersex youth, or the sheer number of statistics and medical associations that support gender affirming care for young people. We can even look over the ridiculous fear mongering disguised in the "Notice" this bill would require medical professionals to provide to families seeking gender affirming care. Instead I'll talk about myself. Yes, I did not have the ability to access this care until I was an adult but I knew I was "different" from a very young age. Shielding me from having access to these kinds of medical interventions did not give me an easier childhood. Instead it led me to suffer in silence, thinking the problem was me. Maybe if I could just conform better or be a better girl I would stop feeling so out of place. But maybe shockingly to some of you this did not work. According to this bill I suppose I would fall under the category of one of the majority of young people that did not end up taking their lives due to my "discordance". That did not mean my mental health didn't suffer greatly or that I did not find other ways to hurt myself in an effort to numb my pain.

Even if you don't think my story matters, or the many other stories you will receive today matter. I frankly don't understand why this is the priority for our state government? There are real issues, real problems that need to be addressed in our state and this is not one of them. Guidelines created by actual medical professionals already exist for gender affirming treatment for young people. As a taxpayer and long term resident of this state I am tired of you wasting my time, your time, and the state's time by this continued effort to create unnecessary laws. Please do better if not for me than for all the young people you claim to be so concerned about. Pass laws that will create a Wisconsin where they will never have to be worried about access to safe and healthy housing, food, and care.

If you take one thing away from the testimony I have provided it is this. I don't believe politicians should interfere with personal, private medical decisions that should only be made between patients, their doctors, and their families.

Thank you for your time!

Bex Streit

Milwaukee, WI 53212

January 24, 2024

Testimony on Assembly Bill 502

Dear Representatives Tusler, Rettinger, Bodden, Gustafson, Sortwell, Anderson, and Ortiz-Velez,

My name is Kathy Klager, and I reside in Sussex. I am the mother of a wonderful 26-year-old child who is nonbinary – a child that I love with the same fervor that you love your own children.

My child began socially transitioning after age 18, so I did not have to make the parental decisions that Assembly Bill 502 anticipates. But as I read this bill and imagine myself in that position, I want to tell you that the very last thing that would be helpful to me would be legislative interference.

This bill is presented as a protection for our children, but it definitely is not. Instead, it clearly seeks to intimidate medical providers, and will harm our children by reducing or eliminating consideration of services that may potentially be right for them.

Yes, there is disagreement among medical professionals worldwide about the best ways to help minor children with gender dysphoria, just as there is disagreement about approaches to various other conditions or diseases. The reality is that nearly any medical intervention for any condition has risks – as does waiting two years to see if it resolves itself. Trust me, parents already know and understand that much is still unknown in this field. These are difficult decisions and we are highly motivated to ask medical specialists to discuss in detail the pros and cons of treatments. We are also motivated to seek second, third, or fourth opinions – provided bills like this don't make those opinions impossible to find.

We need, and already have access to, thorough information about best practices around the world, as reflected in well-regarded medical journals. Our children need personalized care, based on their particular needs and medical realities. They, and we, their parents, do NOT need the legislature to step in; protecting and helping gender-diverse children is neither the intent nor result of this bill. To illustrate that, one has to look no further than the requirement in this bill that, to protect themselves from future lawsuits, medical providers must forever give children and their parents a 14-point font Notice that contains highly generalized information that is based on a snapshot in time –*with no requirement that the content of the Notice be updated, corrected, or expanded in the future.* You fear malpractice? *That's malpractice in my book.*

The U.S medical community specializing in gender care for minors is fully aware of European approaches. Protocols and best practices in this area are always being updated, just as in all medical fields. Parents already have access to up-to-date information they need for decision making. I ask you to please let medical providers and parents continue to do their jobs, instead of putting roadblocks in their way. Please vote NO on this bill. Thank you.

Officers of the Committee,

45 years ago, I had a baby, a very special baby.

One whose sex could not be determined by science. This baby, as with all babies, was a great gift.

But what I learned from this baby was the greatest gift of all and my hope is that you can learn something from this baby, too.

My child was one of thousands of children born each year with undeterminable sex. These ambiguities can be due to a number of different medical conditions. My child's condition was called Congenital Adrenal Hyperplasia w/salt loss, and it was life threatening.

