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Testimony on AB465 by Rep. Scott E. Allen

To Chairman Moses and Members of the Committee on Health, Aging, and Long-term Care:

Thank you for the opportunity to testify in favor of AB 465, the Help Not Harm Act. This is a health issue that impacts the lives of real people who struggle with gender dysphoria, and we need to make sure that we help and not harm those individuals by prohibiting irreversible and harmful medical gender transition for minors.

I expect today that you will hear from some that this bill flies in the face of accepted medical practice. People will say that the American Medical Association and other groups all consider medical gender transition to be standard care. People will reference generically that there are many “studies” that support this.

I encourage you today to ask them - what studies? I have asked a major medical institution in Wisconsin to do just that. Send me the best studies that justify medical gender transition. I have only received 3, and each of them had small numbers of participants and tracked them no further than 2 years after gender transition. This is insufficient scientific evidence.

On the other hand, you have the US Medicare and Medicaid services that did a meta-analysis of 33 different peer-reviewed studies. In August 2016, they stated that “The majority of studies were non-longitudinal, exploratory type studies...or did not include concurrent controls or testing prior to and after surgery...After careful assessment, we identified six studies that could provide useful information. Of these, the four best designed and conducted studies that assessed quality of life before and after surgery using validated (albeit non-specific) psychometric studies did not demonstrate clinically significant changes or differences in psychometric test results after GRS,” which means Gender Reassignment Surgery.

This was a meta-analysis done under the Obama administration, and they concluded that the best evidence did not show positive changes to support gender transition. The same was decided by researchers in numerous other countries including Sweden, Finland, England, Denmark, Norway, Australia, and New Zealand.

Dr. Rob Garofalo, the Director of Lurie Children’s Hospital’s Gender & Sex Development program in Chicago said, “There are so many unanswered questions around the long-term consequences...and can only be answered with long-term follow-up studies...The stakes are super high, and we don’t have all the answers.”

If we don't have all the answers, why are we allowing doctors to experiment on minors when we know that there are long-term consequences such as bone density loss, sterilization, and heart problems?

It is a complete lie to say that this Help Not Harm bill flies in the face of medical science. You will find along with my testimony, the written testimony of other medical experts and fact sheets with extensive footnotes that direct you to a multitude of peer-reviewed scientific journals. If people say that the science shows that medical gender transition helps minors, ask them for peer-reviewed, long-term clinical evidence. You won't find any.

You might also hear today that this bill is anti-trans. That it is an attack on trans identity and a threat to their very existence. This is simply not true. The bill does not remove an adult's choice to medically transition their gender. Nor does it remove a minor's choice to socially transition. In a democracy we respect the choices of others, and we also recognize that some choices have such long-lasting effects that those choices should only belong to adults.

As a state, we frequently restrict the decision-making of minors when we see the risk of significant harm. We do not allow minors to drink alcohol, smoke, get married, sign contracts, and the list goes on. We do this, because we've always known that minors can make emotional, impulsive decisions.

Now with the development of brain science we know why. The prefrontal cortex is not fully developed until the age of 25, and it is this part of the brain that is responsible for long-term, logical decision making. Youth operate more from the emotional part of the brain.

Youth are more prone to peer pressure and social pressure, and this is something that Dr. Erica Anderson, a trans-woman, and former president of the US Professional Association for Transgender Health is particularly concerned about. She wrote in an article, "In my over 40 years as a psychologist, I've seen psychotherapeutic phenomena come and go. Eating disorders, multiple personality disorders and repressed memory syndrome have in retrospect spread through subgroups of adolescents and the professionals who have treated them. This spread is like wildfire through vulnerable underbrush, clearly borne in an environment of contagion...How is it possible that gender identity formation constitutes the only area of development in adolescence that is immune from peer influence?"

Opponents of this bill want to say that beginning medical transition creates the pause needed for young people to decide, however, puberty suppressants and cross-sex hormones do irreversible damage. The Help Not Harm bill is actually the bill that would create space and time for minors to consider the long-term consequences of gender transition and make an appropriate choice when they become a legal adult.

Now you'll also hear people say that this bill will lead to more kids committing suicide. It is certainly true that young people, as a general age category, struggle more with suicide, and it is also true that those who are struggling with gender dysphoria are even more likely to commit suicide. That is why they need help and not permanent harm.

So a good question is what will lower that suicidal rate? Everyone should care about answering this question and answering it well. The Swedish long study showed that even after gender transition that individuals were still 19 times more likely to commit suicide than the population average. The leading cause of death for participants after medical gender transition was suicide. This suggests that the problem of suicide does not go away after medical transition. In fact, there are no long-term clinical studies that show evidence of lowering suicide.

What does help is talk therapy that helps address other comorbidities often at play in those who struggle with gender dysphoria.

Dr. Kenneth Zucker worked for 30 years at the University of Toronto in the field of gender identity. He determined that the best practice for minors with gender dysphoria was talk therapy to work through family dynamics, trauma and other mental health issues. When doing this, he found that the gender dysphoria usually resolved itself without any harmful medical transitioning.

This is confirmed by other research and the DSM-V (five), the major psychology manual which recognizes that the vast majority of minors will outgrow gender dysphoria if not pushed to transition. The options are not simply transition or suicide.

You may also hear a lot of stories today. Perhaps stories of those who have transitioned and are thankful for it, but we will also hear stories of those who had to de-transition. Stories like Billy Burleigh and Luka Hein that will be included as written testimony. I want to stress again, that this bill does not take away the choice of a legal adult to medically transition. This bill will protect minors from being rushed into a change that they might later regret and yet can't recover from.

Unfortunately, gender transition for minors is a cash cow for pharmaceutical companies, hospitals and medical centers. According to a recent PBS report, the cost of puberty blockers is about \$1,200 a month. Cross-sex hormones are less expensive at about an average of \$102 per month, but they must be taken for life, as in forever. Imagine making a decision for your 14-year-old that would give them a financial burden like that forever.

Drugs that once had no market suddenly have a life-long and growing market. Then there is the money made off of surgeries. When the hospitals come and speak to you about caring for minors, ask them how many kids they are "helping" and ask them how much they charge for a visit, for those meds, for those surgeries. Ask the hospitals if they are doing long-term follow up to ensure that their patients are truly being helped.

In conclusion - if the medical science shows us that medical gender transition does not help, does not reduce the risk of suicide, causes irreversible harm and is experimental at best - who is really helping our kids?

Fact Sheet: Gender Dysphoria and Transgenderism

Gender dysphoria is the experience of “disconnect” between the objective reality of the child’s body and the child’s subjective self-perception that is accompanied by emotional distress.

- Adolescents who think they are transgender have experienced on average five childhood traumas and/or suffered from mental illness prior to developing signs of gender dysphoria.^{1,2}

Prior to the widespread use of transgender interventions, most gender dysphoric youth resolved their dysphoria by young adulthood.

- As many as 88% of gender-dysphoric girls and as many as 98% of gender-dysphoric boys will desist if their biological integrity is affirmed.³
- Visit biologicalintegrity.org or contact us to find pediatricians and therapists that respect biological integrity.

There is evidence that transgender interventions harm adolescents.

- Medical harms of puberty blockers when used for gender dysphoria include emotional distress, new-onset psychiatric illness, reduced bone density, permanent sexual dysfunction and the possibility of permanent sterility (if used in early puberty then combined with or followed by cross-sex hormones).^{4,5}
- Medical harms of cross-sex hormones include cardiovascular disease, high blood pressure, heart attack, blood clots, stroke, diabetes, and cancer.⁵
- Transgender surgeries maim healthy tissue and destroy healthy organs.
- Youth affirmed as transgender by their parents had greater anxiety and lower self esteem than their age matched peers.⁶
- There are no long term studies of medical and surgical interventions for gender dysphoria in youth.

¹ <https://pubmed.ncbi.nlm.nih.gov/33510668/>. Attachment Patterns in Children and Adolescents with Gender Dysphoria.

² Becerra-Culqui TA, Liu Y, Nash R, et al. Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers. *Pediatrics*. 2018;141(5):e20173845.

³ Diagnostic and Statistical Manual of Mental Disorders: DSM-5. 5th ed., American Psychiatric Association, 2013.

⁴ Lupron package insert (https://www.lupronped.com/about-lupron-depot-ped?cid=ppc_ppd_msft_Lupron_Branded_lupronped.com_Phrase_USLUPR220485)

⁵ Laidlaw M, Van Meter QL, Hruz PW, Van Mol A and Malone WJ. *The Journal of Clinical Endocrinology & Metabolism*, 2019;104(3): 686–687, <https://doi.org/10.1210/jc.2018-01925>

⁶ Schumm W and Crawford DW. Is Research on Transgender Children What It Seems? Comments on Recent Research on Transgender Children with High Levels of Parental Support. *Linacre Quarterly*(87;1), February 2020, (pp.9-24). Available at <https://journals.sagepub.com/doi/epub/10.1177/0024363919884799>

Adolescents experiencing gender dysphoria are *not* more likely to commit suicide if they do not undergo transgender interventions.

- Three systematic reviews of the world scientific literature found no evidence that puberty blockers and cross-sex hormones reduce the risk of suicide.^{7, 8, 9}
- 22% of gender dysphoric patients attempt suicide — a similar incidence for autistic patients and patients suffering from depression or anxiety.¹⁰
- A long term study of transgender adults who underwent hormones and surgeries revealed a suicide rate 19 times that of the general population.¹¹

Several European nations have reversed course on medical and surgical interventions for gender dysphoric youth due to risk for irreversible harm and low evidence of any benefit.

In the U.S., 23 states have passed legislation to protect minors from harmful transgender interventions.



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⁷ Recommendation of the Council for Choices in Health Care in Finland

https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf

⁸ The National Institute for Health and Care Excellence (N.I.C.E.) Evidence review: Gonadotropin releasing hormone analogues for children and adolescents with gender dysphoria (2020).

<https://arms.nice.org.uk/resources/hub/1070871/attachment>; and N.I.C.E. Evidence review: Gender-affirming hormones for children and adolescents with gender dysphoria (2020).

<https://arms.nice.org.uk/resources/hub/1070905/attachment>

⁹ Ludvigsson JF, Adolfsson J, Hoistad M, Rydelius PA, Kristrom B, Landen M. A systematic review of hormone treatment for children with gender dysphoria and recommendations for research. *Acta Paediatr.* 2023; 112.

doi:10.1111/apa.16791. Epub ahead of print.

¹⁰ Herman JL, Wilson BD, Becker T. Demographic and Health Characteristics of Transgender Adults in California: Findings from the 2015-2016 California Health Interview Survey. Policy Brief. UCLA Cent Health Policy Res. 2017 Oct;(8):1-10. <https://healthpolicy.ucla.edu/publications/Documents/PDF/2017/transgender-policybrief-oct2017.pdf>

¹¹ Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Langstrom N, et al. (2011) Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. *PLoS ONE* 6(2): e16885. doi:10.1371/journal.pone.0016885. Available at <https://pubmed.ncbi.nlm.nih.gov/21364939/>

Top Studies on the Science Against Transgender Interventions

September 2023

Studies that Show Transgender Interventions Harm, not Help

- This 2011 Swedish study of post-sex reassignment surgery adults showed a completed suicide rate 19 times that of the general population 10 year out, along with nearly 3 times the rate of psychiatric inpatient care.
 - Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Langstrom N, et al. (2011) Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. PLoS ONE 6(2): e16885. [10.1371/journal.pone.0016885](https://doi.org/10.1371/journal.pone.0016885).
- This 2020 study, claiming to be the first total population study of 9.7 million Swedish residents, showed neither “gender-affirming hormone treatment” nor “gender-affirming surgery” improved the mental health benchmarks.
 - Bränström R, Pachankis JE: Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. Am J Psychiatry 2020; 177:727–734. <https://doi.org/10.1176/appi.ajp.2019.19010080>
 - Kalin NH: Reassessing mental health treatment utilization reduction in transgender individuals after gender-affirming surgeries: a comment by the editor on the process (letter). Am J Psychiatry 2020; 177:765 <https://doi.org/10.1176/appi.ajp.2020.20060803>
- This 2021 comprehensive data review of all 3,754 trans-identified adolescents in US military families over 8.5 years showed that gender hormone treatment lead to increased use of mental health services and psychiatric medications, and increased suicidal ideation/attempted suicide.
 - Elizabeth Hisle-Gorman, MSW, PhD and others, Mental Healthcare Utilization of Transgender Youth Before and After Affirming Treatment, *The Journal of Sexual Medicine*, Volume 18, Issue 8, August 2021, Pages 1444–1454, <https://doi.org/10.1016/j.jsxm.2021.05.014>

Systematic Review that Ranks WPATH and Endo Society Guidelines as Poor Quality

This 2021 BMJ first of its kind “systematic review and quality assessment” used “to assess all international clinical practice guidelines” rated WPATH’s (World Professional Association for Transgender Health) SOC 7 with a quality score of zero out of six., and the Endocrine Society Guidelines a quality score of one out of six.

Dahlen S, Connolly D, Arif I, *et al* International clinical practice guidelines for gender minority/trans people: systematic review and quality assessment. *BMJ Open* 2021;11:e048943. doi: 10.1136/bmjopen-2021-048943

Study that Shows Desistance is the Norm for Minors with Gender Dysphoria

Zucker, K. J. (2018). The myth of persistence: response to “A critical commentary on follow-up studies and ‘desistance’ theories about transgender and gender nonconforming children” by Temple Newhook et al. *International Journal of Transgenderism*, 19(2), 231–245. Published online May 29, 2018.
<http://doi.org/10.1080/15532739.2018.1468293>

Studies that Show Mental Health Problems Underlie Gender Dysphoria

- This 2018 Kaiser-Permanente study gleaned from electronic medical records of 8.8 million members in Georgia and California showed:
 - High rates of psychiatric disorders and suicidal ideation *before* gender non-congruence in teens.
 - Rates (prevalence ratios/PR) in the 6 months before first findings of GNC compared to gender congruent peers: psych disorders 7 times higher overall, vast PR for certain ones, psych hospitalizations 22-44 times higher, self harm 70-144 times higher, suicidal ideation 25-54 times higher (Tables 3 & 4 of study).
 - Suicidal ideation during said 6 months before GNC findings: 7% in biological males and 5% in biological females. Far below rates claimed by activists, but still high.

Becerra-Culqui TA, Liu Y, Nash R, et al. Mental Health of Transgender and Gender Nonconforming Youth Compared with Their Peers. *Pediatrics*. 2018;141(5):e20173845.

- This 2015 report from Finland’s gender identity services found:
 - 75% of adolescents they saw were or had been undergoing psychiatric treatment for reasons other than gender dysphoria.
 - 26% had autism spectrum disorder. 87% female.
 - “Treatment guidelines need to consider gender dysphoria in minors in the context of severe psychopathology and developmental difficulties.”

Kaltiala-Heino R, Sumia M, Työlajärvi M, Lindberg N. Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child and Adolescent Psychiatry and Mental Health* (2015) 9:9.

- This 2021 prospective study from a multidisciplinary pediatric gender service in Australia found:
 - High levels of distress (including GD), suicidal ideation (41.8%), self-harm (16.3%), and suicide attempts (10.1%).
 - High rates of comorbid mental health disorders: anxiety (63.3%), depression (62.0%), behavioral disorders (35.4%), and autism (13.9%).

- o High rates of adverse childhood experiences, with family conflict (65.8%), parental mental illness (63.3%), loss of important figures via separation (59.5%), and bullying (54.4%); and maltreatment (39.2%).
- o Key challenges faced by the clinicians: polarized discourses; pressures to abandon the holistic [biopsychosocial] model; the difficulties of untangling gender dysphoria from comorbid factors such as anxiety, depression, and sexual abuse.

Kozłowska K, McClure G, Chudleigh C, et al. Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service. *Human Systems*. 2021;1(1):70-95.
doi:[10.1177/26344041211010777](https://doi.org/10.1177/26344041211010777)

Studies Demonstrating the Fatal Flaws of the Dutch Protocol

- This 2023 report stated that, “Two Dutch studies formed the foundation and the best available evidence for the practice of youth medical gender transition. We demonstrate that this work is methodologically flawed and should have never been used in medical settings as justification to scale this “innovative clinical practice.””
 - o E. Abbruzzese, Stephen B. Levine & Julia W. Mason (2023): The Myth of “Reliable Research” in Pediatric Gender Medicine: A critical evaluation of the Dutch Studies—and research that has followed, *Journal of Sex & Marital Therapy*, DOI: [10.1080/0092623X.2022.2150346](https://doi.org/10.1080/0092623X.2022.2150346)”
- Michael Biggs (2022) The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence, *Journal of Sex & Marital Therapy*, DOI: [10.1080/0092623X.2022.2121238](https://doi.org/10.1080/0092623X.2022.2121238)

Comprehensive literature reviews finding studies in favor of transgender interventions to be of low to very low quality, leading to these three nations reversing course from pro-transition to strong, deep, and extended emphasis on mental health issues

- Sweden 2023. Ludvigsson, J.F., Adolfsson, J., Höistad, M., Rydelius, P.-A., Kriström, B. and Landén, M. (2023), A systematic review of hormone treatment for children with gender dysphoria and recommendations for research. *Acta Paediatr*. Accepted Author Manuscript. <https://doi.org/10.1111/apa.16791>
- Swedish Agency for Health Technology Assessment and Assessment of Social Services’ 2019 literature review.
<https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/>
- Finland 2020: “Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland). Medical Treatment Methods for Dysphoria Related to Gender Variance In Minors”
https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf
- 2020. UK’s The National Institute for Health and Care Excellence (NICE) reviews:
 - o N.I.C.E. Evidence review: Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria.:

- <https://ia802301.us.archive.org/4/items/gov.uscourts.ared.128159/gov.uscourts.ared.128159.45.9.pdf> or <https://cass.independent-review.uk/nice-evidence-reviews/>
- o N.I.C.E. Evidence review: Gender-affirming hormones for children and adolescents with gender dysphoria.:
<https://cass.independent-review.uk/nice-evidence-reviews/>
 - UK: Cass Review, Interim Report (2022)
<https://cass.independent-review.uk/publications/interim-report/>
 - o This led to the closure of the world's largest pediatric gender clinic, NHS GIDS.



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Fact Sheet: International Trends in Care for Children with Gender Dysphoria

September 2023

Sweden:

In February 2022, Sweden's National Board of Health and Welfare (NBHW) released updated guidelines for the care of gender dysphoric children, citing increased incidence of detransitioners and young adults with transition-related regret.¹ NBHW noted:

- The risk of hormonal treatments outweigh the benefit in the vast majority of cases.
- Psychological and psychiatric support will become the first line of treatment, especially in cases of autism spectrum disorder.

As of May 2021, Astrid Lindgren Children's Hospital in Stockholm ended prescribing of puberty blockers and cross-sex hormones.²

- Hormonal interventions are prescribed to a minority of patients suffering from prepubertal onset of GD, after extensive psychological evaluation, only within the setting of a clinical trial approved by the Ethical Review Agency/Swedish Institutional Review Board.

Finland:

In June 2020, Finland's Council for Choices for Healthcare (COHERE) issued new guidelines stating that psychotherapy should be the first line of treatment for gender dysphoric youth, noting that a comprehensive review of the evidence showed medical evidence for pediatric transition is inconclusive and medical gender reassignment was not sufficient to improve mental health functioning.³

- Puberty blockers and cross-sex hormones will be reserved almost exclusively for minors with early-childhood onset of GD only, not those with co-morbid mental health conditions, especially not for adolescents who are exploring their personality and identity.
- Surgical treatments are not part of the treatment methods for GD; surgery will not be offered to those under 18 years of age. The guidelines warn against offering irreversible treatments to persons under 25 years of age because of incomplete neurocognitive development.

¹

<https://segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth>

² https://segm.org/Sweden_ends_use_of_Dutch_protocol

³ https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf

- Eligibility for hormonal intervention will be offered only in centralized GD research settings.

France:

In March 2022, The National Academy of Medicine in France noted the driving mechanisms creating the phenomena of rapid onset gender dysphoria, blaming excessive engagement with social media, greater social acceptability, and influence within social circles.⁴

- Children desiring transition should receive extended psychological support in a multidisciplinary setting, given the risk of overdiagnosis and increasing incidence of detransitioners.
- Families should receive robust education and informed consent regarding the side effects of puberty blockers and cross-sex hormones and the irreversibility of treatments, especially surgery.
- The report highlighted impacts on bone growth and weakening, risk of sterility, emotional and intellectual consequences as well as the irreversibility of surgeries.
- The Academy urged parents to be vigilant regarding the addictive role of social media which harms the psychological development of children and contributes to the sense of gender incongruence.

United Kingdom:

The Cass report, reviewing the lack of evidence for social transitions, puberty blockers, and cross-sex hormones, was published in October 2022. The Tavistock Gender Identity Service Clinic closed in late 2022. The National Health Service guidelines include:⁵

- Developmentally-appropriate comprehensive psychotherapy by a multidisciplinary team, not simply ‘gender dysphoria specialists,’ to assess the patient for autism, psychiatric conditions (anxiety/depression/self-harm/drug use), endocrine and metabolic disorders.
- Recognition that social transition is not a neutral act and is a form of therapy. NHS strongly advises against social transition of children, only after families and children accept informed consent.
- The NHS will allow puberty blockers only in formal research settings, because of the unknown long-term effects of these medications, and cautions against cross-sex hormones.

⁴<https://www.academie-medecine.fr/la-medecine-face-a-la-transidentite-de-genre-chez-les-enfants-et-les-adolescents/?lang=e>

⁵https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-specialist-service-for-children-and-young-people-with-gender-dysphoria-1.pdf

- Families who seek puberty blockers and hormones outside the NHS protocols will be strongly cautioned against accessing such treatment.
- Surgical transition is not allowed for minors.

Australia and New Zealand:

The RANZCP (Royal Australian and New Zealand College of Psychiatrists) is the first Psychiatric group to recognize the lack of evidence-based research regarding treatment for gender dysphoria.⁶

- In August 2021 released its first position statement addressing the mental health needs of people with GD, noting “polarised views and mixed evidence regarding treatment options for people presenting with gender identity concerns and a paucity of evidence” regarding treatment.
- Until high quality research based evidence is available regarding endocrine and surgical interventions, exploratory psychotherapy should be the first-line treatment for youth suffering from gender confusion, to explore the full spectrum of mental illness, family history and context in which gender dysphoria has arisen to formulate personalized individual counseling.

Denmark:

In July 2023, the Journal of the Danish Medical Association published a discussion regarding their reticence to proceed with medical transition of gender dysphoric minors, citing increased numbers of gender dysphoric youth with comorbid psychiatric disease, influence of social environments on children, uncertainty regarding side effects of treatments, and growing incidence of detransitioners. While official guidelines have not been created, Denmark offered medical transition treatment to only 6% of patients in 2022 as opposed to 65% of patients in 2018.⁷

Norway:

In March 2023, the Norwegian Healthcare Investigation Board (NHIB/UKOM) declared that evidence for transgender interventions is deficient, and the long-term effects are little known, especially in the teenage population which may be suffering transient gender distress. Youth

⁶<https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/gender-dysphoria>

⁷ <https://segm.org/Denmark-sharply-restricts-youth-gender-transitions>



gender transition will become the exception, no longer an automatic right when children claim to have gender dysphoria.⁸

International Pushback:

In July 2023, 21 clinicians and researchers from 9 countries questioned Dr. Hammes of The Endocrine Society regarding gender-transition guidelines and lack of scientific evidence to support the guidelines. Read the letter in the Wall Street Journal: [Youth Gender Transition Is Pushed Without Evidence - WSJ](#)



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⁸<https://dailycaller.com/2023/03/10/norway-health-care-system-transgender-gender-affirming-care-evidence-based/>

Fact Sheet: Risks of Puberty Blockers

What is Puberty?

Puberty is a critical time-limited period of healthy physical, cognitive, emotional and social development during which an infertile child becomes a fertile and more mature adolescent.

What Are Puberty Blockers (PBs)?

Puberty blockers are gonadotropin releasing hormone agonists (GnRH) which are generally safe and effective for treating precocious puberty in children, some gynecological conditions including endometriosis in women, and prostate cancer in men. Lupron is the brand name of one commonly prescribed GnRH agonist in the U.S..¹

Is it possible for PBs to be dangerous for stopping normal puberty in gender dysphoric children, but safe to treat precocious puberty, endometriosis and prostate cancer?

Yes. Disrupting normal puberty is objectively harmful because puberty is not a disease. In contrast, precocious puberty, endometriosis and prostate cancer are diseases; they disrupt normal development, function and health. The proper use of medicine restores health, function and normal development. In the context of these diseases, the potential for Lupron to restore and/or improve patient health usually outweighs Lupron's potential negative side effects (which are still disclosed to patients as a matter of informed consent). This is not the case with gender dysphoria.

How is the situation different for children with gender dysphoria?

Children with gender dysphoria are physically healthy. They do not have a disease of the body; they are emotionally and psychologically distressed. Prescribing puberty blockers to these children permanently disrupts their physical, cognitive, emotional and social development. This disruption causes a permanent loss because no one can return the time they have lost in normal pubertal development should they wish to desist; that amount of normal pubertal development – be it several months or several years – is permanently stolen from them. This matters because prior to the routine use of puberty blockers, the vast majority of gender dysphoric youth desisted

¹ <https://my.clevelandclinic.org/health/body/22525-gonadotropin-releasing-hormone>

and identified with their sex by young adulthood.^{2, 3} With the routine use of puberty blockers, the vast majority of gender dysphoric children instead identify as transgender, use dangerous cross-sex hormones, and may even pursue cross-sex surgeries.^{4,5,6,7,8} Blocking normal puberty in these emotionally suffering children robs them of the developmental period during which many might otherwise outgrow their dysphoria and embrace their bodies.

Neuro-psychological Side-effects of puberty blockers:

Lupron's package insert *for use in treating children with precocious puberty* warns of emotional lability, irritability, seizures, brain swelling, headache, blurred vision and loss of vision as potential side effects and recommends *monitoring patients for development of new or worsening psychiatric symptoms*.⁹

After experimental treatment with puberty blockers, the British Medical Journal reports *no psychological benefit to youth with gender dysphoria*. According to Oxford University Professor Michael Biggs, "there was no statistically significant difference in psychosocial functioning between the group given blockers and the group given only psychological support. In addition, there is unpublished evidence that after a year on [puberty blockers] children reported greater self-harm, and the girls also experienced more behavioral and emotional problems and expressed greater dissatisfaction with their body—so puberty blockers exacerbated gender dysphoria."¹⁰

² Kenneth J. Zucker (2018) The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children" by Temple Newhook et al. (2018), International Journal of Transgenderism, 19:2, 231-245, DOI: [10.1080/15532739.2018.1468293](https://doi.org/10.1080/15532739.2018.1468293)

³ Ristori J, Steensma TD. Gender dysphoria in childhood. Int Rev Psychiatry. 2016;28(1):13-20.

⁴ Brik T, Vrouenraets LJ, de Vries MC, Hannema SE. Trajectories of adolescents treated with gonadotropin releasing hormone analogues for gender dysphoria [published online ahead of print March 9, 2020]. Arch Sex Behav. doi:10.1007/s10508-020-01660-8

⁵ Kuper LE, Stewart S, Preston S, Lau M, Lopez X. Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy. Pediatrics. 2020;145(4):e20193006

⁶ Annelou L.C. de Vries, et al., "Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study" The Journal of Sexual Medicine 8(8): 2276–2283 (2011).

⁷ Wiepjes CM, Nota NM, de Blok CJM, et al. The Amsterdam cohort of gender dysphoria study (1972-2015): trends in prevalence, treatment, and regrets. J Sex Med. 2018;15(4):582–590

⁸ Carmichael P, Butler G, et al. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. medRxiv 2020.12.01.20241653.

⁹ Lupron Depot Package insert https://www.lupronped.com/about-lupron-depot-ped?cid=ppc_ppd_msft_Lupron_Branded_lupronped.com_Phrase_USLUPR220485

¹⁰ <https://www.bmj.com/content/372/bmj.n356.full>

Bone Mass & Height side-effects of puberty blockers:

Up to one third of gender dysphoric patients treated with puberty blockers have a lower bone density than 97.7% of their age matched peers.¹¹ A study aiming to assess development of bone mineral density during GnRHa therapy and subsequent sex reassignment procedures until age 22 showed loss of bone mass; these adolescents do not achieve their optimal height or bone density.¹²

Permanent Sterility and Loss of Capacity for Sexual Fulfillment from Puberty Blockers:

A UCSF publication on fertility options for transgender persons state that “currently it is not possible for children who have not undergone natal puberty (and who may have used gender affirming hormones) to preserve gametes.”¹³ Dr. Marci Bowers, a vaginoplasty surgeon who transitioned when she was 38 has said that “every single child or adolescent who was truly blocked at Tanner Stage 2 [when hormones begin their work of advancing a child to adulthood] has never experienced orgasm. I mean, it’s really about zero.”¹⁴

Side-effects on I.Q. and Cognitive Maturation from Puberty Blockers are Unknown:

Since sex hormones normally secreted during puberty are responsible for the organizational development of the brain, and puberty blockers prevent this normal secretion, it is possible that gender dysphoric youth could be cognitively impaired.¹⁵ Lupron impairs memory in adults taking it to treat gynecological conditions, breast cancer and prostate cancer.¹⁶

¹¹Biggs M. Revisiting the effect of GnRH analogue treatment on bone mineral density in young adolescents with gender dysphoria *Journal of Pediatric Endocrinology and Metabolism*, vol. 34, no. 7, 2021, pp. 937-939.

<https://www.degruyter.com/document/doi/10.1515/jpem-2021-0180/html>

¹²Daniel Klink, Martine Caris, Annemieke Heijboer, Michael van Trotsenburg, Joost Rotteveel, Bone Mass in Young Adulthood Following Gonadotropin-Releasing Hormone Analog Treatment and Cross-Sex Hormone Treatment in Adolescents With Gender Dysphoria, *The Journal of Clinical Endocrinology & Metabolism*, Volume 100, Issue 2, 1 February 2015, Pages E270–E275.

<https://academic.oup.com/jcem/article/100/2/E270/2814818?login=false> (2015)

¹³ Amato P. “Fertility Options for Transgender Persons.” UCSF Transgender Care. June 17, 2016.

<https://transcare.ucsf.edu/guidelines/fertility>

¹⁴ Shrier A. “Top Trans Doctors Blow Whistle on ‘Sloppy’ Care. In exclusive interviews, two prominent providers sound off on puberty blockers, ‘affirmative’ care, the inhibition of sexual pleasure, and the suppression of dissent in their field.” *The Free Press*. October 4, 2021. <https://www.thefp.com/p/top-trans-doctors-blow-the-whistle?s=r>

¹⁵ Vigil P, et al., “Endocrine Modulation of the Adolescent Brain: A Review” *Journal of Pediatric & Adolescent Gynecology* 24(6):330-337 (December 2011).

¹⁶ Craig MC, Fletcher PC, Daly EM, Rymer J, et al. Gonadotropin hormone releasing hormone agonists alter prefrontal function during verbal encoding in young women. *Psychoneuroendocrinology*. 2007;32(8-10):1116-27. DOI:[10.1016/j.psyneuen.2007.09.009](https://doi.org/10.1016/j.psyneuen.2007.09.009)

♀ Biological Integrity ♂

Integrating the Mind and Body



A project of The American College of Pediatricians



DUEY STROEBEL

STATE SENATOR • 20TH DISTRICT

Testimony on AB 465

October 4, 2023

Thank you Chairman Moses and committee members for holding a public hearing on Assembly Bill 465, a bill I authored with Representative Allen for the purpose of prohibiting gender transition medical interventions for children in Wisconsin, with certain limited exceptions. The bill prescribes a penalty of license revocation for health care professionals who violate the prohibition.

It has been well-established that the prefrontal cortex is far from fully-developed prior to adulthood.¹ Based on their stage of brain development, children are more likely to act impulsively and are less likely to fully comprehend or consider the consequences of their decisions.² I believe most parents understand this reality, which serves as the underpinning for the variety of policies that have been put in place in Wisconsin and throughout the country that prohibit children from joining the military, getting a tattoo, signing a contract or purchasing alcohol and tobacco products, to provide a few examples. This bill protects our most vulnerable population by preventing medically-unnecessary, permanent body-altering and sterilizing procedures from being performed on individuals under the age of 18.

While you will hear a variety of overconfident proclamations from the detractors of this legislation regarding the existence of a scientific consensus among medical professionals in support of the “gender-affirming care” model for children, the science is far from “settled.”³ The fact of the matter is that the U.S. medical establishment is quickly becoming an outlier in the realm of pediatric gender medicine. Medical authorities in Denmark, Finland, Sweden and the United Kingdom have recently carried out some combination of placing sharp restrictions on the use of cross-sex hormones, banning surgical procedures, closing down gender clinics and issuing clear warnings regarding the experimental nature of these medical interventions for children experiencing gender dysphoria.⁴⁻⁸ It bears mentioning that each of these countries have based their decisions on systematic literature reviews (evidence-based medicine) and now place greater emphasis on ethical, agenda-free psychotherapy as a first-line treatment for gender-dysphoric youth.

There are no robust long-term studies on the effects of puberty blockers, cross-sex hormones and gender transition surgeries on children. Nevertheless, research suggests that the overwhelming majority of children presenting with gender dysphoria will reconcile their gender identity with their biological sex during puberty.⁹ Studies from multiple countries on the gender-affirming model have found that the majority of children referred to pediatric gender clinics had been diagnosed with at least one mental health disorder prior to the onset of gender dysphoria.¹⁰⁻¹³ The oft-repeated “affirm-or-suicide” rhetoric conflates correlation with causation and presents parents with a false dichotomy. Research has shown comparable rates of suicidal behavior between gender-dysphoric and non-gender-distressed children with similar mental health disorders.¹⁴ It also bears mentioning that this narrative dangerously violates decades of research-based guidelines on how to responsibly talk about suicide, which is known to be a socially contagious behavior.¹⁵⁻¹⁷

Protecting children from invasive and irreversible medical interventions is the right thing to do from a scientific and ethical standpoint, and most Americans agree. When asked specifically about eligibility for hormone treatments and gender transition surgeries, a majority of Americans do not support access to these medical interventions for children.¹⁸ Even when poll questions are presented with abstractions or euphemisms as opposed to plain language, a plurality of Americans still voice support for such restrictions.¹⁹ Our children are not experiments and parents should not be pressured into subjecting their children to medical interventions that carry life-long consequences during the primary phase of their development. Thank you for your consideration of AB 465.

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- ⁵ The Council for Choices in Health Care in Finland (COHERE) (2020). Medical treatment methods for dysphoria associated with variations in gender identity in minors – recommendations. [https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en+\(1\).pdf/](https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en+(1).pdf/)
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KAREN HURD

STATE REPRESENTATIVE • 68TH ASSEMBLY DISTRICT

Assembly Bill 465
Public Testimony
Committee on Health, Aging and Long-Term Care
October 4, 2023

Thank you, Chair Moses, Vice-Chair Rozar, and committee members for hearing my testimony today. I will make my comments brief and to the point.

1. As lawmakers we have made and will always continue to make laws that protect the children of our state. That is inherent in our responsibility as legislators.
2. We cannot take a child who struggles with gender dysphoria and encourage the dysphoria by allowing “well-intentioned” dragons to misdirect and worse, facilitate medical interventions that only serve to confound the problem.

Well-intentioned dragons can never be allowed to fan into flame our children’s confusion about their gender leaving our children burned and scarred forever.

Mr. Chair, I am in full support of AB 465.



66TH ASSEMBLY DISTRICT

Thank you.

I know it's not common for us as legislators to testify on bills we did not author, but I am here today, just like I was two years ago on bills attacking transgender youth, because this bill is extremely personal to me, my family, and my community.

My sister is transgender and in preparation for this committee I reached out to her and asked her if she had anything she thought should be entered into the record about the impact this legislation could have on trans young people.

As she shared with me:

"I know too many people in my community who would not be here today if they had been unable to receive gender affirming care. And for myself, my life wouldn't have been worth living if I couldn't have transitioned. When we are young we are just trying so hard to figure out who we are and what we want from this world, and for many people one of the biggest things we need to discover is our gender."

"For me not being able to transition was so painful that I could not figure out or focus on all the other things a child should be concerned with. So I just turned off my emotions and didn't feel anything for a decade. I still frequently have nightmares that I'm back in high school and at 28 am learning how to feel. But I honestly think I was lucky to just not feel anything, given how many trans kids continue to feel that pain and conclude it's not worth living with. These are the options that blocking kids' care and ability to be a normal high school student leaves them with."

"I beg you to look past your fear and trust children to know how they want to grow. If you don't we will lose those children one way or another."

To all the trans kids here today and those who will hear about this committee hearing, please know that you are not alone. There are a whole lot of us here in this building who understand that one of the most important things we do as elected officials is fight with and for the young people of our state, the young people who deserve to grow up without being bullied by adults in this building. There is a better future out there and we will not stop working until it is here.

Rep. Greta Neubauer
66th Assembly District



WISCONSIN LEGISLATURE

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

To: Assembly Committee on Health, Aging, and Long-Term Care

From: Senator Mark Spreitzer, Senator Tim Carpenter, Representative Greta Neubauer, and Representative Lee Snodgrass

RE: Assembly Bill 465

Date: October 4, 2023

Chair Moses and committee members:

As members of the Wisconsin Legislative LGBTQ+ Caucus, we are submitting written testimony today in opposition to Assembly Bill 465. 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.

Every major medical organization – including the American Medical Association, the American Academy of Pediatrics, the American Counseling Association, the American Nurses Association, the Endocrine Society, the American Academy of Child and Adolescent Psychiatry, the National Association of Social Workers, the American Psychiatric Association, the American Psychological Association, and the World Medical Association – attests that **gender-affirming care is safe, medically necessary, and saves lives.**

Legislators should not interfere in private decisions that belong in the hands of patients, their doctors, and their family. This bill would prevent doctors from providing life-saving, medically necessary care to their patients in Wisconsin by banning gender-affirming medical care, including medications to delay puberty, for transgender and nonbinary Wisconsinites under the age of 18. The bill would even permanently revoke the licenses of doctors who refer their patients to receive medically necessary care outside of Wisconsin.

Assembly Bill 465 would put the physical and mental health of transgender and nonbinary youth in Wisconsin at risk. Medical studies have shown that receiving gender-affirming care leads transgender and nonbinary people to experience significantly lower rates of depression and suicidality, both over the short-term and over their lifetimes. Youth that received puberty blockers and hormone therapy had 60% lower odds of moderate or severe depression and 73% lower odds of suicidality, according to a recent



WISCONSIN LEGISLATURE

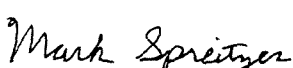



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study published in JAMA Network Open. It is cruel to force transgender youth who have already medically transitioned to discontinue gender-affirming hormones and go through a puberty that is contrary to their gender identity. This bill harms transgender and nonbinary youth by removing their access to critical healthcare that is backed by decades of research and supported by every major medical association representing over 1.3 million doctors in the United States.

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 465 for a vote. If AB 465 comes before you for a vote in this committee or on the Assembly floor, we ask that you vote no. This bill is deeply harmful and dangerous. 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	Tim Carpenter	Greta Neubauer	Lee Snodgrass
State Senator	State Senator	State Representative	State Representative
15th Senate District	3rd Senate District	66th Assembly District	57th Assembly District



Statement from Rep Angie Sapik on AB 465:

As your State Representative and a member of Health, Aging, and Long-Term Care, one of my top priorities will always be to support and protect our children's health. They are the future of our great state and we must ensure that they are nurtured, guided, and provided the necessary tools to navigate their lives safely and healthily.

Children should be shielded from dangerous and fringe policies and procedures that may compromise their well-being or confuse them during a critical point in their development. Bills such as AB 465 serve this purpose as they seek to protect and aid children during this crucial developmental stage of their lives. The first way to prevent these potentially harmful treatments is to prevent the treatment at its core- by prohibiting health care providers from offering these treatments to persons who are under 18.

An adult will have the mental capacity and freedom to arrange procedures and medications to alter their biological form if they choose. Children, whose brains are still developing, are not fully capable of making these kinds of life-altering decisions. It is important to safeguard the time where children develop without hindering that process with medical intervention that will stunt their natural growth progression.

I stand firmly with policies that prioritize the well-being and safety of our children. Supporting AB 465 is one way to ensure that our children are protected from any potentially harmful choices that will permanently affect their natural development. This gives them the freedom of choice in later years to alter their bodies or appreciate their true, biological development as it stands.

Together, let us work tirelessly to provide our children with the guidance and protection they need to thrive and continue to show empathy for those who struggle with their mental health as they mature. It is our duty to champion laws that prioritize overall happiness and well-being of our children and I am proud to support AB 465 as it offers that protection.