At birth, testing went on for days with no answers while my baby clung to life. During this time the hospital pressed me hard to complete a birth certificate. They encouraged me to name the baby even without gender identification. So, I chose the name Chris. It was like naming a child "Baby". A label, but more basic and more human. I'll never forget the experience of those first weeks, knowing and loving Chris as a non-gender being, not a boy or a girl.

Ultimately, I was forced to choose a sex for Chris. Medically, biologically, physically and spiritually it was irrelevant. However, socially it was required. We live in a complicated social ecosystem that does not have room or support for these anomalies. I had to choose, because scientifically it was unknown!

I chose to raise Chris as a girl.

And just like that the birth certificate was changed, and a gender was assigned.

Sex: Female

Name: Christine

Not because this baby is anatomically female, she is not.

Not because this baby has XX chromosomes, she does not.

Not because it was determined by science, it was not.

It was changed just because I said so.

It may not come as a surprise to you that Christy was gay. Of course, if I had chosen "male", she would not be gay. She would be a boy that liked girls.

I chose her gender because science did not know. Science does not always know.

Gender is a complicated issue, more complicated than anyone knows and this is why we need support for our young people who are searching, struggling, and lost.

Please, leave the door open with the knowledge that we can not judge on knowledge we do not have, we can only support and learn.

Please, do not divide us based on ignorance.

Respectfully Yours,

Carol Johnson

To the Assembly Committee on Judiciary:

I'm a cis woman who's lived in Wisconsin my whole life. I've been taking spironolactone daily for 10 years to help me deal with symptoms of my Polycystic Ovarian Syndrome (PCOS). Spironolactone helps my body produce less acne and dark, coarse hair on my face because it is an androgen blocker, and PCOS causes my body to produce more androgens than many other cis women. This is a very common treatment to help patients with PCOS. It is also common for transgender women to use as gender affirming medical care. I am concerned that AB 502 would restrict my access to a medication that has been very helpful to me, along with many of my trans friends and neighbors.

My personal testimony is not as urgent as that of transgender Wisconsinites, because gender affirming care for trans people can literally save lives. For me, it saves me inconvenience.

I do want to point out, though, that more cis people seek out and receive gender affirming care than trans people. (citation: <https://pubmed.ncbi.nlm.nih.gov/37285414/>) This could look like hair transplants for balding cis men, hormone replacement for menopausal cis women, Viagra, and all sorts of cosmetic surgeries, like breast augmentation and liposuction.

Criminalizing gender-affirming care for trans people is unethical, dangerous, and cruel, and it's hypocritical when compared to how commonplace gender-affirming care is for cis people.

Best,
Erin

TO: Assembly Committee on Judiciary

FROM: Rev. Douglas Clement, United Methodist Pastor

DATE: January 22, 2024

RE: Assembly Bill 502 – An Act to create 895.039 of the statutes; Relating to: a civil cause of action for a minor injured by a gender transition procedure

My name is Rev. Douglas Clement, my pronouns are he/him/his, and I am an ordained United Methodist pastor serving in Marshfield, Wisconsin (54449). I am writing in opposition to the proposed AB 502.

Growing up, I was taught that being a Christian and being an American meant embracing the wide diversity of thought, practice, and personhood that exists in our communities. I remember learning how Jesus told us we were to “love one another” (John 13:34) and how, as people living in the United States, we had the right to “life, liberty, and the pursuit of happiness”. While there have certainly been times when we haven’t always lived up to these ideals, the act of striving for them (and of believing they should be for all people) were (as I understood it) fundamental to who we are.

As a United Methodist, I am part of a tradition and a movement that has fought throughout our history to make this a reality. Our own Social Principles call us to “work toward societies in which each person’s value is recognized, maintained, and strengthened” and to “deplore acts of hate or violence against groups or persons based on race, color, national origin, ethnicity, age, gender, disability, status, economic condition, sexual orientation, gender identity, or religious affiliation.” (§162, *The United Methodist Book of Discipline, 2016*). Which is why I feel compelled to speak out against these bills.

AB 502 singles out transgender individuals (specifically under the age 18), exposing their medical care providers to increased liability because of their work specifically with these young transgender individuals, when no such restriction is made for medical care of their cisgender peers. Furthermore, it gives space for hateful rhetoric, for bullying behavior, and for discriminatory practice rooted in misinformation regarding scientifically proven, necessary medical care.