Sincerely,

Rep Angie Sapik



Madison Office:
Room 16 West
State Capitol
PO Box 8953
Madison, WI 53708



Rep.Sapik@legis.wisconsin.gov



(608) 237-9173
(888) 534-0073

Thank you chairman and good morning to the members of the committee.

My name is Sierra Thomas and I am here today to speak in opposition to Assembly Bill 465. For as long as I could remember, I knew I was a woman even if my body did not match it. I grew up in a conservative part of Florida and did not have the resources nor vocabulary to help me understand who I was at such a key developmental time in my life. During that time I was constantly questioning who I was, why I was different from the other kids, and even though I knew the answer deep down I ran from the truth and pretended there was nothing going on beneath the surface. As I grew older the self doubt and questioning only intensified until a once confident and extroverted kid became someone filled with self doubt and anxiety. It wasn't until I was 26 years old that I finally came out, and only then was I able to fully comprehend the struggles and suffering I went through hiding from myself for all those years.

I wanted to share my story with you here today in hopes that you'll listen to someone who has experienced the hardships of growing up trans and denying it for their entire childhood. When it comes to the healthcare of the next generation I believe that we should allow families to make healthcare decisions for themselves with the counsel of medical professionals not politicians. The authors of this bill claim to be on the side of protecting children and yet if this bill were to become law it would fly in the face of what many major health organizations such as the American Academy of Pediatrics, and the American Medical Association have said on the topic of gender affirming care for minors.

If you truly mean what you say about protecting children you will pull this bill and end this governmental overreach.

Thank you for your time and I hope you do the right thing.



To: Members, Assembly Committee on Health, Aging, & Long-Term Care
From: Bill Keeton, Vice President & Chief Advocacy Officer, Vivent Health
Matt Pagnotti, State & Local Government Relations Director, Vivent Health
Re: Opposition to Assembly Bill 465

Vivent Health (formerly AIDS Resource Center of Wisconsin) is a 501(c)(3) nonprofit organization serving nearly 5,000 individuals annually across 10 clinic locations statewide. We utilize an integrated model of care to bring together medical, dental, and mental health care; clinical and traditional pharmacy services; food pantry and nutrition services; housing assistance; legal aid; and care management and coordination services for people living with HIV. Vivent Health also provides prevention programs, including Pre-Exposure Prophylaxis (PrEP), testing, and harm reduction services to reduce the transmission of HIV. All the services we provide are available regardless of an individual's insurance status or their ability to pay.

Gender affirming care is based on decades of research and clinical experience. It is safe, evidence-based, and essential to reducing negative long-term outcomes. Reducing access to this care puts individuals' physical and mental health at risk and can lead to lifelong complications. As is the case with all health care, it is deeply personal and decisions should be made in consultation with family members, loved ones and a medical care team.

Numerous studies have proven that denying gender affirming care is deeply harmful. When care is delayed, trans youth and adults are more likely to consider and attempt suicide and experience greater depression and anxiety.^{1,2,3} These serious consequences are further amplified by stigma and harassment toward trans individuals, which often increase in the wake of proposed legislation like AB 465.^{4,5}

The absence of gender affirming care can have a devastating impact on trans people throughout their lives. The distress and trauma caused by being denied necessary care and support often leads to isolation and distrust of any medical provider. Lack of

¹ Green, A.E., DeChants, J.P., Price, M.N., & Davis, C.K. (2021). Association of gender-affirming hormone therapy with depression, thoughts of suicide, and attempted suicide among transgender and non-binary youth. *Journal of Adolescent Health*, 70(2022), 643-649. <https://doi.org/10.1016/j.jadohealth.2021.10.036>

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³ Jack L. Turban, Dana King, Jeremi M. Carswell, Alex S. Keuroghlian; Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics* February 2020; 145 (2): e20191725. 10.1542/peds.2019-1725

⁴ Jaclyn MW Hughto and others, 'Negative Transgender-Related Media Messages Are Associated with Adverse Mental Health Outcomes in a Multistate Study of Transgender Adults', *LGBT Health*, 8 1 (2021), 32-41. <https://doi.org/10.1089/lgbt.2020.0279>

⁵ Abreu, R. L., Sostre, J. P., Gonzalez, K. A., Lockett, G. M., Matsuno, E., & Mosley, D. V. (2022). Impact of gender-affirming care bans on transgender and gender diverse youth: Parental figures' perspective. *Journal of Family Psychology*, 36(5), 643-652. <https://doi.org/10.1037/fam0000987>

COLORADO
Denver

ILLINOIS
Chicago

MISSOURI
Kansas City
St. Louis

TEXAS
Austin

WISCONSIN
Appleton
Beloit
Eau Claire
Green Bay
Kenosha
La Crosse
Madison
Milwaukee
Superior
Wausau

an affirming environment can also result in worse long term mental and physical health, a higher likelihood of substance use, and greater internalized stigma.⁶ These outcomes further compound the well-documented disparities in housing, employment, health care, and education due to discrimination against trans communities.⁷ Our organization does not serve youth, but many of our trans patients and clients are still experiencing these and other hardships because they failed to receive the care they needed.

In addition, barriers to gender affirming care worsen HIV-related health disparities. Trans people, especially trans women of color, experience disproportionate HIV rates and are less likely to be retained in HIV care or have achieved viral suppression.⁸ Viral suppression occurs when the level of the virus in a person's blood is too low to be detected through traditional means, and results from effective and consistent HIV treatment. Viral suppression not only leads to healthy immune system function and overall improved wellbeing for people living with HIV, but also results in an inability for that person to transmit HIV to others – a scientifically validated phenomenon known as “Undetectable = Untransmittable.”⁹ Access to gender affirming care is associated with higher long-term viral suppression rates and retention in care for trans people living with HIV.¹⁰

Ultimately, banning gender affirming care for trans youth in Wisconsin is dangerous and misguided. AB 465 is an intrusion into personal medical decisions and will cause significant lifelong harm to kids who just want to be themselves. We strongly urge the committee to reject this bill.

⁶ Jack L. Turban, Dana King, Jason J. Li, and others, ‘Timing of Social Transition for Transgender and Gender Diverse Youth, K-12 Harassment, and Adult Mental Health Outcomes’, *Journal of Adolescent Health*, 2021, S1054139X21002834. <https://doi.org/10.1016/j.jadohealth.2021.06.001>

⁷ Glick JL, Lopez A, Pollock M, Theall KP. Housing insecurity and intersecting social determinants of health among transgender people in the USA: A targeted ethnography. *Int J Transgend Health*. 2020 Jul 2;21(3):337-349. doi: 10.1080/26895269.2020.1780661. PMID: 34993513; PMCID: PMC8726680.

⁸ Klein PW, Psihopaidas D, Xavier J, Cohen SM (2020) HIV-related outcome disparities between transgender women living with HIV and cisgender people living with HIV served by the Health Resources and Services Administration's Ryan White HIV/AIDS Program: A retrospective study. *PLOS Medicine* 17(5): e1003125. <https://doi.org/10.1371/journal.pmed.1003125>.

⁹ RW Eisinger, CW Dieffenbach, AS Fauci. HIV viral load and transmissibility of HIV infection: undetectable equals untransmittable. *Journal of the American Medical Association* DOI: 10.1001/jama.2018.21167 (2019).

¹⁰ Nathan A Summers, Trang T Huynh, Ruth C Dunn, Sara L Cross, Christian J Fuchs, Effects of Gender-Affirming Hormone Therapy on Progression Along the HIV Care Continuum in Transgender Women, *Open Forum Infectious Diseases*, Volume 8, Issue 9, September 2021, ofab404, <https://doi.org/10.1093/ofid/ofab404>.



RE: AB 465

Thank you Mr. Chair and members of the committee. My name is Jeff Weigand and I am a Dane County Board Supervisor Representing the 20th district.

I'm here today to speak in favor of AB 465 and I want to share a slightly unique take on this issue. You will undoubtedly hear all kinds of good reasons why you should pass this legislation. Before I add to that long list, let me give you some background.

On June 15th by a vote of 25 – 1 the Dane County Board passed Resolution 074 which declared Dane County a sanctuary for trans and nonbinary individuals. I was the only supervisor to vote no. This resolution includes becoming a sanctuary for adults and children alike. The resolution urged the Sheriff to not enforce WI laws protecting children from harmful surgeries and hormone blockers and encouraged all Dane County government entities, including school boards, to support "gender affirming care".

What Dane County did is exactly why you need to pass this legislation. This is an issue of statewide importance and we need to protect our kids. You might say, well kids in my part of the state aren't subject to these pressures or allowed to make life altering decisions about their bodies. The problem becomes places like Dane County. Dane County is signaling to vulnerable, confused kids that they can come to Dane County and they can make decisions about their body that they will never be able to undo. If you don't address this at the state level we will continue to have local units of government like Dane County that are actively pushing dangerous and harmful ideas on young vulnerable minds.

Thank you for listening to my testimony.

Sincerely,

Jeff Weigand
Dane County Board
20th District



WISCONSIN COALITION AGAINST SEXUAL ASSAULT

Testimony

To: Members of the Assembly Committee on Health, Aging and Long-Term Care
From: Wisconsin Coalition Against Sexual Assault (WCASA)
Date: October 4, 2023
Re: Assembly Bill 465
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 465 not only represents one of the most extreme political attacks on transgender people in recent memory, but it also runs 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. This legislation sends the exact opposite message as it aims to take away the choices of transgender youth and 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 465 not only displays a fundamental lack of understanding about transgender children, but it also bans best practice medical care that is backed by leading authorities like the American Medical Association and the American Academy of Pediatrics. Denying access to this best practice medical care to transgender youth can be life threatening. Research show 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

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>

AB 465 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 take away 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's contrary to public health and wellbeing. AB 465 opens the door to even more obstacles to people accessing the health care they already need and often struggle to access. We don't need politicians making it harder for kids who are transgender by denying them access to best practice medical care and singling them out for increased bullying and harassment.

For the reasons stated above, WCASA opposes AB 465, 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.

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.



Wisconsin Chapter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Wisconsin Medical Society



Kids deserve the best.



UWHealth

October 4, 2023

Chair Moses and Members of the Assembly Committee on Health, Aging & Long-Term Care,

As hospitals, health systems and medical professional organizations serving patients throughout Wisconsin, we are trusted providers who deliver high quality health care to Wisconsinites from all corners of the state. Our patients and their families trust us with the most sensitive and complex medical conditions, including patients and their families seeking gender affirming health care services. **We are united in our opposition to AB 465** which would prohibit the delivery of certain gender affirming health care services to minors. We are supportive of constructive dialogue about how to best care for gender diverse youth, grounded in accepted clinical standards of care, respect and compassion. We oppose legislation that would eliminate patient and family access to aspects of gender affirming care and services. We also oppose the punitive nature of the bill that creates a process for licensing board review and calls for punishment of a health care provider by revoking such person's license to practice or prescribe medication if found to be in violation.

Why do we oppose this bill? Removing the ability for youth and their families to access this affirming care in Wisconsin will negatively impact these young people's well-being. We offer this care because our patients, their parents and guardians have come to us asking for this care. Across our health systems, this care delivery has some of the highest patient and family satisfaction rates. We stand with our patients and their families who seek individualized gender affirming health care services and our trusted providers and care teams who provide this care. We also support the clinical guidelines that inform this care.

We believe everyone, including LGBTQ+ kids and families, should be treated by their health care providers with respect, dignity and support. Based on our firsthand experience caring for patients, including working with their parents and caregivers, we know they do not come to the decision lightly to seek this care. We are committed to caring for transgender and gender diverse kids, teens and adults and supporting our clinics, programs and health care providers that provide such care.

Health care experts are best positioned, by education and experience, to determine with our patients and their families what care is most appropriate for them given each patient's unique needs. Wisconsin state government empowers the numerous health care professional regulatory boards to determine whether care provided in a particular case meets the standard of care, and to take appropriate disciplinary action if warranted. AB 465 undermines this system in two ways, first by eliminating an entire area of health care that may be in the

patient's best interests, and then preventing those regulatory boards from exercising their responsibilities to oversee their license-holders. Private health care decisions are best made among caregivers and their patients and should be free from government micromanagement.

Below, we provide a brief overview of clinical services, standards of care, individualized care plans and the consent process.

Clinical services and standards of care: The health care providers at gender affirming health clinics and programs include a variety of specialists in order to provide the care needed by patients and their families. Patients who participate in gender health programs have the opportunity to be seen by psychologists and other mental health therapists, endocrinologists, adolescent medicine specialists, advanced practice providers, speech pathologists and social workers. Treatment for patients seeking gender affirming care is provided in accordance with nationally and internationally recognized clinical guidelines, endorsed by major professional health organizations and established hospital practices. Every major U.S medical and mental health organization, including the [American Medical Association](https://www.ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictions-transgender-medical-care)¹, [American Academy of Pediatrics](https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for)², [American Academy of Child and Adolescent Psychiatry](https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx)³, [American Psychological Association](https://www.apa.org/topics/lgbtq/division-54-statement-gender-affirmative-care.pdf)⁴ and the [American College of Obstetricians and Gynecologists](https://www.acog.org/-/media/project/acog/acogorg/files/advocacy/policy-priorities/trans-care-adolescents-issue-brief.pdf)⁵, support access to gender-affirming support and care for transgender young people and adults. Expert medical [standards of care](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423)⁶ on the provision of gender-affirming healthcare and mental health services have been continuously maintained and updated. Research shows evidence that people who have access to the care they need see a positive impact on their mental and physical health including a 2022 peer-reviewed [study](https://www.thetrevorproject.org/research-briefs/acceptance-from-adults-is-associated-with-lower-rates-of-suicide-attempts-among-lgbtq-young-people-sep-2023/)⁷ that found receipt of gender-affirming care among young people aged 13 to 20 was associated with 60% lower odds of depression and 73% lower odds of suicidality over a 12-month follow-up.

Gender dysphoria, if left untreated, can result in severe distress, depression and suicide. Research from the Trevor Project concluded that, "LGBTQ young people are more likely to report mental health concerns, such as depression, anxiety, and suicidality, in comparison to their straight and cisgender peers (Johns et al., 2019; Johns et al., 2020). It is well-documented that receiving LGBTQ identity-related support and acceptance from others may help protect against the development of these mental health concerns, with prior research from The Trevor Project showing that sexual orientation and gender identity acceptance from an adult is related to lower rates of suicide attempts among LGBTQ young people (Green, Price-Feeney, & Dorison, 2021; Price & Green, 2023; The Trevor Project, 2019)."⁸

¹ American Medical Association: <https://www.ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictions-transgender-medical-care>

² American Academy of Pediatrics: <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for>

³ American Academy of Child and Adolescent Psychiatry: https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx

⁴ American Psychological Association: <https://www.apa.org/topics/lgbtq/division-54-statement-gender-affirmative-care.pdf>

⁵ American College of Obstetricians and Gynecologists: <https://www.acog.org/-/media/project/acog/acogorg/files/advocacy/policy-priorities/trans-care-adolescents-issue-brief.pdf>

⁶ World Professional Association for Transgender Health: <https://www.wpath.org/publications/soc>

⁷ Journal of the American Medical Association: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423>

⁸ The Trevor Project. (2023). Acceptance from adults is associated with lower rates of suicide attempts among LGBTQ young people: <https://www.thetrevorproject.org/research-briefs/acceptance-from-adults-is-associated-with-lower-rates-of-suicide-attempts-among-lgbtq-young-people-sep-2023/>

Individualized care plans: Gender affirming health care is deliberate, thoughtful and highly individualized and requires a diagnosis of gender dysphoria, a DSM-5 diagnosis that is defined by the American Psychiatric Association as “psychological distress that results from an incongruence between one’s sex assigned at birth and one’s gender identity.” An individual’s journey to seek the care that is right for such patient who is under the age of 18 requires parental or guardian consent before treatment can begin. It is a journey that requires informed and thoughtful deliberation at each step in the process. Individualized treatment plans are developed through collaborative discussions among patients, their families and medical professionals.

For patients who request care and support around gender development and identity, teams provide ongoing care to support the child and family’s well-being throughout their individual course of care. The most common care plans include ongoing psychological, emotional or social support. A pediatric health psychologist will meet with the family to gather health information related to their mental health and gender identity development. The psychologist may also discuss family, school and social life. Health care providers may ask to communicate with the patient’s existing therapist or help connect the patient with one.

For some patients, a plan of care could include a number of therapy sessions and consideration of family and community support with a patient’s choice to socially transition with changes to outward appearance like clothing and hairstyle. Some patients may choose, in consultation with their care team and consent of parents/guardians, to proceed with pausing puberty by taking a puberty delaying medication. Puberty delaying medications are used for a short period of time and are known to reduce the risk of suicide and depression in this population. The effects are largely reversible. One next step could be deciding not to proceed with any further medical intervention and allowing the return of the onset of puberty. Another step may include eventually proceeding to hormone therapies which help align the body with the patient’s gender identity. For a very small number of patients, proceeding with a surgical intervention to better match their gender identity may be their next step. Surgical interventions do not include any genital surgeries for minors. Every patient is unique so the care each patient receives is tailored to that individual.

Consent: For patients under 18, gender affirming care can only proceed with parent/guardian consent. During the process of obtaining consent, patients, parents or legal guardians are informed of the potential risks and benefits of the proposed treatment and reasonable alternative therapies so they can weigh them and decide with the patient whether to pursue treatment.

Lastly, what is happening in several European countries with respect to gender affirming care has been raised. No European country has banned access to gender affirming health care for minors. Like most of the European providers we also follow an individual centered and holistic approach to care whereby no patients are being prescribed puberty delaying drugs or hormone therapies as a first-line treatment.

Together, we urge you to oppose this legislation that would restrict access to gender affirming care that is safe, effective and medically necessary and to allow patients and families to continue making these important health care decisions for themselves.



PARTNERS FOR ETHICAL CARE

Testimony in Favor

Submitted by Jeannette Cooper
on behalf of
Partners for Ethical Care (not-for-profit)
1658 N. Milwaukee Ave Ste 341, Chicago, IL 60647
partnersforethicalcare.com
support@partnersforethicalcare.com

Honorable Representatives of the Great State of Wisconsin:

My name is Jeannette Cooper, and I am here to state my support of AB465 on behalf of Partners for Ethical Care, a secular, non-partisan, all-volunteer, nonprofit organization.

Parents are asked:

“Would you rather have a living son, or a dead daughter?”

It is the greatest fear of every parent, to outlive her own child. It makes sense for a parent to choose physically harmful interventions when they are faced with that choice from unethical and misinformed healthcare providers. It makes sense for a mother to choose a sterile, de-sexed child over a dead child. It makes sense for a parent to consent to the removal of healthy breasts rather than the removal of her daughter's body from the morgue. It makes sense when a parent is surrounded by people repeating the mantra of “life-saving care.” The fear is immense and nearly unbearable.

But this is the suicide myth, which assumes only two options: transition or suicide. It is a false dichotomy; there are ALWAYS more than two options, but stopping normal puberty, administering wrong-sex hormones, and removing healthy body parts should NEVER be an option. No doctor should be removing a healthy finger, healthy leg, or healthy breasts from anyone. Gender dysphoria is a psychological problem that deserves ethical psychological care. It is impossible to be born in the wrong body. The mind is part of the body, not separate from it.

I have a trans-grandchild — I am appalled that legislators feel you have the right to interfere in his healthcare — to deny him care that his family + doctors may determine he needs — Where are parents' rights? Where is personal autonomy or privacy? I am also a retired mental health professional — I know that denying trans people the healthcare they need can harm their mental health, can increase anxiety, depression, + suicidality. What is the benefit to doing that? that adds to the struggles that trans people are already dealing with. the claim is that such a bill protects people + children. Why then is every Medical association opposed to these restrictions? I am strongly opposed to Assembly Bill 465.

Marjorie Matthews
701 Lewis Court
Sun Prairie WI 53590
marjoriedancer01@gmail.com

Hello my name is Cameron Landry. I am 16 years old and I am a Transgender boy. I came to speak with you today, to tell you my story. I knew that I was a boy for most of my life. I always wanted to be like my brothers, look like them, act like them, because that's who I felt I identified with. I wanted to play sports with boys, and I knew that was who I was supposed to be. When I first came out to my parents I was 15 years old, that day changed my life. It felt as though a weight was being lifted off of my shoulders. My family loved me and accepted me for who I was, and for that I am forever grateful. I started my transition then and it truly made me happy. When I got my first haircut and had short hair, and when I started to wear boys' clothing. I was able to look into the mirror and no longer see the person I was supposed to be, but the boy I was.

When I started hormone therapy, I actually couldn't believe that something could make me so happy. I had wanted this so badly because gender dysphoria is real, and it is something that I experienced a lot. I didn't feel right in my body. I wanted a deeper voice, I wanted to see on the outside what I felt on the inside. Hormone therapy is something that is medically needed for a lot of transgender youth; it saves lives every day. It saved mine; it was my light in a field of darkness around me. It gave me a reason to keep going. Trans youth are five times more likely to attempt suicide than cisgender kids. Those numbers are scary. If you take away Trans kids' choice to transition then you're taking away kids' lives. You say you want what is best for the children, but if you really wanted what was best for us, then you would not make it more likely for kids to commit suicide by taking away their right to be themselves. You would have our blood on your hands. The decision to medically transition should be between me, my family and my doctor, not in the hands of politicians. I am not hurting you by being myself and by wanting to take actions so that I can be the boy I am, the boy I have been my whole life. I am not hurting you or anyone else; I am just trying to live. I am just trying to be myself.

I am not trying to be a statement; I am just trying to be a normal teenage boy. I am not trying to focus on who is going to take away my rights, who will make my life so much harder than it should be. I am trying to focus on when my next class assignment is due, when my next cross country meet is, and who I will be hanging out with this weekend. I am not trying to be a problem, I'm just trying to be a teen. If you vote yes to this bill you vote yes to taking away a child's right to be themselves. We are just children; we are not trying to cause issues but to merely live our lives, in this big wide world. Without hormones I don't know if I would be here today. They saved my life and they have saved many other trans kids' lives. Please don't take our lives away from us. We are just trying to be ourselves. Thank you!



AMERICAN CIVIL LIBERTIES UNION

Wisconsin

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October 4, 2023

Chair Moses, Vice-Chair Rozar, and Honorable Members of the Assembly Committee on Health, Aging, and Long-Term Care:

My name is Dr. Sheri Swokowski, and I am a Board Member of the American Civil Liberties Union of Wisconsin. The ACLU of Wisconsin is a non-partisan, non-profit organization working to protect civil liberties—including freedom of speech and the right to equal protection under the law.

I'm writing in opposition to Assembly Bill 465, which would ban access to life-saving gender-affirming care for young people, a topic that I am intimately familiar with. My Ph.D. dissertation research involved identifying the barriers to care transgender service members encounter, and for full transparency, I am a retired Army infantry Colonel with 35 years of service and the highest ranking, out, transgender veteran in the United States.

It's important to recognize that transgender people make up a tiny fraction of the population, and many know they are trans at an early age—I often compare it to someone knowing they're left-handed. Each person's journey is different; gender-affirming care for some may mean providing social and emotional support, using a young person's correct name and pronouns, and supporting them presenting in a way that is consistent with their gender identity. Some transgender youth need medical care to be able to live and thrive as their authentic selves.

Ultimately, gender-affirming care saves lives. Puberty blockers and hormone therapy have been used to treat gender dysphoria for decades, and are firmly grounded in science and the standards of care. Every major expert medical association recognizes that gender-affirming care for transgender youth may be medically appropriate and necessary to improve the physical and mental health of transgender people, including the World Professional Association for Transgender Health, the American Academy of Pediatrics, the American Medical Association, the American College of Obstetricians and Gynecologists, the Endocrine Society, the American Urological Association, the American Society for Reproductive Medicine, the American College of Physicians, the American Association of Clinical Endocrinology, the American Psychiatric Association, and the American Psychological Association.

It's also important to note that trans people seldom "change their minds." For youth, between 96 and 98% go on to continue transitioning as adults. Studies have shown that access to puberty blockers during adolescence is associated with lower odds of transgender adults considering self-harm; this medication is also reversible – if the medication is stopped, puberty will progress.

I've testified before committees in this legislature on several occasions, including testifying in opposition to a bathroom bill sponsored by Rep. Jesse Kremer during the 2015-16 legislative session. I recall comments from committee members that made clear they did not understand even the basics about gender dysphoria and the lived experiences of transgender people. Unfortunately, introduction of bills like AB-465 proves that not much has changed in eight years.

It is wholly inappropriate for legislators, motivated by political ideology, to intervene in the health care of a child. Transgender young people, their parents, and their doctors are in the best position to decide the appropriate course of medical treatment for each minor patient.

I urge committee members to vote against this harmful legislation.

NASW WI STATEMENT IN OPPOSITION TO 2023 ASSEMBLY BILL 465 BEFORE THE ASSEMBLY COMMITTEE ON HEALTH, AGING, AND LONG-TERM CARE ON OCTOBER 4, 2023

Chairperson Moses and members of the Assembly Committee on Health, Aging and Long-Term Care.

My name is Marc Herstand. I am a Certified Independent Social Worker and have served as the Executive Director of the National Association of Social Workers, Wisconsin Chapter for 31 years.

I appreciate the opportunity to speak in opposition to AB 465, which would deny gender affirming care to transgender youth.

Most legislators are aware that we have a mental health, substance abuse and suicide crisis in our state and a shortage of providers that can address these issues.. These challenges were tremendously exacerbated by the Covid-19 pandemic. The Wisconsin State Legislature has taken some limited steps to address these issues. I am hoping they will greatly increase their work in this area. Unfortunately this legislation is a huge step backward in dealing with mental health issues for our trans youth.

It is indisputable that Trans Gay and Non-Binary (TGNB) adolescents and adults experience an increase in anxiety and depression as well as suicidal ideation, at a much higher rate than their cisgender peers. According to The Trevor Project's 2020 National Survey on LGBTQ Youth Mental Health, 54 percent of young people who identified as transgender or nonbinary reported having seriously considered suicide in the last year, and 29 percent have made an attempt to end their lives. In contrast, numerous research studies have found that gender-affirming care leads to improved mental health among TGNB youth.¹

These bills understandably are perceived by our trans youth and their families as an attack on their personhood, which has a negative impact on the mental health of many of our trans youth.

Gender-affirming care for youth affirms diversity in gender identity and assists individuals in defining, exploring, and actualizing their gender identity, without judgment. All youth do not simply undergo medical transitions. Supporting gender-affirming care focuses on educating individuals about gender identity (appropriate to age and developmental level), supporting parents and families, and gender affirming medical interventions. In addition, gender affirming care significantly decreases depression and anxiety rates by helping with trans specific issues like gender dysphoria (which refers to the sense of unease or insecurity one may have because of a mismatch between their biological sex and their gender identity).²

Despite the overwhelming evidence of the benefits of gender-affirming care, there is a tremendous amount of misinformation and fear spread about this issue. For instance, in regard to claims that these types of legislation prevent "transitioning regret," in a review of 27 studies involving almost 8,000 teens and adults who had transgender surgeries, mostly in Europe, the U.S and Canada, 1% on average expressed regret.³ This kind of legislation does not protect children but only isolates and stigmatizes trans youth, a population already at risk to severe depression, anxiety, and suicide.

• Puberty blockers, a best practice medical care for transgender youth, simply delays puberty until young people are old enough to make their own decisions about their lived gender. These bills aim to take away choices from our trans adolescents and prevent them from having the chance to live as the gender they know they are. • Denying best

practice medical care and support to transgender youth can be life-threatening. It has been shown to contribute to depression, social isolation, self-hatred, risk of self-harm and suicidal behavior, and more. Research shows that transgender youth whose families support their gender identity have a 52% decrease in suicidal thoughts, a 46% decrease in suicide attempts, and significant increases in self-esteem and general health.⁴⁴ Transgender children, like any children, have the best chance to thrive when they are supported and can get the health care they need. These bills would take that away from transgender youth. • Ultimately, medical decisions are best left to patients, their families, and their healthcare providers, in accordance with medical best practices. Politicians shouldn't interfere in these decisions.

I also want to mention that decisions on gender affirming care are made jointly with the adolescent, their parent(s) and the doctor. The State of Wisconsin should not be interfering with the work of our medical professionals nor of the rights of parents and their children to make decisions on medical care.

In conclusion I am asking the Assembly Committee on Health, Aging, and Long-Term Care to drop this extremely hurtful piece of legislation.

Marc Herstand, MSW CISW
Executive Director
National Association of Social Workers, Wisconsin Chapter

1. <https://www.thetrevorproject.org/wp-content/uploads/2020/07/The-Trevor-Project-National-Survey-Results-2020.pdf>
2. <https://pubmed.ncbi.nlm.nih.gov/29463477/>
3. <https://apnews.com/article/transgender-treatment-regret-detransition-371e927ec6e7a24cd9c77b5371c6ba2b#:~:text=Some%20studies%20suggest%20that%20rates,1%25%20on%20average%20expressed%20regret>
4. Caitlin Ryan, Stephen Russell, David Huebner, Rafael Diaz, & Jorge Sanchez. 2010. "Family Acceptance in Adolescence and the Health of LGBT Young Adults." Journal of Child and Adolescent Psychiatric Nursing 23(4): 205-213. Comparing youth in high-acceptance families to low-acceptance families



Wisconsin Family Action

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**TESTIMONY ON ASSEMBLY BILL 465
COMMITTEE ON HEALTH, AGING AND LONG-TERM CARE
WEDNESDAY, OCTOBER 4, 2023
JACK HOOGENDYK, LEGISLATIVE AND POLICY DIRECTOR
WISCONSIN FAMILY ACTION**

Thank you, Chairman Moses and committee members, for the opportunity to testify regarding Assembly Bill 465. I am Jack Hoogendyk, Legislative and Policy Director for Wisconsin Family Action. Wisconsin Family Action supports Assembly Bill 465.

This bill, which has been called the Help Not Harm bill, will help children struggling to embrace their biological sex by protecting them from harmful drugs and surgery. We need to protect minors from making decisions they may regret later, especially decisions with permanent life-long impact. That is what this bill affirms.

Allowing doctors to give developing youth puberty blockers, cross-sex hormones, and even perform surgeries violates the first duty of medicine: do no harm. Cross-sex hormones and puberty blockers and so-called “transgender surgery” come with significant risk for long-term, irreversible harm to minors. According to the World Professional Association for Transgender Health, risks for biological females using puberty blockers include, irreversible infertility, severe liver dysfunction, coronary artery disease including heart attacks, hypertension and more. The cross-sex hormone risks for biological males include irreversible infertility, blood clots, coronary artery disease including heart attacks, and Type 2 diabetes.

A small but growing number of children struggle to embrace their biological sex, instead feeling that they were born in the wrong body and “are” the opposite sex. The majority of these children will come to reconcile with their biological sex. For those who are especially struggling or who suffer from related mental illnesses, talk therapy and other standard mental health interventions may be appropriate. However, in recent years, politicized medical organizations have pushed referring children for invasive, harmful forms of so-called “treatment” that can include off-label use of puberty blockers, administration of cross-sex hormones above naturally occurring levels, and even – sometimes – surgery. The pressure is so great that in many states, medical professionals are legally barred from offering helpful talk therapy to children for this issue.

Children have so much to learn and are naturally incapable of making many important decisions in their early years. They are not allowed to get a tattoo, buy cough syrup over-the-counter, gamble, drink alcohol, purchase cigarettes, or consent to most medical treatments. They cannot go to certain movies or vote until they are 18 years old. There is something children need to learn as they grow; it’s called wisdom. This is gained not only from experience but also from the development of their brain which can take until they are well into their 20s when they begin to associate cause and effect.

Significantly, we know 80 to 90 percent of children outgrow gender dysphoria if untreated – so in many cases, for the dysphoria itself, good parenting and “watchful waiting” is all that is required. Given this reality, drastic and harmful interventions with lifelong physical and psychological consequences are even more concerning.

Mr. Chairman, surgery and drugs won’t heal a hurting heart. In fact, suicide rates are higher in adolescents who transition. In one Swedish study, as Dr. Ryan Anderson points out in a paper he wrote three years ago,

“[10] to 15 years after surgical reassignment, the suicide rate of those who had undergone sex-reassignment surgery rose to 20 times that of comparable peers.”¹

Twenty other states have already passed similar laws, recognizing that the duty of medical personnel when it comes to young people struggling with gender confusion is to truly help them, not hurt them.

Let’s protect children from making a life-altering decision before they have the wisdom to know what is best. Wisconsin Family Action urges the passage of AB 465. Thank you.

¹ [“Transitioning” Procedures Don’t Help Mental Health, Largest Dataset Shows | The Heritage Foundation](#)



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October 3, 2023

The Hon. Clint P. Moses
Chair
Assembly Committee on Health, Aging, and Long Term Care
Room 12 West
State Capitol
P.O. Box 8953
Madison, WI 53708

Re: Opposition to A.B. 465

Dear Chair Moses and Members of the Assembly Committee on Health, Aging, and Long Term Care:

My name is Kat Grant, Equal Justice Works Fellow with the FFRF Action Fund. FFRF AF is an affiliate of the Freedom From Religion Foundation, a national nonprofit based here in Madison, with more than 1,700 members in Wisconsin. We work to ensure that our laws remain secular in order to protect the constitutional separation between state and church. My fellowship project focuses specifically on the intersection between the separation of church and state and LGBTQIA+ Rights.

I am here today to strongly urge you to not advance A.B. 465 out of committee. A.B. 465 is an attempt to perpetuate unscientific, religiously based views about "biological sex," and removes the right of parents and doctors to do what they think is best for children. Rather than respecting patient autonomy and physician expertise, this bill relies on sweeping and incorrect generalizations to forbid an entire area of medical practice.

Rather than relying on the increasing body of scientific evidence that suggests that the benefits of gender affirming care significantly outweigh the risks, this bill is clearly motivated by an animus against transgender people.

The text of A.B. 465 reads almost identically to the many other gender affirming care bans that have been introduced throughout the country in recent years. It is well documented that this legislation is being drafted and pushed by Christian nationalist organizations, such as the Alliance Defending Freedom and

Liberty Counsel.¹ In Arkansas, an extremely similar law to A.B. 465 was struck down in June of this year. The state's expert witnesses in that case, who were recruited by the Alliance Defending Freedom, were almost all totally discredited on the basis that they "were testifying more from a religious doctrinal standpoint rather than that required of experts."²

This law is completely contrary to the standard of care outlined by the American Medical Association,³ the American Psychological Association,⁴ the American Psychiatric Association,⁵ the American Academy of Pediatrics,⁶ the Endocrine Society,⁷ and many other reputable medical associations. These recommendations are the result of decades of scientific research that show that gender-affirming care for both youth and adults is life-saving medical care. Lack of gender affirmation and the resulting gender dysphoria can lead to depression, anxiety, suicidality, substance use disorders, and increased risk of sexually transmitted disease.⁸ There is also emerging evidence that suggests that the introduction of anti-transgender legislation may be linked to an increase in suicidal thoughts and actions amongst a state's transgender residents.⁹ The odds that this bill will lead to the deaths of some transgender youth in Wisconsin are incredibly high.

¹ Madison Pauly, *Inside the Secret Working Group that Helped Push Anti-Trans Bills Across the Country*, Mother Jones, March 8, 2023, available at: <https://www.motherjones.com/politics/2023/03/anti-trans-transgender-health-care-ban-legislation-bill-minors-children-lgbtq/>.

² *Brandt v. Rutledge*, 4:21CV00450-JM at 59 (E.D. Ark. June 2023) available at: <https://npr.brightspotcdn.com/39/60/c0ca02924b6cb8443da60f6c1ce3/ruling.pdf>.

³ *AMA to states: Stop interfering in health care of transgender children*, American Medical Association, April 2021, available at: <https://www.ama-assn.org/press-center/press-releases/ama-states-stop-interfering-health-care-transgender-children>.

⁴ *Guidelines for Psychological Practice With Transgender and Gender Nonconforming People*, American Psychological Association, Dec. 2015, available at: <https://www.apa.org/practice/guidelines/transgender.pdf>.

⁵ *Position Statement on Treatment of Transgender (Trans) and Gender Diverse Youth*, American Psychiatric Association, July 2020, available at: <https://www.psychiatry.org/getattachment/8665a2f2-0b73-4477-8f60-79015ba9f815/Position-Treatment-of-Transgender-Gender-Diverse-Youth.pdf>.

⁶ Jason Rafferty et. al., *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, American Academy of Pediatrics, Oct. 2018 (reaffirmed Aug. 2023), available at <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected>.

⁷ *Transgender and Gender Diverse Children and Adolescents*, The Endocrine Society, Jan. 2022, available at: <https://www.endocrine.org/patient-engagement/endocrine-library/transgender-and-gender-diverse-children-and-adolescents>.

⁸ Michelle M. Johns et. al., *Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students - 19 States and Large Urban School Districts, 2017*, 68 *Morbidity & Mortality Wkly Rep.* 67-7 (2019).

⁹ George Cunningham, *Anti-transgender rights legislation and internet searches pertaining to depression and suicide*, 17 *PLoS One* 12, Dec. 2022, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9778603/>.

As lawmakers you have a constitutional obligation to put yourself above any particular religious ideology and make decisions based on reason, science, and fact. The evidence is clear that this bill will seriously and irreversibly harm Wisconsin youth. It is for all of these reasons that this A.B. 465 must not proceed out of committee.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Kat D. Grant", with a stylized flourish at the end.

Kat D. Grant

*Equal Justice Works Fellow (sponsored by the Wm. Collins Kohler Foundation)
FFRF Action Fund*

Testimony of Alexander Savage

Before the Wisconsin Assembly, Committee on Health, Aging and Long-Term Care

Opposition to Assembly Bill 465 — October 4, 2023

Thank you for the opportunity to testify today. I would like to introduce myself, as I am sure none of you know me. I am not a lobbyist or elected official, I am an ordinary, middle-class Wisconsin father. I walk my kids to school every day before working a full-time job, earning for my family and paying my taxes.

I am here today, away from my work, because the bill before us today terrifies me. It fills me with terror. This bill tells me that the authors and sponsors think they know better than kids, or parents, or their nurses and doctors, what kinds of support will best help a child when he, she, or they encounter one of the most fundamental questions of self discovery: who am I?

The text of the bill claims to answer a big part of that question for us. It would amend Chapter 146 of the Wisconsin Statutes, "Miscellaneous Health Provisions," with a new section 36, subsection 1, paragraph a, defining "the biological state of being female or male based on sex organs, chromosomes, and endogenous hormone profiles."

I am terrified imagining the pain my children will suffer if they begin to answer "Who am I?" for themselves, discover their bodies aren't going to meet them there, but reach out for help only to hear: "I'm sorry, but the State of Wisconsin says your sex organs are right, and you therefore are wrong."

There are plenty of technicalities to pick this bill apart on, but its soul is what's rotten. It is rooted in a fear of transgender people, at all ages. This bill especially inflicts pain on children and families as a means to the end of inflicting pain on every person in Wisconsin who has had any other life experience besides being a cisgendered female or male.

Please recognize that we can be better than this. Challenge yourselves to see the fear that's inside of you, and deal with that fear as a personal matter—not as the legislated policy of the State of Wisconsin. Thank you.



Alexander Savage
Madison, Wisconsin

To: Assembly Committee on Health, Aging and Long-Term Care

From: Rev. Tim Schaefer
Pastor, First Baptist Church of Madison

Re: Assembly Bill 465

Date: October 4, 2023

Chair Moses and members of the committee, I come to you today as a faith leader, urging you to oppose AB 465.

My faith values, and the values of my congregation, are deeply rooted in our sacred scriptures. One of the tenets of our faith that we strive to practice every day is love of neighbor. Loving our neighbors means many things. It means honoring every person's dignity and personhood, recognizing that we are all made in the image of Divine. It means standing up for the rights of all people, especially the vulnerable, marginalized, and oppressed. It means providing comfort to those who have been harmed and are hurting.

AB 465 does none of those things. In fact, it seeks to do just the opposite. Transgender and nonbinary children are among the most vulnerable, marginalized, and oppressed members of our society. Transgender youth face much higher rates of bullying, depression, and suicidal ideation than their cisgender peers. Please don't compound that trauma by taking away their ability to seek medical interventions that have been deemed safe and beneficial by every major medical organization.

Additionally, this bill seeks to strip people of their freedoms. It takes away the bodily autonomy of transgender and nonbinary children, and it takes away the rights of parents to make medical decisions for their children, in consultation with medical professionals. As a person of faith, I deeply value the right of each person to exercise their God-given free will and become the person they were created to be. This bill is an attack on such freedoms.

Our children deserve to be protected, and this bill, if passed, would instead do irreparable harm. For the protection of our transgender and nonbinary children, I urge you to oppose AB 465.

Sincerely,

Rev. Tim Schaefer

To the Members of the Assembly Committee on Health, Aging and Long-Term Care:

My name is Tessa Jade Price, and I am a trans woman who works with Trans Advocacy Madison. We organize folks around Madison and all over Wisconsin to advocate for trans people.