There are multiple instances, both in scripture and in the history of our nation, where we have witnessed the consequences of our failure to include and care for those on the margins. As the Apostle Paul observed in his letter to the churches in Corinth, we are all members of one body (i.e. community). “If one member suffers, all suffer together with it; if one member is honored, all rejoice together with it.” (1 Corinthians 12:26). Indeed, it is the responsibility of each of us (as individuals) and of our government to “[p]rovide the care needed to maintain health” physically, mentally, emotionally, spiritually, and relationally. (§162.V, *The United Methodist Book of Discipline, 2016*). And yet, the proposed AB 502 instead *withholds* such care from young transgender folks, and puts them at greater risk for lasting harm.

The truth is, our brothers, sisters, siblings who are transgender are made in the image of God, same as you or me. They deserve the same love, acceptance, and affirmation. They deserve the same chance to be able to share their skills, talents, and passions. And they deserve the same access to medical care *according to their gender identity*.

I ask you to give them the same opportunities that have been afforded to generations of young folks, and to protect those who compassionately provide that care. Vote “no” on AB 502.

To the Assembly Committee on Judiciary:

Please do not pass AB 502. Please protect our doctors, and medical professionals from transphobic laws and regulations. Wisconsinites deserve a safe and affirming jurisdiction for all regardless of their gender.

If you pass AB 502, are you planning to sue doctors for performing breast augmentation surgery? A surgery that is done over 300,000 times per year in Wisconsin. How would this decipher from gender affirming care? How about laser hair removal? Are you planning to regulate and shut down that service? Again, how would this decipher from gender affirming care?

What someone chooses to do with their body is their choice. The medical professionals that are helping people in all aspects of health deserve protection.

Transgender people face significantly higher suicidal risk than the rest of the population. All Wisconsin people deserve access to safe healthcare that is specific to their needs (physically and mentally).

Take a moment to identify the ways in which you personally participate in gender affirming care. From the way you cut your hair, dress, and manipulate your body. We all deserve safe, respectful care and expression.

Sincerely,
Cassandra Stone
Lake Geneva, WI

Dear committee,

Gender-affirming care is healthcare. There is no justifiable reason that it should be treated any differently from other healthcare. There should be room for patients to sue in the case of malpractice, as with any other treatment. However, there should not be space for anyone to sue a doctor for providing treatment that the patient sought out.

A bill like this could open the way for lawsuits from family members who don't like the way elective plastic surgery looks, or who don't want their adult child to receive a vaccine. Clearly, those decisions should be left between the patient and their doctor, not dragged into a courtroom by someone with differing beliefs and no right to control the patient's healthcare choices. The same consideration applies to gender-affirming care.

Please, protect transgender patients as you would protect any other patient. Protect the doctors who provide their care. I urge you not to pass this bill, for the sake of everyone who calls Wisconsin home.

Elena Covill
Sun Prairie, WI

Assembly Committee on Judiciary public hearing on AB 502

Dear Assembly Committee Members

My name is Elle Halo I am a lifelong resident of WI, a Black woman of trans experience. I am writing on behalf of my community to say that gender Affirming Care is a vital part of the transition journey, there is empowerment, self Advocacy, health education and liberation in hormone replacement therapy.

Gender Affirming Care is healthcare, I was honored to be a Public Ally, and consultant for Gender Affirming Care for Planned Parenthood of WI, The first program making Gender Affirming Care available Statewide, people should not have to travel for hours outside their community to access healthcare. I stand with healthcare providers and the WI LGBTQ+ Policy and Advocacy Coalition against AB 502

Elle Halo
Milwaukee, WI

To the Assembly Committee on Judiciary:

Please vote against AB 502! We have laws in place that protect patients and doctors. This legislation seeks to further stigmatize transgender healthcare and demonize medical experts!

I have lived in Wisconsin since 1991. I have been a leader in the LGBTQ+ community since starting a PFLAG chapter in 1995 to provide support, education, and advocacy for that community! That's why these issues are so important to me.

Sandy Brown

Sturgeon Bay, WI 54235

Dear Members of the WI Assembly Committee on Judiciary,

I am sorry that I will not be able to in-person speak before you on Wed. Jan24th, but I submit this written email as my position against AB 502.

Human kind includes many different types of persons.