This is a unique time for our community. For years now, there has been a massive smear campaign on outlets like Fox News who have platformed violent bigots, and smeared people like myself - once literally a video of me at the Wisconsin State Capitol - as evil.

This bill seeks to ban life-saving gender-affirming care for trans youth. Gender-affirming care saved my life. The fact that kids have more options for their health care brings joy to my heart because I know it will no doubt save countless lives. Removing that care, against the wishes of patients, their families, and their doctors is cruel and will result in dead trans kids.

Trans lives are being used as wedge issues in a political game. This bill is a doomed attempt to win elections. You will not win elections by hurting innocent children. You will not defeat the queers by hurting innocent children.

Queer and trans kids come to our group and tell us they are routinely abused in schools. They are called slurs like "faggot," "dyke," or "tranny" just like when I was as a kid. These kids just want to be themselves and all they get in return is vitriol. They are being used as scapegoats for problems they have nothing to do with.

I will not mince words - there is a global genocide under way of trans people starting at our youth, aiming to wipe us out entirely. The proposed ban on life-saving gender-affirming care is the next big step in that goal. Let me warn you - you cannot wipe us out. You cannot kill all the trans people.

Genocide is doomed to fail. Obvious bigotry and cruelty will not win you elections. If you are a Republican, you might be shocked to hear the average voter in rural Wisconsin isn't quaking in their boots about trans kids. If you are a Democrat, there is no compromise on our lives. Either way we will organize against you with our lives. This is war. This so-called culture war is a war on our lives. We will defeat you. What side of history do you want to be on?

Whatever you choose to do here and going forward about this life-saving gender-affirming care ban - we will track and we will share. Every voter in Wisconsin will know how you voted on hurting innocent trans children. And I should warn you - they are much more popular than politicians.

My name is Joe Scarry. I am a resident of Madison. I am 64 years old, the father of three and grandfather of five.

I oppose the proposed legislation that would limit Wisconsin residents' access to medical care related to gender. (AB 465 – before the - Committee on Health, Aging and Long-Term Care)

As a parent and grandparent, I want the fullest possible access to medical and other professionals any time I'm helping a child or grandchild of mine, and I believe that is a value shared by all other parents and grandparents.

I certainly don't want to be blocked from talking with a physician about all possible options, and I can't imagine which of the constituents of the sponsors of this bill will think they are being helped by being constrained in this way.

I can only conclude that the bill's sponsors don't trust parents, and think that the legislature needs to interfere with how parents strive to help their own children.

Of particular concern is the proposed bill's impact on what I consider to be the central problem of parenting – and which I think many other parents would also recognize as the heart of the matter: When my kid is having difficulties, will they come to me and talk about it? Will they trust me to listen, to seek to understand, to be an advocate for them in exploring all the possible solutions, to arrive at the best life for them? Or will they despair that there's nothing I can do to help them and so freeze me out of the situation?

I urge the legislature to abandon this misguided bill, and instead ask itself what, if anything, it can do to help parents.

Bradyn DeMain
Regarding Assembly Bill 465
10/4/2023

My name is Bradyn DeMain. I am a concerned Madison resident, software engineer, and wife. I also happen to be transgender. I am testifying today against Assembly Bill 465 which seeks to prohibit transgender youth from receiving the life saving care they need.

As someone who has experienced lifelong gender dysphoria, I can confidently say that transitioning saved my life. I am 28 now and began my medical transition at 26, but I knew who I was long before that. As young as the age of 5, I had feelings that my gender identity and physical body were misaligned. This came to a head during puberty when the changes happening to my body caused me to spiral into a deep depression. I ultimately had to decide if I embrace my truth and tell someone what I am feeling, or if I should burry it deep and try to build the best with how I was born.

I opted to burry the feelings. Being almost 15 years ago now, trans representation was not what it is today, and I thought I would be sacrificing my chance at a happy life if I opted to take that path. I thought if I were to embrace my truth, I would have to give up my chance at fulfilling career and having family. I instead trudged forward. Completing my college degree, getting a job, and getting married. I had everything that was supposed to make my life whole. But even after all of it, I was incomplete. I was lying to myself and the world, and at the age of 25, I almost ended my life. Instead, I opted to embrace my truth in part thanks to all of my brave trans siblings who came before me.

I feel the need to testify today because my path represents what AB 465 would force trans youth in Wisconsin to do. Endure years of suffering despite knowing exactly who you are. Being trans does not simply go away, and no amount of success in other areas of life can make up for the pain caused by not being yourself. The positive trans visibility we are seeing today combined with expert medical knowledge and unconditional parental love is exactly what these kids need to thrive, and the government should not be involved.

Additionally, transgender youth and transgender people at large represent such a small portion of our state's population. Moving forward with this bill would only make the lives of those marginalized people and their families harder while doing nothing to address the myriad of other issues this state has. I suggest the legislature spend more time addressing issues that could help millions of Wisconsinites, instead of drafting legislation that overreaches to harm just a few.

I'd like to thank the committee for listening to my story, and strongly urge you to consider blocking this bill.

Testimony in opposition to AB 465

by Chris Lester

04-Oct-2023

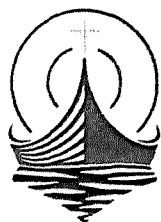
Members of the Assembly, I come before you today in opposition to Bill 465. I oppose this bill as a transgender woman, as a scientist, as a Christian, but most of all, as an American. Because fundamentally this bill is an attack on our freedom as American citizens: The freedom of bodily autonomy.

Bodily autonomy is the most basic right we have, the one that undergirds every other. It says that each individual human being is the final authority on their own person, their own flesh, and what may or may not be done to it, and by whom. The most serious crimes on our books — battery, rape, kidnapping, murder — all are the result of one person impinging on the bodily autonomy of another. This right is so inviolate that even prisoners, who have been stripped of their rights to life and liberty, cannot be experimented upon without their consent. So sacred is this right that it extends even beyond death — for a person's organs cannot be given to another unless they first consented to be a donor. No one else can make that decision for you: not your spouse, not your priest, and not the government.

Yet the authors of this bill would presume to arrogate that power to themselves. They would have us believe that the human body is an instrument of the state, that politicians have a veto on our most sacred rights over our person. They would have you believe that a living human has fewer rights than a corpse. This view is not conservative; it is radically authoritarian. It is, in fact, un-American.

I know that some of you have a hard time understanding why people like me exist. We don't fit neatly into the boxes that you use to make sense of the world. Our existence makes you uncomfortable. You have a right to those feelings, and to express them. But as a Libertarian friend once told me, your right to swing your fists ends at the tip of my nose. It is not your place, or mine, to impose our will upon another human being's body and person. If that human is a child, then their parent or guardian has the responsibility to protect their child from coming to harm, or from harming others, until they are old enough to understand the consequences of their actions and can exercise their will responsibly. Parents of trans children are exercising that responsibility when they help their child to obtain the gender-affirming care they need. The medical community overwhelmingly supports such care, considering it necessary and appropriate for the healthy development of trans children. But contrary to what you may have heard, no doctor is providing this care to children without the approval of a parent or guardian. Anyone who claims otherwise is either ignorant of the facts, or is willfully concealing them.

In conclusion, this bill would give to government a veto over bodily autonomy that has no place in a free society. It is unconstitutional, immoral, and unjust, and I urge you to vote it down. Thank you for your time.



WISCONSIN COUNCIL
OF CHURCHES
COURAGE. JUSTICE. HOLY IMAGINATION.

30 W. Mifflin, Suite 602
Madison, WI 53703

To: Members of the Assembly Committee on Colleges and Universities
From: Rev. Breanna Illéné, Director of Ecumenical Innovation and Justice Initiatives,
Wisconsin Council of Churches
Date: October 4, 2023
Re: Testimony in opposition to Assembly Bill 465

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 AB 365.

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. Denying transgender adolescents access to affirming and life-saving medical care is an act of violence. When marginalized people face violence, stigmas, and discrimination, we further marginalize and dehumanize them.

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 365 on its merits, and we ask this body to do the same.

Thank you for your time.

Good afternoon,

My name is Robyn Schultz. I live in the City of Milwaukee and I would like to speak today on the matter of Assembly Bill 465, a bill that I strongly oppose.

I have been living a transgender experience for my entire life. It was only much later in life that I was able to come to terms with this and come out as the person I am. Looking back, I can hardly believe that I am here to talk about this today. In the conservative religious background I come from, there was no means to establish a vocabulary to put into any kind of context or framework to have the critical conversations that would have spared myself and many close to me countless hours of anguish and pain. As I came to terms with my situation, I found myself in a very different position than the young people that stand to be impacted by this bill.

I am a member of a Union, one that has clearly and proudly asserted support for people like me in and out of the workplace. I am serving my third term as an officer in this Union. I have a career, not a job, affiliated with this Union. I have an education. I have health insurance and savings. I have a supportive wife and family. I have an incredible team of health care practitioners.

With all of these advantages and privileges, gender affirming care continues to be a challenge. I have spent thousands of hours and thousands of dollars moving forward with what has proven to be the absolute best set of actions I have ever taken. None of this happens without many obstacles, barriers and gatekeepers, be they in the workplace or home, in the discussions with health care providers or the constant challenges in the insurance arena. The standards for care of gender dysphoria are rigorous and have been refined over the course of nearly a century.

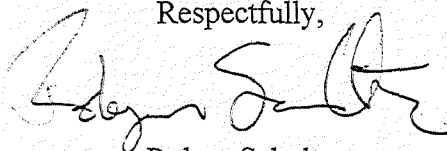
Looking at the allegations that get bandied about against allowing young people to access care such as this, I feel a need to point out that none of this gender affirming care happens without consent of the family, and in concert with the family's medical team. I feel it's important to remind this committee that in order for minors to get piercings or tattoos, parental consent is required. The narratives about hasty decisions and irreversible medical procedures being the norm, let alone anything other than rare and medically necessary exceptions, are patently false. These stories have no place in any serious discussions about the rights of families to address the needs of their own.

Perhaps this ultimately comes down to questions about parental rights or bodily autonomy. Perhaps this comes down to whether we want to allow young people to experience the best lives we can hope for and work together to build with them. Perhaps this comes down to deciding whether allowing the means to address the challenges of gender dysphoria to function is more important than watching our young people suffer. Perhaps it ultimately comes down to choosing whether it's more important to allow people to be and become who they are, or if we want to lose them to the many avenues of destructive behaviours that present as the best options when they are compelled to live lies.

I am here before you to ask that you discontinue the efforts to dismantle an important mechanism of support for a small percentage of the young people in our State. This ill-conceived assault on what has proven track record of being the means for countless young people to survive an unimaginably difficult set of challenges must end before it goes any further.

Thank you all for your time and your willingness to listen to this testimony.

Respectfully,

A handwritten signature in black ink, appearing to read 'Robyn Schultz', written in a cursive style.

Robyn Schultz

Testimony of Dan York

802 N. Fair Oaks Ave., Madison, WI 53714

4 October 2023

Re: Bill to ban gender-affirming care for youth

Good afternoon. My name is Dan York. I'm here to express my strong opposition to the proposed bill, AB 465

My opposition is very personal. My young adult daughter is transgender and received gender affirming care as a youth. She was one of the first patients of UW-Hospital's Pediatric and Adolescent Transgender Health Clinic (known as PATH).

Such care has been critical to her. Her story is very similar to other transgender youth in terms of how she expressed and identified herself from very early in her life. As an example, her first self-portrait - a simple line drawing done as a preschooler - showed herself as a girl with long-flowing hair.

Receiving puberty blockers and hormones were invaluable for affirming her gender identify. Without them her transition as an adult would have been much more difficult due to the physical changes that would have occurred. Such treatments are medically recognized as best practices for the health and well-being of transgender youth. I'll leave it to medical experts to elaborate on these best practices and why they are so important.

The proposed bill is not simply unnecessary, but it is hurtful and harmful to those youth who would be denied the medical care they need. Without such care, there are high risks of suicide, depression, and self-harm. It also complicates their later transition as adults.

These youth need strong support from their families, friends, and health professionals. The decision to receive such care is a most personal family decision to be made under a qualified and caring medical team. It is not the sort of personal health decision to be made by legislative fiat.

Some of you may not understand or accept the existence of transgender people. That gives you no right to exert such beliefs on Wisconsin families doing their best to support and love their transgender children by receiving the best medical care recommended.

My daughter and the wider transgender community face an increasingly intolerant and hateful environment. The progress with acceptance and support for our transgender daughters and sons that I had witnessed a decade ago has been quickly reversing course. The unacceptance, hostility, and even violence towards transgender people have grown over the past several years. This environment and all the anti-trans laws that are being proposed and enacted deeply affect my daughter and all her transgender brothers and sisters. She has a high degree of social anxiety and lives a very sheltered life with us just for trying to be who she truly is.

Please leave family medical decisions to families. Let our transgender youth become the persons they are meant to be.

Thank you for your attention and this opportunity to express my views and experiences.

- The number of children who identify as transgender doubled between 2017 and 2022, and this trend shows no signs of slowing down. ([Link](#))
- Between 2017 and 2021, the number of teenagers prescribed puberty blockers and cross-sex hormones also doubled (Komodo, [Link](#))
- Between 2011 and 2022 the number of teenagers seeking sex-change treatment in England and Wales rose by around 1,700%. ([Link](#)) Other countries have found similar trends.
- The rise is partly attributable to social influence and peer pressure, either online or in person.
- Young people seeking gender transitions also have extremely high rates of autism, depression, anxiety, eating disorders, and attention-deficit disorders. ([Link](#))
- Activists sometimes claim that no minors are subjected to mutilating sex-change surgeries. This is a lie. Thousands of gender surgeries, including double mastectomies and genital surgeries, were performed on minors in the US between 2016 and 2020 ([Link](#)) The rate has almost certainly increased since then.
- The UW Health system provides minors with puberty blockers (which chemically castrate adolescents), cross-sex hormonal injections, and “chest masculinization surgery,” i.e., cosmetic double mastectomies. ([Link](#))

There are no mental health benefits to transition procedures.

- Despite the claims of transgender activists, these procedures have no measurable mental health benefits. The best, largest, and most comprehensive studies find absolutely no benefit to mental health outcomes, from anxiety to depression to suicidal ideation. [Link](#) to one example.
 - The studies the other side cites are very problematic. Many of them explicitly exclude patients who have adverse reactions, or drop out of their hormone regimens. (Some also experience drop-off because the study participants commit suicide or die from genital surgery.) Many of them only study short-term effects, or only measure changes in feelings of gender dysphoria, which obviously decreases somewhat immediately after a procedure. All of this probably isn't worth getting into, but man their science is really terrible.
- In fact, many studies suggest that these procedures potentially cause *worse* mental health outcomes.
 - “A series of Europe-based systematic reviews of evidence for the benefits and risks of puberty blockers and cross-sex hormones have shown a low certainty of benefits. Specifically, longitudinal data collected and analyzed by public health authorities in Finland, Sweden, the Netherlands and England have concluded that the risk-benefit ratio of youth gender transition ranges from unknown to unfavorable.” – Forbes ([Link](#))

There are permanent physical harms.

In many cases, these “treatments” cause permanent infertility.

- Hormone treatments "can permanently alter, in a matter of months, voice depth and facial and body hair growth and, later, other features like breast development." (NYT)
- Risk of cancer, blood clots, and HIV, among other things, all increase.
- Some pretty horrific stuff in this Missouri whistleblower's testimony (full article here). Lots of quotable stuff if you want it. Severe complications, lax psychological assessments, doctors taking a dim view of parents, patients with other severe problems, or who were convinced (due to social contagions) that they had *other* maladies they didn't have (multiple personalities, tic disorders, etc.)

The proposed law would bring Wisconsin in line with public opinion, as well as the growing medical and legal consensus in the US and Europe.

- 22 states have passed bans on sex changes for kids.
- Many medical authorities in Europe – in the UK, France, Finland, Norway, and Sweden, for example – have either sharply restricted sex-change procedures for minors, or have issued extremely strong warnings about their dangers. ([Link](#), [Link](#))
- Polling consistently shows that Americans oppose sex-change procedures for minors, by 20-40 point margins. (e.g. [here](#), [here](#), and [here](#))
- Polls even find that a significant portion of transgender adults oppose children having access to sex-change procedures. (Note: This is 25% with respect to 15-17 year olds getting hormone treatments, and 31% for 10-14 year olds getting puberty-blockers. Possibly not worth including.)
- Minors in Wisconsin are not legally able to get a tattoo, with or without parental consent. Tattoos are not nearly as life-altering or dangerous as sex changes.

30yr Swedish follow-up study comparing medically transitioned individuals to their cisgender peers:

- Suicide rate of transitioners was 19x higher
- And it was 40x higher for female-to-male transitioners

(which is extremely concerning given that the trend has switched to predominantly female-to-male)

Testimony in Support of AB 465 (Help Not Harm)
October 4th, 2023

Good afternoon. My name is Sandra Kirby. I'm the director of government affairs at American Principles Project, a pro-family conservative group based out of Virginia.

I'm proud to be here in support of AB 465, a bill that will protect children from undergoing debilitating procedures that do nothing to address the source of their ailments, preexisting conditions, or comorbidities.

This bill would prevent children under the age of 18 from receiving the puberty-suppressing drugs, cross-sex hormones, and transgender surgeries to which they *cannot* give full consent. Medical providers responsible for facilitating these procedures will be at risk of losing their professional license and will be subject to investigation by specified medical boards.

It has been long acknowledged that minors are not prepared to make life-altering decisions; that's why we don't allow them to get something as permanent as a tattoo. The idea that a child going through the discomfort of puberty will have the presence of mind to understand the full consequences of chemically altering that process is absurd, especially since our own scientists have yet to issue a comprehensive and cohesive study on the subject.

Puberty is a time of transition, an acclimation to adulthood where the body reaches the completion of maturity – it is naturally uncomfortable, just like

teething for a baby and pulling teeth as a child – you may have suffered through it and never wish to repeat the process, but the end result was an enhancement of your previous natural capacities.

There is no golden medical standard that can list the medical benefits of puberty blockers, hormone treatments, and surgeries on minors. In fact, many countries that were once lauding these procedures are now pulling back and tightening restrictions. According to a study in Current Sexual Health Reports, “A series of Europe-based systematic reviews of evidence for the benefits and risks of puberty blockers and cross-sex hormones have shown a low certainty of benefits. Specifically, longitudinal data collected and analyzed by public health authorities in Finland, Sweden, the Netherlands and England have concluded that the risk-benefit ratio of youth gender transition ranges from unknown to unfavorable.” – Forbes ([Link](#))

What *can* be shown concretely are the many negative and painful side effects resulting from transition culture. Puberty blockers like Lupron are causing premature osteoporosis in teens which leads to fragile bones, slipped hips, and other injuries typically associated with the elderly. Cross sex hormones are sterilizing, and the surgeries leave lifelong wounds that will never fully heal. Just ask detransitioners like Chloe Cole.

These so-called treatments are not healing children, but making them lifelong patients and medical test-cases. No child should be treated as an experiment. No child should look to a trusted medical professional for help only to find himself perpetually dependent on drugs and even further invasive surgeries to mitigate the damages.

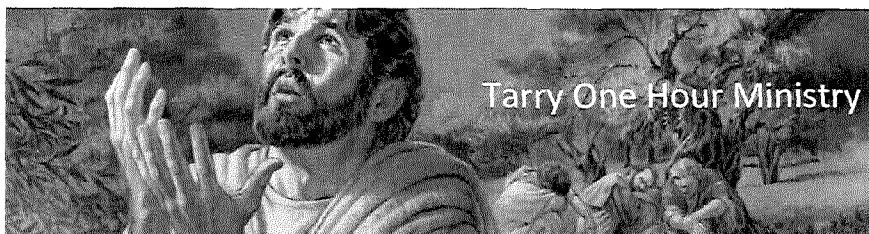
Most children who suffer from gender dysphoria resolve those feelings after puberty. Many of them are also struggling with other mental health challenges such as autism, anxiety, and depression. Still others have been victims of sexual assault. And yet the standard of care they are told to expect and embrace is one that ignores their mental struggles and instead maims their physically healthy bodies.

Medicine should correct an ailment so that the full body can function at its greatest capacity, it shouldn't maim the healthy organs to suit the sickness. We need to protect these children when they're at this pivotal and uncomfortable time in their lives; *this* is when they need our strongest support, and right now the problem is so endemic they need it from their legislature.

Wisconsin would not be an outlier in recognizing the need for these medical protections for children. 21 other states have already passed similar laws, as have other nations including Norway, Finland, Sweden, and the UK, and I hope the rest of our nation is not far behind.

I appreciate the committee dedicating their time to this important issue today, and on behalf of American Principles Project, I urge you all to support the passage of AB 465. Thank you.

It's a real and growing problem.



October 3, 2023

Dear Health, Aging, and Long-Term Care Committee member,

Tarry One Hour ministry is writing to urge you to vote Yes on AB 465, The Help Not Harm bill which would outlaw gender transition surgeries or hormones for minors. We applaud Rep. Scott Allen and Sen. Duey Stroebel for putting forth this bill to protect vulnerable children and teens.

Gender reassignment surgeries are not “health care.” When in previous times has it ever been good medical practice to remove healthy body parts? Worse yet, these are the very body parts needed to reproduce, rendering the patient sterile. The horror stories of surgeries gone awry are catastrophic. Please note the title of this article: “‘Phalloplasty ruined my life’: Biological female reveals horrifying complications of ‘gender affirming’ surgery.” This individual, who goes by “Cryspy”, has had 12 surgeries in 2 years due to complications, including a fistula, arising from the procedure. Cryspy describes having a recto-urethral fistula, an abnormal connection of the urethra to either the anus or rectum. This results in fecal matter, foul-smelling discharge, blood, gas and urine emptying from the body through the urethra. Fistulas are the most common complication of phalloplasty that occur in around 25 percent of patients.¹ For men attempting to transition to female, “The possible risks of transfeminine bottom surgery include, but are not limited to bleeding, infection, poor healing of incisions, hematoma, nerve injury, stenosis of the vagina, inadequate depth of the vagina, injury to the urinary tract, abnormal connections between the urethra and the skin, painful intercourse and anesthesia risks.”² These surgeries are irreversible, which makes it all the more harmful to be done on impressionable minors, whose minds are not fully mature. In reality, “gender affirming care” would be anything that helps a gender confused individual be affirmed in the gender which God designed them to be. A man can never be a woman, no matter how many hormones or surgeries are given to him. And likewise a woman can never become a man. **“God created man in His own image...male and female He created them.” (Genesis 1:27)** Sex or gender is not assigned at birth; it is determined by chromosomes at the moment of conception.

Hormone treatments are not safe, especially when considering that transgender individuals need to take these hormones for the rest of their lives. “People with gender dysphoria taking hormone replacements as part of gender affirmation therapy face a substantially increased risk of serious cardiac events, including stroke, heart attack and pulmonary embolism, according to a study presented at the American College of Cardiology’s Annual Scientific Together With the World Congress of Cardiology.”³ Possible long-term side effects

¹ ‘Phalloplasty ruined my life’: Biological female reveals horrifying complications of ‘gender affirming’ surgery | The Post Millennial | thepostmillennial.com

² Transfeminine Bottom Surgery Risks and Safety | ASPS ([plasticsurgery.org](https://www.asps.org))

³ <https://www.news-medical.net/news/20230223/Hormone-replacement-therapy-for-gender-dysphoria-may-increase-risk-of-serious-cardiac-events>

of puberty blockers are: lower bone density, delayed growth plate closure, leading to slightly taller adult height, less development of genital tissue..."⁴ The FDA is now warning that puberty blockers may cause brain swelling and vision loss in children.⁵

We are very concerned for the future of our country and especially for our young people. Other states have outlawed transgender treatments for minors, doing so to protect children and teens from the damage being done by these life-altering surgeries. "Gender dysphoria is a mental health condition that often resolves itself, yet parents are being told by medical professionals that unless permanent, physically altering treatments are received, a child is more likely to commit suicide. Health care providers who prescribe or perform many of these medical treatments are maiming children for life, and unfortunately, the suicide rate for these surgical and drug treatment patients remains extremely high." ⁶ A psychiatrist who works with children, adolescents, young adults and families, wrote to the Wall Street Journal, saying that the tendency to tag tomboys as transgender "is the most tragic medical trend I have encountered in my four decades of practice... We know that brain development isn't complete at 16, 18, or even 21. Development is often not complete until 25 years of age." In other words, young people are not mature enough to make such life-altering decisions until perhaps 25 years old. We are not helping young people when we give them puberty blockers, hormones and surgeries to alter their perfectly healthy bodies.

Many detransitioners express their great pain at finding themselves more miserable after transitioning than before. Many express that they wish they had never transitioned, and that they can never return to their normal healthy bodies. There are several gripping video testimonies on "Detrans United Newsletter". Ted Halley, who has now detransitioned back to being a man, said that two of his friends died from the surgeries and two other friends committed suicide. ⁷

The transgender issue has also been tearing apart families. Some schools are encouraging gender transition without the parents' knowledge. Doctors and counselors have coerced parents into agreeing to gender assignment surgeries, by saying that the child has a high likelihood of committing suicide if the parent does not allow the surgery. Such was the case for Chloe Cole, whose parents were asked, "Would you rather have a dead daughter or a living son?" Miss Cole has since detransitioned, but will never have her breasts back. She speaks out passionately against transgender treatments and surgeries. "I can't stay quiet," said Chloe. "I need to do something about this and to share my own cautionary tale." ⁸

The bedrock of strong, healthy civilizations has always been a strong, healthy family. This resolution is anti-family. Since the 1960's with the sexual revolution, our society has been declining. The sexual relationship, which God designed to produce children and bond a couple together, has become perverted. Transgenders and homosexual relationships cannot produce children. LGBT is not about reproductive freedom - it is "freedom" from reproduction, the very act which produces those made in the image of God. God commanded mankind, "**Be fruitful and multiply.**" (**Genesis 1:28**) The U.S. birthrate has been declining and is 16% below the reproduction rate required to keep the population steady.⁹ This decline in birth rate has resulted in a lack of labor force and could possibly lead

⁴ Puberty Blockers-Hormone Blockers-St. Louis Children's Hospital (st.louischildrens.org)

⁵ FDA Quietly Adds Warning of Serious Side Effects to Puberty Blockers (msn.com)

⁶ capitol.texas.gov/tlodocs/88R/analysis/html/SB002501.htm

⁷ Detrans United Newsletter, Detransitioner testimonies

⁸ Detransitioned teens explain why they regret changing genders (nypost.com)

⁹ The Long-Term Decline in Fertility - and What it Means for State Budgets, PewTrust.org, Dec. 5, 2022

to lowered Social Security payments, increased Social Security taxes, slowing economy and higher prices, and could potentially lead to a financial collapse.¹⁰ Once a nation gets below the replacement level, the trend is nearly impossible to reverse. This means that the population cannot replace itself. No nation can survive killing off or refusing to have the needed offspring.

We, as Biblical Christians are sometimes misconstrued as haters, when in reality it is absolutely the opposite. We are commanded by God to go out and make disciples(Matthew 28:19,20). It is because of our love and concern for our fellow man's soul that we are passionate about upholding the teachings of our loving, Holy Creator. The Bible is not hate speech. The Bible is, among many other things, a manual on how to live in a fallen world. Following God's commands brings health, wholeness, peace and joy. (Deuteronomy 30:19; Proverbs 3:1,2,8) The Bible is able to save a living soul from God's eternal judgment. "Let him know, that he who turns a sinner from the error of his way shall save a soul from death, and cover a multitude of sins." (James 5:20)

We pray that you will vote Yes on AB 465.

Sincerely,

A. B. Herron, 1430 North Street, Racine, WI 53402

Anne Franczek 2628 S. 84 St. #4, West Allis, WI 53227

¹⁰ How a Declining Birth Rate Will Affect Social Security and More Money Matters, Yahoo Finance News, July 14, 2021

Logan Bitz
Regarding AB 465
October 4, 2023

My name is Logan and I'm a resident of Dane County. I'm here to testify against assembly bill 465.

Gender Transition in any form and at any age is a monumental undertaking. There's simply nothing to gain from pushing back against the physical and social structures of one's life unless there's no life to be had in the sex that came stock. I was a paragon example of a trans person from the beginning. From age 4 or 5, I only wanted to play with boy's toys and wear boy's clothes and I only related to the boys I saw in the media and games I consumed. I didn't have the words or conceptual knowledge to understand why I was so different as a child. I got along mostly fine as a tomboy until puberty. The way my body started to change was terrifying to me. My doctor frequently chided me for my posture, but I hunched over because developing breasts was deeply humiliating and stressful. My male friends stopped treating me as one of them and began to see me as an object, as a threat to their new relationships, or as nothing at all. I struggled to relate to girls. I suffered greatly and wished desperately to die for years. At one point in junior year, I wrote a suicide note on my stomach and loaded my hunting rifle with the full intention of killing myself. My dad finished his morning routine early that day and I chickened out. Despite these struggles, I pushed myself through school. I got good grades, near-perfect standardized test scores, completed honors and AP classes. I participated in JV sports, robotics, a job, and did community service. I went to college and got a degree in special education with minors in intellectual disabilities, emotional/behavioral disabilities, and psychology as an extra to keep me busy. I was an RA, I rarely drank, never even tried coffee, I didn't smoke, toke, or vape. I was a camp counselor during the summers and ran movie outings for people with disabilities on the weekends. I did this because somewhere between high school and college, I became convinced that if I just did everything right, if I just followed the advice of my family and friends and church leaders and teachers, I'd wake up one morning in the perfect life I'd built and I'd finally experience the satisfaction and comfort of being the right person in the right body living the right life. Post-college, I got teaching position at a well-paying and well-resourced school doing what I had wanted to do. I did that job for about half a year and then I sat down and made two T charts. One was of the positive and negative consequences of trying to transition, of which there were many negatives, and one was of the consequences of continuing the life I had finally somewhat achieved. This exercise made me realize that I could potentially be a bald, social reject that didn't pass and had no family, or I could be dead from suicide, probably within 5 years.

I have a wonderful life. I have a family that loves me. When I look in the mirror, I'm pleased, even when scraggly. I haven't struggled once with mental illness or suicidal thoughts since I started hormone replacement therapy. The best trophy I've ever bagged with my rifle was an antelope on a beautiful trip with my father. There was not a single part of my transition that was easy, though, because on top of the well-studied and medically established guidelines to meet for these treatments, there are also a number of people who think you shouldn't be allowed to have any healthcare and will simply hang up on you during scheduling, or not hand you the

paperwork you can't get online because it's watermarked, or you'll pay to see someone and they take your copay before telling you "I don't believe in treating that." Parents of trans children who are willing to have them see a professional to talk about their struggles with gender should be allowed to make their own choices about the care that their children receive. It's asinine that I have to come up here and talk at all, to be honest. The suffering I endured never needed to happen and there's nothing to compromise here because the bar is already on the floor. People seem to think transgender medical care is given freely. I'm free to get gender-affirming care in the same way that you are all free to levitate. It is basically inaccessible already. Transgender medical surgery has regret rates in the miraculous single digits, better even than those in lifesaving cancer surgeries, like prostate cancer surgeries. Transgender medical care for young people is as simple as using a different name, allowing a new hairstyle, or puberty blockers- which are safe, effective, and sometimes prescribed to cisgender kids. Transgender medical care is already only considered at all for children who's doctors and parents are both open to talking about it. What other parents choose to pursue for the health of their children is frankly none of our business, and I think our time would be much better spent addressing real issues in the community. I have a new lease on life now that I'm living the life I never dared to imagine for myself as a child, and a big part of that life is loving the people around me by giving away free meals and free medical supplies and free furniture. A large number of the other people who want to make sure that their neighbors and community are cared for are also transgender. Trans people lead meaningful lives, we're just as good of community members and neighbors as those who are treated well by society, and I'd venture a guess that we're often better neighbors and community members than them in many cases. Please support individual freedom by saying no to banning lifesaving healthcare options for the parents and children you represent.

Thank you for the opportunity to speak to the committee today.

I speak to you today as an OUT lesbian, having been in a committed relationship for 28 years, as a mother of 3 children, and as a clergy member of the faith community.

Let me first say that when I started being physically and emotionally drawn to people of the same sex, I thought God had made a huge mistake when I was born. For years I lived with the belief that I was not worthy to be loved by anyone. It was only with the loving support of family, friends, and a minister that I came to accept and love myself for who I was, so I could find love in another human.

So it is that I say to this committee – what is being done with this legislation not only fails to support kids, but it is an attempt to demonize them and their families. This bill requires professionals – teachers, counselors, and doctors to demonize youth for who they know they are. Professionals we trust. When kids feel demonized, and are unable to be their genuine selves, they see no reason to live. If you have NEVER had someone tell you they have attempted or want to attempt suicide, then you don't understand the gravity of the decision resting on this bill. There is no bigger punch to the gut than hearing someone you love express a desire to take their own life because they have been ostracized by people who claim to care for them.

Those of you who sit on this committee - those of you who identify as straight. I ask you, how would you feel if someone forced you to present as gay? You would more than likely be saying that you can't force me to do that, you don't know how I feel. I know who I am. Yet that is exactly what you are saying to our kids and their families in this bill. You are telling these kids, and their parents – we know better. We know who you should be. That statement is flat out wrong! Please let these families make their own decisions, decisions to love and support their kids in the healthcare needed!

I am not here to argue you about faith, but in our faith community we are led by love. We lead with love, honor, and respect. We don't try to force people into boxes. We love and accept people, even when it is hard. Please stop the nonsense of this bill. There is no love found in this bill. It is hateful. It will cause harm for our kids and their families. I, and my faith community stand in strong opposition to this bill, and the damage it will cause in our state. This bill does not lead with love.

October 4, 2023

Honorable Legislators,

My name is Dave Meissner, and I live in Brookfield Wisconsin. I am here to strongly urge you to pass the "Help Not Harm Act", AB465.

We all have a "source of truth". My source is God's Holy Bible, and I believe in the infallibility of Scripture. Many have tried to question some or all of the Bible, but when you drill into their arguments, they all fall apart once you dig into the truth of God's Word.

With that said, Genesis 1:27 states that God created male and female. There was no ambiguity in what He did. Our fallen world has created ambiguity. And once that started, it has taken on a life of its own. Pre-teens and teens go through many phases in their young lives. They are very impressionable, and pressure from the adult world can cause them to do things they normally would not even consider. In the past, parents and the main stream media, school leadership, the government, etc., were in sync in condemning ungodly, immoral actions, ultimately doing anything necessary to protect the life and body of a child, both in and out of the womb. There was a moral code, given to us in God's Word, that helped us distinguish right from wrong. However, now, most of these same entities, are the ones telling kids as young as elementary school that they can be any gender they want, and pushing for procedures on them that would have made our countrymen gasp not so long ago.

Wow, doesn't that sound great? Who cares how God formed you in the womb, let's just ignore and override his planning and intent. We can do better than he did, right? Even though He created everything...he actually named each of the billions of stars, he created a universe so vast that virtually every day we find new wonders. He holds that same universe together. He even sent his son, Jesus, to us in human flesh, to pay the ultimate price of his life to bear the weight of our sins. Yet we have made ourselves gods, and rather than follow the ultimate moral code that God gave us, we, in our sin, have done our best to deny him, and follow ways that our forefathers would never have imagined, but that the devil in hell is cheering on.

The same leaders that once were the ones to support Parents in their handing down of Godly teachings to our young, impressionable kids, now seek to subvert those same teachings, and in ways that should horrify us. We have grown indifferent as a nation to performing heinous acts on our children, all in the name of "healthcare", and pretending we have the power to turn a child into a different sex than they are born with, not to mention the promotion of the dismemberment of innocent, helpless babies

in the womb, in the name of "reproductive healthcare". It's a slippery slope! You can use all the fancy, man-made terms you want, including gender dysphoria, reproductive healthcare, whatever, but the end result is the same: Our children's bodies are now being dismembered both IN the womb and out of the womb, the former resulting in the child's execution, the latter resulting in a lifetime of bodily trauma and mental anguish that are indescribable. These are the ultimate forms of child abuse!. We have devalued life...we treat our pets better than our fellow humans!

We hide behind terms like "gender transitioning", but no one wants to call it what it really is. If we say a woman has to have a mastectomy due to cancer, there is much sadness and trauma. But when it comes to giving a young girl a mastectomy, in the name of "gender dysphoria", a non-reversible procedure, we look the other way. This is not a procedure to extend her life-span, but rather an incredibly traumatic body mutilation that she will have to live with the rest of her life.

Does anybody really believe that the doctors who perform these torturous acts on kids are doing it for the child's health?? It's about the money, big money, and money corrupts those who pretend to be caregivers. And do you really believe that government, teachers, and other supporters of this nightmare are doing it out of love? It is all about power, and bowing to dark forces, and ultimately selling the soul of our great Country to the devil.

The God we ultimately answer to, and one day will bow in awe before, said: "Before I formed you in the womb I knew you". David said in Psalm 119: "For I am fearfully and wonderfully made."

Supporting the "Help Not Harm Act" is one step we can take to bringing some sense of humanity back to our nation.

Thank you for your time.

- My name is Rev. Dr. Jason Mack.
 - I am the pastor of Underwood Memorial Baptist Church in Wauwatosa, WI
 - and a resident of Madison.
- I am speaking you today to urge you, with all of my heart, to oppose **Assembly Bill 465**.
- I speak to you today because I serve a God that loves.
 - A God that, according to our scriptures, literally *is* love (1 John 4:8).
- I speak to you today because I serve a God who I believe sent Their own son – a very piece of themselves – to come to earth to show us how to love.
 - To show us that to live a life of love is to love the outcast, the left behind, and the marginalized.
 - I follow this son, this teacher, this guru, this lord.
 - I follow this example of God's love on earth every day to the best of my ability.
 - And I encourage my church to do the same.
- This teacher of love, this piece of God, was murdered.
 - Not by criminals.
 - Not by a rival religion.
 - Not by the outcasts that he served.
- This teacher of love was killed by an unholy alliance between the religious and political leaders of his day.

- This teacher of love was killed because he dared to love the wrong people and told others to do the same.
- So, I speak to you today to say, as loud as I possibly can,
 - that the hate and the scapegoating of the trans community that is present in this bill,
 - has nothing, absolutely nothing,
 - to do with Jesus or the God that sent him.
 - And I, for one, will speak out against it as long as I have breath in my lungs.
- Because I don't just speak to you this morning as a pastor. I speak to you as a parent.
 - A parent of a trans youth who every day must watch as their country, the leaders who are supposed to be there to protect them, threaten their very existence.
 - They're just a kid.
 - Just trying to love their life and love their friends and get into college.
 - They shouldn't have to worry if their very existence is going to be outlawed.
- To the representatives supporting this legislation,
 - I ask, and I pray, that you would look deeply into your own heart and ask yourself,
 - Is there something scary to you about my kid?
 - Are you afraid of people simply being who they are?
 - Do you feel you need to silence difference?
 - Are you so insecure that you want to push others back into a closet of your making?

- And I ask *you* to pray.
 - Because I am confident that the God of love will let you know that what you are doing has *nothing* to do with them.
 - And that God will tell you simply to stop, just, stop.
- Thank you for your time.

Rev. Dr. Jason Mack
Resident, Madison WI
5210 S. Hill Dr. Madison, WI 53705
Jasonmack123@gmail.com
608-293-2118
Testimony in opposition to **Assembly Bill 465**

Pratt, Laura

From: Reggie Steurer <reggiesteurer@gmail.com>
Sent: Monday, October 2, 2023 11:23 PM
To: Pratt, Laura
Subject: Anti-Trans bill hearings

Hello there,

My name is Reggie Steurer. Although you may not know me, I'm a transgender youth who lives in Janesville Wisconsin. I'm not able to attend the hearing but I thought being able to put a word in would be useful.

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Passing these anti-trans bills across the nation is not only showing the blatant disregard for basic human rights, but it's an outright attack against my community. What does me being born in the wrong body have to do with the older generations of America? Why does the concept of gender, an entirely made up social construct, have to be any of your concern. Transgender people of all labels have been around for centuries upon centuries. People want to claim that people only began coming out now, but you have to realize that it's not that more people are "chasing a trend", it's that we as a society have been creating an environment where people felt comfortable to come out. That environment has been stripped away from us along with our rights. Being able to be open about the LGBTQ+ community as a whole allows people not only to feel safe in a world where we all have to co-exist, but it brings awareness of the history and the hardships that we witnessed and continue to go through. Taking away gender affirming care for me and so many other individuals is going to be catastrophic. Gender affirming care saves lives. It is a scientific fact that suicide rates for transgender youth goes down when they receive the gender affirming care they need. Why strip that away from us? These bills are being passed by the minds and opinions of Cisgendered people, people who have never once experienced what it's like to wake up every single day and know you aren't who you're supposed to be. This is not fair. This is not the kind of world we should be living in. I should not be scared that when I wake up, I will have less rights than I did yesterday simply for existing in the wrong body. Put yourself in my shoes for once. Look at this whole situation from my stand point. Please. I don't want to live in fear anymore.



Testimony from the Wisconsin LGBT Chamber of Commerce on Assembly Bill 465

On behalf of our nearly 700 business members from around the state, the Wisconsin LGBT Chamber of Commerce stands adamantly opposed to the recently introduced Transgender Medical Care Ban Act, Assembly Bill 465.

Businesses thrive when they champion diversity, equity, and inclusion. Wisconsin's vibrant business community has made significant strides in creating an inclusive environment where all employees, regardless of their gender identity or expression, can bring their authentic selves to work. This is not just a matter of principle; it's a strategic advantage.

The "Help Not Harm Act" puts this progress at risk. By meddling in the private healthcare decisions of transgender and non-binary individuals, it sends a detrimental message that Wisconsin is no longer the welcoming, inclusive state we have been working diligently to become. It damages Wisconsin's reputation as a hub for innovation, creativity, and economic growth and harms our ability to compete in the marketplace by discriminating against LGBTQ+ individuals. These restrictions would have a chilling effect and prevent Wisconsin businesses from attracting and retaining top talent, who value diversity and inclusion, including skilled medical professionals, who will certainly hesitate to live and work in such a hostile environment.

We implore you to prioritize Wisconsin's economic interests and the principles of diversity and inclusion that have bolstered our state's strength. We are stronger when we embrace diversity, and we at the Chamber are unwavering in our commitment to creating a Wisconsin where everyone can thrive.

Josh Peterson-Droogh

Testimony on AB 465:

While living in Wisconsin just recently I have learned from first hand experience that child abuse call centers are only taking calls M-F 8-5, that police do not consider the welfare of a homeless, parentless, transgender child a big enough concern to stop by, and that the only laws that protect transgender children who are kicked out of the house is that they have a right to school, free school lunch, and transportation to the school. So while you sit there debating the laws to “protect” children I have been at the hospital talking to a transgender child who just tried to commit suicide with no parent next to their bedside, no DCS investigation, and no police helping to figure out why the parents are not present.



October 2, 2023

Testimony on AB 465

FORGE has been serving Wisconsin trans and nonbinary individuals since our founding in 1994. We began our support group for parents of trans children and youth in 2015. Since then, we have worked with more than 100 Wisconsin families, with children ranging in age from 3 to well into their 30s. Some families came to us when their children were in their early teens, and have stayed with us until those “children” are in college or beyond. Others have been with us only long enough to get answers or referrals for their immediate needs of supporting their children, and then they moved on.

Every single one of the trans children told their parents about their gender, sometimes long before they were enrolled in school. In other words, it is a complete myth that children “learn to be trans” from parents or schoolmates. Gender identity is innate. Children just know what their gender feels like and who they are. (This is true for both trans kids and non-trans kids.)

When young children explain to their parents that they are not the gender they were assigned at birth, parents (and schools, if appropriate) can adopt the child’s name and pronoun (if they want different ones), cut and style the child’s hair as the child wants, and obtain a wardrobe that fits the child’s identity. That’s it. That’s a young child’s “transition.” If a child transitions before they start school, or if the family changes the school the child goes to, their trans status may not be known to schoolmates or even school officials; I know of several such cases. Parents also begin to find the knowledgeable physicians, therapists, and support groups the family will need for ongoing resources, problem-solving, and support.

Once the trans child nears puberty, the physician(s) and therapist(s) who have been working with the parents and child discuss together what options the child has for to affirm their gender, and address their hopes and fears. Many trans children do *not* want to go through their upcoming puberty because it will cause body changes they desperately do *not* want (ex: breasts, facial hair, a deepened voice). Ironically, if a trans child is forced to go through the wrong puberty, they will almost certainly need surgery as an adult to attempt to reverse the changes resulting from puberty. In other words, taking away puberty blockers actually *creates* the need for more surgeries later on. More critically, for youth who have strong body dysphoria, forcing them to go through the wrong puberty is deeply destructive to their mental health and overall well-being. Puberty-blockers also buy more time for the child and family, time that can help them demonstrate to others that the child’s identity is not a “phase.”

It's only in their mid- to late-teens – when everyone is certain of the child’s gender identity -- that trans youth may be offered hormones. These will start the puberty that aligns with the youth’s identity. Surgery is almost never performed on minors.

I have walked you through the usual path trans children and their parents take in order to counter some of the outrageous lies that have been told around legislation like **Assembly Bill 465**. This bill is deeply, deeply harmful and mean-spirited to children who simply don’t feel like the gender they were expected to be. This bill is guaranteed to produce great distress, mental health problems, and possibly suicide in trans children forced to live as someone they are not. Please do not inflict that harm on Wisconsin’s families with trans children.

Loree Cook-Daniels
Policy and Program Director

From: Laura Dixon-Kruijf <dixon.laura@gmail.com>

Sent: Saturday, October 7, 2023 5:30 PM

To: Rep.Moses <Rep.Moses@legis.wisconsin.gov>; Rep.Rozar <Rep.Rozar@legis.wisconsin.gov>; Brooks, Rob <Rep.Rob.Brooks@legis.wisconsin.gov>; Rep.Dittrich <Rep.Dittrich@legis.wisconsin.gov>; Rep.Gundrum <Rep.Gundrum@legis.wisconsin.gov>; Rep.Magnafici <Rep.Magnafici@legis.wisconsin.gov>; Rep.Murphy <Rep.Murphy@legis.wisconsin.gov>; Rep.Sapik <Rep.Sapik@legis.wisconsin.gov>; Rep.Schutt <Rep.Schutt@legis.wisconsin.gov>; Rep.Summerfield <Rep.Summerfield@legis.wisconsin.gov>; Rep.VanderMeer <Rep.VanderMeer@legis.wisconsin.gov>; Rep.Subeck <Rep.Subeck@legis.wisconsin.gov>; Rep.Riemer <Rep.Riemer@legis.wisconsin.gov>; Rep.Anderson <Rep.Anderson@legis.wisconsin.gov>; Rep.Vining <Rep.Vining@legis.wisconsin.gov>; Rep.Drake <Rep.Drake@legis.wisconsin.gov>

Subject: Testimony on AB465

Dear Members of the Committee on Health, Aging and Long-Term Care,

I was present last week for the hearing on AB465, and didn't get a chance to give my testimony - even though I waited for many hours, I had to go pick my kids up from their after-school activities. I hope to write it to you now.

I have 2 beautiful daughters, a 17 year old who was assigned female at birth, and a 12 year old who was assigned male at birth. **My youngest is slated to begin medical care for her transition soon. This bill, if enacted as law, would prevent her from doing that.**

My youngest started questioning her gender when she was 9. It was not something our family had encountered before - and, within a year, my daughter went from a bubbly, chatty child, to one who felt like she just didn't fit. She started asking questions about whether or not she should really be alive, and **it became clear to us very immediately that we were either going to have a trans kid or a dead kid.** This is supported by [the data](#) - "Data indicate that 82% of transgender individuals have considered killing themselves and 40% have attempted suicide, with suicidality highest among transgender youth." We chose to support our child's gender journey, by honoring her pronouns, finding a counselor she could talk to, and saying that when it was appropriate, we'd allow her to medically transition.

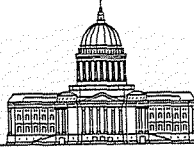
In the testimony that I heard on October 4, one of the statistics mentioned by someone supporting passage of the bill said that gender dysphoria dissipates "after" puberty for 80% of trans youth, and she cited the NIH. Startled, I looked up the study, and it was a meta-study that she had incorrectly quoted. [Available here](#), it says that "for ~80% of children who meet the criteria for GDC [gender dysphoria in children], the GD [gender dysphoria] recedes with puberty." So, **to clarify, for children, defined as pre-pubescent youth, dysphoria recedes with the onset of puberty. Not, as quoted by the person incorrectly testifying, after.**

This is reflected by gender affirming care treatment options available to my child here in Wisconsin. Even though she was 100% clear she is a girl, **she couldn't start on puberty blockers - the first available, and reversible, medical intervention - until AFTER puberty began.** As a late bloomer, she has not yet begun on puberty blockers. Once she does begin on puberty blockers, it will be at least 2 years until she can begin on female hormones, and surgical interventions are not available until she is aged 18. The stories of two people that you heard

about (and not directly from) who regretted receiving gender affirming care, received hormones immediately, something that is not available here. Please weigh this carefully against the mountain of testimony that you received from parents of trans kids, and trans people themselves who made clear to you they would not have lived without this treatment, and indeed, the many studies that confirm this ([here is one, also from the NIH](#), about suicidality decreasing in trans youth for those receiving puberty blockers).

I grew up in Stevens Point. Wisconsin has been my home for 30 years of my 41 years of life. **For my many years in Wisconsin, I have known that we are a uniquely purple state. Our values cross the political lines - for example, [hunters are often active conservationists](#). I urge you to see this as a clear violation of the rights of the individual and vote no on AB465, and allow this to continue to be a question handled exclusively by the child, parent and doctor.**

With thanks for your time,
Laura Dixon-Kruijf
Madison, WI



MELISSA RATCLIFF

WISCONSIN STATE REPRESENTATIVE
46TH ASSEMBLY DISTRICT

Testimony for AB 465

*Assembly Committee on Health, Aging and Long-Term Care
Wednesday, October 4, 2023*

I'm Representative Melissa Ratcliff and I'm honored to represent the people in the 46th Assembly District.

AB 465 is yet another in a long line of extremist legislation being proposed to target and further marginalize Wisconsin's transgender youth.

I strongly oppose this bill.

AB 465 would take away a parent's right to make decisions with their child, doctor and mental health counselor about their family's healthcare choices and lives. This is absolutely NO place for a politician - especially ones that turn a blind eye to the needs of transgender youth.

A person under 18 years old should be allowed to make a healthcare decision with their healthcare provider and parent. Currently, if a person is under 18 years old they need parental consent for a range of procedures including dental surgery to breast implants. The patient works in conjunction with a professional who can provide them with information on how to make the best decision for their own wellbeing and safety.

Many, many studies have shown that when a child feels supported at home and school by family and friends, that they perform better, feel better about themselves, and have decreased mental health issues including decreased depression, anxiety and suicide rates.

Why would we pass a bill meant to deny our transgender youth, and their families, the opportunity for care that positively impacts a young person's mental health and wellbeing? I am afraid the answer to that question is that some legislators are willing to use transgender youth as pawns in political games.

That must stop.

We should focus, in the legislature, on real issues that affect the people and future of this state. From the crisis our child care providers face to voting rights to fair maps to fighting climate change – there is no shortage of issues we should be focusing on rather than targeting vulnerable youth.

And, fundamentally, we should leave the healthcare decisions for young people to them, their parents and the healthcare professionals who know their patients best and who are able to help them make the medical decisions that are best for them.

I strongly urge a no vote on this unnecessary, harmful, and discriminatory bill.

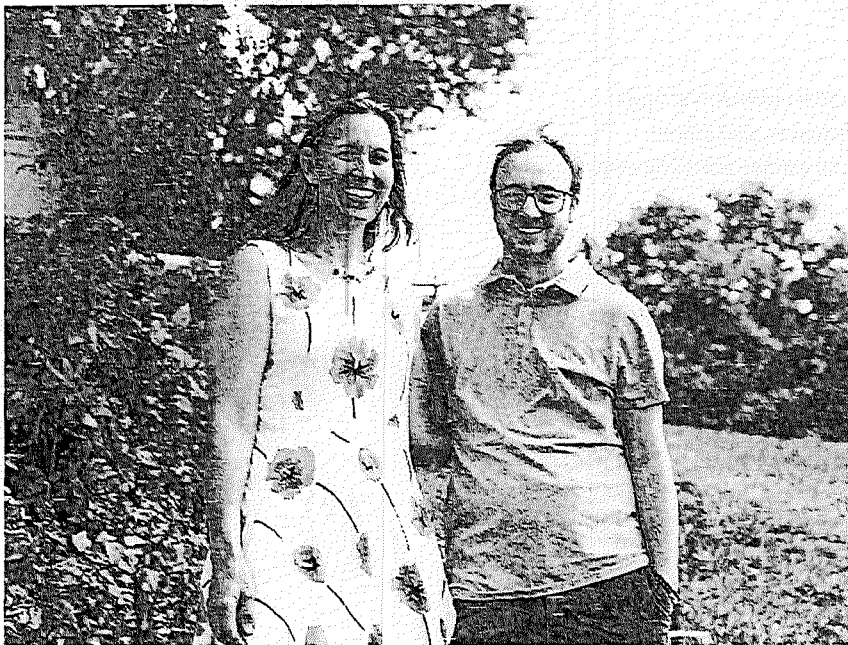
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What gender-affirming care means in Wisconsin

Three families share their experiences seeking medical services for their transgender children

BY PHOEBE PETROVIC
OCTOBER 4, 2023

[RSS](#)



DRAKE WHITE-BERGEY / WISCONSIN WATCH

'Having gender-affirming care was what was most healthy for him,' Wisconsin Rep. Melissa Ratcliff says of her son, Dan.

Six-year-old Sam is nonbinary.

If you ask them to describe themselves, they'll say something like: "I'm neither a boy or a girl." Sometimes, it's "I'm both a boy and a girl."

The words Sam uses have changed as they've grown. But what Sam has to say has remained steady: their gender identity does not align with their sex a doctor assigned at birth based on external anatomy.

Trans people have existed across the globe for millennia, and their identities are natural, normal and healthy variations of human expression. While various counts show the number of American transgender people growing, the population remains tiny, constituting an estimated 1.6 million Americans, or 0.5% of adults and 1.4% of youth ages 13 to 17, according to The Williams Institute at UCLA School of Law, a leading researcher on gender identity.

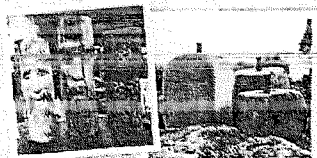
Yet in recent years, transgender people — especially youth — have weathered unprecedented legislative attacks: over 400 bills targeting trans rights were

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movement are conservative and Christian nationalist organizations who also organized opposition to abortion rights.

Bans on gender-affirming care for transgender youth, passed in 21 states, rely on a shared disinformation playbook, which entails false claims about gender dysphoria and false claims about the safety, evidence and practice of gender-affirming care, according to researchers at Yale School of Medicine.

VINTAGE, UPCYCLED AND UNIQUE ITEMS



In recent months, Wisconsin's rightwing politicians and media have echoed this messaging. Last week, Assembly Speaker Robin Vos, R-Rochester, and others circulated a proposal that would ban trans youth's access to gender-affirming care, including puberty blockers.

The lawmakers' memo uses outdated terminology to falsely claim that almost all transgender youth "detransition" and identify with their birth sex. In fact, a landmark study recently found the opposite: trans children who socially transition are overwhelmingly likely to still identify as trans five years after.

Democratic Gov. Tony Evers responded on social media that he would veto "any bill that makes Wisconsin a less welcoming, less inclusive, and less safe place" for trans youth.

Gender-affirming care is the only evidence-based treatment for gender dysphoria — a diagnosis for the distress experienced by some whose gender identity conflicts with their sex assigned at birth. It is endorsed by every major medical association in the United States.

Gender-affirming care refers to a process of social, legal and medical steps a trans person may take to live authentically. It is nonlinear and varies by person, as there is no single way to be transgender. Young people must be diagnosed with gender incongruence before they receive any form of medical treatment, which is not recommended until puberty begins.

To document what gender-affirming care looks like for Wisconsin's transgender youth, Wisconsin Watch spoke with three young trans people and their families. We also reviewed publicly available policies for the state's two pediatric gender clinics, as well as the clinical guidelines they follow, and interviewed medical providers across the state.

All describe thorough processes with extensive discussions before and throughout treatment, buttressed by research documenting improved mental health outcomes for trans youth who are supported in their identities and able to access desired gender-affirming care.

Only one family, 19-year-old Dan Ratcliff and his mom, state Rep. Melissa Ratcliff, D-Cottage Grove, agreed to share their names publicly. This is the first time the mother and son have jointly spoken to the press about Dan's transition-related care.

— OPINION FOOD & DRINK AGE EVENTS ABOUT STORE SUPPORT ISTHMUS

"I can't change the world, but I can change our environment," says Sam's dad, Fred. "(I) can be that first ripple in the pond that makes society understand that, Hey, we're not going back to the '50s. We're not going back to having to hide. We're not going back to pretending that it doesn't exist. We're not going back to people hurting themselves because they don't feel like they belong. We're going to be supportive. We're going to do this together. And we're going to make sure that it's different."



Trans childhood: 'Going with the flow'

At 3, Sam began telling their family the label of "girl" didn't fit.

They came home crying from daycare whenever friends and teachers implied, in their mom Mary's words, that Sam's "gender was limited to just being a girl."

Mary joined a Facebook group for parents of trans youth and sought out children's books like *It Feels Good to Be Yourself* and *Jamie is Jamie*, which helped Sam learn about gender identity: all the different ways that people can be boys, girls, something in between or totally different.

The books put language to Sam's experience and made them feel less alone, especially when describing gender diverse young people throughout history. Across the country, books with LGBTQ+ themes have become the disproportionate target of challenges and bans.

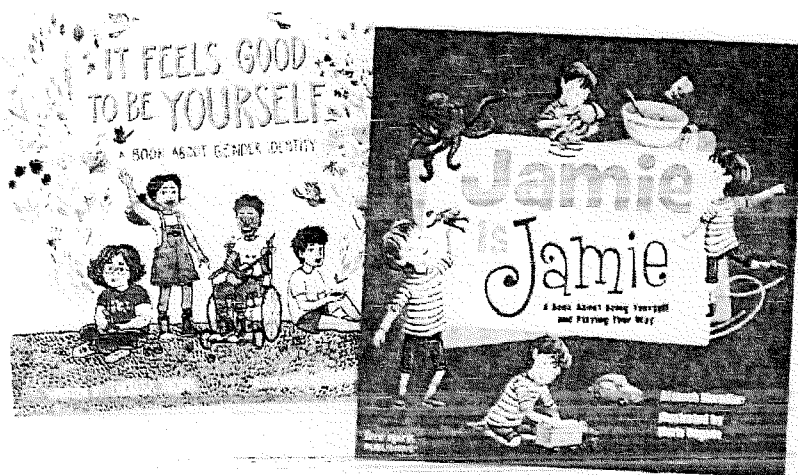
"Having stories about other trans kids and nonbinary kids is really helpful for them to be able to see, 'I'm not the only one,'" Mary says.

Sam's parents had already modeled how gender does not limit what a person can like or do. Sam's dad cooks the family's meals. Mary played tackle football and works as an engineer.

As Mary put it, "(Sam) has first-hand experience of a mom that pushes the boundaries of what it means to be a woman, but there is such a clear and visceral knowledge in (Sam)'s bones that the label of girl and girl alone does not fit."

It's not that the label of "girl" "wasn't expansive enough, but the very label did not fit," she says.

COFFEE, FOOD & DRINK ARE EVENTS ABOUT STORE - SUPPORT ISTHMUS



Children's books that teach about gender identity and model acceptance.

Before Sam's 4-year-old checkup, Mary sought advice from the pediatrician, writing in a note reviewed by Wisconsin Watch that Sam "has been telling us with whatever language they have had at the time that they are not strictly a girl for over a year."

At such a young age, Sam didn't "really understand the significance of pronouns," Mary wrote, so the family still used she/her, but Mary was "practicing using they/them in writing about (Sam) in anticipation of that change."

"I absolutely understand that (Sam)'s gender identity may change over time, but I am very certain they are not confused about this and this is who they are right now," she wrote.

Sam's pediatrician referred the family to the Children's Wisconsin Gender Health Clinic. Children's Wisconsin and UW Health house the only two health care facilities in the state dedicated to trans youth. Children's Wisconsin declined an interview, but a handout describes what initial appointments for youth of different ages entail.

Both clinics follow guidelines set by the Endocrine Society and World Professional Association for Transgender Health (WPATH). In a review of existing research, WPATH experts determined that although studies contained "relatively small groups of youth" and varying time frames for follow-up, "this emerging evidence base indicates a general improvement in the lives of transgender adolescents who, following careful assessment, receive medically necessary gender-affirming medical treatment," and that regret is "low." Since the standards' release, new research has strengthened that conclusion.

WPATH guidelines require holistic biopsychosocial evaluations and extensive discussions with young people and their families before and during treatment, recognizing that children grow and change.

At Wisconsin's clinics, per those guidelines, young trans children like Sam do not receive any medical treatment. Until a child reaches puberty, gender-affirming care may involve only social or psychological components — not medical ones. They might try new pronouns or a new name, change their clothes or hair, or start seeing a therapist.

Sam's pediatrician had described the clinic's "huge benefit" as the "resources, connections and education they will be able to provide."

Their first appointment mostly involved talking, and Mary joked the appointment was more for parent than child. Doctors also shared a packet of information with the

OPINION FOOD & DRINK ARTS & EVENTS ABOUT STORE SUPPORT ISTHMUS

“(Sam) was excited to go see the doctor because it’s like, ‘Hey, this is an OK thing. I’m not totally weird,’” Mary says.

Research shows that trans youth who are accepted and affirmed are safer and happier.

The Trevor Project, which works to end LGBTQ+ youth suicide, found that trans and nonbinary youth who report all or most people respect their pronouns attempt suicide at half the rate of those whose pronouns are ignored. A peer-reviewed study found that trans and nonbinary youth who got to use their chosen name in multiple contexts suffered less depression, suicidal ideation and attempts. Another found that trans youth who socially transitioned before puberty had much lower mental health problems than trans youth who do not socially transition.

Sam visited the gender clinic three years ago and hasn’t returned since, but Mary and Fred have committed themselves to learning, listening and adapting as Sam grows up.

“It was scary when I first talked to [Sam’s] daycare about their gender and the struggles they were having with the gender policing from the kids and teachers,” Mary says. “I was nervous that I would do all this and the next day [Sam] would change their mind about gender.”

But that’s one more way the clinic’s approach to gender-affirming care helped her.

“The gender clinic prepared me for the fact that [Sam’s] gender and gender expression were very likely to change as [Sam] began to figure this all out. I was prepared for that to be part of the process and to keep supporting [Sam] through those transitions.”

Right before kindergarten, Sam asked to live as a boy. They wanted a new name, Theo (also a pseudonym), he/him pronouns and use of the boy’s bathroom. Mary called the school and a secretary made the change, so Sam entered school as Theo, without peers knowing Theo had ever been Sam.

At school, they blossomed. They begged to go to school on the weekends. Whenever Mary asked about their favorite part of school, they would shout, “ALL OF IT!”

About halfway through the year, Theo decided to go back to Sam and use they/them pronouns. So Sam’s family, teachers and classmates adjusted.

“It doesn’t fit anymore? Let’s change it,” Mary says. “Let’s not struggle and feel upset about it or like you don’t fit in your own skin.... Let’s make you comfortable.”

Mary and Fred both described their approach to supporting Sam as “going with the flow,” supporting Sam’s autonomy while communicating openly and honestly. “As long as we keep that mindset, no matter what else comes, we’re in it to support (Sam) through whatever it is that they need,” Fred says.

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SARA STATHAS FOR WISCONSIN WATCH

At Wisconsin clinics, young trans children do not receive any medical treatment. Until a child reaches puberty, gender-affirming care involves only such things as trying a new pronoun or seeing a therapist.

'Pushing the pause on puberty'

When young people reach puberty and their bodies begin to change, so, too, does the gender-affirming care available to them and the steps they may take to affirm their gender.

Mickey, 16, loves to “sleep and eat and draw.” At around 14, shortly after one of their parents came out as transgender, they came out as nonbinary. After years of feeling “always kind of boyish,” it’s an identity that “just feels right.”

“Being trans, to me, it’s a stupid answer, but it’s how I feel,” they say in an interview while petting their orange cat. “It’s different than what the doctors told me I was at birth. And it’s how I’ve decided that I am, instead of how other people decide that I am.”

One of Mickey’s first steps toward physical transition involved getting a binder, a special garment that flattens and masculinizes a person’s chest. The Trevor Project found that trans and nonbinary youth who accessed binders and other forms of gender-affirming clothing reported lower rates of suicide than trans youth without access.

Wearing a bra made Mickey’s stomach hurt.

“Whenever I looked down and I saw stuff there I was like, ‘Get it off, get it off!’ And it was kind of like a distaste for my body for a while,” they say. “It makes my anxiety go crazy.”

If worn incorrectly or for too long, a binder may cause pain or irritation. Mickey had to convince their cisgender mom they would wear the binder safely and that any remaining risks were outweighed by the massive benefit the binder would have by alleviating their dysphoria.

Eventually, Mickey sought care at UW Health’s Pediatrics and Adolescents Transgender Health Clinic, which Mickey describes as “warm” and “very welcoming.”

The UW Health team is multidisciplinary, including a general pediatrician, a pediatric endocrinologist, an adolescent medicine doctor, a social worker, a nurse and a

[OPINION](#) [FOOD & DRINK](#) [A & E](#) [EVENTS](#) [ABOUT STORE](#) [SUPPORT ISTHMUS](#)

Over two interviews, a doctor at the clinic described UW Health's process. Wisconsin Watch agreed to withhold their name because a colleague suffered sustained harassment and death threats after publicly discussing gender-affirming care.

Their approach is "methodical," the doctor says. The process begins by triaging patients based on general information, and then a social worker gathers information about the youth's gender journey, as well as their medical, mental health and social background. The process explores whether the child has unaddressed social or mental health needs, how much they've discussed gender with their family, and if their family supports their transition.

At the first appointment, doctor and patient discuss the young person's experience of gender incongruence and body embodiment goals — how they want their body to look and feel to reflect their gender identity — and whether certain medications might eventually help.

The provider stresses open-endedness, telling parents: "Part of our job is to not assume the end of any story, to let this kid keep telling their story and not assume we know the end, no matter what that end might be."

The conversations vary depending on the youth's age. With patients in elementary school, the doctor discusses how parents can support their children in the moment and as they approach puberty, setting realistic expectations and introducing the concept of puberty blockers.

These are the first form of transition-related medications a trans child may take, only prescribed after puberty begins. They do as the name suggests, blocking sex hormones that develop secondary sex characteristics such as breasts or body hair. Once a child stops blockers, puberty resumes as normal.

TRANS YOUTH WHO ARE ACCEPTED AND AFFIRMED ARE SAFER AND HAPPIER

By "pushing the pause button on puberty," blockers allow trans children to avoid the severe distress that can accompany the development of physical characteristics at odds with one's gender identity.

Blockers also provide "time and space" for trans youth to contemplate their identities and consider how they might want their bodies to look in the future. When they stop blockers, they may pursue hormone therapy, which might masculinize or feminize their appearance, or they may decide to forgo medication, continuing with the puberty pre-programmed into their bodies.

"For trans kids that have been very persistent and consistent in their gender identity," the UW Health doctor says, "we might have that conversation (about blockers) over years, which is my favorite way to have it."

WPATH standards say providers should only prescribe blockers or hormones to trans youth who meet certain criteria, such as having an experience of gender incongruity that is "marked and sustained over time."

DO NOT FEED / DRINK A & P EVERY 6 HOURS / SOLID / STOLE / SUPPLY / STAMPS

Sustained use can lower bone density, a fact that opponents of gender-affirming care have used to claim the medications are dangerous. But some research suggests it returns to normal levels after cessation. WPATH's standards recommend testing to establish baseline bone density, as well as ongoing assessments, exercise and supplementation of calcium and vitamin D. Other commonly prescribed medications, such as injectable birth control and systemic steroids for asthma and autoimmune disorders, also affect bone mineral density of adolescents.

"The trickiest part of the conversation" involves fertility, says the UW Health doctor. Going straight from puberty blockers to hormone therapy, without pausing, may reduce fertility — though at this point in the research, the doctor adds, "we just don't know." It's a possibility with which an adolescent may struggle to grasp.

"Puberty blockers, one thing that is super helpful about them is that they give us more time to have these conversations," including with fertility specialists, the doctor says.

"Like with any medical decision that we make, there are tradeoffs," they continue. "Parents often can see, 'I have a choice right now between something in the future that might be a possibility, or affirming my kid right now in a way that can be really positive and important, versus going through puberty that isn't right for their body, and the level of distress and concern a kid might experience with that.'"

Opponents of gender-affirming care also highlight that the Food and Drug Administration has not approved puberty blockers for gender-affirming care. But nearly one-third of all medications prescribed in pediatrics are "off-label," including steroids for croup in toddlers and oral contraception to treat pain associated with menstruation or endometriosis.

"Contrary to what patients might assume, off-label drug use is not the same as experimental," comment two physicians in the *AMA Journal of Ethics*.

Mickey's parents considered puberty blockers, which are reversible, a middle ground before starting testosterone, a masculinizing hormone with partially irreversible effects. Still, it took about six months of visits and family talks before they got a prescription.

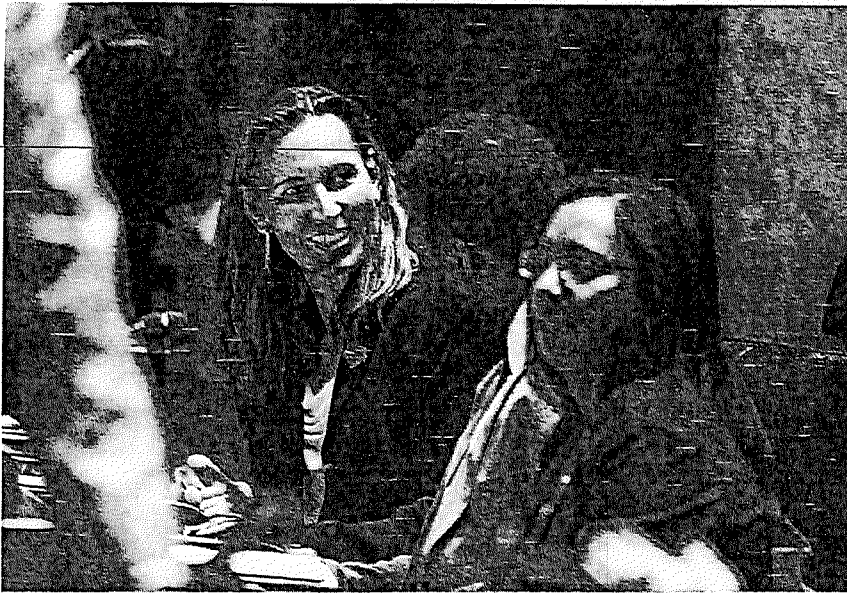
When Mickey's mom learned that puberty blockers have been prescribed for cisgender children going through early puberty for decades, she felt reassured and gave her consent.

At UW Health, providers require permission from the youth and informed consent from a parent or guardian before prescribing blockers.

Throughout this time Mickey saw a therapist with whom they discussed gender identity and other aspects of their mental health. They took blockers for about a year and a half before stopping the medication and starting hormone therapy.

"You can't do it forever, and that's the sad part. I wish I could just take blockers forever," they muse. "But then, also, testosterone is pretty cool."

OPINION FOOD & DRINK AGE EVENTS ABOUT STORE SUPPORT ISTHMUS



DRAKE WHITE-BERGEY / WISCONSIN WATCH

Rep. Melissa Ratcliff recently co-founded the Transgender Parent and Non-binary Advocacy Caucus in the state Assembly.

Post-puberty: more permanent changes

Dan Ratcliff, 19, dreams of being an actor or a screenwriter. He came out as transgender at 14, and eventually channeled his experience into an award-winning short film.

Around the premiere, he told local press he hoped to let other LGBTQ+ people “know that they do have a voice that matters, and if they want to share it, they can.”

As for where he found his own voice? The courage he gained from gender-affirming care.

“Ever since I got the gender-affirming care, I’ve realized I’ve been much more confident with myself,” he says. “How I present myself is just a better version of who I am.”

Dan’s mom, Rep. Melissa Ratcliff, and Rep. Ryan Clancy, D-Milwaukee, recently formed the Transgender Parent and Non-binary Advocacy Caucus, which has criticized attempts to ban or “criminalize life-saving gender-affirming health care.”

Ratcliff reflected on her son’s care with the eye of a legislator. The family’s high quality medical insurance allowed them to visit UW Health. The clinic had a long waitlist and its offices moved locations several times, which could have made accessing care more difficult if the Ratcliffs didn’t have reliable transportation.

The Ratcliffs estimate it took about a year of contemplation before Dan took his first medical step: hormone therapy.

“They walked us through all of our questions and the process and just guided us in what options there were and how Dan felt in proceeding,” Ratcliff says, “with helping him to be himself.”

Neither Children’s Wisconsin nor UW Health prescribes hormones on the first visit, as they require multi-step processes, including support from a mental health provider and parental consent.

Guidelines from the Endocrine Society say trans youth must demonstrate “sufficient mental capacity to give informed consent” to receive a prescription, which “most adolescents have by age 16” but may come earlier. WPATH standards say that due to

[OPINION](#) [FOOD & DRINK](#) [A & E](#) [EVENTS](#) [ABOUT](#) [STORE](#) [SUPPORT ISTHMUS](#)

gender diversity/incongruence.”

Dan began testosterone at 15. As a trans boy, he sought hormone therapy that masculinized his appearance; trans girls may take estrogen and others to feminize theirs. For both courses of treatment, some of the effects are reversible and some are permanent.

Children’s Wisconsin requires patients on hormones to have follow-up appointments every three months for the first year and every six months after that.

The therapy works gradually, not overnight. UW Health regularly checks in with their patients and makes space for them to change their mind and stop, though the doctor says that “almost never happens.” Peer-reviewed research has confirmed that gender-affirming care, such as hormone therapy, improves the lives of people with gender dysphoria, providing better mental health outcomes related to anxiety, depression, self-harm, suicidality, eating disorders and body satisfaction.

21 STATES BAN GENDER-AFFIRMING CARE FOR YOUTH

WPATH’s standards note that, from a human rights perspective, withholding gender-affirming care until a person turns 18 — thus requiring a trans child to go through puberty that conflicts with their gender identity — is not neutral.

Trans youth who wanted but did not obtain puberty blockers or hormones had two to three times higher levels of depression and suicidality, research has found, compared with those who had access to those forms of gender-affirming care.

“Having gender-affirming care was what was most healthy for him,” Ratcliff says of Dan. “If he had to wait until he was 18 to receive care, he would not be healthy, necessarily, right now, because it would have been four years of denying who he was.”

Top surgery

At age 17, Dan took another step years in the making: gender-affirming top surgery. Dan, his parents and his doctors had repeatedly, extensively discussed the possible procedure “at every visit” to UW Health, Ratcliff says.

“It was, again, another very long process,” Dan says. With his parents’ support, he felt safe to reflect and “understand that, yes, this is what I want.”

UW Health states on its website: “Chest masculinization surgery for patients under age 18 is considered only after multidisciplinary evaluation, a letter of support from your mental health provider and with informed consent from all legal guardians.” UW Health does not perform genital surgery on patients under 18.

Chest dysphoria in transmasculine youth is associated with higher rates of anxiety, depression and distress, which can lead to them avoiding exercising or bathing. The WPATH standards of care note that testosterone therapy does not alleviate this

OPINION FOOD & DRINK ARTS & EVENTS ABOUT ISTHMUS SUPPORT ISTHMUS

Before top surgery, Dan spent years flattening his chest with a binder, but it could restrict his breathing and got hot and sweaty in the summer.

"When you identify as male, to not use binders is not practical," his mom says. "Top surgery was the healthier way for him to be himself."

Now, in the summers, "instead of hiding everything, I can take off my shirt and just be seen as one of the guys," he says. "Now, my entire adulthood, I will have a flat chest and I will be able to go through life with a flat chest."

Ratcliff says gender-affirming care has allowed her son to grow up into a successful, healthy person.

"I feel so bad for other people who aren't able to get the care that they want and need," she adds. "He was able to get the care he needed to be able to be confident in who he is, and without that care, we'd be in a much different place."

Changing gender documents: 'Who you are'

Dan's transition also took him to the courthouse, where he changed his identity documents to reflect his true self.

To legally change his name, Dan had to petition the court and place a notice in the newspaper for three weeks. And although Dan's family could afford to pay the relevant fees, over one-third of transgender Wisconsin residents responding to the 2015 U.S. Transgender Survey, the largest survey of its kind, reported they could not update their legal name or gender marker because of costs.

The public notice still worries Dan's mom today. Although state law permits people to request a confidential name change if they can prove that publicizing it "could endanger" them, a recent Court of Appeals ruling narrowly interpreted that to mean physical danger only.

Ratcliff says she wants to explore ways to make the process more accessible: "That is a barrier and causes stress for transgender people."

A recent peer-reviewed study found that transgender and nonbinary youth who changed their legal documents reported significantly lower rates of attempting suicide compared with those who wanted to but had not.

Presenting an ID that conflicts with one's presentation carries risks. One-quarter of trans people in Wisconsin reported in the U.S. Transgender Survey being verbally harassed, denied service or benefits, asked to leave or assaulted after showing an outdated ID.

Dan faced higher hurdles when changing the gender marker on his birth certificate. Wisconsin is one of 12 states requiring transition-related surgery — here called a "surgical sex-change procedure" — before permitting a trans person to change the designation from F to M or vice versa.

Yet only one-quarter of trans people nationwide report receiving some form of transition-related surgery, and 55% of those who sought insurance coverage for such procedures were denied.

After getting top surgery, Dan needed a letter from a doctor and a mental health provider confirming his gender-affirming care satisfied the law's requirements. Had he lived in neighboring Minnesota, Illinois or 25 other states, he would not have needed surgery or a court order.

"Having your name, officially, be who you are is really important in gender-affirming care as well," Ratcliff says. "It's on your driver's license, birth certificate, passport."

Says Dan: "I feel like myself now."

Schneider, Jeanine

From: K Bruss <karebare1116@gmail.com>
nt: Tuesday, October 3, 2023 11:43 PM
To: Rep.Moses; Rep.Rozar; Brooks, Rob; Rep.Dittrich; Rep.Gundrum; Rep.Magnafici;
Rep.Murphy; Rep.Sapik; Rep.Schutt; Rep.Summerfield; Rep.VanderMeer; Rep.Subeck;
Rep.Rierner; Rep.Anderson; Rep.Vining; Rep.Drake
Cc: WDI Legislative Team; Rep.Brandtjen
Subject: WI AB 465 Supporting Testimony
Attachments: WI AB 465.pdf



October 3, 2023

Dear Representatives,

I have attached my written testimony in support of WI AB 465.

Sincerely,

Kari Bruss
Signatory, Declaration on Women's Sex-Based Rights
Country Contact WDI USA

--

We can either have Democracy in this country or we can have great wealth concentrated in the hands of a few, but we can't have both
~ Louis Brandeis



Women's Declaration International

Testimony of Kerri Bruss

Before the House Health, Aging and Long-Term Care Committee

Wisconsin Assembly Bill 465

October 3, 2023

SUPPORT

Thank you, members of the House Health, Aging and Long-Term Care Committee, for allowing me to provide testimony in support of Assembly Bill 465. My name is Kerri Bruss. I reside in Waukesha County, Wisconsin.

Women's Declaration International (WDI) is a global, nonpartisan group of volunteer women dedicated to protecting women's sex-based rights. WDI USA is its U.S. chapter. WDI's principles are stated in the Declaration on Women's Sex-Based Rights (the Declaration), which has about 35,000 signatures globally.

Our interest in House Bill 465 is based on Article 9 of the Declaration, which reaffirms the need for the protection of the rights of the child. This is in keeping with Article 3(1) of the United Nations Convention on the Rights of Children, which states: "In all actions concerning children... the best interests of the child shall be a primary consideration." The Declaration reads: "States should recognize that medical interventions aimed at the 'gender reassignment' of children by the use of puberty suppressing drugs, cross-sex hormones and surgery do not serve the best interest of children. Children are not developmentally competent to give full, free and informed consent to such medical interventions, which carry a high risk of long-term adverse consequences.... States should recognize that medical interventions aimed at the 'gender reassignment' of children... are emerging harmful practices as defined by Part V of the Joint General Recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices."

Telling children that girls can be boys and boys can be girls, that how they feel takes priority over the biological reality of their sex, is a lie. It is an especially harmful lie when told to children by authorities such as teachers and other school officials.

I support legislation that protects children and their right to grow up free from unnecessary harm, including the harm of being lied to by government agencies; and therefore I ask that you support this bill, and allow children the chance to grow out of the normal and temporary discomfort with their developing bodies, and go on to live lives free from the adverse health consequences of life-long medicalization.