Fact: 1. Some humans can have two different sets of DNA, they are called Chimeras

2. Some humans are born with no external genitalia, both genitalia types or any variation/combination of both, they are Intersex

3. Some humans are born with female genitalia but at puberty grow male genitalia, they are Guevedoces

4. Persons born with internal and external defects or birth defects

Can you say with absolute certainty that it is not possible for a human to begin life neurologically on one path and later when external genitalia is determined, develop the opposite? Science has shown it takes only a miniscule part of the DNA code, a gene, a protein, or an imperfect relationship within the DNA code that causes changes in human development. These imperfections are what causes differences in people. Research is being done to see what causes these differentiations. Is it possible a baby starts neurologically one sex but due to an error in the DNA code, externally develops the opposite? We know it is the Y chromosome that determines sex but why?

Research shows changing one single gene turns ovaries to function like testes in mice. This same gene is part of every mammal's DNA code. See: <https://factor.niehs.nih.gov/2018/11/papers/ovaries> Male mice grow ovaries after single gene tweak and: <https://www.popsci.com/science/article/2009-12/gene-switch-transforms-adult-female-mice-males/>

To block research in this area of human DNA and development is what should be criminalized. Because of Birth defects, and Chimeras, Intersex and Guevedoces people is the reason why, before passing laws against assistance for and treatments of persons who can have a medical condition not generally known, fund scientific research to know what causes this condition called transgender.

To criminalize medical care, and assistance for persons who naturally may have started one gender but developed another due to no fault of their own is itself a criminal, unethical and immoral act.

Respectfully submitted for your consideration,
James W. Parlow

Good afternoon members of the Assembly Committee on Judiciary,

My name is Ned Murphy, my home is in Mt Pleasant where we have lived for 53 years. I am a dentist currently retired from active practice but a volunteer provider at Racine Health Care Network. I graduated from Marquette University in 1965 and hold a current dental license. To keep that license I am required to obtain educational credits each two years. Doing so I maintain contact with current dental and medical literature regarding care of my patients. I understand there now exists a proposal to allow suing a physician who provides gender affirming care to Wisconsin youth. The allowed suit need not be for malicious, careless or negligent care but just the fact that is rendered. I believe this is care that is permitted in several states and is supported by medical and psychological associations. I do not believe the decision to treat should be a government decision but one decided by parents, doctors and youth themselves. I there ask that you vote to oppose this legislation.

Ned Murphy, DDS

Mt Pleasant Wisconsin 53403

My name is Luka Hein and I am someone who was transitioned as a minor and now lives with lifelong health complications as a result. As a young teenager, I experienced a chaotic home life, I suffered from severe depression and anxiety, and suffered trauma from being groomed and exploited online, which ended up being serious enough there was police involvement. In any other field of medicine, a professional would have seen everything going on in my life and focused on those clear comorbidities causing me to disassociate and hate my body, instead the moment the term "transgender" was mentioned all those issues were seemingly swept aside. The medical system did not look into or seem concerned about the underlying issues that were causing the distress that made me feel the need to escape my body at such a young age, instead I was affirmed down a path of medical intervention that I could not fully understand the long term impacts and consequences of due to my both my age and mental health conditions. My parents were presented with only one path forward, affirmation, told by professionals around them there was a suicide risk, despite the fact I was never suicidal. At 16 the very first medical intervention I ever had was a double mastectomy, then a few months later I was put on to cross sex hormones. As a result of this so-called gender affirming care, if it could even be called care, at 21 I have had to watch as my body has wasted away before my very eyes, I deal with constant joint pain, my breasts are gone, my vocal chords ache, I've watched as parts of me have atrophied away and I don't know if I'll ever be able to carry a child someday. I will deal with these consequences for possibly the rest of my life, never knowing if they'll go away and feeling abandoned by the medical professionals who did this to me. My quality of life due to these health issues has been greatly effected, hobbies I onced loved- drawing, gardening, and many more, I find myself unable to do because of the joint pain. I had to leave college, unable to keep up with classes amidst dealing with my health issues, everything becoming too much and pain causing me to be stuck in bed. I feel abandoned by the medical professionals who put me down this bath, being turned away when I needed help the most. My story is not all that unique, from comorbidities to bodily harm from these treatments, there are many like me, there are many doctors just like the ones who did this to me, many clinics that operate the same way the one I went to did. What are those of us harmed by these treatments supposed to do now, when our lives and health fall apart and the same professionals sworn to do no harm refuse to acknowledge the harm done?