Kerri Bruss

Signatory to the Declaration on Women's Sex-Based Rights

Country Contact WDI USA

Schneider, Jeanine

From: nicholas zavo <nick@nzga.org>
nt: Thursday, October 5, 2023 8:45 AM
To: Sen.Roys; Sen.Agard; Rep.Hong; Rep.Stubbs; Rep.Subeck; Rep.Baldeh
Subject: Transgender legislation
Attachments: transsupportjt.104.pdf

Mayor Rhodes-Conway asked that I forward her statement on the recent legislation targeting transgender youth



Room 403
210 Martin Luther King, Jr. Boulevard
Madison, WI 53703
Satya Rhodes-Conway, Mayor



Room 417
210 Martin Luther King, Jr. Boulevard
Madison, WI 53703
Jael Currie, Council President
October 4, 2023

For Immediate Release
October 4, 2023

Contact: Katie Crawley
608-266-4611

Statement of Mayor Rhodes-Conway and Madison Alders on Proposed State Legislation Attacking Trans Youth

Madison is, and has been for a long time, a welcoming and supportive place for the LGBTQ+ community. In 1975 Madison became the first place in Wisconsin, and one of the earliest in the country, to ban discrimination based on sexual orientation. The City also created the State's first domestic partnership registry in 1990 and became the first place in Wisconsin to prohibit discrimination based on gender identity. More recently, the Common Council voted to declare Madison a sanctuary for trans- and non-binary individuals.

These local efforts were thrown into sharp relief by bills introduced in the Wisconsin legislature that would ban transgender youth from accessing gender-affirming healthcare and prohibit trans students from playing on sports teams consistent with their authentic gender identity.

"These proposals represent another attempt by politicians to assert control over our health, bodies, identities, and futures. As with abortion access, the state has no business intervening in personal medical decisions. Bottom line: the legislators supporting these bills are playing politics with people's lives and I want everybody to know that the City of Madison is a place where everyone, but particularly trans folks and trans kids, are welcome and supported and affirmed," said Mayor Satya Rhodes-Conway.

Gender-affirming care – medically necessary, evidence-based health care proven to reduce anxiety, depression, and suicide risks among trans youth – is supported across the mainstream of the medical community, including national medical bodies like the American Academy of Pediatrics, the American Medical Association, the American College of Physicians, and the American Psychological Association. Denying healthcare to transgender youth can be life threatening. Research shows it contributes to depression, isolation, eating disorders, self-harm, and suicide. On the contrary, transgender youth whose families support their gender identity have a 52% decrease in suicidal thoughts, a 48% decrease in suicide attempts, and significant increases in self-esteem.

Even when these bills do not become law, their introduction alone has proven harmful. A 2022 survey found that 85% of trans and nonbinary youth report that facing ongoing political attacks has been detrimental to their mental health, according to the Trevor Project.

Courts across the country are rejecting identical legislative attacks against the rights of trans youth, their families, and their medical providers. Decisions about the health of trans children should be between them, their families, and their doctors, not politicians hell-bent on outlawing necessary medical care. If enacted, this proposal will quite literally force families out of the state who are proud to call Wisconsin home. It is shameless, heartless, and dangerous.

Transgender students participate in sports to challenge themselves and be part of a team – the same as their peers. The opportunity to participate in sports results in positive outcomes for students, including better grades, greater homework completion rates, higher educational and occupational aspirations, and improved self-esteem.

Lawmakers should instead tackle the real issues with gender parity in sports, including unequal funding, resources, pay equity, and more. Promoting baseless fears about trans athletes does nothing to address those fundamental problems. Excluding trans students from participating in sports teams consistent with their authentic gender identity is unfair and discriminatory. School sports should be inclusive for all students.

“These deeply misguided bills demonstrate why actions like the City Council and County Board resolutions – and the organizing by trans and LGBTQ+ youth that led to them – are so meaningful and important. It’s critical that we, as a government and a community, stand up to hate and discrimination and make it clear that the LGBTQ+ community is welcome in Madison,” said Alder Dina Nina Martinez-Rutherford.

The current Madison Common Council is the most diverse yet, with over half represented by people of color, a quarter of Alder districts represented by LGBTQ+ alders, and with Alder Dina Nina Martinez-Rutherford elected as the first openly transgender elected official in Madison. In addition, Mayor Rhodes-Conway is the first out LGBTQ+ mayor. This is a testament to how welcoming and supportive the Madison community is, and to our collective commitment to defending against hateful and discriminatory legislation proposed at the state level. This joint* statement signifies that continued welcome and support.

*Alder Wehelie is out of the City and was therefore unable to join the statement.

####



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October 4, 2023

To the Wisconsin State Assembly Committee on Health, Aging, and Long-Term Care:

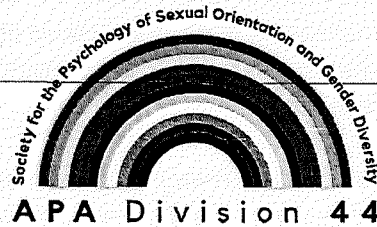
We are responding to **2023 Assembly Bill 465**, relating to the prohibition of gender transition medical intervention for individuals under 18 years of age. The Wisconsin Psychological Association opposes this bill based on the current scientific literature in our field. This bill seeks to eliminate access to gender affirming care for youth, which should be a decision made by the patient, their provider(s), and caregiver(s). Further, it seeks to criminalize providers, including psychologists, for making referrals for gender-affirming care. This conflicts with important ethical principles that guide psychologists' work.

Please see the attached document from Division 44 of the American Psychological Association. It provides an explanation of how legislation such as AB 465 contradicts current psychological science, undermines ethical principles, and may increase psychological distress for patients and their families. There are multiple resources and references listed at the end of the document. A copy of the American Psychological Association's resolution on gender identity change efforts is also attached for your reference. Additional information from the American Psychological Association on gender-affirmative care can be found here:
<https://www.apa.org/topics/lgbtq/gender-affirmative-care>

Thank you for taking the time to review the accompanying documents. We appreciate your interest in learning more about the current state of psychological science and our practice standards as psychologists. We are happy to discuss any of these items further.

Sincerely,

Kim Skerven, PhD on behalf of the Wisconsin Psychological Association
6737 West Washington Street, Suite 4210
Milwaukee, WI 53214



Statement Opposing Legislation Targeting Transgender and Gender Diverse People
The Society for the Psychology of Sexual Orientation and Gender Diversity (Division 44)
of the American Psychological Association

The Society for the Psychology of Sexual Orientation and Gender Diversity (Division 44) of the American Psychological Association ***strongly opposes*** legislation targeting the health and well-being of transgender and gender diverse (TGD) people. In 2023, anti-transgender legislation has been introduced in the legislatures of 49 of the 50 U.S. states ([Trans Legislation Tracker, 2023](#)). Dozens of these bills have already been signed into law ([ACLU, 2023](#); [Trans Legislation Tracker, 2023](#)). This onslaught of hundreds of anti-TGD bills is intended to limit or restrict access to gender-affirming care for patients or criminalize providers who provide gender-affirming healthcare (e.g., [Mallory et al., 2023](#); [Yurcaba, 2023](#)). Anti-TGD legislation introduced or passed in state legislatures across the United States also limit access for TGD people to public accommodations (e.g., [Brasch & Javaid, 2023](#)), restrict participation in educational and extracurricular activities (e.g., [Forrest et al., 2023](#)), and prevent the exercise of freedom of expression (e.g., [Reagan, 2023](#)).

Restricting Access to Care Contradicts Science and Professional Expertise

There is no scientific or health justification for legislation which restricts access to gender-affirming care. In fact, the medical and mental health professions support gender-affirming care, recognizing the scientific fact that gender identities are diverse and rigid notions of sex and gender are barriers to good healthcare for all patients (e.g., [Coleman et al., 2022](#); [American Academy of Pediatrics, 2021](#); [American Medical Association, 2021](#); [American Psychological Association, 2015](#); [American Psychiatric Association, 2020](#); [American Psychological Association, 2021](#); [National Association of Social Workers, 2023](#)). Research has shown that social stigma, prejudice, discrimination, and even violence that TGD people experience, including stigma and discrimination created by anti-transgender laws and policies, creates minority stress processes that are associated with adverse mental and physical health outcomes for TGD people ([Horne et al., 2022](#); [Redfield et al., 2023](#)). Instead of helping TGD people, these laws harm them.

These legislative acts are based in anti-TGD stigma and the politicization of gender-affirming healthcare (c.f. [Turban et al., 2021](#); [Walch et al., 2020](#)). Arguments supporting these legislative acts recast gender diversity and gender-affirming care as baseless “gender ideology,” “extremism,” and even proof of a conspiracy by medical and mental health professionals to convince people they are TGD and/or abuse children. Proponents of these bills argue that they are protecting TGD people from gender-affirming medical and mental healthcare, which they claim is harmful rather than helpful to TGD people. Similar strategies and rhetoric were used by legislators attempting to restrict lesbian, gay, bisexual, and other sexual minority people from

enjoying the right to marry the person they love. Division 44 recognized these arguments as based in stigma, not science, and consequently opposed those attempts then (American Psychological Association, 2011), just as we oppose the current onslaught of attacks on TGD people as based in stigma, not science, now.

Therefore, APA Division 44 affirms the legitimacy of gender affirming care and stands in strong opposition to attempts by local, state, and federal governmental bodies to misinform the public, interfere in the patient-provider relationship, and infringe upon the rights of TGD people and their families to seek and receive appropriate care and accommodations which evidence indicates is supportive of their health.

Restricting Access to Care Undermines Ethical Principles

The recent legislative actions banning gender-affirming care undermine ethical principles that guide psychological practice. Specifically, gender-affirming medical and psychological care has been shown to mitigate the negative effects of gender dysphoria, satisfying the ethical principles of Beneficence and Nonmaleficence. Recent legislative policies threaten providers' ability to engage in beneficent clinical practice and minimize the harmful effects of gender dysphoria, placing psychologists in a compromising position of abiding by law, or following ethical code of conduct benefiting our patients. It is anticipated that lack of access to gender affirming health, and the increasingly hostile anti-transgender rhetoric which fuels these restrictions, will have dire ramifications for the health of TGD people (Holt et al., 2023), particularly TGD youth (Redfield et al., 2023).

Legislative intrusions into clinical practice that prohibit gender affirming care are inconsistent with the general ethical principle of Integrity. The principle of Integrity states that "Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology" (APA, 2017, p. 3-4). Psychologists who provide truthful, evidence-based information to patients may risk being charged with "aiding and abetting" criminalized medical care. Laws or regulations that cast gender affirming mental health care as "aiding and abetting" could create a conflict between law or governmental regulations and the Ethics Code, which states that "psychologists take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code" (APA, 2017, p. 4; also see Flynn et al., 2021).

Anti-TGD policies are also irreconcilable with the ethical principle of Justice, i.e., the equitable distribution of access to health care (APA, 2017). Geographic disparities in the access to quality medical and mental health care are expected to increase as a result of anti-TGD legislative efforts, further hampering the ability of multiply marginalized and otherwise vulnerable individuals to access needed care (Holt et al., 2023; Truszczyński et al., 2022). Respect for People's Rights and Dignity affirms "the rights of individuals to privacy, confidentiality, and self-determination," as well as respect for individual differences including gender identity (APA, 2017, p. 4). Further, psychologists "do not knowingly participate in or condone activities of others based upon... prejudices" (APA, 2017, p. 4). Ethically, therapy clients should have basic rights to self-determination and autonomy, free from the prejudicial views that discourage gender

diversity, and access to psychotherapy facilitated by psychologists who understand TGD people (Puckett et al., 2023).

Legislative attacks on TGD youth and adults impair and criminalize ethical psychological practice, placing psychologists at risk of conflicts between governmental law and regulation and professional ethics. Therefore, Division 44 stands in strong opposition to restrictions on access to gender affirming healthcare.

Restricting Access to Sports is Discriminatory

Bills that restrict TGD youth's access to sports are discriminatory, reduce participation in sports, particularly girls' sports, and contradict the goals of youth sports. Science finds participation in sports results in positive outcomes, such as better grades, greater homework completion, higher educational and occupational aspirations, and improved self-esteem (Darling et al., 2005; Fredericks & Eccles, 2006; Marsh & Kleitman, 2003; Nelson & Gordon-Larsen, 2006; Ortega et al., 2008; U.S. Department of Health and Human Services, 2008). TGD-inclusive policies increase girls' sports participation (Center for American Progress, 2021). Excluding TGD children from sports is discriminatory and psychologically harmful to them. Requiring TGD youth to athletically compete on teams based on their sex assigned at birth is the same as banning them from athletic competition entirely (ACLU, 2020). Excluding just some youth from sports runs contrary to the goals of sport. Excluding any subset of youth from sports encourages divisiveness and compromises group cohesion, undermining the benefits all youth deserve from team sports (ACLU, 2020).

All youth should have access to these benefits. Denying TGD youth access to these benefits is discrimination. Thus, Division 44 stands in strong opposition to restrictions on TGD youths' participation in educational activities including in sports.

Efforts to Ban or Restrict Inclusive School Curricula Cause Harm

Efforts to ban or restrict instruction of topics which touch on the experiences of TGD people, including efforts to remove books from school libraries, compound long-standing problems of invisibility and negative representations that harm TGD students and erode the broader school climate. The latest GLSEN National (2020) survey shows less than 20% of schools taught students about lesbian, gay, bisexual, transgender, or queer (LGBTQ+) history, culture, and people; worse, 17% of schools reinforce *negative* stereotypes about LGBTQ+ people in their curricula, contributing to the stigma of TGD students. GLSEN (2020) finds that only 21.4% of Black youth are taught positive representations of LGBTQ+ history, culture, or people at school. The stigma that many TGD youth face at school negatively impacts their education, as TGD students in unsupportive school environments experience greater absenteeism, have higher rates of dropout, and have lower GPAs (GLSEN, 2020).

Offering comprehensive, inclusive education reduces stigma and marginalization of LGBTQ+ youth more broadly, including TGD youth, leading to improved school climates. Students at schools with inclusive education reported hearing fewer slurs, lower levels of victimization, felt safer, missed fewer days of school, and had a higher GPA in comparison to students whose schools did not cover LGBTQ+ topics in education (GLSEN, 2020). TGD students whose

schools had inclusive curricula also report feeling safer and more accepted (GLSEN, 2020). And, because it is not just TGD youth who are the target of gender-based bullying (for instance, heterosexual students who are not TGD can also be called anti-gay slurs, teased for being too effeminate or masculine, etc.; Fisher et al., 2012; McCarty-Caplan, 2013), inclusive educational environments improve the school climate for all students. Similarly, Snapp et al. (2015) found that LGBTQ+ youth who attend schools which included LGBTQ+ youth in anti-harassment curricula reported lower harassment, less victimization, and felt safer and more supported in their school. And, schools that have implemented inclusive health curricula find that students are subsequently more likely to intervene when witnessing bullying (Baams et al., 2017; Proulx et al., 2019).

Division 44 stands in strong opposition to anti-TGD restrictions on instruction and/or curriculum and calls on policy makers to support inclusive policies.

Anti-TGD Legislation Causes Harm

Anti-TGD legislation and policies have a host of negative impacts on the lives of youth, adults, families, and communities. These policies lead to individuals losing access to medically necessary and appropriate healthcare, being excluded from school curriculum and sports, being disallowed from public bathrooms and changing rooms which match their gender identity, permitting or requiring teachers to use the incorrect name and pronouns for children and adolescents, and other actions. These actions lead to many serious harms including increased mental health symptoms and distress, feelings of marginalization, decreased school engagement, and poorer health (Dubois et al., 2018; Goldberg & Abreu, 2023; Horne et al., 2022; Perez-Brumer et al., 2015; Redfield et al., 2023). Additionally, anti-trans stigma has been identified as a driver of violence experienced by TGD communities (James et al., 2016). In a recent national survey, 86% of TGD youth reported increased distress due to these anti-transgender bills and the debates around them (Trevor Project, 2023). This is particularly concerning because TGD youth were already reporting higher levels of emotional distress and more barriers to accessing care which these latest restrictions, such as gender-affirming care bans and increasingly emboldened and hostile local and societal contexts, will only exacerbate (Abreu et al., 2022; Price-Feeney et al., 2020). Furthermore, transgender and gender diverse people who experience racism and other marginalizing experiences tend to be even more deeply impacted (James et al., 2016; Ryan et al., 2018; Trevor Project, 2022). These anti-TGD bills add stress, infringe upon TGD people's rights (American Counseling Association, 2023), and further limit the availability of protective resources, putting transgender and gender diverse people at significant risk of harm. Anti-TGD legislation is in sharp contrast to the health-promoting effects of gender-affirming healthcare and other inclusive policies and practices.

Research has clearly demonstrated the safety and effectiveness of gender-affirming care and inclusive policies (Olson et al., 2016; Tordoff et al., 2022; van der Miesen et al., 2020). Public conversations often incorrectly cast gender-affirming care as “new” or “experimental” and therefore do not accurately reflect the careful, rigorous body of research evidence that informs the practice of gender-affirming care (e.g., Swan et al., 2023). Rather than rely on anecdotes, we encourage parents, school staff, community members, and elected officials to refer to evidence-based resources to increase their understanding of transgender people and gender-affirming care.

Conclusion

The Society for the Psychology of Sexual Orientation and Gender Diversity (Division 44) of the American Psychological Association *stands in strong opposition* to the wide range of legislative attacks targeting TGD people's safety, rights, freedom of expression, and access to care. These legislative attacks increase stigma towards TGD people and LGBTQ+ people more broadly, run contrary to science, and violate ethical principles established in the discipline of psychology. Please see below for additional resources.

Resources

Clinical Education and Training Resources

- General
 - Society for the Psychology of Sexual Orientation and Gender Diversity - American Psychological Association Division 44
 - American Psychological Association LGBTQ Resources and Publications
 - UCSF Center of Excellence for Transgender Health
 - The National LGBTQIA Health Education Center
 - A Resource for Incorporating Trans and Gender Diverse Issues into Counseling Psychology Curricula
 - Guidelines for Psychological Practice With Transgender and Gender Nonconforming People
 - Stanford University - Health Across the Gender Spectrum (*Free Course)
 - Standards of Care for Transgender and Gender Diverse People
- Youth and Families
 - A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children
 - Providing Services and Supports for Youth who are LGBTQI2-S
 - Trans Teen and Family Narratives Conversation Toolkit
 - Resources for supporting trans youth in school from GLSEN

Mental Health Resources

- Transgender Crisis and Suicide Prevention
 - The National Suicide Prevention Lifeline at 800-273-TALK (8255)
 - The Trevor Project - 1-866-488-7386 OR Text START to 678-678
 - Trans Lifeline - 877-565-8860
 - LGBTQ National Youth Talkline - 1-800-246-7743

- LGBT National Hotline - 1-888-843-4564
- Mental Health
 - National Queer and Trans Therapists of Color Network (NOTTCN)
 - OutCare Health
 - World Professional Association for Transgender Health (WPATH)
 - Inclusive Therapist
 - InnoPsych

Legal Resources

- Transgender Law Center
- Transgender Legal Defense & Education Fund
- GLAD Legal Advocates & Defenders - Transgender Rights
- Sylvia Rivera Law Project
- Trans Doe Task Force
- Harvard Law School LGBTQ+ Advocacy Clinic
- American Civil Liberties Union (ACLU)

Community and Advocacy Resources

- Community and Advocacy - Youth and Families
 - Trans Student Educational Resources
 - Gender Spectrum
 - Gender Diversity
 - TransFamilies
 - Trans Youth Family Allies
 - Trans Youth Equality Federation
 - Human Rights Campaign LGBTQ+ Youth Resources
- Community and Advocacy - General
 - Harriet Hancock Center Foundation - List of Resources for LGBT people in the midlands region of South Carolina
 - Them.us
 - Black Trans Advocacy Coalition
 - PFLAG
 - Columbia Gender Identity Program
 - Trans Latina Coalition
 - GLAAD

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APA RESOLUTION on Gender Identity Change Efforts

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The foundational professional guideline for working with gender diverse persons acknowledges that, "Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person's gender identity may not align with sex assigned at birth." (APA, 2015, p. 834). Gender identity refers to "a person's deep felt, inherent sense of being a girl, woman, or female; a boy, a man, or male; a blend of male or female; [or another] gender" (APA, 2015, p. 862). While gender refers to the trait characteristics and behaviors culturally associated with one's sex assigned at birth, in some cases, gender may be distinct from the physical markers of biological sex (e.g., genitals, chromosomes). Gender identity is also distinct from gender expression, which refers to "the presentation of an individual including physical appearance, clothing choice and accessories, and behaviors that express aspects of gender identity" (APA, 2015, p. 861). Cisgender refers to "a person whose gender identity aligns with sex assigned at birth" (e.g., an individual assigned female at birth who identifies as a woman/girl; APA, 2015, p. 861). Transgender is "an umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth" (APA, 2015, p. 863). For the purpose of this resolution, we are using a broad definition of transgender to include transgender women/girls, transgender men/boys, nonbinary individuals (i.e., people who may identify as a gender other than a woman/girl or a man/boy), and any individual who articulates a gender identity different from societal expectations based on their sex assigned at birth.

Some transgender and gender nonbinary individuals seek gender-affirming medical care (e.g., hormone therapy, surgery) while others do not. Similarly, some transgender and gender nonbinary individuals seek to change their gender marker and/or their name on legal documents, while others do not. In this resolution, we strive to be inclusive of all gender diversity regardless of a person's pursuance of social, medical, or legal transition.

The fields of psychiatry and psychology have a long history of pathologizing individuals and those who question their gender identity (Barkai, 2017; Benson, 2013; Bouman et al., 2014; Burke, 2011; Drescher, 2010; Nadal et al., 2010; Riggs et al. 2019). This history is informed by, and parallels, the larger Western and United States-based, medical-model, narratives that 1) define gender as binary and conflate it with physical markers, 2) define masculinity, and characteristics historically attributed to men/boys, as superior to femininity and characteristics historically

attributed to women/girls, 3) create systems that confer privilege to cisgender people and label cisgender identities and expressions as normative, 4) discriminate against transgender and gender nonbinary individuals (Stryker, 2017).

Gender identity change efforts (GICE) refer to a range of techniques used by mental health professionals and non-professionals with the goal of changing gender identity, gender expression, or associated components of these to be in alignment with gender role behaviors that are stereotypically associated with sex assigned at birth, (Hill et al., 2010; SAMHSA, 2015). In addition to explicit attempts to change individuals' gender according to cisnormative pressures, GICE has also been a component of sexual orientation change efforts (SOCE). As intense focus on cisnormative conformity is a frequent characteristic of SOCE it is possible that authors in the literature describing sexual orientation change efforts misgendered their participants (Hipp et al., 2019). Moreover, "ex-gay" literature and discourse conceptualize gender diversity as a sin, a mental illness, and harmful, perpetuating cisgenderism and transmisogyny (Robinson & Spivey, 2019). Finally, Hipp et al. (2019) identified forms of GICE that are often not discussed in the psychological literature but that appear to disproportionately affect Black transgender and gender nonbinary individuals including violence, "church hurt" (i.e., religious or faith-based trauma), and gatekeeping from gender affirming care. These efforts may be referred to as "conversion therapies", "corrective" treatments, or "normalizing" therapies (Hill et al., 2010). However, to consider these techniques as therapies or treatments is inaccurate and inappropriate because, the incongruence between sex and gender in and of itself is not a mental disorder (World Health Organization, n.d.) so, any behavioral health or GICE technique or treatment that seeks to change an individual's gender identity or expression is not indicated; thus, any behavioral health or GICE effort that attempt to change an individual's gender identity or expression is inappropriate (Hill et al. 2010; SAMHSA, 2015).

With roots in this history, GICE are founded on the notion that any gender identity that is not concordant with sex assigned at birth is disordered, and that a cisgender identity is healthier, preferable, and superior to a transgender or gender nonbinary identity (Ansara & Hegarty, 2011; Hill et al., 2010; Robinson & Spivey, 2019).

GICE cause harm by reinforcing anti-transgender and anti-gender nonbinary stigma and discrimination (Turban et al., 2020); and by creating social pressure on an individual to conform to an

identity and/or presentation that may not be consistent with their sense of self (e.g., Bockting et al., 2013; Egan & Perry, 2001; Meyer, 2003; Nadal et al., 2012; Russell et al., 2012; Toomey et al., 2010; Sandfort et al., 2007). Furthermore, GICE are not supported by empirical evidence as effective practices for changing gender identity and are associated with psychological and social harm (Brinkman et al., 2014; Carr, 1998; Gagné & Tewksbury, 1998; Horn, 2007; Price et al., 2019; Smith & Leaper, 2006). The American Psychological Association (APA), as well as other healthcare organizations, (e.g., American Counseling Association, World Professional Association for Transgender Health) have established empirically-supported practice guidelines that encourage clinicians to use gender-affirming practices when addressing gender identity issues (ACA, 2010; APA, 2015; Coleman et al., 2012). Additionally, a number of national and international professional healthcare organizations have publicly warned against the harmful effects of GICE and SOCE (Sexual Orientation Change Efforts) by endorsing the United States Joint Statement Against Conversion Efforts (USJS, n.d.), including the American Academy of Family Physicians, American Academy of Nursing, American Association of Sexual Educators, Counselors and Therapists, American Counseling Association, American Medical Association, American Medical Student Association, American Psychoanalytic Association, The Association of LGBTQ Psychiatrists, Society for Affectional, Intersex, and Gender Expansive Identities, Clinical Social Work Association, GLMA: Health Professionals Advancing LGBTQ Equality, The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and their Allies, and the World Professional Association for Transgender Health. A growing number of states and municipalities have enacted laws that prohibit licensed mental health professionals from engaging in sexual orientation and gender identity change efforts with minors (Movement Advancement Project, n.d.).

GENDER DIVERSITY, STIGMA, AND DISCRIMINATION

WHEREAS diversity in gender identity and expression is part of the human experience and transgender and gender nonbinary identities and expressions are healthy, incongruence between one's sex and gender is neither pathological nor a mental health disorder (APA, 2009, 2015; SAMHSA, 2015);

WHEREAS gender diverse individuals experience cissexist discrimination and prejudice throughout the lifespan and life domains (APA, 2009) including significant discrimination in healthcare settings (Burnes et al., 2016; Fredriksen-Goldsen et al., 2014; Grant et al., 2011; James et al., 2016; Johns et al., 2019; Lambda Legal, 2010; Macapagal et al., 2016; Reisner et al., 2015; White Hughto et al., 2015);

WHEREAS the practice of GICE reinforces stigma and discrimination against transgender and gender diverse people (Turban et al., 2020);

WHEREAS gender-related bias, victimization, discrimination, criminalization, and forced-gender conformity experienced by transgender and gender nonbinary people are associated with poor psychosocial outcomes, such as heightened psychological distress, compromised overall wellbeing, and disparities across various contexts (e.g., healthcare, schools/education, workplace, law) (Bockting et al., 2013; dickey et al., 2016; Egan & Perry, 2001; Meyer, 2003; Nadal et al., 2012; Russell et al., 2012; Hendricks & Testa, 2012; Toomey et al., 2010; Sandfort et al., 2007);

WHEREAS invalidation and rejection of transgender and gender nonbinary identities and diverse gender expressions by others (e.g., families, therapists, school personnel) are forms of discrimination, stigma, and victimization, which result in psychological distress (Bockting et al., 2013; D'Augelli et al., 2006; Egan & Perry, 2001; Hendricks & Testa, 2012; Hidalgo et al., 2015; Landolt et al., 2004; Meyer, 2003; Nadal et al., 2012; Price, et al., 2019; Roberts et al., 2012; Sandfort et al., 2007; Stotzer, 2012; Russell et al., 2012; Toomey et al., 2010; Truong et al., 2020a, 2020b; Zongrone et al., 2020);

GICE AND RISKS OF HARM

WHEREAS individuals who have experienced pressure or coercion to conform to their sex assigned at birth or therapy that was biased toward conformity to one's assigned sex at birth have reported harm resulting from these experience such as emotional distress, loss of relationships, and low self-worth (Brinkman et al., 2014; Carr, 1998; Gagné & Tewksbury, 1998; Horn, 2007; Price et al., 2019; Smith & Leaper, 2006);

WHEREAS in one study of a large online sample of LGBTQ young people, those who reported experiencing change efforts were more than twice as likely to report having attempted suicide and having multiple suicide attempts as those who did not experience change efforts, (Green et al., 2020);

WHEREAS GICE have not been shown to alleviate or resolve gender dysphoria (Bradley & Zucker, 1997; Cohen-Kettenis & Kuiper, 1984; Gelder & Marks, 1969; Greenson, 1964; Pauly, 1965, SAMHSA, 2015);

WHEREAS GICE can cause undue stress and suffering and interfere with healthy sexual and gender identity development (Hiestand & Levitt, 2005; SAMHSA, 2015);

WHEREAS GICE can reduce one's willingness to pursue future mental health treatment (Craig et al., 2017);

WHEREAS GICE often involves the promotion of stereotyped gender behaviors consistent with cultural expectations (Coleman et al., 2012; Hill et al., 2010);

WHEREAS GICE are associated with harmful social and emotional effects for many individuals, including but not limited to, the onset or increase of depression, anxiety, suicidality, loss of sexual feeling, impotence, deteriorated family relationships, a range of post-traumatic responses, and substance abuse (c.f. Burnes et al., 2016; Green et al., 2020; SAMHSA 2015 for a review; Turban et al., 2019);

WHEREAS diverse gender expressions and transgender and gender nonbinary identities are not mental disorders (American Psychiatric Association, 2013) and many transgender and gender nonbinary individuals lead satisfying lives and have healthy relationships (APA, 2015; SAMHSA, 2015);

GENDER AFFIRMING PRACTICES

WHEREAS transgender and gender nonbinary people whose gender has been affirmed report increased quality of life (Ainsworth & Spiegel, 2010; APA, 2015; Gerhardstein & Anderson, 2010; Kraemer et al., 2008; Newfield et al., 2006);

WHEREAS self-determination in defining one's gender identity is a source of resilience for transgender and gender nonbinary people and associated with improvements in wellbeing and reductions in psychological distress (Menvielle & Tuerk, 2002; Pickstone-Taylor, 2003; Rosenburg, 2002; Singh et al., 2011; Singh et al., 2014);

WHEREAS individuals who have experienced gender-affirming psychological and medical practices report improved psychological functioning, quality of life, treatment retention and engagement, and reductions in psychological distress, gender dysphoria, and maladaptive coping mechanisms (Austin & Craig, 2015; de Vries et al., 2014; Haas et al., 2011; Sevelius, 2013; White Hughto & Reisner, 2016);

WHEREAS professional consensus recommends affirming therapeutic interventions for transgender and gender nonbinary adults who request that a therapist engage in GICE, and for trans youth whose parents/guardians or other custodians (e.g., state, foster care) request that a therapist engage in GICE (American Counseling Association, 2009; APA, 2012; 2015; American Psychiatric Association, 2018; Byne et al., 2012; Edwards-Leeper et al., 2016);

WHEREAS affirming therapeutic practices and guidelines recommend that the therapist should remain objective and nonjudgmental to the outcome, focusing on empowering the client to be active in exploring, discovering, and understanding their own identity (American Counseling Association, 2009;

APA, 2012; 2015; American Psychiatric Association, 2018; Byne et al., 2012; Edwards-Leeper et al., 2016);

APA POLICY

WHEREAS APA opposes discrimination on the basis of gender identity, gender expression, and transgender and gender nonbinary identities, and actively opposes the adoption of discriminatory legislation (APA, 2008);

WHEREAS APA supports the passage of laws and policies protecting the legal rights and freedoms of transgender and gender nonbinary people, regardless of gender identity or expression (APA, 2008);

WHEREAS Psychologists' work is based upon established scientific and professional knowledge of the discipline. (APA, 2017b, p. 5);

WHEREAS APA recognizes that psychologists work is based upon Respect for People's Rights and Dignity (Principle E), Avoiding Harm (3.04), and Unfair Discrimination (3.01; APA, 2017b);

WHEREAS gender affirming psychotherapy is founded in clinical practice guidelines, and harm has not been identified for any of these gender-affirming treatment practices (APA, 2015, 2017b; Byne et al., 2012);

WHEREAS the APA policy and practice guidelines (e.g., Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality; Guidelines for Psychological Practice with Transgender and Gender Nonconforming People) affirm that psychologists do not engage in discriminatory or biased practices and urge psychologists to take a leadership role in preventing discrimination towards transgender and gender diverse people (APA, 2009, 2015, 2017a);

WHEREAS APA's 2005 Policy Statement on Evidence-Based Practice in Psychology defines evidence-based practice as the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences (APA, 2005);

BE IT THEREFORE RESOLVED that consistent with the APA definition of evidence-based practice (APA, 2005), the APA affirms that scientific evidence and clinical experience indicate that GICE put individuals at significant risk of harm;

BE IT FURTHER RESOLVED that the APA opposes GICE because such efforts put individuals at significant risk of harm and encourages individuals, families, health professionals, and organizations to avoid GICE;

BE IT FURTHER RESOLVED that APA opposes the idea that incongruence between sex and gender is a mental disorder (Hill et al., 2010; SAMHSA, 2015; WHO).

BE IT FURTHER RESOLVED that after reviewing scientific evidence on GICE harm, affirmative treatments, and professional practice guidelines, the APA affirms GICE are associated with reported harm.

BE IT FURTHER RESOLVED that the APA opposes GICE because of their association with harm.

BE IT FURTHER RESOLVED that Transgender and gender nonbinary identities, as well as other gender identities that transcend culturally prescriptive binary notions of gender, represent normal variations in human expression of gender.

BE IT FURTHER RESOLVED that neither transgender or gender nonbinary identities nor the pursuit of gender-affirming medical care constitutes evidence of a mental disorder.

BE IT FURTHER RESOLVED that APA opposes portrayals of transgender and gender nonbinary people as mentally ill because of their gender identities and expressions.

BE IT FURTHER RESOLVED that evidence supports psychologists in their professional roles to use affirming and culturally relevant approaches with individuals of diverse gender expressions and identities.

BE IT FURTHER RESOLVED that APA is committed to promoting accurate scientific data regarding gender identity and expression in its own policy, public advocacy, judicial proceedings, media, and public opinion;

BE IT FURTHER RESOLVED that APA encourages collaboration between and among individuals and organizations to promote the wellbeing of transgender and gender nonbinary people;

BE IT FURTHER RESOLVED that the APA encourages psychologists to be aware of multiple and intersecting factors in identity, such as sex assigned at birth, gender expression, gender identity, age, race, ethnicity, religion, spirituality, socioeconomic status, disability, national origin, and sexual orientation in conceptualization, treatment, research, and teaching about transgender and gender nonbinary people;

BE IT FURTHER RESOLVED that the APA opposes the dissemination of inaccurate information about gender identity, gender expression, and the efficacy of GICE, including the claim that gender identity can be changed through treatment, the characterization of transgender or gender nonbinary identity as a mental disorder and the promotion of treatments that prescribe gender identity or expression consistent with one's birth-assigned sex as effective for clients with gender dysphoria;

BE IT FURTHER RESOLVED that APA encourages the development and dissemination of evidence-based, multiculturally-informed, and gender affirmative educational resources that inform psychologists, the community and education and mental health institutions about the harms of GICE;

BE IT FURTHER RESOLVED that APA re-affirms that APA (2015) encourages psychologists to:

- Acknowledge the diversity and complexity of identities and experiences and recognize transgender and gender nonbinary identities as healthy expressions of gender
- Recognize that descriptions of any gender identity or expression as unnatural, abhorrent, or unhealthy perpetuate stigma for sexual and gender minorities, and have negative mental health and social consequences
- Assist clients in a developmentally appropriate manner to explore and understand the cultural and familial influence on gender roles and expression. Psychologists are urged to help clients in a developmentally appropriate manner understand the societal contexts of sexism, heterosexism, transphobia, racism and other forms of social oppression, and to use a developmental multicultural- and gender-affirmative framework in research, teaching, training, and supervision;

BE IT FURTHER RESOLVED that the American Psychological Association opposes GICE because there is evidence of former participants reporting harm resulting from their experiences of GICE and the contribution that such efforts make to social stigma, injustice, and prejudice directed at gender diverse individuals, consistent with other major professional mental health associations, including the American Psychiatric Association (2018); American Counseling Association (2017), SAMHSA (2015), American Academy of Child & Adolescent Psychiatry (2018), World Health Organization (n.d.) and World Psychiatric Association (2016);

BE IT FURTHER RESOLVED that the APA, because of evidence of harm and lack of evidence of efficacy, supports public policies and legislation that prohibit, or aim to reduce GICE, cissexism, and anti-transgender and anti-gender nonbinary bias and that increase support for gender diversity;

BE IT FURTHER RESOLVED that the APA supports collaboration and partnerships with global, national and state and local partners to achieve the aims of this resolution;

BE IT FURTHER RESOLVED that the APA promotes professional training in gender-affirming practices and opposes professional training in GICE in any stage of the education of psychologists, including graduate training, continuing education, and professional development.

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Assembly Committee on Health, Aging and Long-Term Care
Testimony opposing AB465
Aimee Becker, MD
Chief Clinical Officer, UW Health
October 4, 2023

Dear Chairman Moses and Members of the Committee:

Thank you for the opportunity to submit written testimony outlining our strong opposition to Assembly Bill 465 (AB465) prohibiting healthcare providers from providing and referring patients under age 18 for medical or surgical services related to gender-affirming care. We appreciate your interest in our comments which are based on years of education, clinical experience, research and patient outcomes.

We want to begin with an irrefutable fact – **the clinicians affiliated with UW Health do not perform surgical procedures meant to alter a person's gender, commonly referred to as "bottom surgery," on patients under the age of 18.** We do not perform breast augmentation procedures intended to alter a person's gender appearance on patients under age 18, and in rare cases, we perform breast mastectomy procedures on patients under 18, but only if the patient has gone through a rigorous multi-disciplinary review and it has been determined the surgery is necessary for the patient's mental health. Furthermore, we seek parental/legal guardian consent whenever a patient is under 18, regardless of the care provided.

While we hold Wisconsin's elected officials in high regard and respect the important role you play in shaping public policy, we believe this legislation is not in the best interest of the patients and families we serve. As you consider AB465, it's important to remember the practice of medicine is rooted in evidence-based science and research, and the care we provide all patients is rooted in this foundation. In the case of transgender and gender-diverse pediatric patients, our medical care follows the national and international best practices set by the World Professional Association for Transgender Health, The Endocrine Society, and The Pediatric Endocrine Society, and these are supported by the American Academy of Pediatrics. These are the foremost authorities on gender-affirming care, and they base their recommendations on years of research and patient outcomes. In fact, the gender-affirmative approach to care they recommend allows us to support each individual's gender identity. In our hospitals and clinics, we make individualized assessments and recommendations to provide clinically appropriate treatment which, in turn, improves the overall well-being and mental health of transgender and gender-diverse youth.

According to research by The Trevor Project published in the *Journal of Adolescent Health* in 2020, transgender and nonbinary youth were 2 to 2.5 times more likely to experience depressive symptoms, seriously consider suicide, and attempt suicide as compared to their cisgender LGBTQ peers. However, a study completed the following year (2021) by The Trevor Project, published in the *Journal of Adolescent Health*, found gender-affirming hormone therapy significantly lowered rates of depression, suicidal thoughts, and suicide attempts among transgender and nonbinary youth.

Youth come to UW Health looking for answers to their gender questions, while parents seek our expertise to help their children feel comfortable expressing themselves. Every young person seeking gender-affirming hormones or surgery at a UW Health facility has a behavioral health provider who helps guide their treatment, whether that is individual counseling, family support, or medical care. Many patients and families ultimately do not pursue medications or surgical options, but they continue to need support from our providers as they explore gender as an important aspect of their identity. We help all our gender-diverse patients navigate social pressures, address their mental health concerns, feel hopeful about the future, and thrive in society when it's not always easy to do so.

Rejection and hostility to transgender youth impose steep consequences for them, both in terms of mental health disorders and suicide. However, we know acceptance and support are crucial factors to improve these odds, even as young people face continued hostility. Children do best with love, support and acceptance at all levels – in their families, from their peers, from healthcare providers, from schools, and from the broader community. Unfortunately, AB465 sends a message to young people and their families struggling with gender identity issues that they don't have the right to the same evidence-based healthcare enjoyed by our other patients. We contend that this increases the likelihood these kids and families will experience negative outcomes which does not align with our commitment to providing Remarkable Healthcare to patients from all walks of life. Therefore, we ask you to join us in opposing AB465.

Thank you for your consideration. Questions regarding this testimony can be directed to Connie Schulze at cschulze@uwhealth.org.

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2. Pediatric Endocrine Society: <https://academic.oup.com/jcem/article/102/11/3869/4157558>
3. American Academy of Pediatrics:
<https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for>
4. The Trevor Project: <https://www.thetrevorproject.org/resources/article/facts-about-lgbtq-youth-suicide/>
5. American Academy of Pediatrics Amicus Brief:
<https://downloads.aap.org/DOFA/AmicusBriefARtransgenderlaw.pdf>
6. Endocrine Society: <https://www.endocrine.org/advocacy/position-statements/transgender-health>
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https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx - :~:text=Major Action Lists-,AACAP Statement Responding to Efforts to ban Evidence-Based Care,Transgender and Gender

Diverse Youth Variations in gender expression represent not considered to be pathological

8. National Association of Social Workers: <https://www.socialworkers.org/Practice/LGBTQ>
9. Diagnostic and Statistical Manual of Mental Disorders (DSM-5); American Psychiatric Association:
<https://www.psychiatry.org/psychiatrists/practice/dsm>
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[https://www.psychiatry.org/File Library/About-APA/Organization-Documents-Policies/Policies/Position-Transgender-Gender-Diverse-Youth.pdf](https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Transgender-Gender-Diverse-Youth.pdf)

FOR IMMEDIATE RELEASE

October 4th, 2023

For more information: info@fairwisconsin.com

Wisconsin LGBTQ+ Policy Coalition Condemns the State Legislature's Transgender Medical Care Ban and Athlete Ban

The Wisconsin LGBTQ+ Policy Coalition is a group of community organizations and local leaders dedicated to preventing the passage of anti-LGBTQ+ legislation in our state. The coalition advocates for pro-equality policies from the local to state level, from Eau Claire to Milwaukee, Beloit to Superior, and everywhere in between – to create a more just and inclusive Wisconsin for LGBTQ+ people.

Members of the LGBTQ+ Policy Coalition issued the following statement in response to the Transgender Medical Care Ban and the Transgender Athlete Ban introduced in the State Legislature:

The so-called "Help Not Harm Act" does the exact opposite of what its name suggests. This cruel bill functions as a total ban on gender-affirming care in Wisconsin for minors, and would deny life-saving care to transgender and non-binary youth in our state. It will cost lives.

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.

The Transgender Athlete Ban currently being considered by the State Legislature is also harmful and only seeks to further divide our communities. Transgender and non-binary youth athletes play sports for the exact same reasons as other students their age: staying healthy, being part of a team, and fostering friendships – all lifelong benefits of playing a sport. When we tell transgender girls that they can't play girls' sports – or transgender boys that they can't play boys' sports – they miss out on this important childhood experience and all the lessons it teaches.

Like other students, some transgender and non-binary youth turn to sports as an affirming space. Preventing them from participating sends a dangerous message to all youth about not being welcome or wanted, and increases risks to their physical and emotional wellbeing. Major athletic associations such as the NCAA, the International Olympic Committee, and USA Gymnastics have instituted policies that allow transgender athletes to participate professionally. All our kids, regardless of their gender, deserve to be able to play on sports teams in Wisconsin. It's that simple.

If passed, these bills would cost lives. *They are nothing short of an attempt to eradicate the transgender community and roll back the gains that have been made in LGBTQ+ social acceptance and lived equality over the past several decades.*

But even if they don't become law, the mere introduction and consideration of anti-LGBTQ+ measures such as these has been proven to have a direct, detrimental impact on the mental health of LGBTQ+ people – particularly our queer and trans youth. We need to do better.

We, the Wisconsin LGBTQ+ Policy Coalition, representing over fifty organizations and community leaders from across our state, condemn these harmful attempts to restrict bodily autonomy, demonize the transgender and non-binary community, and deny gender non-conforming youth life-saving medication, care, and community.

*Our message to lawmakers is simple. **Stop playing games with the lives of transgender Wisconsinites.** Politicians have no business interfering with deeply personal medical decisions that should be made between individuals, their families, and their healthcare providers.*

We will continue to fiercely oppose this legislation at every step, and we will never back down. We will always fight to protect the bodily autonomy, privacy, and freedom of LGBTQ+ Wisconsinites – including the freedom to play sports and decide what healthcare is appropriate for themselves.

Organizations:

1. Fair Wisconsin
2. GSAFE
3. Diverse & Resilient
4. Human Rights Campaign
5. ACLU of Wisconsin
6. Black Leaders Organizing for Communities (BLOC)
7. Freedom, Inc.
8. OPEN-Out Professional Engagement Network
9. LGBT Center of SE Wisconsin
10. PFLAG Washburn Chequamegon Bay
11. PFLAG Madison
12. PFLAG Mount Horeb
13. PFLAG Door County
14. OutReach LGBTQ+ Community Center
15. TRANCE Consulting

16. Wisconsin Faith Voices for Justice
17. Wisconsin Religious Coalition for Reproductive Choice
18. Progress North
19. Voces De La Frontera
20. Open Door Pride
21. All in Wisconsin
22. A Better Wisconsin Together
23. Planned Parenthood Advocates of Wisconsin
24. The Center: 7 Rivers LGBTQ Connection
25. Trans Advocacy Madison
26. Wisconsin LGBT Chamber of Commerce
27. MN Transgender Alliance, NW Wisconsin Chapters
28. Wisconsin Education Association Council
29. Milwaukee LGBT Community Center
30. City of Milwaukee Equal Rights Commission
31. Wisconsin Coalition Against Sexual Assault
32. First Baptist Church of Madison
33. RCC Sexual Violence Resource Center
34. GLSEN Green Bay
35. Sunseeker MKE
36. Black Youth Project 100
37. Bay Area Trans Youth Alliance
38. TransParent Support Group NEW Pride Center
39. Unapologetically Proud
40. Chippewa Valley LGBTQ+ Community Center

Community Leaders:

- | | |
|--------------------------------------|---------------------------------------|
| 1) Madison Mayor Satya Rhodes-Conway | 27) Sean O'Brien |
| 2) Middleton Mayor Emily Kuhn | 28) Nick Famularo |
| 3) Rev. Tim Schaefer | 29) Andrea Hughes |
| 4) Helen Boyd | 30) Jen Plants |
| 5) Rachel Crowl | 31) Rev. Nancy Hanson, PFLAG Washburn |
| 6) Dana Mosling, LPC, LMFT | 32) Mindy Frank |
| 7) Sandy Brown | 33) Mari Danz |
| 8) Rabbi Bonnie Margulis | 34) Cody Sorlie Theis |
| | 35) Darlene Johns |

- 9) Cathy Grier
- 10) Sarah Sarbacker
- 11) Jennifer DeGross
- 12) Karen O'Donnell
- 13) Randi Cartmill
- 14) Erina Oistad
- 15) Koi Oistad
- 16) Chad Oistad
- 17) Kathy Krasny
- 18) Jennifer Cook
- 19) Tara J Schnell
- 20) Jacob Dunphy
- 21) Michelle Dunphy
- 22) Carlie Craig
- 23) Claire Matejka
- 24) Lara Wells
- 25) Rebecca Greco
- 26) Kaylin Karn

- 36) Amy Lyle
- 37) Ashley Green
- 38) Amy Squitieri
- 39) Karen Kobelski
- 40) Janet Leino
- 41) Kristie Halverson
- 42) Lori Severson
- 43) Colleen Waydick
- 44) Andrea Kehrein Riley
- 45) Jamie McCarthy
- 46) Georgia Corner
- 47) Lily's Magical Treats
- 48) Coree Van Thiel
- 49) Amelia McConnell, PFLAG Madison
- 50) Jeanne Williams, PFLAG Madison
- 51) Karen Baker, PFLAG Madison
- 52) Angie Sparks

From: Jentsch, Amanda <ajentsch@mcw.edu>
Date: Tue, Oct 3, 2023 at 10:52 PM
Subject: Opposing AB 465
To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

To the Committee on Health, Aging, and Long-term Care:

My name is Amanda Jentsch and I am a first-year medical student at the Medical College of Wisconsin in Milwaukee. My current residence is 7700 Portland Ave #306, Wauwatosa, WI, 53213.

I was born and raised in New Berlin, WI, the latest in several generations of proud Wisconsin rural farm families, and I graduated with honors this spring from the University of Wisconsin-Madison. I am writing to you to testify in opposition to AB 465.

Below is my testimony, cowritten with the other members of WMS. Please feel free to reach out to me at this email address if you have further questions.

Amanda Jentsch

M.D. Candidate, MCW 2027

University of Wisconsin-Madison 2023

B.A. Biology, Anthropology, English

This proposal is riddled with inaccuracies that are not based in scientific fact, lack proper references and sources for the materials, is in direct contrast to current WMS policies and AMA policies, and is clearly based in bias. I have taken the time to address each whereas clause inaccuracies as well as mentioning current WMS policies. **This policy will only hurt all children (those who are gender diverse and those who are not) if passed and should NOT be considered.**

Whereas Clause Corrections with Evidence:

Whereas, children may have gender uncertainty which resolves as they mature; -> This is incorrect information. First, "gender uncertainty" is an outdated term. Please refer to the article below published by the American Academy of Pediatrics for more proper language. In addition, this article clearly states that there are gender diverse children and adolescents (proper term for "gender uncertainty") are routinely in need of help due to stigmatization in society, laws and policies (like this one), and lack of healthcare access. Second, research from Pew Research Center clearly shows that gender diverse individuals are increasing in younger populations and young adult populations. This indicates that there is a growing proportion of children and adolescents identifying as gender diverse.

[https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-](https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for-ga=2.166684408.772468797.1679707980-80357982.1677040861?autologincheck=redirected)

[for? ga=2.166684408.772468797.1679707980-80357982.1677040861?autologincheck=redirected](https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for-ga=2.166684408.772468797.1679707980-80357982.1677040861?autologincheck=redirected)

<https://www.pewresearch.org/fact-tank/2022/06/07/about-5-of-young-adults-in-the-u-s-say-their-gender-is-different-from-their-sex-assigned-at-birth/>

Whereas, in every state there are now springing up pediatric gender health clinics which prescribe "gender affirming" hormones, puberty blockers, and perform gender transition surgeries; -> This statement is incorrect. Tennessee actually just passed a full ban on gender-affirming care in minors, with many other states with similar proposed bills. These bans are in opposition to the AMA, American Academy of Pediatric, WHO, Endocrine Society, and many other medical and professional organizations,

[https://www.cnn.com/2023/03/03/politics/tennessee-gender-affirming-](https://www.cnn.com/2023/03/03/politics/tennessee-gender-affirming-care/index.html#:~:text=Washington%20(CNN)%20Tennessee%20Gov.,wider%20Republican%20pushed%20effort%20nationwide.)

[care/index.html#:~:text=Washington%20\(CNN\)%20Tennessee%20Gov.,wider%20Republican%20pushed%20effort%20nationwide.](https://www.cnn.com/2023/03/03/politics/tennessee-gender-affirming-care/index.html#:~:text=Washington%20(CNN)%20Tennessee%20Gov.,wider%20Republican%20pushed%20effort%20nationwide.)

<https://www.glaad.org/blog/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory>

<https://www.ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictions-transgender-medical-care>

[https://www.aap.org/en/news-room/news-releases/aap/2022/statement-from-the-american-academy-of-pediatrics-and-the-oklahoma-chapter-of-the-american-academy-of-pediatrics-on-gender-affirming-](https://www.aap.org/en/news-room/news-releases/aap/2022/statement-from-the-american-academy-of-pediatrics-and-the-oklahoma-chapter-of-the-american-academy-of-pediatrics-on-gender-affirming-care/#:~:text=Our%20organizations%20strongly%20oppose%20any,provision%20of%20gender%20affirming%20care.)

[care/#:~:text=Our%20organizations%20strongly%20oppose%20any,provision%20of%20gender%20affirming%20care.](https://www.aap.org/en/news-room/news-releases/aap/2022/statement-from-the-american-academy-of-pediatrics-and-the-oklahoma-chapter-of-the-american-academy-of-pediatrics-on-gender-affirming-care/#:~:text=Our%20organizations%20strongly%20oppose%20any,provision%20of%20gender%20affirming%20care.)

Whereas, these "treatments" may be irreversible resulting in sterilization; -> Again incorrect information. Gender affirming care and treatments actually exist on a spectrum. As outlined by the United States Department of Health and Human Services, "Gender-affirming care is a supportive form of healthcare. It consists of an array of services that may include medical, surgical, mental health, and non-medical services for transgender and nonbinary people.

For transgender and nonbinary children and adolescents, early gender-affirming care is crucial to overall health and well-being as it allows the child or adolescent to focus on social transitions and can increase their confidence while navigating the healthcare system."

In addition, this is also addressed and outlined by the AAMC. This clearly shows that gender affirming care can be reversible.

<https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf>

<https://www.aamc.org/news-insights/what-gender-affirming-care-your-questions-answered>

Whereas, these "treatments" may cause increased medical morbidity from stroke, heart disease, and cancer; -> Again, gender affirming care treatments are a spectrum, not all individuals undergo surgery or hormone therapy, and do not all result in these negative side effects. These outcomes are also seen with alcohol and tobacco use according to the CDC. Also, gender affirming care does not cause these increases. Those who have transitioned to the gender they identify with have similar risk of strokes as their transitioned gender, cardiovascular risks are thought to be driven by psychological stress (which this policy only adds to), and increased cancer risks are linked to behaviors and lack of adequate medical access (which this policy is trying to restrict). In addition, gender affirming care actually improves health outcomes, specifically mental health outcomes, according to the United States Department of Health and Human Services, Columbia University Department of Psychiatry, AMA, University of Washington, and JAMA.

[https://www.cdc.gov/alcohol/fact-sheets/alcohol-](https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm#:~:text=Over%20time%2C%20excessive%20alcohol%20use,liver%20disease%2C%20and%20digestive%20problems.&text=Cancer%20of%20the%20breast%2C%20mouth,liver%2C%20colon%2C%20and%20rectum)

[use.htm#:~:text=Over%20time%2C%20excessive%20alcohol%20use,liver%20disease%2C%20and%20digestive%20problems.&text=Cancer%20of%20the%20breast%2C%20mouth,liver%2C%20colon%2C%20and%20rectum](https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm#:~:text=Over%20time%2C%20excessive%20alcohol%20use,liver%20disease%2C%20and%20digestive%20problems.&text=Cancer%20of%20the%20breast%2C%20mouth,liver%2C%20colon%2C%20and%20rectum)

https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8907681/#:~:text=In%20contrast%2C%20a%20subsequent%20retrospective,4%20years\)%%205B7%5D](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8907681/#:~:text=In%20contrast%2C%20a%20subsequent%20retrospective,4%20years)%%205B7%5D)

<https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000001003>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5868281/>

<https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf>

<https://www.columbiapsychiatry.org/news/gender-affirming-care-saves-lives>

<https://www.ama-assn.org/delivering-care/population-care/understanding-short-term-impact-gender-affirming-care>

<https://epi.washington.edu/news/gender-affirming-hormones-and-puberty-blockers-improve-mental-health-in-transgender-youth/>

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423>

Whereas; mental health is not improved and suicide completion is higher after these "treatments;" -> Completely incorrect. Again, gender affirming care actually improves health outcomes, especially mental health outcomes, according to the United States Department of Health and Human Services, Columbia University Department of Psychiatry, AMA, University of Washington, and JAMA.

<https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf>

<https://www.columbiapsychiatry.org/news/gender-affirming-care-saves-lives>

<https://www.ama-assn.org/delivering-care/population-care/understanding-short-term-impact-gender-affirming-care>

<https://epi.washington.edu/news/gender-affirming-hormones-and-puberty-blockers-improve-mental-health-in-transgender-youth/>

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423>

Whereas, the person may later regret going down the pathway to gender transition; -> This could be true for any medical procedure. This is generally due to a disconnect between expectations and outcomes. Also, gender affirming care regret is actually extremely low and even lower than common surgeries according to a Lancet study. It showed that 98% of trans youth who went through gender-affirming healthcare continue their treatment into adulthood. The 0.3% regret rate of our newest study is much smaller compared to other, common yet serious surgeries.

[https://ascopost.com/issues/january-25-2022/disconnect-between-expectations-and-outcomes-major-factor-in-treatment-related-regret-among-patients-with-localized-prostate-](https://ascopost.com/issues/january-25-2022/disconnect-between-expectations-and-outcomes-major-factor-in-treatment-related-regret-among-patients-with-localized-prostate-cancer/#:~:text=Overall%2C%2013%25%20of%20patients%20reported,and%207%25%20undergoing%20active%20surveillance)

[cancer/#:~:text=Overall%2C%2013%25%20of%20patients%20reported,and%207%25%20undergoing%20active%20surveillance](https://ascopost.com/issues/january-25-2022/disconnect-between-expectations-and-outcomes-major-factor-in-treatment-related-regret-among-patients-with-localized-prostate-cancer/#:~:text=Overall%2C%2013%25%20of%20patients%20reported,and%207%25%20undergoing%20active%20surveillance)

<https://pubmed.ncbi.nlm.nih.gov/28243695/>

<https://bmcpriamcare.biomedcentral.com/articles/10.1186/s12875-016-0558-0>

[https://www.gendergp.com/new-study-confirms-regret-rates-of-gender-affirming-surgery-are-non-](https://www.gendergp.com/new-study-confirms-regret-rates-of-gender-affirming-surgery-are-non-existent/#:~:text=For%20instance%2C%20a%202022%20Lancet,other%2C%20common%20yet%20serious%20surgeries)

[existent/#:~:text=For%20instance%2C%20a%202022%20Lancet,other%2C%20common%20yet%20serious%20surgeries](https://www.gendergp.com/new-study-confirms-regret-rates-of-gender-affirming-surgery-are-non-existent/#:~:text=For%20instance%2C%20a%202022%20Lancet,other%2C%20common%20yet%20serious%20surgeries)

Whereas, gender transition may require expensive lifelong hormone treatments and ongoing consultations; -> Again, gender affirming care is a spectrum, making this statement incorrect. Even with hormone therapy and ongoing consultations, we also see this in all aspects of medicine.

[https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-](https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?_ga=2.166684408.772468797.1679707980-80357982.1677040861?autologincheck=redirected)

[for?_ga=2.166684408.772468797.1679707980-80357982.1677040861?autologincheck=redirected](https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?_ga=2.166684408.772468797.1679707980-80357982.1677040861?autologincheck=redirected)

Whereas, schools are supporting the view that biological males are actually female and vice versa; and that gender confused persons are likely to commit suicide unless doctors give them drugs and even remove body parts; -> This is just biased and unfounded information. Wisconsin does not actually have any required sexual education and if there is sexual education does not require education on gender diversity. Sexual education in Wisconsin also does not follow Federal or National recommendations, which hurts all children. In addition, gender diverse individuals have biological and physical alignments with the gender they identify as. Again, mental health outcomes improve with gender affirming care. Not sure why the authors included this whereas clause, as it is in direct opposition to a previous whereas clause.

<https://sexeducationcollaborative.org/states/wisconsin#:~:text=State%20Sex%20Education%20Policies%20and.required%20to%20provide%20STD%20Education.>
https://siecus.org/state_profile/wisconsin-fy21-state-profile/
https://www.cdc.gov/healthyyouth/policy/pdf/summary_report_factsheets/Wisconsin.pdf
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8955456/>

Whereas, we may look back at this in shame and horror, -> There is a long history of physicians, medical organizations, and nations doing things that in retrospect are considered "shameful and horrible." Unlike those, gender affirming care is a spectrum and there is a very complex process that requires multiple steps. Again, the Lancet study clearly points out that gender affirming care has less regret than common surgeries. Why would we look back on this in shame and horror, when the data and outcomes show improvements?
<https://www.kff.org/other/issue-brief/youth-access-to-gender-affirming-care-the-federal-and-state-policy-landscape/>
<https://www.igbtqiahealtheducation.org/collection/trans-pediatric-care-toolkit/>
<https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for>
<https://www.uwhealth.org/services/gender-services>

Whereas, physicians should strive to do no harm; -> Physicians actually have the potential to do a lot of harm when providing proper patient care. I have included links to the side effects of many common drugs: lisinopril, birth control, levothyroxine, atorvastatin, acetaminophen plus hydrocodone, etc...

We give patients medical care with a risk and benefits model in mind, with the potential of doing harm with everything we do. In the setting of gender affirming care, I have shown in the previous whereas clause corrections that gender affirming care is providing patients with improved health outcomes which is what we should want for all of our patients no matter who they are.

<https://www.nhs.uk/medicines/lisinopril/side-effects-of-lisinopril/>
<https://www.mayoclinic.org/tests-procedures/combo-birth-control-pills/about/pac-20385282>
<https://www.mayoclinic.org/drugs-supplements/levothyroxine-oral-route/side-effects/drug-20072133>
<https://www.nhs.uk/medicines/atorvastatin/side-effects-of-atorvastatin/>
<https://www.nhs.uk/medicines/metformin/side-effects-of-metformin/>
<https://www.mayoclinic.org/drugs-supplements/hydrocodone-and-acetaminophen-oral-route/precautions/drug-20074089#:~:text=This%20medicine%20may%20cause%20adrenal,tiredness%20or%20weakness%2C%20or%20vomiting.>

Relevant AMA Policy:

<https://policysearch.ama-assn.org/policyfinder/search/gender%20affirming%20care/relevant/1/>

Relevant WMS Policy:

WOM-010 Third Party Interference in Medical Decision Making: The Wisconsin Medical Society opposes the imposition of civil and criminal penalties or other retaliatory efforts against physicians, patients, patient advocates, healthcare workers, and health systems for providing, referring patients to, assisting in, or receiving evidence-based reproductive health services. The Society affirms that government and other third-party interference in evidence-based medical care compromises the sanctity of the physician-patient relationship and undermines the provision of quality health care, and opposes any government regulation or legislative action which would criminalize physicians for providing evidence-based medical care within the accepted standard of care according to nationally recognized professional practice guidelines and the scope of a physician's training and professional judgment. (BOD, 0922)

PUB-042 Suicide Prevention: The Wisconsin Medical Society recognizes the high and increasing suicide rates nationally and in the State of Wisconsin and strongly supports efforts to prevent suicide and attempted suicide. The following populations are at an increased risk for suicide in Wisconsin: residing in northern and western regions of the state, age 45-54, white, male, having less than a high school diploma, divorced, of veteran status, lesbian, gay, bisexual or transgender (LGBT), having a mental health or substance abuse history, having a history of suicide attempts or disclosing an intent to die. The Society supports the following efforts to prevent suicide:

1. Target individuals, families and communities, specifically higher-risk populations, with appropriate primary and secondary prevention strategies and programs.
 - a. Integrate and coordinate suicide prevention activities across multiple sectors and settings.
 - b. Implement evidence-based communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors.
 - c. Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.
 - d. Promote responsible portrayals of mental illness and suicide in social media, the entertainment industry and online.
 - e. Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.
2. Promote and use evidence-based clinical interventions and programs that can improve mental health, behavioral health and interpersonal relationships.
 - a. Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.
 - b. Provide training to community and clinical service providers on the prevention of suicide and related behaviors.
 - c. Promote suicide prevention as a core component of health care services.

- d. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.
2. Encourage continued surveillance, research and evaluation into suicide prevention efforts.
 - a. Increase the timeliness and usefulness of national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.
 - b. Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings. (HOD, 0416)

INS-057 Transgender Inclusive Health Insurance: The Wisconsin Medical Society opposes transgender exclusionary health insurance policies as such policies constituting [sic] discrimination and supports legislation mandating transgender inclusive health insurance plans that provide coverage for medically appropriate care for patients with gender dysphoria. (BOD, 0121)

MER-015 Inclusion of Gender Identity and Sexual Orientation in Health Care Documentation: The Wisconsin Medical Society:

1. Supports the voluntary inclusion of a patient's current gender identity, sexual orientation, preferred gender pronoun(s) and preferred name in medical documentation and related forms, including electronic health records, in a culturally sensitive and voluntary manner.
2. Supports that with patient consent, gender identity be prominently displayed and easily accessible within the electronic health record.
3. Opposes the use of gender identity or sexual orientation information in medical records for the purposes of discrimination, including discrimination in the delivery of or payment for health care to transgender or gender nonconforming patients. (HOD, 0418)

DIS-007 Lesbian, Gay, Bisexual and Transgender (LGBT) Elder Health: The Wisconsin Medical Society recommends:

1. That health care providers working with geriatric populations (e.g., aging services, residential care facilities, and home care agencies) should receive training regarding the needs of lesbian, gay, bisexual, and transgender (LGBT) seniors, including:
 - a. their concerns of being ostracized and abused by care providers and community members.
 - b. health risks, health disparities, and prevalent diseases of LGBT seniors.
 - c. how the lack of legal protections and access to social programs granted to heterosexuals causes hardship for LGBT seniors.
2. That Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs) consistently and explicitly inquire whether clients desire counseling about the services that are available or pertinent for LGBT seniors and, whenever applicable, counsel clients about accessing these resources. (HOD, 0418)

Recently Passed "Gender Affirming Care Access" from WMS Policy Cycle #1 2023

Dear members of the Assembly Committee on AB 465 Medical Care Ban

My name is Sunshine Jones, and I am a resident of Dane County. I've lived in Wisconsin for 45 years. I am a retired licensed Marriage and Family Therapist who worked with LGBTQ youth and adults as part of my professional practice. I have been with my marriage partner for 46 years and am the grandmother of six. Four of our six grandchildren live in Wisconsin.

I have been active in Christian faith communities throughout my life where a core teaching is inclusive love and compassionate care for all people.

In the past, I also was involved in community service work with LGBTQ youth for 12 years and have years of continuing educational training on working with LGBTQ youth and adults. Prior to the availability of training for professionals working with trans and non-binary youth or established services, in my LGBTQ youth community service work I sat in 3 different hospital rooms with young people who felt rejected by our world and tried to commit suicide. Thanks be to God and those who saw their goodness and affirmed who these young people knew themselves to be, they are each still here and thriving.

I am writing today to save the lives of trans and gender non-conforming youth who deserve a world where they can be safe, take part in the opportunities of all children and teens rather than be excluded, and have access to trained medical and health professionals that can support them and their parents in navigating their lives and making healthy responsible decisions for each individual situation.

I am writing to urge you to vote NO on Assembly bill number AB 465 because if passed, this bill will cost lives. At a time when LGBTQ youth are already struggling with harassment and discrimination, we should be making it clear that they are safe and welcome in Wisconsin.

Sadly, it appears that there is a politically motivated agenda with this bill to discriminate and exclude when 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 politicians.

I don't believe politicians should interfere with personal, private medical decisions that should only be made between patients, their doctors and/or trained therapists, and their families.

Sincerely,

Sunshine Jones
Madison, Dane County,
53711



September 30, 2023

Testimony of Wisconsin Faith Voices for Justice re: Ban on Gender-Affirming Medical Care

Re: AB 465, SB 480

To: Assembly Committee on Health, Aging and Long-term Care, Senate Committee on Health

Contact: Rabbi Bonnie Margulis, Executive Director, Wisconsin Faith Voices for Justice,
wifaithvoices4justice@gmail.com; 608-513-7121, Madison, WI 53719

I am Rabbi Bonnie Margulis, Executive Director of Wisconsin Faith Voices for Justice. We are a statewide, non-partisan, interfaith organization dedicated to promoting social justice in Wisconsin. I am here today to speak out against any and all legislation that harms members of the LGBTQ+ community, especially young people in that community. And make no mistake, legislation that seeks to bar youth from gender-affirming medical care does grave harm.

Gender-affirming care is life-saving medical care. It is supported by nearly every major American medical association, including the American Academy of Pediatrics, the American Medical Association, the American Psychological Association, and many others. Legislators who have no medical training should not be in the position of substituting their judgement for that of medical and mental health experts. Nor should they be substituting their judgement for that of parents who want to support and affirm their children's gender identity.

Depression, anxiety, and suicidality are at a crisis level in the LGBTQ+ community. According to the Trevor Project's 2020 National Youth Survey on LGBTQ mental health, 40% of LGBTQ youth seriously considered attempting suicide in the previous 12 months, with more than half of trans and nonbinary youth having considered it. By contrast, transgender youth whose families support their gender identity have a 52% decrease in suicidal thoughts, a 48% decrease in suicide attempts and a significant increase in self-esteem and general health.

The members of Wisconsin Faith Voices for Justice come from many different faith traditions. We are Jewish, Christian, Muslim, Buddhist, Baha'i, Wiccan, Hindu, Quaker, Unitarian, and others. We have different beliefs and practices. But all our faiths teach the same basic value that honors the worth and dignity of every human being and the imperative above all else to love others as we love ourselves and to do no harm. We call upon our legislature to refrain from doing harm to the trans community and to vote against this dangerous legislation.



Tuesday, October 3, 2023

Family Support Center

403 N. High St

Chippewa Falls, WI 54729

Phone: 715.723.1138

Email:

To All Committee Members.

Testimony Regarding AB-465 and LRB-0191/LRB-4459

My name is Xander Bobolz and I am submitting testimony on behalf of the Advocates and staff at Family Support Center, a west-central Wisconsin agency serving those impacted by domestic violence, sexual assault, and other forms of power-based violence. As part of our agency's 40-plus-year commitment to anti-violence work, it is imperative we lend our voices to this issue. AB-465, LRB-0191/LRB-4459, and similarly detrimental proposals, capitalize on fears around child abuse and sexual violence. The proposed bills are misusing language often associated with the anti-violence movement—language related to consent and protecting children—to advance this harm.

This bill is one of hundreds introduced in state legislatures as part of a larger wave of anti-trans bills introduced by those elected to power¹. In 2023 alone, there have been over 500 anti-trans bills introduced in various state legislatures². Family Support Center believes that the right to bodily autonomy, safety, and wellness, being put up for debate by people in positions of power will have dire consequences regarding the mental health of LGBTQ+ individuals and can foster additional acts of violence against them.

¹ <https://harvardlawreview.org/print/vol-134/outlawing-trans-youth-state-legislatures-and-the-battle-over-gender-affirming-healthcare-for-minors/>

² <https://translegislation.com/>

Family Support Center recognizes the extensive, decades-long, research on gender-affirming care which confirms that access to this medical care is essential, safe, and lifesaving for trans youth³.

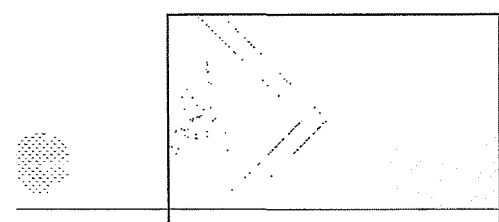
Gender-affirming health care for youth is supported by every major medical association in the United States with the acknowledgement that gender diversity outside the binary is a natural part of human existence⁴. Anti-violence Advocates know that access to healthcare options that encompass an individual's physical and psychological well-being are a crucial component of the violence prevention landscape. When a transgender person's healthcare options include gender-affirming support, tailored to their individual situations and needs, there is an overall improvement in health outcomes. Advocating for this type of comprehensive care demonstrates, to our communities, a commitment to the dignity, self-determination, and full inclusion of transgender people. This is a commitment that, in turn, offers protection to this population from other forms of interpersonal and structural violence.

This bill displays a lack of acknowledgement that minors are people no matter their stage of brain development. By helping transgender youth navigate their healthcare options with honesty and compassion, in balance with their goals for the future, we are validating that everyone, no matter their age, has the capacity to know themselves and make their needs known to others. Believing, trusting, and empowering youth are values we uphold as anti-violence Advocates, and we assert that these values should extend to every facet of children's lives. This is how we *truly* keep children safe. We can protect children by listening to what they need to thrive. We can protect children by allowing them to learn about themselves with the assistance of their parents and practitioners. Most of all, we can protect children by leaving medical decisions out of the Capital.

The Advocates and staff of Family Support Center

³ <https://www.hsph.harvard.edu/news/hsph-in-the-news/mental-health-benefits-associated-with-gender-affirming-surgery/#:~:text=Gender%2Daffirming%20surgeries%20are%20associated,Chan%20School%20of%20Public%20Health.>

⁴ https://legacy.lambdalegal.org/sites/default/files/publications/downloads/resource_trans-professional-statements_09-18-2018.pdf




October 4, 2023

Esteemed Committee Members:

As co-leaders of the Grace Church Pride Committee, we are writing on behalf of the congregation of Grace Episcopal Church in Madison, Wisconsin. As an inclusive Faith Community, we oppose **Assembly Bill 378** College Athlete Ban, **Assembly Bill 377** K-12 Athlete Ban, and **Assembly Bill 465** Medical Care Ban. We also stand in opposition of **Senate Bill 480** - Medical Care Ban and **Senate Bill 479** - Criminalization of Doctors.

Members of the LGBTQ+ community have the same rights, privileges, and responsibilities as any other members of society. This also includes our youth, under the guidance of their medical providers and parents/guardians. In particular, young people need nurturing and support as they grow in their authentic identities into the people they are meant to be. Education, not hateful legislation is the best way to inform those who are uncertain about how to engage with people who are different from themselves.



Governor Evers has already pledged to veto any bills limiting the rights of the LGBTQ+ community. However, we know his veto won't reduce the harm caused by this needless and cynical legislation. The Trevor Project's 2023 Youth Mental Health Survey found that nearly 1 in 3 LGBTQ+ young people said their mental health was poor "most of the time or always," due to anti-LGBTQ+ policies and legislation.

We believe that Christ calls us to embody an inclusive community of differing views and perspectives, united by our shared experience of Christ's love and our coming together as one body in the Eucharistic feast. By modeling that inclusion, we may be a witness of God's love and God's beloved community in our deeply divided culture.

Again, we ask you to oppose Assembly Bills 378, 377 and 465. Thank you for your time and consideration.

Shelley & Olwen Hansen-Blake,
Co-Leaders, Grace Church Pride Committee
Grace Episcopal Church
116 W. Washington Ave.
Madison, WI 53703



PFLAG CAMBRIDGE

October 4, 2023

Dear Honored Members of the Wisconsin State Legislature:

PFLAG is a nonprofit which originated in 1972. A mom decided to march next to her kiddo with a sign that said, "I love my gay son." Since that time PFLAG has become a national organization. Its mission is to create a caring, just, and affirming world for LGBTQIA people and those who love them. We established PFLAG Cambridge in October of 2019 to further promote this mission at a local level through eastern Dane and western Jefferson counties. We write to you today as constituents and as PFLAG members.

The world does not treat our LGBTQIA loved ones fairly. The bills known as AB 378 (the college athlete ban), AB 377 (the K-12 athlete ban), and AB 465 (the medical care ban) are stark examples of how transgender people, who already face so many hardships, are treated unfairly based on their transgender identity. Allowing for this unfair discrimination creates further hardships for our loved ones. And for that reason we ask that you vote against these bills.

Discriminatory actions cause additional hardship for the people targeted. The harm this discrimination causes is quantifiable and unacceptable. GLSEN, the Gay, Lesbian, & Straight Education Network, is an organization founded in 1990 which has been gathering data on the safety of LGBTQIA youth in school and their safety for over 20 years. According to their 2021 biannual survey (<https://www.glsen.org/sites/default/files/2022-10/NSCS-2021-Full-Report.pdf>) 68.0% of LGBTQ+ students felt unsafe at school because of their sexual orientation, gender identity and/or gender expression characteristics—50.6% because of their sexual orientation, 43.2% because of their gender expression, and 40.3% because of their gender. According to the National Alliance on Mental Illness (NAMI) Transgender individuals are nearly four times as likely to experience a mental health condition. NAMI further states that forty percent of transgender adults have attempted suicide. (<https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQ>).

Discriminatory actions have real world results. These bills communicate to every transgender person in Wisconsin that the people elected to protect us see them as less than whole, and not worth the same protection and respect as their peers. We strongly urge you to vote against the bills known as AB 378 (the college athlete ban), AB 377 (the K-12 athlete ban), and AB 465 (the medical care ban).

Sincerely,
PFLAG Cambridge

Plymouth Congregational
United Church of Christ
2401 Atwood Avenue Madison, WI 53704

Rev. Leslie Schenk, Pastor
Phone (608) 249-1537
lschenk@pcucc.org

October 3, 2023

To: Representatives of the Wisconsin State Assembly and Senate

As people of faith we oppose bill AB465 (prohibiting gender transition medical intervention for individuals under 18 years of age), for we believe that Jesus calls us to love one another (Mark 12:28-34, Matthew 22:36-40, Luke 10:25-28), and to love someone means to affirm them and support them along their life's journey. Jesus did not command us to love some people, but rather to love and help one another, especially those oppressed or persecuted, which is the transgender community when such laws are proposed.

We note that rules of appearance in the Bible, such as in Deuteronomy 22:5, are often used by some as scriptural support for antitransgender rules, but we also note that these are the types of rules that Jesus criticized as being too focused on outward conformity rather than inward integrity grounded in the acceptance of God's love.

Jesus said, "Let the children come to me...for it is to such as these that the kingdom of heaven belongs" (Matthew 19:14). Not some of the children, but all the children.

Jesus healed many during his ministry, and calls on us to continue his healing ministries. He healed people from foreign lands, he healed those he knew and strangers, he healed children. He didn't ask questions or put barriers up to his healing ministry. Those who sought healing were healed. We should leave gender-affirming medical care decisions to the youth, their parents or guardians, and their medical care provider; this is not a decision for the government or outsiders.

As people of faith and followers of Jesus, we stand with our transgender siblings and know that God welcomes all children to come and be healed and made well. In contrast, using legislation to normalize stigmas put on LGBTQ+ youth leads to greater rates of depressing and suicide. According to the Trevor Project's 2020 National Youth Survey on LGBTQ mental health, 40 percent of LGBTQ youth seriously considered attempting suicide in the previous 12 months, with more than half of transgender and nonbinary youth having considered it. These youth are under attack for their very nature, and it is leading to more and more suicides. Gender-affirming health care is life-saving medical care. Withholding such care is immoral. Such persecution and discrimination leads to harm and even death, and is therefore immoral.

We see the differences among us as cherished gifts from a Creator whose whole creation is beautifully and wondrously diverse; we do not see differences as threatening or to be feared.

As a pastor I have fielded more calls as of late from people identifying as transgender wondering if our congregation would be truly welcoming of them. It breaks my heart to think that they have been turned away from churches because others did not see the God-light in them, did not see them as equally God's beloved. Jesus treated everyone as God's beloved, and so anyone identifying as Christian should also treat everyone as God's beloved, even and especially our transgender neighbors.

God's grace is for all, and God intends healing for all. Do not ban needed healing for transgender youth with this legislation. Reject AB465, for the sake of our youth and their families, and for our community.

Peace and blessings,

Rev. Leslie Schenk

On behalf of Plymouth Congregational UCC

Schneider, Jeanine

From: Eldonna Hazen <ehazen@firstcongmadison.org>
Sent: Friday, October 6, 2023 9:54 AM
To: Rep.Rierner; Rep.Vining; Rep.Subeck
Subject: Gratitude
Attachments: First Cong UCC Madison trans 2023.jpg

Representatives Subeck, Vining, and Rierner,

I wanted to take time to email you to thank you for your attentiveness during a very difficult hearing on Wednesday about A465. I was in the room for the entire hearing, and all three of you were sensitive to the individuals and families of trans kids. As you know, it is difficult for trans kids and their families to be places where their kids are called out and shamed, or at the least questioned for their ability to know their authentic selves.

I didn't get to read my whole testimony, but the congregation I lead believes it is important to lead with love, which means embracing kids for their authentic selves. In fact this Sunday our congregation will celebrate 31 years of being an Open and Affirming congregation.

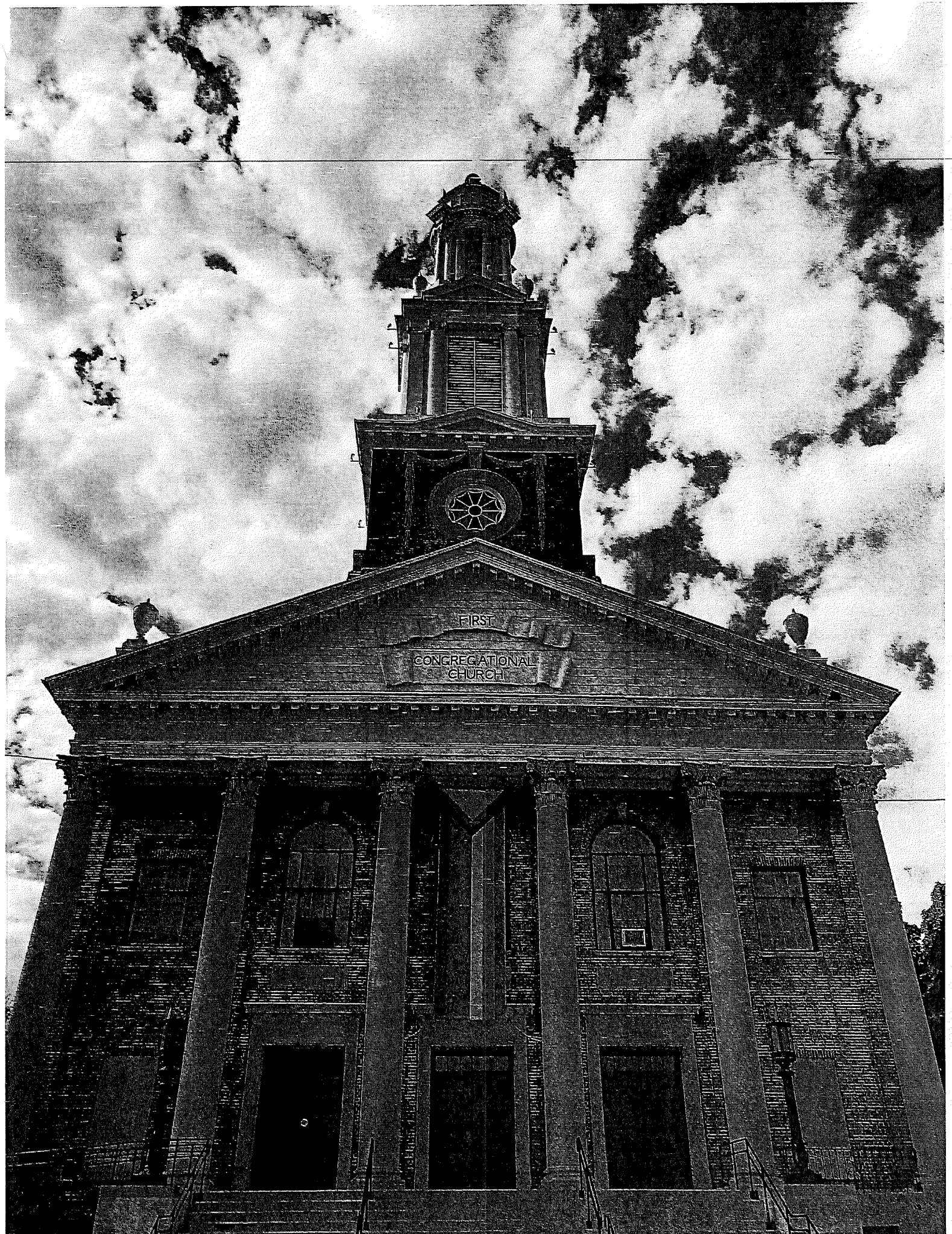
Thank you for your leadership, and for leading with love on a very difficult day and agonizing bill!

I have attached a picture of the banner we put up yesterday on the front of the church.

With gratitude!
Eldonna

--

Eldonna Hazen (she/her/hers)
Senior Minister
First Congregational United Church of Christ
1609 University Ave
Madison, WI 53726
608-233-9751



Schneider, Jeanine

From: Tim Schaefer <tim@firstbaptistmadison.org>
Sent: Friday, October 6, 2023 9:44 AM
To: Rep.Joers; Rep.Hong; Rep.Subeck
Subject: Clergy Testimony on Wednesday

Reps. Hong, Joers, and Subeck:

I want to start by thanking you for your presence in the various committee hearings in which anti-trans bills were heard on Wednesday. It did not go unnoticed that each of you stayed for the entirety of the hearings, even though many of your Republican colleagues did not. Thank you, also, for your pointed questions during these hearings. And thank you, most of all, for being strong allies to the LGBTQ+ community.

You may have noticed more testimony, both oral and written, from progressive clergy on these bills. My colleague Rev. Breanna Illéné from the Wisconsin Council of Churches and I recruited and trained more than 30 clergy interested in public advocacy that have previously been too intimidated by the legislative process to add their testimony. Wednesday was a first attempt at shepherding clergy through this process for their first time in the hopes that they will continue to engage in the process on their own as they become more comfortable with it. We are committed to continuing this experiment, and we hope to recruit even more clergy across the state as we do.

Unfortunately, the voices of progressive faith leaders, particularly Christian pastors, have historically been absent from these public hearings. The overwhelming testimony seems to come from conservative Christians that do not share our faith values. But our progressive clergy are eager to speak out on an array of justice issues, from gun violence prevention to expanding abortion access, from preserving and expanding LGBTQ+ rights to combatting racism and white Christian nationalism. The faith community is not always kept in the loop on these kinds of bills, so I would encourage you to please reach out to me directly in the future when there are bills that you believe would benefit from the testimony of progressive clergy. We will do our best to rally clergy to testify and/or submit written testimony.

Thanks again for your support. I look forward to hearing from you.





Sincerely,
Tim

REV. TIM SCHAEFER

HE/HIM - [What does this mean?](#)

PASTOR

FIRST BAPTIST CHURCH OF MADISON

 O: (608) 233-1880 | C: (617) 407-6651
 tim@firstbaptistmadison.org
 www.firstbaptistmadison.org
 518 N Franklin Ave, Madison, WI 53705



To the Committee on Health, Aging, and Long-Term Care

As a physician in Wisconsin, I firmly oppose this bill. My professional and ethical imperative as a doctor is to take the best possible care of my patients - and this law would prohibit that. It is unconscionable for the state of Wisconsin to interfere in the patient-doctor relationship in this way and this bill must not be passed.

Sincerely,

Melanie Fritz, MD
Madison, WI 53711

I am writing to express my strong opposition to the proposed ban on gender-affirming healthcare and the ban of trans K-12 & College Athletes in our state. As a therapist specializing in LGBTQ+ mental health, and an advocate for equal healthcare access, I believe it is crucial to prioritize the well-being and rights of transgender individuals in Wisconsin.

Gender-affirming healthcare is a lifeline for transgender people, especially individuals like my clients. Denying them access to essential medical care, such as hormone therapy or gender-affirming surgeries, would not only be discriminatory but also detrimental to their mental and physical health. Studies have consistently shown that gender-affirming care significantly reduces the risk of depression, anxiety, and suicide among transgender individuals.

Furthermore, as a therapist who has witnessed the positive impact of gender-affirming healthcare on my clients, I can attest to the importance of allowing medical professionals to provide evidence-based care tailored to each individual's unique needs. Banning these treatments would not only infringe on the doctor-patient relationship but also hinder our state's ability to provide comprehensive healthcare for all and support our state motto of "Forward." Banning gender-affirming care would be a huge step backward.

It is crucial to emphasize that gender-affirming care is not only about medical procedures; it's about affirming someone's identity and promoting a sense of dignity, respect, and self-acceptance. Denying transgender people the right to access the care they need sends a harmful message that their identities are not valid or deserving of support.

The bans on trans youth and young adults in sports also causes this damage. Sports are a place for students to build relationships, cooperation and responsibility. To deprive a student of that opportunity for reasons that are mostly fear mongering is wrong. According to scientific research, an example being, the British Journal of Sports Medicine, "After 4 months of hormone therapy, transwomen have Hgb/HCT levels equivalent to those of cisgender women. After 12 months of hormone therapy, significant decreases in measures of strength, LBM and muscle area are observed." This means that Trans Women would not have a major physical advantage to their peers. To deprive a student of a sport that can bring them joy, social connection, positive mental health & physical benefits and meaning is cruel and unjustified by science.

I urge you to reconsider this proposed ban and, instead, support policies that prioritize the health and well-being of all Wisconsin residents, regardless of their gender identity. Let us stand together as a state that values diversity, inclusivity, and the fundamental right to healthcare.

Thank you for your time and consideration. I hope that you will make the right choice in supporting gender-affirming healthcare and ensuring a brighter, more equitable future for all.

Sincerely,

Tayler Clark-Condon, MSW, LCSW
She/Her/Hers
Psychotherapist/ Owner & Director
Nova Mental Health Services, LLC
4465 N. Oakland Ave. Suite 360
Shorewood, WI 53211

Aevi van der Stok

Regarding Assembly Bill 465

10/3/2023

My name is Aevi van der Stok and I am a trans-nonbinary research assistant in chemistry at UW Madison and while I am currently a Wisconsin resident, I previously lived in Texas up until a few years ago. While it was not the only reason, increasing hostility towards the transgender community and the passage of laws targeting us was a contributing factor to my decision to leave Texas. I am testifying against Assembly Bill 465, which seeks to prevent transgender youth from accessing gender-affirming care.

As a member of the trans community and former Texas resident I have seen firsthand the impact of bills that restrict transgender youth's ability to access life-saving gender affirming care. They do not actually serve to protect minors, nor do they reflect current scientific and medical knowledge regarding transgender youth and gender-affirming healthcare. Gender-affirming care for minors is always only done with the consent and approval of the youth's parents and medical providers, and usually consists primarily of puberty blockers which are safe and reversible and have already been used extensively to treat precocious puberty in cisgender children. Other methods of gender-affirming treatment such as hormone replacement therapy (HRT) and top surgery (ex: mastectomy) are generally only considered for older transgender youth (16-17 year olds) who have known they are transgender for multiple years already, and bottom surgery (gender-affirming surgery of the genitals) is not performed on minors. Claims of children being forced into irreversible gender-affirming treatment are completely unfounded and serve only to spread irrational fear and stigma around the trans community. The only situation in which this scenario occurs is the treatment of intersex youth via surgery and hormones – treatment that is often medically unnecessary and serves only to make their bodies conform to binary sex standards. And this scenario is explicitly allowed by AB 465. Why should the law consider it unacceptable for a young person who wants gender affirming care and has the support of their guardians and healthcare providers to get treatment to pause puberty and allow them more time to decide, yet consider it acceptable for an intersex child to be operated upon or treated with hormones even if it is medically unnecessary and potentially undesired? This bill does not protect youth from irreversible medical treatment, it serves only to police and enforce a rigid sex binary and restrict gender variance. Scientific and medical knowledge supports the safety, reversibility, and immense benefit of gender affirming care for transgender youth and current policy and guidelines surrounding gender-affirming care for minors already reflect scientific and medical advice and take a conservative approach to allow trans youth as much time as possible to make transition related decisions. There is no reason to further restrict their access to lifesaving care.

I felt the need to testify on this subject as I do not wish to see Wisconsin repeat the same harmful mistakes as the state where I used to reside, and I fear Wisconsin becoming as hostile to me and my community. Similar legislation in my home state and other states has served only to increase stigma against an already vulnerable marginalized community by targeting the most vulnerable – transgender youth. As minors, transgender youth do not have the ability to give testimony or defend themselves against bills targeting their existence. Therefore, I feel it is my responsibility as a transgender

adult who has witnessed the fear such policies inflict upon them to speak up in their defense on their behalf. Additionally, once such policies have been instituted, things don't generally end at restricting minors' access to gender-affirming care but are later expanded to restrict gender-affirming care for transgender individuals of all ages. This is completely unacceptable and the government should not be attempting to intervene in the decisions made by a consenting and properly informed adult's and their doctors. Bodily autonomy must be protected for transgender individuals of all ages. If passes, this bill poses a significant threat to the well-being and rights of transgender Wisconsinites as a whole. It seeks to solve a problem that does not exist, and in doing so would create new problems and open the door for future anti-trans and discriminatory legislation.

If the goal is truly to prevent irreversible changes and ensure transgender youth take time to think about their gender identity and consider their options, then the current recommendations made by the World Professional Association for Transgender Health (WPATH) and supported by scientific and medical literature *are* already the solution. Puberty blockers pause or prevent the irreversible changes brought upon by puberty, and allow transgender youth more time to explore and question their gender identity before making decisions with permanent outcomes. Gender-affirming healthcare is lifesaving healthcare, and transgender youth deserve access to the treatments they need. Denying them this goes against all current medical and scientific opinion.

Thank you for taking my testimony under consideration.

Dear members of the Assembly Committee on Health, Aging and Long-Term Care,

My name is Barb Farrar, and I am a resident of Racine. I've lived in Wisconsin for 14 years. I am also the Executive Director of the LGBT Center of SE Wisconsin. The Center exists in part to protect our transgender and non-binary community who experience discrimination daily.

I urge you to vote NO on Assembly Bill #378. As a Wisconsinite, I am opposed to this bill because it is discriminatory and denies access to health care which is a human right for everyone in the United States of America.

Having access to gender-affirming care for a trans youth can mean the difference between life and death and should not be left to legislators. These critically important decisions should only be made by youth, their family, and their affirming medical providers.

At the Center, I get to see a few youths each year who start to take Hormone Replacement Therapy. It is not a decision made lightly. After several months you can witness a happier, more sociable, confident, and joyful young person emerge. It is incredible to watch. I have not met any youth who regrets their decision.

Do not take access to health care away from transgender and non-binary youth. It is inhumane to do so.

Vote no on AB 465.

Sincerely,

Barb Farrar (she/her)

Racine, 53403

10/4/2023

Dear Committee Members:

My name is Dr. Jennifer Lamps and I am a Family Medicine Physician and a mother in Onalaska, Wisconsin. I have been working in the state of Wisconsin for over a decade, was raised here and went to school here. More importantly, I am now raising my three wonderful children here in Wisconsin with my husband, who is also a pediatrician caring for the children of Wisconsin. The last four years have been transformative for our family, as we have experienced the importance of gender-affirming health care for ourselves and have experienced the life-saving effects of gender-affirming health care on our own children.

The most important things that I want this committee to understand is that gender affirming care is completely misunderstood by the public - and yes, even by many of us in the medical world who do not deal directly with gender affirming care. My husband and I, both physicians at the top of our fields, have learned a significant amount about gender affirming health care since two of our children have come out as trans.

The most interesting thing we have learned is that gender affirming care is 95% providing a safe space for children where they do not feel threatened. This involves using the child's preferred pronouns and their preferred names. It actually has nothing to do with hormones or surgery. I have two children, now 14 years and 16 years old, who have been receiving gender affirming care for over 4 years and have never received any hormones or surgery. In four years of treatment. Their treatment has involved support, validation, therapy, and a safe space provided by trained medical professionals. The fact that this is the majority of gender affirming health care was surprising to both my husband and myself, even as educated physicians, and something that we had to learn.

The other significantly important thing that has become obvious to me about gender affirming health care is the fact that it is a necessity and that it is life saving. I have seen this in my own home with my own children. Two of my children were very depressed. Unreachable. I couldn't help them - even as a physician. My middle child was 12 years old and in middle school. My youngest child was 11 years old. They each had severe depressive symptoms and suicidal thoughts. Unbeknownst to me or my husband, each had attempted suicide several times. I, as their mother, only knew that something was very wrong and that I had lost my children - the sweet children that were my babies were no longer present. There was no more laughter, no more smiles. I missed their dimples and the family time we used to enjoy together.

It wasn't until we accessed gender affirming health care and my children were given a safe space by the gender affirming physicians and therapists that I saw a re-emergence of my children. It really only took one appointment. One appointment where my child was given a safe space. Where they were able to use their preferred pronouns and preferred name. And where the gender affirming physician was able to educate me - their mother, their physician mother - that it was okay to use their preferred pronouns and their preferred name and to create a safe space for them, that my child returned to their happy self. I had my kid back! The smiles. The dimples. The laughter. And the suicidal thoughts and attempts left. And all of that was because of gender affirming health care. I firmly believe that I would have lost at least one of my children in the four years since we started this journey if my children did not have access to this gender affirming health care. It is life saving. And it has saved my children's lives.

As a physician, I can tell you that very few treatments that we have as doctors are actually life saving. And this is! And it is life saving for children. All it takes is gender affirming health care - 95% of the time this is providing a safe space for children to figure things out, calling them by their preferred pronouns and name, and providing them the respect every human deserves. By doing this we can save so many lives! By doing this, my children's doctor saved my children's lives.

Please support the continued care of these vulnerable children. Please do not take life saving care away from my children by not allowing them access to this life saving gender affirming health care.

As a physician and as a mother, there is no greater joy than to save the life of a child. Please join me in helping to save these vulnerable children.

Thank you,

Jennifer Lamps, MD
Family Medicine Physician
Mother She/her pronouns

To the Health Committee:

My name is Jocelyn Langholz from Ashland, Wisconsin 54806. I am offering testimony against Bill 465, as a therapist that has been providing care to youth and adults exploring gender identity and pursuing gender affirming care for the past 10 years. My comments reflect my professional training specific to transgender care, my practice with individuals and families, WPATH guidelines which provide safeguards and enhance positive outcomes in the process of gender transition, and statistics about the risks to LGBTQ youth and trans and non-binary youth associated with lack of access to affirming care.

This bill is based on bad information and fear. Youth who have not reached puberty and are questioning their gender identity or clearly stating that they see themselves as a gender different from what they were assigned at birth are not getting hormones and surgeries. Children can experiment with clothing, hairstyles, toys, friend groups, and pronouns. They can benefit from social transition, which may be all they are interested in pursuing, even into adolescence or adulthood.

While some adolescents do take hormones and puberty blockers, this is a step that is carefully considered with youth and their parents, who must provide consent. Working with a therapist is best practice, as youth do often experience anxiety and depression, sometimes associated specifically with gender dysphoria, but also often in response to the minority stress of being bullied or unsupported. Additionally, like the general population, some do have histories of trauma or other mental health concerns. Mental health concerns do not preclude pursuing hormone therapy, if the youth is stable enough and has enough support to navigate emotional changes that make occur with initial adjustment to hormonal shifts. Endocrinologists provide detailed explanations in the process of informed consent, as with any other hormonal treatment. Ongoing appropriate lab monitoring provides further safeguards.

Most minors do not pursue top surgery, although on occasion those who meet criteria through the WPATH process and have been engaging in transition steps for an extended time, may do so in later teen years. This is a relatively rare occurrence, which is a decision made with parental consent and a professional care team. To the best of my knowledge, genital surgeries are not being performed on minors anywhere in the country. Creating laws to prohibit practices that are not occurring creates additional stigma and harm to those who are simply seeking to live lives that reflect who they are in the world. It is harmful and bad faith.

If enacted, this law will lead to harm and death for the youth you claim you want to protect. The Trevor Project offers data from a recent, large study of 25,000 LGBTQ youth between the ages of 13 and 24, in 2020. 45% of LGBTQ youth reports suicidal thoughts in the past year. The rates for severe depression, suicidal thoughts and attempts are up to 2 times higher for trans and non-binary youth than their cisgender LGBTQ peers. The impact of support makes a huge difference. In communities identified as non-supportive, the suicide attempt rate in LGBTQ youth was 21%. At the other end of the spectrum, in highly supportive communities, the rate was 8%. Attacks against their right to simply live and pursue a sense of self that feels right can only harm.

This bill is destined to harm, rather than protect our children. Protections are in place. Best practices are established and continuing to evolve as continued research and longitudinal data emerges. This bill should not move forward.

Jacob Wollinger, Et Al

Regarding Assembly Bill 465

10/3/23

To Whom It May Concern,

Hello, my name is Jacob Wollinger and I'm a Licensed Marriage & Family Therapist. My co-signing colleagues and I are testifying today in opposition to AB 465, the so-called "medical care ban".

As professionals and as people, we are ardent supporters of the LGBTQ+ community; we understand that their oppression exists in ways that are social; political; economic; and potentially, medical. We understand the nuances of gender identity exploration, and we understand that any "risks" inherent in medical gender-affirming care are vastly outweighed by the risks inherent in *not being allowed to transition*. The one-size-fits-all limitations prescribed by AB 465 are dangerous and, if enacted, will cost lives.

We understand that, well, not everyone understands. If we felt like giving the authors of AB 465 the benefit of the doubt, we'd say they have deep, deep misunderstandings about the ramifications of this proposed bill. How many trans youth have they ever met? Worked with? Yes, we understand that they misunderstand this gravely, at the peril of all gender-curious Wisconsin youth.

If we were feeling less gracious, we might identify the motives of these authors as hateful & ignorant. We might deem the authors of AB 465 and any other bad-faith actors to be enemies of the people of Wisconsin. In fact, what ulterior motives might exist for those in power to write this legislation? Might the powerful have less to worry about when the working class is fighting with itself?

We understand that aspects of this issue are complex & nuanced. We understand that not everyone has the same level of familiarity with these

issues. And based on those understandings, if nothing else, we condemn AB 465 and any "one-size-fits-all" trans youth legislation that does not take into account the needs, dignities, civil & human rights of individuals and their communities.

Thank you very much for your time & energy. Please consider this testimony on its own & as part of the broad majority of healthcare professionals who understand that legislation like AB 465 will be wholly detrimental to our patients, clients, family, & friends. Please do the right thing and strike down this bill.

Jacob Wollinger, LMFT

Megan Horvath, MSW Student

Laura Wilkinson, LCSW

Janyl Kozelka, LMFT

Brooke Allen, LPC

Rebecca Nash, LMFT

Cathy Martin, LCSW

Emilie Klos, LMFT

From: **Blaize Fernandez** <blaizephoenix@icloud.com>
Date: Tue, Oct 3, 2023 at 10:13 PM
Subject: Opposing Testimony to Bill AB 465
To: <testimony@fairwisconsin.com>

Blaize Fernandez
W598 Sun Rise Ct,
Keshena, WI 54135

To the Committee on Health, Aging and Long-term Care,

I, Blaize Fernandez, a resident of the state of Wisconsin, express my strong opposition to Bill AB 465. This bill is the work of the uninformed and irrational, is grounded in hate and intolerance, and is an insult to the very nature of our democracy and the values we hold sacred. Therefore, the legislature, if it reflects and upholds the sanctity of our American ideals, should see that the bill is not passed.

From: **Zachary Mark** <zachary.w.mark@gmail.com>
Date: Tue, Oct 3, 2023 at 10:09 PM
Subject: Opposition to AB 465 (Medical Care Ban)
To: <testimony@fairwisconsin.com>

To: Committee on Health, Aging and Long-term Care

From:
Zachary Mark
424 W Miffling St, Apt 221
Madison, WI 53703

AB 465 is a needlessly discriminatory and cruel piece of legislation that has no place in Wisconsin. Transgender men are men, transgender women are women, and defining "sex" solely based on a characteristic designated at birth is arbitrary and backwards.

All people are entitled to effective healthcare throughout their lives, including people who identify as transgender. Countless studies by reputable scientific bodies have shown that allowing parents and families of transgender youth to get them medical support to transition through puberty into bodies that they feel comfortable in help them feel loved, confident and stable as adults; while restricting such care almost always leads to trauma, anxiety and depression that can affect them for decades.

Furthermore, these same studies by reputable scientific bodies have confirmed that the aforementioned medical care for transgender youth is almost always non-surgical, non-invasive, and easily reversible should they choose to stop transitioning. Such rumors and myths about performing surgery on youths is wholly unfounded, spread for the sole purpose of stirring up fear and outrage.

As an openly gay man, I stand proudly with my transgender friends and allies. Almost all of my transgender friends, male and female, did not feel safe enough to be open about their true identities as they were growing up, choosing to silently grow through puberties into bodies that they did not feel comfortable with. Had they felt safe and accepted enough to be open about their identities back then, they might have been able to seek out necessary medical care and not be so traumatized today. I would not wish such pain on any youth, male or female, cisgender or transgender.

I urge the Committee on Education to reject AB 465 in favor of showing compassion to students of an increasingly threatened minority group and in favor of educating the larger education world to dismantle fear and misunderstanding.

Thank you,
Zachary Mark

From: **Madeleine Niebauer** <m_tregidga@hotmail.com>
Date: Tue, Oct 3, 2023 at 9:53 PM
Subject: Testimony re AB 465
To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

> Name: Madeleine Niebauer
> Address: 2155 Middleton Beach Rd, Middleton, WI 53562
>
> To the committee on health, aging and long-term care,
>
> I am the parent of a 13 year old transgender boy. He transitioned at age 8 and has never showed any hesitation or question of his gender since that time. Although he was assigned female at birth, he is all boy.
>
> He has struggled with his mental health, but with the consistent support of family members, friends and allies at school, and good medical care, including regular therapy, he is thriving.
>
> He is currently on puberty blockers. He is set to start testosterone in a year. He hates shots. Imagine all of the childhood terror at doctors offices. That's him. And yet he is signing up for a lifetime of shots every other week. There is no way he would do that if he weren't certain, deep in his soul and his psyche that he is a boy and he wants to be a man.
>
> No one wants their kid to be trans. The statistics on depression and suicide are terrifying. 42% of trans youth attempt suicide. Our son was already having suicidal ideation at age 8. His mental health has improved significantly with the support of family and knowing that he can live his truth and develop into the gender he is, with doctor-supported gender-affirming health care.
>
> If he were denied this health care, he would develop into a woman's body. He would grow breasts that he would later have to surgically remove. I can assure you, his mental health would suffer greatly and he would likely become suicidal again.
>
> If this ban is passed, we will be forced to uproot our family from Wisconsin to find a state that supports our sons health care needs. We are the fortunate ones that have the financial means to do so. But it also means losing the social network that is also so important to our child's mental health.
>
> Every medical association supports gender affirming care for youth. It's terrifying that politicians are making these decisions for families. Individuals should have the right to make their own medical decisions. Supporters of these bans say they are protecting children. But when the suicide numbers drastically rise for trans youth, you'll see the exact opposite is true.
>
> Imagine it was your child who was trans, who is certain they are a gender different than they were assigned at birth. What would you do? Would you deny their true identity? Would you force them to go through puberty that makes their body dysmorphia far worse? Put yourselves in our shoes for a minute. It's a very difficult situation. We only want our kids to grow into healthy, thriving adults, like every other parent out there.
>
> Please, I beg you, do not support this ban.
>
> Sincerely,
> Madeleine Niebauer

From: **Rain Marie** <rainmarie707@gmail.com>
Date: Tue, Oct 3, 2023 at 9:48 PM
Subject: 2023 Assembly Bill 465
To: <testimony@fairwisconsin.com>

I, Rain Fernandez, strongly appose this bill. As a 16 year old transgender male this bill would not only affect me but many others in the transgender community. Waiting until the age of 18 is too long for some who go through pain extremely frequently. When I learned of this bill I could feel my heart sink not only for me but for all the others like me. I ask that you please think of us when making your decision.

From: **Catriona Cummings** <catriona.l.cummings@gmail.com>

Date: Tue, Oct 3, 2023 at 9:19 PM

Subject: Testimony Against Anti Trans Bill AB 465

To: testimony@fairwisconsin.com

Hello,

Here is my testimony for bill AB 465:

Hello I am Cat Cummings; I am 15 years old and I am writing to you today to speak against one of the anti trans laws that are attempted to be implemented: AB 465. I, myself, am Non-binary and it is concerning that this Wisconsin government would consider laws that are in an attempt to harm the Trans Community. According to The Trevor Project's 2023 survey of the queer community it was found that 48% of trans women, 52% of trans men, and 48% of non binary people have considered suicide. These numbers are consistent, even increasing in the past few years. What has been found to reduce these suicide rates is gender affirming care; According to the American Medical Association "Youth who received gender-affirming care—including puberty blockers and gender-affirming hormones—had a 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over those first 12 months, compared with youth who did not get such medications." Why would the government take away resources that are helping people stay alive, specifically our youth. If these resources are helping save lives it would be illogical to take something like that away. Along with the fact that according to The Trevor Project's 2023 survey of the queer community it states that 1 in 3 LGBTQIA+ young people are having poor mental health because of concerns about anti queer policies and legislation. I personally have felt this stress and can't understand how the younger queer population is doing. The Trevor Project's 2023 survey states that 2 in 3 LGBTQ young people said that hearing about potential state or local laws banning people from discussing LGBTQ people at school made their mental health a lot worse. These laws will affect our youth in a negative way and causing their lives to be permanently changed. I personally have been affected by the anti LGBTQIA+ rhetoric within my school. This past May a draft was released of a policy which stated it would be banning safe space stickers; flags, signage, stickers or similar item for display denoting: a division of race, ideology, sexual orientation, gender preference, or political affiliations. It also banned any flag (excluding the American flag, the Wisconsin flag, and a flag related to a foreign language being taught in the room), anything denoting one race (such as BLM), anti racist classroom notations, rainbows, or any signage promoting a sexual or gender preference. This document was an offense to a large group of students. A group of students and I started a petition to stop the policy from being implemented. We talked to reporters, protested, rallied the community, and hung posters relating to the policy. After all that effort a vague version of the policy was implemented. Even after everything our efforts were reduced to a minimal adjustment. The mental health of my peers as well, along with myself, were affected significantly. We eventually found strength within the community we had created and with these bills they could cause serious damage to the work we put in to better ourselves. As soon as I heard about bills AB 378, AB 377, and AB 465; I immediately started sharing in an effort to save the lives of the Trans and Non binary communities. When sharing I even faced harassment, people continuing to choose to call me slurs and make fun of me. I was lucky enough to not face as significant of attacks as some of my fellow students. These attacks that I am referencing are not just because of the views that these people hold but merely because they are existing. My peers are constantly harassed, told to kill themselves, and even on occasion physically harmed. This is not uncommon for people in the queer community and needs to be addressed whether people should be able to play with the sports team they feel most comfortable with. I hope that you choose to oppose bill AB 465. Choose to protect the people. Thank you for your time and consideration.

Thank you for allowing me to still assist in this fight

Sincerely,
Cat Cummings

Wyn Helming

Regarding AB 465

October 4th, 2023

My name is Wyn Helming and I am a concerned Wisconsin resident. I am testifying against Assembly Bill 465 and all other anti-trans bills. This bill is another example of the rampant and increasing violence against not only trans youth, but all trans people.

~*~

A couple years ago, in 2019, I came out to my grandparents as trans. They said they would always love me as long as I wasn't hurting anyone else. Staying true to their Catholic kindness they have preached to me. And it was true, being trans doesn't harm anyone. It comes from a love and acceptance of oneself. Two years ago I visited them again. When I asked them to use a new name, I received a very different reaction. With words laced with hatred and refusal they refused to recognize who I was and am.

I'm sharing this story because it was clearly evident to me that in the two years I hadn't visited, bills like this one, as well as anti-trans rhetoric pushed by those in attendance today have increased the disdain and vitriol for trans people. You push misconceptions like: "all trans people take the same 4 step path in their gender transition", no, all trans people's journey's are different. "All trans people medically transition", no we don't. "Children are pushed into trans surgeries", no, many trans children don't turn to surgery to treat their dysphoria. "Gender transition does nothing for the mental health of the individual", no, the very Swedish study many cite to tout this fact, states that transition does help.

Instead of taking away life-saving affirming healthcare from a portion of Wisconsinites, look to find those who take advantage of all those experiencing crises like gender dysphoria, anti-trans bigotry, and a lack of access to healthcare. Even better, actually include transgender and nonbinary people in the decision-making process of bills that would directly affect them. I implore those who are scared of transgender people to actually talk to us in good faith. Treat us like beautifully queer human beings, because we are.

Thank you to those who listened and are listening in good faith. Please vote against assembly bill 465.

Schneider, Jeanine

From: Ghost Elizabeth MORRIS <aemorris4@wisc.edu>
nt: Wednesday, October 4, 2023 3:00 PM
To: Rep.Moses; Rep.Rozar; Brooks, Rob; Rep.Dittrich; Rep.Gundrum; Rep.Magnafici;
Rep.Murphy; Rep.Sapik; Rep.Schutt; Rep.Summerfield; Rep.VanderMeer; Rep.Subeck;
Rep.Riemer; Rep.Anderson; Rep.Vining; Rep.Drake
Subject: Full Testimony on Transgender Health Care

Legislatures,

I am Ghost Morris, an openly gay and non-binary freshman at the University of Wisconsin Madison studying legal studies and Psychology. I was the former president of my high school's gay, straight, allies. I have also participated in the Leadership Training Institute and the Northwood Summit hosted by GSAFE, leading a section on different ways to express yourself.

As someone who is non-binary gender-affirming health care is highly important to me and many people I know. Transgender health care as a whole is highly important not just for me but for equality in the community. As of 2015 33% of transgender people in Wisconsin alone have reported at least one negative effect with a healthcare provider, according to the U.S. Transgender Survey. This percentage has gone up in the past few years. We are now in 2023 almost into 2024 when many other states have banned transgender health care and even some states that are making it a felony such as Florida, and Alabama. States like these are excluding not just the Transgender community but also the lgbt community as a whole with transgender health care being the first step into enforcing more and more bills and laws against the communities as a whole. With more and more bills and laws the mental health of these individuals started to deteriorate more and more, pointing out that the lgbt community was already one of the highest for mental health and physical health issues with nearly 1 in 5 transgender and non-binary youth attempted suicide, three-quarters having anxiety, and two-thirds having depression. Most people after getting gender-affirming surgery still face social problems and are not being supported that is the reason why we still have mental problems not do to getting gender-affirming health care.

With this 93% of transgender and non-binary youth have said that they worry about being denied gender-affirming health care due to the state and local

laws, Traver Project. Taking away gender-affirming health care is just saying that we have the right to be worried, we have the right to be worried in many states that have already banned gender-affirming health care. This is making us more and more worried about what lgbt bill is going to be passed next or what state is going to ban gender-affirming health care next.

The bills you have put in place block the rights of gender-affirming hormone therapy to those under 18. I understand that you may think that youth under 18 "don't know what they want" and will "regret it." This is not true, from my own experience I knew that I was not in the right body from elementary school and most people know that they were different than the "norm" once they were born and all of them do not regret being who they are. So allowing gender-affirming hormone therapy will leave no harm or danger to those who want to transition.

Banning gender affirming healthcare is against the Equality Act which legally protects the LGBT+ community from discrimination regardless of sex, sexual orientation, and gender Identity. Wisconsin as a whole protects against discrimination of sexual orientation but not gender identity. How is it that you can protect one part of the LGBT+ community but not the other? There is so much more to the community than just sexual orientation. Only protecting one part of the community is telling me and others that we are not as important. You allow protection in health care with the sexual orientation but you are trying to take away gender-affirming health care from the other half of the community.

Myself and everyone else in the community want you to understand that taking away gender-affirming health care or other LGBT+ topics related to gender or even sexuality will not help you in the long run and we will fight back against any and all other bills that are put in place. Is this really what you want from this community? You are making a decision that will harm us and the future generations to come by passing this law. Passing this law will not only cause harm to us but you as well. Just look at what happened with the overturning of Roe v. Wade, and the BLM movement we fought for what is right and we are continuing to fight for what is right.

Transgender and non-binary people are people just like you. We deserve the same protection and safety in not just healthcare but also in society as a whole. Putting in an anti-discrimination law for gender identity just like you did with sexual

orientation will be highly beneficial. Keeping the right to gender-affirming health care for transgender and non-binary people will ensure that the LGBT+ community can trust Wisconsin as a whole and don't have to live in worry about getting rejected just being who they are as a person. With this, it will help with the community's mental health overall, not having to worry that there may not be more laws against the LGBT+ community. We will always be a bit worried about more laws and bills that may appear in the future and even those that still are happening today. I want you to think about what it would feel like if you lost all your rights to health care, in society, were discriminated against, and were seen as an outcast daily just because you are being yourself. What if your kid was transgender or non-binary how would you think they would feel about their parents banning gender-affirming healthcare for them?

—Thank you—

Testimony in opposition to AB 465

Meagan Holman O'Reilly

October 4, 2023

To the Assembly Committee on Health, Aging and Long-Term Care:

I write in opposition of AB 465, prohibiting gender affirming care for individuals under the age of 18. While in my professional life, I serve as the Alderperson for Wauwatosa's 6th District and as our Common Council President, I write outside of that capacity as the mother of a 15 year old daughter who was assigned the male gender at birth.

When I asked my daughter if she had anything she would like to include in my testimony, her only response was, "Can I please come with you?" This issue is so fundamental to her health and wellness that she is moved to action as well, but she also really needed to go to school today. Some of her thoughts will also be submitted for your consideration.

I want to tell you a bit about her – This kid has so many amazing qualities: smart, witty, thoughtful, resourceful, independent, open-minded, skilled at archery, and finding her voice through a class she loves on debate this fall. Above all, she's courageous and authentic, and perhaps the bravest person I know.

A few years ago, these qualities were dimming and we were struggling. It's hard to watch your child suffer anxiety, panic attacks and depression. From the moment she came out as trans, the palpable gray cloud above her head began to lift. It quickly became clear that the true transition – from anxiety-ridden, withdrawn and fearful, to happy, confident and hopeful – is what mattered, not the transition from male to female. Gender affirmation from her family, her school and her health care saved her life.

Another important thing about my daughter is that she is a triplet. When you learn you are pregnant with triplets, your life changes from that moment forward, not unlike when a child comes out as LGBTQ. Suddenly experiencing a high-risk pregnancy, I turned to my amazing doctors and Froedtert and did everything in their judgment to have a healthy outcome: to keep my children alive. Now, we trust our doctors at Children's Wisconsin, who are guided by the American Academy of Pediatrics, amongst others, who have the same mission: to keep her alive.

Suicide is the second leading cause of death among young people aged 10 to 24 — and

LGBTQ young people are more than four times as likely to attempt suicide than their peers. More than half of transgender and nonbinary youth seriously considered attempting suicide in the past year.

Meanwhile in 2021, 94 percent of LGBTQ young people reported that recent politics negatively impacted their mental health and 86 percent of transgender and nonbinary youth said that recent debates about state laws restricting the rights of transgender people – just like this one – have negatively impacted their mental health. A majority of those trans youth said it impacted their mental health “very negatively.” In my daughter’s words, “I have spent years fighting depression and dark thoughts that some day some sort of law or bill would be passed in Wisconsin that would tear down all of the progress that has been made...” This hearing, today, has caused harm to my family, and countless others.

Tomorrow, I’ll take my daughter to school as usual. She’s honing her debate skills. She says she wants to serve her community through public service, like her mom. She’s a beautiful 15 year old who has had her light reignited by having access to age-appropriate gender affirming care. Please, don’t harm my child further. Please vote “no” on this bill.

Testimony in opposition to AB 465

Meagan Holman O'Reilly – testimony of minor child

October 4, 2023

Hi, I'm a trans girl living in Milwaukee, I'm 15, an identical triplet and I am the one that you are fighting against. I have lived the majority of my life in fear that the way I feel and express myself is going to be hidden forever and that being myself is wrong and unforgivable. If you were to ask me in 2020 if I wanted to be a girl I would tell you no and then whisper to you secretly that I want nothing more.

Because I only began my transition 2 years ago I try my hardest to seek comfort in those I find close. I find it harder everyday to believe that I can finally be me. I have spent years fighting depression and dark thoughts that some day some sort of law or bill would be passed in Wisconsin that would tear down all of the progress that has been made by my community over the past few decades. I have struggled with depression and suicidal thoughts for a long time and know of many others that feel the same. Over 1.8 million kids such as myself considered suicide as a way out and if you seriously think that taking away gender affirming care for minors is going to fix that you are sorely mistaken. Even in places I have been told are safe spaces I have been harassed and ostracized because of the way I choose to express myself.

Many of my friends and peers around my have struggled with bullying, harrasment, and suicidal ideation all because they couldn't express themselves freely and be the person they were meant to be. I know that a lot of queer people are struggling to find themselves right now and that they are having difficulties discovering who they are. If gender affirming care was not as accessible to minors as it is now I know for a fact that countless lives would be lost because you thought that doctors and parents of the children were "hurting the children". If I had not been able to transition I would most likely have been in a far worse state than I am now and because of what has been available to me I am able to freely express myself.

If you vote for AB465 you are endangering countless lives as has already been shown by the number of suicides among transgender youth in less progressive states. Anyone who believes they are helping kids by approving this is wrong and will cause harm to countless children. Please if you do really care about children vote NO to AB 465.

To the Committee Members,

Members of both Assembly and Senate of the State of Wisconsin considering these proposals, I submit the following for addition to your materials for your basis of determination in the matters of AB 377, AB 465, SB 480, SB 479.

I am offering my opinion in opposition to the above proposed bills as an instructor for training law enforcement in working with the transgender community for over fifteen years. What started as an investigation into what is transgender, turn into research as I saw the need for our criminal justice entities, both law enforcement and corrections and the court system, to legitimize and understand who transgender individuals are.

What I found is eerily similar treatment to other socially misunderstood human conditions which struck fear in and caused social condemnation and punishment for being a naturally occurring human phenomenon. A great example of this is the treatment of left-handed persons not so long ago as "the devil's spawn," where we had to fear them, correct them, punish them, treat them medically. See:

The Prevention And Correction of Left-Handedness In Children by J.W. Conway published in 1935 and we believe also had the subtitle "On Curing the Disability and Disease of Left-Handedness".

The Mental Sorrows of Left-Handedness (1924) by Dr. William. S. Inman.

We now know it is a genetic factor(s) that cause left handedness. There is evidence that being transgender is also a rare but natural genetic occurrence like having red hair.

The American Psychological Association's position on the type of legislation being proposed is "

While supporters of these bills typically claim to want to protect children, scientific evidence ultimately suggests that the

models of care these bills might allow cause harm to transgender children, and those who may be gender creative as children who ultimately decide they are not transgender (Ashley, 2021). [10/01/2023 @ <https://www.apa.org/topics/lgbtq/gender-affirmative-care>]

Other government medical, science resources that I have accumulated research documents that show important relevant information to be considered in your deliberations are from the National Institute of Health (NIH), The National Human Genome Research Institute (NHGRI), Mayo Clinic at Rochester MN- Transgender and Intersex Specialty Care Clinic (TISCC), and University of MN - The Eli Coleman Institute for Sexual and Gender Health (ISGH), along with many other highly regarded sources from around the world. Please consider speaking with Dr. Scott Leibowitz, MD, Child and Adolescent Psychiatrist and Medical Director of Behavioral Health, THRIVE Program (Differences of Sexual Development and Gender Concerns), Nationwide Children's Hospital, Columbus, Ohio. Please see his publicly available talk for physicians: <https://videocast.nih.gov/PastEvents.asp?c=27>

"psychobiologist Antonio Guillamon of the National Distance Education University in Madrid and neuropsychologist Carme Junqué Plaja of the University of Barcelona—used MRI to examine the brains of 24 female-to-males and 18 male-to-females—both before and after treatment with cross-sex hormones. Their results, published in 2013, showed that even before treatment the brain structures of the trans people were more similar in some respects to the brains of their experienced gender than those of their natal gender. [<https://www.scientificamerican.com/article/is-there-something-unique-about-the-transgender-brain/>]

"It's not genitalia that determines gender, says clinical psychiatrist Murat Altınay, MD, Head of LGBT Mental Health Services at Cleveland Clinic. A closer look at brain structure and function reveals that transgender people have striking similarities to their identified gender rather than their

biological gender — even before hormone therapy." [<https://consultqd.clevelandclinic.org/the-brain-and-gender-identity-current-evidence-and-implications-for-practice-podcast/>]

I have found that discussing the vast variety of genetic variations possible, and human conditions that medicine and science know about and that societal embarrassment and fears and social shaming, stop any knowledge to the general public. Do any of the committee members know what being Intersex is? [<https://my.clevelandclinic.org/health/articles/16324-intersex>] Or what Guevedoces is? [<https://www.livescience.com/52247-guevedoces-girls-boys.html>]] What is not general public knowledge about the variety of forms of human in existence was shocking when reading the 100's of medical journals and scientific publications.

May I suggest two other recent publications for resources for your consideration:

NOT A CHOICE What you weren't taught about the Biology of Sex and Gender; by P J Paulson,
Handsel Pub Ltd., ISBN-13: 978-0976323518

The second is on a related and arguably just as important human issue of Intersex persons:

INVERSE COWGIRL a memoir; by Alicia Roth Weigel,
HarperCollins Publishers, ISBN 978-0-06-329528-5

Finally, I ask that the Committee Members do not allow false social contagion fears about trans persons to dictate your decisions on the proposed bills. Do research, ask the medical and scientific experts who work with children and adults and who are not prejudiced against new and known knowledge. Find out what history and other cultures know about persons who feel they are born into the wrong form. I believe from my research review that in the womb, an XY brain and neurological start can be given the wrong hormones because of imperfect DNA genes

and proteins when it comes to genital development after week 7 (9) of pregnancy and then develop externally different from the neurological baseline. The same for an XX beginning to be inversely externally developed.

Please don't be part of the "I didn't know" excuse.

Thank you for reading and consideration of this information and accept my offer to discuss it additionally with you.

Respectfully submitted by

James W. Parlow

2709 Oak Drive, La Crosse, WI 54601

jparlow@winona.edu (Retired Emeritus Professor Sociology-Criminal Justice)

Oh Gosh, where to begin here?

My name is Sarah Mironczuk. I am a proud mother of a trans child. When I birthed my child, I ~~NEVER anticipated the day they would come out to me. This thought never crossed my mind.~~

But it's not as though I had planned my child's future out either. I didn't care who they married or if they married. I didn't think about how they would dress or if they would go to college and have some prestigious career. No. I only hoped and wished they would be healthy. That was the only thought that went through my head when I blew on an eyelash or threw a penny into a fountain. "I wish for my child to be healthy and happy".

Well, not all wishes come true. When my child was seven, he was dying. I could see it. So, I made an appointment with a new pediatrician and we discovered my child had a rare heart disease that is life threatening. It is hard to catch and if it were not for science making the strides that it had in the last decade, I would not have to write this testimonial because I wouldn't have this child to advocate for. But I do. And that is why I sit here right now.

You do not know my life or my child's life. Perhaps you don't have a child or you may have a child who fears being honest with you. While I feel sorry for you if that is the case, I do not have a child who fears me. I have a child that is more brave and stronger than any adult I have ever met. So when my child told me he likes when people confuse him for a boy and he prefers to use He/Him/His pronouns, I made sure our entire community understood the assignment. Bernadette became Ben and he thrived. I did not groom my son. I did not convince him that this is what he wanted. I just listened to him. Was I confused? Hell yes! There isn't a manual to tell you the steps of being a parent to a trans child. And if that child does not want to be outed openly, then the parents resources are very limited.

Being a parent of a trans child has its challenges. But it is nowhere near as challenging as being a trans child that cannot live their truth. I am a cis gendered woman. I don't have to explain myself. I don't have to worry about "passing" amongst my peers. I can safely and comfortably use the bathroom that I identify with and not be questioned. While as a woman, I face my own challenges in our society, I cannot fathom what anyone in the LGBTQIA+ community has to deal with on a day by day basis. The bigotry, the scrutiny, the hate and blatantly phobic transgressions that come from people on a regular basis is a lot to live with. It's no surprise suicide rates among the LGBTQIA+ people are high. That is one of the many reasons gender affirming care is necessary. It is not a privilege that needs to be earned or should be stripped away when the government feels like it. It's healthcare and we as Americans have a right to healthcare.

Minors especially have a right to healthcare.

My son is seeing a therapist right now to help guide him through his journey of being a teen, transgendered and what it means to start HRT. He is currently on puberty blockers. We sought the advice of all his specialists before making this decision. They agreed it was the right choice for my son who deals with gender dysphoria and has a fear of going through female puberty. The last year has been better for him because he is free to be himself. While he is small for his age for many reasons, he has been given the time to really decide if it is the right choice for him

to start taking HRTs and going through a male puberty. He is so excited for this point in his life. He wants a name change. He is all in and will not be waking up next year to tell me he wants to ~~present female and just be a lesbian. That is not his reality. He wants to grow up a male, be a~~ husband, maybe one day a father. This is some pretty heavy thinking for someone his age. He doesn't know if he wants to go to college or what he wants to be when he grows up. But he does know he will be doing it as a male.

If the GOP passes this bill and takes away my son's option to start HRT, the government will essentially be killing my child. They will be killing many children who NEED gender affirming care. It is a necessity for them. Not some weird parental grooming that so many weirdos seem to think. No parent wants life for their child to be harder than it already is. Especially in middle school and high school. It is inherently woven into our being to protect our children from the evils of the world. From the injustices. It is my job to try to stop our government from this injustice. Say it with me-GENDER AFFIRMING CARE IS HEALTHCARE!!! I implore you as a parent and/or as an elected official who is supposed to be listening and answering to their constituents, do not allow this bill to pass. Do not put all of these innocent minors at risk. Do a deep dive into what gender affirming care actually is and how it works. Trust me, NOBODY is taking their child to the doctor and getting a quick prescription for testosterone or estrogen and then making an appointment for their child to go under the knife and have life changing surgeries. That is not a real thing. Just like women do not use abortions as a form of birth control. That is NOT reality.

As a resident of Wisconsin, I am against the Anti-Transgender Healthcare Bill. I am screaming it from Milwaukee, WI. Keep your politics out of my Child's Body!

My son is living his life despite all the cards being stacked against him. Health problems that are beyond his control. The passing or not passing of this bill is within control. The outcome can be changed and can be changed for the better. Please don't add one more hurdle into my child's life.

Thank you for your time.

I have a trans-grandchild — I am appalled that legislators feel you have the right to interfere in his healthcare — to deny him care that his family + doctors may determine he needs — Where are parents' rights? Where is personal autonomy or privacy? I am also a retired mental health professional — I know that denying trans people the healthcare they need can harm their mental health, can increase anxiety, depression, + suicidality. What is the benefit to doing that? that adds to the struggles that trans people are already dealing with. the claim is that such a bill protects people + children. Why then is every Medical association opposed to these restrictions? I am strongly opposed to Assembly Bill 465.

Marjorie Matthews

701 Lewis Court

Sun Prairie WI 53590

marjoriedancer01@gmail.com

To the committee that will be discussing AB 377, AB 378, and AB 465;

It has come to my attention that bills are being proposed to ban gender affirming health care for transgender youth, as well as banning them from school sports.

Don't do it.

As a parent of a transgender young person, I can speak from personal experience to the vital importance of this care for my child. When your child tells you at age 3 that they think God made a mistake, it is heart-breaking. And despite trying to coerce my child to conform to their biological sex, when 10 years later their stated identity never changes, it's not a passing phase. When you finally allow them to express who they are through clothing and a name change, and you see them blossom into a happy, healthy, loving young person... that is real. That is the truth.

The people who oppose this care are falsely claiming to be protecting children. That is a LIE. Gender affirming care is not about forcing children into unwanted surgeries. It is far more nuanced, cautious, and in the end, life-saving care.

Sports participation should be handled on a case by case basis. Pre-pubescent children are not so different that they need to be separated by sex on school teams.

Post-pubescent, if a transgender girl has been allowed to access puberty blockers, then she will have no testosterone advantage in sports. There is no need to ban her from being part of a team. A blanket law making statements about the eligibility of all transgender athletes is a cruel punishment; it is not a caring or thoughtful way to protect girls.

Don't listen to the lies being spread by people who talk about my family, but have no personal knowledge of who we are. **Listen to the families that this actually affects!** I would love to share the story of my family with you.

Meanwhile, please oppose AB 377, AB 378, and AB 465.

You can contact me here...

Kathleen Caylor
3680 Rolling Hill Dr
Pulaski, WI 54162
920-865-6500

Hello,

I would like to state my formal opposition to the following bills:

Assembly Bill 378 (College trans athlete ban)

Assembly Bill 377 (K-12 trans athlete ban)

Assembly Bill 465 (Trans youth healthcare ban)

These bills are not based on science and sense, but fear and prejudice. Numerous peer reviewed studies have shown the life-saving

effects of trans healthcare, and the minimal to non-existent advantages of trans athletes in competition with their cis peers. All these bills will do is isolate and vilify a vulnerable community.

I beg you, please voice your strong opposition to these bills.

Sincerely,
Your Constituent,
Allondra Woods

North Hearing
Room

Chairman Moses +

Thank you, Committee Members, for this opportunity to use my voice in
opposition to this proposed bill.

I'm a fourth-generation proud Wisconsinite. I'm a parent, I'm a volunteer. In our so-called "purple state" I believe keeping children alive and healthy is one mission we can all agree on.

As a community, we make agreements to protect the lives of our most vulnerable, our children. We insist children wear seatbelts and sit in car seats. Crossing guards make sure our kids can safely cross the streets near our schools. We agree to safe snacks in classrooms where a child has a severe allergy. *Regardless of our personal preferences.*

Gender affirming care keeps children alive. As Iowa state senator Zach Wahls said so powerfully about a similar bill to ban gender-affirming care "kids are going to kill themselves because of this law...Children will die...if this becomes law. You are outlawing care with this bill that reduces suicide likelihood by 73%. If you had a drug that could reduce suicide risk by 73% you would say it was a miracle drug."

For decades puberty blockers + growth hormones have been used on transgender kids. No one wanted to ban that care.
Members of this body please oppose AB 465

Thank you,
Ann Imig
Madison

Testimony for Assembly Bill 465

Dear Legislators,

I am writing to you about Assembly Bill 465.

My name is Lynette Miller and my address is 1808 Van Hise Avenue, Madison WI 53726.

I know a number of people who are LGBTQ+ and who suffer with the crises of determining why they don't feel they are part of the norm. Several youth I have known have gone to the extreme decision to end their lives.

My daughter received her medical degree and then went to Columbia University in New York City to receive her psychiatry degree. She studied with a psychiatrist professor who works with people from all over the world whose sexual identities are non-binary. Doctors with this training are prepared to help young people struggling with their sexual identity.

Legislators who are not trained in this way are not prepared to make decisions about young people's sexual identities. In writing bills like Assembly Bill 465 you are making life decisions impossible for young people struggling with their sexual identity and also for doctors who are working to help young people and their families make the best medical and psychological decisions about their sexuality.

I ask that you vote against the passage of Assembly Bill 465.

Thank you for your careful consideration of letting youth, parents and medical personnel make their own very personal decisions.

Sincerely, Lynette Miller

October 4, 2023

12:00pm - AB 465 - Committee on Health Aging and Long Term Care - North Hearing Room (Trans
Medical Care Ban)

Re: In opposition of AB 465

Dear Committee Members,

My name is Reiko Ramos and I am a resident of Appleton, WI. I have over a decade of experience working with the LGBTQ community, most of which time has been dedicated to supporting queer and Trans youth. I currently serve as Statewide Director of LGBTQ Anti-Violence Programs at Diverse & Resilient. I am providing this written testimony in opposition to AB465 because of the harmful impact it will have on Trans youth.

In a nationwide survey of LGBTQ+ teens and young adults in late 2022, the Trevor Project found that 86% of transgender and nonbinary youth said anti-trans bills negatively impacted their mental health.

Our organization serves hundreds of LGBTQ+ people across the state of Wisconsin each year. When local elected officials at any level say harmful things about the Trans community or introduce legislation that will impact their rights, we see an increase in Trans people and their loved ones reaching out to us for support. We know through experience that the data is accurate: legislation like this has a serious negative impact on the mental health and wellbeing of Trans people in our state.

Further, every major medical organization, including the American Medical Association and American Academy of Pediatrics, agrees that gender-affirming care is safe, beneficial and appropriate for transgender and gender-non-conforming youth. I know from lived experience as a Trans person and in my career supporting young people that gender-affirming medical care saves lives.

Please allow patients of all ages, alongside their families and doctors, access to gender-affirming care and the ability to make life-saving decisions about their medical care; do NOT move forward with AB 465.

Respectfully,



Reiko Ramos
400 N Richmond St, Suite F
Appleton, WI 54911

To the Committee on Health, Aging, and Long-term Care,

I hope this email finds you well. My name is Kelsey Pacetti (she/her), and I am writing to express my deep concern and opposition to the proposed gender-affirming care ban in the state of Wisconsin. As a school counselor at a K-12 school (and a GSA or Gender Sexualities Alliance club advisor at the school) in Madison, I feel compelled to share my perspective on this crucial issue.

First and foremost, it is my firm belief that trans kids belong. Every child deserves to be treated with dignity, respect, and fairness, regardless of their gender identity. Gender-affirming care is a vital component of ensuring the well-being of transgender people. Gender-affirming care is a crucial aspect of this support. It is not only a matter of affirming their gender identity but also a matter of suicide prevention.

Studies consistently show that transgender individuals, especially youth, are at a significantly higher risk of experiencing mental health challenges, including depression, anxiety, and suicidal ideation. Providing access to gender-affirming care is not only a matter of medical necessity but also a matter of life and death. It has been shown that trans youth who have access to gender-affirming care are less likely to engage in self-harming behaviors and have significantly improved mental health outcomes.

Banning gender-affirming care for transgender youth in Wisconsin would not only violate their basic human rights but also endanger their lives. It would send a message that our state is unwilling to support some of its most vulnerable and marginalized young people.

I implore you to reconsider and reject the proposed gender-affirming care ban in Wisconsin. Instead, let us work together to create an environment where all people, regardless of their gender identity, can feel safe, accepted, and supported in their journey.

Thank you for your time and consideration. I hope that you will take my testimony to heart and make the choice that will benefit the well-being and future of our transgender and gender-diverse youth.

Sincerely,

Kelsey Pacetti
Madison WI 53718

To: Wisconsin Committee on Health, Aging, and Long-Term Care

From: Tessa Meurer, MPH, MD Candidate

Re: AB 465 relating to prohibiting gender transition medical intervention [In Opposition]

I am Tessa Meurer, a current medical student at the University of Wisconsin with a Master's in Public Health. I received my graduate training in Population & Family Health from Columbia University, including a certificate in Sexuality, Sexual and Reproductive Health. I am writing today to voice my strong opposition to Assembly Bill 465, which aims to prohibit gender-affirming health care for any person under 18 years.

This bill actively threatens the lives and safety of Transgender and Gender Expansive youth in our state. If passed, it would serve as a barrier to Wisconsin youth in accessing mental health counseling, gender-affirming hormone therapies, and/or gender-affirming surgeries. This bill's language stands in direct opposition to medical evidence and the medical community, who overwhelmingly support the provision of gender-affirming care as the best medical option for Transgender and Gender Expansive children. The American Medical Association, for example, reports that support, recognition, and access to gender-affirming care is the *single best way* to counteract the high rates of depression and suicide among this population. As the AMA observed in a letter to the National Governors Association, bills of this type represent "a dangerous governmental intrusion into the practice of medicine and will be detrimental to the health of transgender children." Our own Wisconsin Medical Society directly "opposes legislative restrictions on the provision of gender affirming care." A broad swath of medical evidence shows that gender-affirming services are safe, supported by the medical community, and lead across the board to better outcomes for patients. Further, the majority of services that would be impacted by this bill in practice consist of mental health services and reversible hormonal interventions – such as puberty blockers, which essentially "press pause" on puberty to give youth time to explore and understand their gender identity, or provision of exogenous testosterone and estrogen hormones. These medical interventions are used for a wide number of conditions, so the targeting of this restriction to the Trans population is explicitly discriminatory.

As a current health professional, an aspiring physician and a genderqueer Wisconsinite who has worked directly with Trans and gender-expansive youth in my own professional and personal life, I am here today to tell you that gender-affirming health care absolutely saves lives. To take away the rights of Wisconsin youth and families in accessing this medical care is an act of violence. I urge the committee to stop using the lives of our children as a political wedge, and to instead affirm our rights and freedoms to access medical care and determine what is best for their bodies. I urge you to vote "no" on Assembly Bill 465.

Sincerely,

Tessa Meurer, MPH (she/they)

MD Candidate, University of Wisconsin School of Medicine and Public Health

TRIUMPH (Training in Urban Medicine and Public Health) Program

| (262) 366 1592

Daniel Atwater
523 Grand Oak Trl #208
Madison, WI 53714

Committee Members,
I am OPPOSED to AB 465. It is unfathomable to me that we should not do everything in our power to support and care for our trans youth. Access to medical care is access to life itself. Trans-affirming medical care is absolutely necessary at all ages, but especially for our youth.

Respectfully submitted,
Daniel Atwater

Dear Committee on Health Aging and Long Care,

My name is Theresa Bernstein , I live at 802 E 6th Ave in Brodhead.

have 3 beautiful children, all are young adults now but this bill is a slippery slope that is dangerous for all trans/ non binary people. My oldest child is a student at UW-Milwaukee, they are non-binary and are working hard toward a degree in Arts Education. They saw the importance of supportive teachers in their high school (I sing high praise for Dolly Stibbe, who now teaches in the Beloit School District) and they want to be that teacher for other young people. My youngest son is trans and a recent graduate of Brodhead High School and has dealt with the bullying that comes with being trans in a small town. They are both exploring health care options to determine what is best for them, to be most comfortable in their bodies. Gender affirming care saves lives. Embracing our trans and non binary kids (all of our kids really) and loving them for who they are is the best way to keep them safe. We cannot tell our kids who they are, and we cannot force them into boxes they won't fit into, we will lose them. Parents, kids and their medical teams are the only ones qualified to make decisions about their own health care. This bill in any of its forms, it is not safe for our kids.

thank you,
theresa

To the Committee on Health, Aging, and Long-Term Care

It is unconscionable for the state of Wisconsin to interfere in the patient-doctor relationship in this way and this bill must not be passed.

Sincerely,

Patrick Dooley, HTL(ASCP)CM QBRSCM
21 Park Crest Court, Madison, WI 53711

October 3, 2023

Melissa Tempel

2638 N Fratney Street
Milwaukee, WI 53212

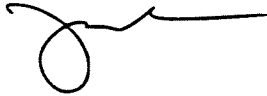
Assembly District 16

Representative Kalan Haywood

I am resident of Assembly District 16 and your constituent. I am a teacher and I have 2 daughters. I want trans and nonbinary youth and their families to know that I stand with them. I love them. And I will always, always fight for them. I expect you to do the right thing and vote in opposition of AB 377, AB 378, and AB 465.

Thank you.

Melissa Tempel

A handwritten signature in black ink, appearing to be 'Melissa Tempel', with a large loop at the end.

Greetings Wisconsin State Assembly,

My name is Karen Polnitz and I am the proud mother of a gender expansive child. I do not know who they will become as they grow, but I do know that it is all of our duty to build a world that is loving towards and inclusive of the diverse identities of all of our children.

We know that trans and nonbinary youth experience increased levels of mental health challenges, especially when they are not supported. However, when their communities come together to show them that they are wholly loved, exactly as they are, for all of who they are, we know they can thrive.

What you decide here today sends a message to our children about belonging. Will you tell our children that they have a place here, that they belong in the sports and activities they love? Will you affirm their right to health care that meets all of their needs with scientific research, upholds bodily autonomy, and offers them life-saving medical care?

Or will you let fear and misinformation allow you to cast a vote of exclusion? Will you let bias send a message that they are not welcome as they are? Will your actions be the reason a child thinks this life is no longer worth living?

I hope you will vote on the side of love. On the side that will give our children the freedom and the care they need to thrive. May your decisions build a foundation of trust so that these same children can look up to you with respect for the ways you built belonging for them at this hour.

Please oppose Assembly Bills 377, 378, and 465.

In Community,

Karen Polnitz
Madison, WI
53704

Dear Committee on Health, Aging, and Long-Term Care,

I'm writing to express my immense opposition to AB465. Trans people of all ages deserve to receive healthcare to help alleviate their gender dysphoria, and it is not the government's place to get between a patient and their doctor. Banning trans healthcare isn't going to stop kids from being trans; it's only going to lead to them needlessly suffering.

Thank you,

Samantha Bister
Verona, WI 53593

Good afternoon, members of the Committee on Health, Aging, and Long-term Care.

My name is Donovan Giavani Widmann, I live in Milwaukee and I'm currently a fourth year medical student at the University of Wisconsin School of Medicine and Public Health.

I strongly oppose AB 465, "Prohibiting Gender Transition Medical Intervention for Individuals Under 18 Years of Age."

As a student doctor, I have seen firsthand just how crucial gender affirming care is for transgender youth. It truly is no exaggeration to say that it saves lives. It has been such a privilege to have seen so many patients, from adolescents to young adults, blossom into the brightest and most confident versions of themselves as they found themselves beginning to feel at home in their bodies for the first time.

Simply put, the jury is not out on the benefits of gender affirming care. Study after study has proven unequivocally that gender affirming care for transgender youth improves mental health outcomes – it reduces depression, it reduces anxiety, and it reduces suicidality.^{1,2,3,4} Meanwhile, a 2022 study brought to light the direct harm caused by bills just like this one: it found that transgender youth experienced worse mental health outcomes – increased depression, anxiety, and suicidality – as a result of the deluge of proposed anti-trans legislation in recent years.⁵

And multiple national medical bodies, including the American Academy of Pediatrics, the American Medical Association, the American College of Obstetricians and Gynecologists, the Endocrine Society, the American Urological Association, the American Society for Reproductive Medicine, the American College of Physicians, the American Association of Clinical Endocrinology, and the American Psychological Association all agree: gender affirming care saves lives.

To want to protect our youth is noble, and I share that desire with you all. That is why I strongly urge you to vote against AB 465, a bill that will, without a single doubt, enact demonstrable harm should it pass.

Thank you all for your time and consideration.

1. van der Miesen AIR, Steensma TD, de Vries ALC, Bos H, Popma A. Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers. *J Adolesc Health*. 2020;66(6):699-704. doi:10.1016/j.jadohealth.2019.12.018
2. Costa R, et al (2015). Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria. *Journal of Sexual Medicine*, 12(11): 2206-2214. <https://doi.org/10.1111/jsm.13034>
3. Fontanari, AMV, et al (2020). Gender affirmation is associated with transgender and gender nonbinary youth mental health improvement. *LGBT Health*, 7(5), 237–247. <https://doi.org/10.1089/lgbt.2019.0046>
4. Almazan AN & Keuroghlian AS. Association Between gender affirming Surgeries and Mental Health Outcomes. *JAMA Surg*. 2021;156(7):611–618. doi:10.1001/jamasurg.2021.0952
5. Abreu, R. L., Sostre, J. P., Gonzalez, K. A., Lockett, G., Matsuno, E., Mosley, D. V. (2022) Impact of Gender Affirming Care Bans on Transgender and Gender Diverse Youth: Parental Figures' Perspective. *Journal of Family Psychology*. <http://dx.doi.org/10.1037/fam0000987>

Dear Members of the Committee on Health, Aging, and Long-Term Care,

I am writing to provide testimony regarding AB465: Gender Affirming Care Ban. My name is Carson DePagter, and I am a resident of Madison, WI. I appreciate the opportunity to share my views on this important matter.

I strongly oppose this bill. As a current medical student at the University of Wisconsin School of Medicine and Public Health, and as a hopeful future physician of Wisconsin, this bill goes against my training and ethical code.

I am being trained to practice evidence-based medicine. The evidence shows that gender affirming care for transgender and gender queer minors is important for their health and wellbeing. The percentage of suicide attempts for transgender youth is estimated to be as high as 50% (citation 1). This is drastically higher than the rate of all adolescents, which is only 14% (citation 1). However, when transgender youth have access to puberty blockers or gender affirming hormones, they have 73% lower odds of suicidality compared to youths without access to such care (citation 2). The evidence alone shows that this care is necessary for keeping transgender youth alive and safe.

When I made the decision to train as a physician, I agreed to follow an ethical code including the principle of nonmaleficence, which means I must avoid harming my patients whenever possible. Given the evidence I have presented above, not providing gender affirming care to transgender or gender queer youths would cause them immense harm. It is the ethical duty of all medical professionals to ensure their patients' safety and health and this bill would directly oppose that directive.

It is my desire to practice medicine in my home state of Wisconsin, however, bills such as AB465 make the prospect of practicing in our state bleaker than it ought to be. Being under threat of license revocation for the mere referral of a patient to necessary medical care is an untenable barrier working in healthcare in our state.

I urge the committee to reject AB465 and refrain from blocking access to vital healthcare for one of our most vulnerable patient populations.

I appreciate your consideration of my testimony.

Sincerely,

Carson DePagter

Citation 1: Toomey, Russell B., Amy K. Syvertsen, and Maura Shramko. "Transgender adolescent suicide behavior." *Pediatrics* 142.4 (2018).

Citation 2: Tordoff, Diana M., et al. "Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care." *JAMA Network Open* 5.2 (2022): e220978-e220978.

Dear Representative Moses and Rozar and the Wisconsin Assembly Committee on Health, Aging and Long-Term Care,

Bills such as AB 465 are just one part of a larger movement designed to effectively eradicate and promote the genocide of trans and gender diverse people within the United States. Gender-affirming care is a critical component of ensuring the health and well-being of transgender and gender-diverse youth, and it plays a crucial role in fostering an inclusive and supportive society.

First and foremost, it is essential to acknowledge that gender dysphoria can have profound effects on the mental health of young individuals. Access to gender-affirming care, including counseling, hormone therapy, and other medical interventions, is proven to be an effective means of alleviating the distress associated with gender dysphoria. Numerous studies have shown that when transgender youth receive appropriate care, their mental health outcomes significantly improve, leading to a better overall quality of life.

Research supported by the US Department of Health and Human Services Office of Population Affairs states that gender-affirming care improves the mental health and overall well-being of gender diverse children and adolescents. Because gender-affirming care encompasses many facets of healthcare needs and support, it has been shown to increase positive outcomes for transgender and nonbinary children and adolescents. Gender-affirming care is patient-centered and treats individuals holistically, aligning their outward, physical traits with their gender identity.

Gender diverse adolescents face significant health disparities compared to their cisgender peers. Transgender and gender nonbinary adolescents are at increased risk for mental health issues, substance use, and suicide. Denying transgender and gender-diverse youth access to gender-affirming care can have severe consequences, including increased rates of depression, anxiety, and suicidal ideation. As responsible members of society, it is our duty to prioritize the health and well-being of all individuals, irrespective of their gender identity. The Trevor Project's 2021 National Survey on LGBTQ Youth Mental Health found that 52 percent of LGBTQ youth seriously considered attempting suicide in the past year.

In conclusion, I urge you to oppose AB 465 which prohibits health care providers from engaging in youth gender affirming care.

Thank you for your time and consideration. I trust that you will make decisions that prioritize the health and rights of transgender and gender-diverse youth.

Sincerely,

Emily Latham
Madison, WI 53705

Dear Committee on Health, Aging, and Long-term Care,

My name is John Siewert and I live at 1264 Deming Way in Madison, WI. I am opposed to bill AB 465. What a child decides about their gender and how they choose to affirm it should not be the decision of the government. It should be a decision between them and a medical professional. Gender affirming care for young people is suicide prevention. I would rather a child be alive and trans, than be dead because they can't get the care they need.

Thank you,

John Siewert

Dear members of the Assembly Committee on Health, Aging and Long-Term Care,

My name is Staci Marrese-Wheeler, and I am a resident of McFarland. I've lived in Wisconsin for 51 years and have served as an ordained, Christian minister for 30 years.

I am writing to urge you to vote NO on Assembly Bill #AB 465. As a Wisconsinite, I am opposed to this bill because it is discriminatory, dangerous and unwise policy. The moment the government starts making decisions for physicians, about what health care procedures are allowed for certain patients, then the government not only creates poor legislation for a certain set of health circumstances but also sets a horrible precedent that will impact many other situations. Doctors, their patients and families of patients should be the ones deciding what is best for the patient's physical and mental health care, without fear of legal retribution. This is not a decision for the government to make.

If passed, this bill will cost lives. At a time when LGBTQ+ youth are already struggling with harassment and discrimination, we should be making it clear that they are safe and welcome in Wisconsin.

I don't believe politicians should interfere with personal, private medical decisions that should only be made between patients, their doctors, and their families.

Sincerely,

Staci Marrese-Wheeler
McFarland, WI 53558

To the Committee on Health Aging and Long Term Care,

I am a citizen of Wisconsin and I oppose this legislation, AB 465. This legislation is at its core unjust and unnecessary, in that it removes personal health care decisions from the hands of the children and parents involved in those decisions, and penalizes medical professionals for performing medically safe, consensual procedures.

The trans community makes up less than 1 percent of the population at large. Any bill that targets such a small group of a population has to be questioned for its necessity and its motivation, and there is no medical or moral reason why trans kids should not be able to receive care that affirms their gender identity.

I believe this bill is motivated by hatred and bigotry. I also believe bills like these are fascist in nature, and I believe legislation like this only serves to divide people and spread misinformation and hate.

Trans kids kill themselves at an alarmingly high rate, and there is a clear, obvious relationship between that and societal pressure and discrimination, and legislation like this sends the clear message that trans kids dying is acceptable and bigotry is desirable.

Please take a stand against this bill and any bill that seeks to divide and separate marginalized groups. It is unnecessary and it is cruel. Kids in Wisconsin, kids who you know and kids who you and your neighbors and friends love are going to die because of it; that can be prevented and you can prevent it.

Quinn McConnell
General Manager
Glass Nickel Pizza Co.
Madison East - Atwood Ave.

Dear members of the Committee,

I am writing to express my opposition to AB 465. Best-practice medical care for transgender youth simply delays puberty until young people are old enough to make their own decision about their lived gender. This bill aims to take away choices from children and their families and goes against recommendations from the American Academy of Pediatrics, the American Medical Association, and other leading medical authorities. This is no place for government overstep; please do not interfere with decisions best left to my family, my child and their doctors.

Sincerely,
Kristen Scott
Madison, WI 53711

Good evening,

I strongly oppose AB 465. This bill is another in a line of bills peddling hate against an incredibly small minority of citizens. The purpose is not to protect children, but to score political points with their ignorant and hateful base. The Wisconsin State Legislature is not qualified to weigh in on medical care decisions that should be between the patient and their team of medical professionals. Gender affirming care is necessary and life saving care for trans youth!

Regards,

Andrew Smith
Oconomowoc, 53066

Hello,

I would like to state my formal opposition to the following bills:

Assembly Bill 378 (College trans athlete ban)
Assembly Bill 377 (K-12 trans athlete ban)
Assembly Bill 465 (Trans youth healthcare ban)

These bills are not based on science and sense, but fear and prejudice. Numerous peer reviewed studies have shown the life saving effects of trans health care, and issues of fairness in school athletics cannot be resolved with an overly broad, one size fits all blanket ban. If these bills become laws, all they will do is isolate and vilify a vulnerable community.

I beg you, please voice your strong opposition to these bills. I love Wisconsin, and I don't want it to become a place where children are scared to be themselves.

Sincerely,
Jessamyn Pratt

Dear Wisconsin State Legislature,

Hello my name is Joseph. I am a bisexual Wisconsin resident who opposes the Trans Medical Care Ban. The reasons why I oppose this bill is because if this bill passes then it will eradicate trans children's access to gender affirming care, decrease doctor's right to their own privacy, and give bigoted parents and adults more power to abuse trans children. According to Achille C, Taggart T, Eaton NR, Osipoff J, Tafuri K, Lane A, Wilson TA. Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths, 50 transgender youths have experienced reduced depression after receiving gender affirming care. Follow the science please! According to Kuper, L. E., Stewart, S., Preston, S., Lau, M., & Lopez, X. (2020). Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy, 150 transgender youths in a gender clinic in Texas (Yes, the same state that recently passed anti transgender bills) have improved their mental health after receiving gender affirming care at that gender clinic. I have listed two studies that back the claim that gender affirming care improves mental health for trans children. Do not listen to the right wing cranks who preach in the altars of heteronormativity! Do not listen to the social media influencers who grift on transphobia! Listen to the scientists! Listen to the doctors! Listen to the transgender children, teenagers, and adults! Thank you for your time.

From,

Joseph Duncan
1933 N.Prospect Ave, #203
Milwaukee, Wisconsin

Julie Clayton
5804 Halley Way
Madison, WI 53718

To the Committee on Health, Aging and Long-Term Care:

In Opposition to: "Help Not Harm Act/ LRB-0191 and LRB-4459."

My name is Julie Clayton and I'm a Black, Trans Non-Binary person living in Dane County. I currently work as the Community Programs Outreach Coordinator for the Dane County Behavioral Health Resource Center. Before this position I worked for Journey Mental Health in a Crisis Work capacity.

I have seen countless individuals in crisis as they had not been able to access healthcare: mental and otherwise. I have seen the damage caused by disregard of people's LGBTQ+ identities; I have felt it as well. I believe that if we pass this bill, we will negatively affect our youth by taking away their voice and bodily autonomy.

If we can provide gender affirming care for trans youth in a timely manner, not only would gender dysphoria be lessened but it could have profoundly positive mental health results. Struggling with one's mental health does not need to be synonymous with being LGBTQ+. Failure to provide appropriate trans healthcare does not need to be where Wisconsin lands on this issue.

This bill is anti-LGBTQ+ and discriminatory. Not surrounding our trans youth with the care they deserve, yet boasting that Madison is the most "neighborly city in the U.S." is naivety at best and hypocrisy at worst. The last thing we need, both locally and nationally, are more bans on LGBTQ+ rights. We need the understanding that comes from truly hearing those who are seeking care.

I must say I've also witnessed the joy that is gender euphoria. I've watched members of the LGBTQ+ community, my community, celebrate with each other: birthdays, graduations, partnerships, many in bodies that feel like home to them. Everyone deserves that: trans youth, adult and elder alike. If we PASS this bill, young trans people will continue to struggle, many silently, as the resources they deserve are just out of reach.

Rep. Allen to the WI Assembly stated the following (in part): "Children who struggle with gender identity deserve help, not harm." And to that point, I agree. Harm is denying any individual the access to all options available for their healthcare. Transgender youth are entitled to care, but without bodily autonomy, care is simply control. That is why I oppose this bill.

Thank you.


Julie Clayton (they/them)

My name is Rev. John Francis Maher, III. I am the Associate Rector for Grace Episcopal Church in Madison, 53704. I am pastor and priest for transgender individuals. I am called to protect the dignity and identity of all persons, including members of the transgender community. Transgender people are often the most vulnerable members of our society, and therefore need the deepest and broadest care.

Please oppose Assembly Bills AB 378/ AB 377/ AB 465. Thank you for your time and attention in this matter.

Good Afternoon Committee on Health, Aging and Long-term care, my name is Sarah Loecher, and I am a first-year student at the University of Wisconsin Eau-Claire. 105 Garfield Ave. Eau Claire Wisconsin 54701. On campus I am a student senator who is on the equity in student matters commission. The decisions you will make could change the lives of every single transgender child in Wisconsin. You will be denying children procedures and healthcare that would significantly improve their mental health and save their lives. If this bill is passed, you will have made the decision to compromise the safety of every single transgender child now, and in the future of Wisconsin.

Think about the impact that has on real peoples' lives. Passing this legislation signifies that the legislators in Wisconsin think that it is okay to discriminate against transgender youth, by stripping them of basic human rights, such as healthcare, because of their gender identity. And that you will continue to pass similar legislature in the future. You as legislators have the power to protect the rights and the health of transgender children in Wisconsin. I am pleading with you to make the right decision to vote against this bill, voting against will save the lives of countless current and future transgender youth in Wisconsin.



We oppose this bill. We have been family physicians in rural WI for 25 years. A holistic approach to healthcare requires addressing the confidential physical and psychological needs of our patients. These decisions are best made by the patient, parents, and a team of healthcare professionals who have access to the most recent advances and data in all respective fields of medicine.

Best medical practice is a continuous learning process. It should not be a political issue regulated, manipulated, or prohibited by legislative action. Experts in healthcare come together to make consensus guidelines which help direct physicians and patients to the best appropriate and confidential decisions they can make.

Sincerely,

Drs Lenard and Leslie Markman

Amherst WI 54406



Dear Committee members,

I have been with my spouse for the better part of 35 years. I have been teaching for 32 years. After a long day teaching yesterday, I was sleeping last night by 9:30 pm. This morning I received an urgent message from a family member that my beloved home state of Wisconsin is holding 3 separate hearings on anti LGBTQ+ legislation.

The degree of immorality and abuse of power in all these actions, on short notice, targeting a historically oppressed community devastates me. I am deeply embarrassed by your inhumane actions and utter disregard for LGBTQ+ people.

You are elected officials representing ALL of the people. I expect you to honor your oath and do so.

In a month schools nationwide are dedicated to teaching standing up against bullying, STAND UP against bullying against LGBTQ+ people. STAND UP against discriminating legislation and other members, citizens and funding who aim to cause harm to an extremely vulnerable community.

Statistically, we are 10% of the general population. In addition, as you already know, we are also more susceptible to violence, anxiety, depression, substance abuse and suicide. This is my family, my students and my community you have been waging silent war against. LGBTQ + people will continue to die by these actions you are taking.

STOP IT! YOU ARE KILLING US. STAND UP FOR US. STOP AB465 NOW and in turn STAND UP FOR US by proposing supporting care, systems, funding and strengthened legal protections.

B. Denise Christofferson, LGBTQ+

Mom

Auntie

Cousin

Daughter

Friend

Teacher

WI resident

US Citizen

Human

Greetings,

I am writing to express my opposition to AB 465. Banning all gender-affirming care for anyone under the age of 18 will lead to more negative health outcomes and even death from trans youth who are already at disproportionate risk.

I believe that doctors and parents should be able to provide evidence based care to patients.

Sophia Kennedy Schmit
She/Her/Hers
Madison, Wisconsin, USA

Dear Legislators,

I am a transgender college student going to UW-Milwaukee. A number of bills are up this week that will decide what my rights are within the state of Wisconsin. I am an adult who fully believes I should have the right to make my own healthcare choices and transition. I struggle with gender dysphoria and believe me when I say that that gender dysphoria is very real and it is not a choice. Medical research has shown the benefits of transgender healthcare. It shows that the majority of those who will undergo a medical transition in their lifetime will not regret it. Most importantly in a community with such a high suicide risk, it has been shown to reduce suicidal ideation for transgender individuals. Research done and published in the article, *Suicide-Related Outcomes Following Gender-Affirming Treatment: A Review*, puts it better than I ever could so I will use the words of its author,

"Hughto et al. (2020) utilized a cross-sectional, online survey of 288 US-based transgender adults via the Transgender Stress and Health Study. Bivariate and multivariable mixed-effect logistic regression analyses were used. Participants were asked if they ever had a history of suicide attempt(s) or thoughts of suicide as a dichotomous variable before gender-affirming treatment. Prior to initiating unspecified gender-affirming treatment(s), 73.3% of the sample reported a history of suicidal ideation; this percentage dropped to 43.4% following the initiation of gender-affirming treatment. Prior to treatment initiation, 35.8% of the sample reported a history of suicide attempt(s), and 9.4% reported a history of suicide attempt(s) after initiation of gender-affirming treatment"

No one is harmed by others having access to these life-saving treatments. Harm is only done when lawmakers make the choice to ban people from finally getting the treatment they need to finally feel at home in their bodies rather than imprisoned there. I am transgender, my friends are transgender and so are my mentors and elders. We will still be here no matter if you illegalize our healthcare or ban us from playing sports. There will always be transgender citizens within our state of Wisconsin. All you would be doing is making our lives more painful and making it clear that our legislators would oppress the lives of those in the transgender community in order to appease those who wish us to not exist.

I implore you to defend the rights of transgender people within the state of Wisconsin. We should be allowed to be in sports. We should be allowed to make medical decisions about our own bodies which has been shown by medical research to benefit the vast majority of those who choose to go that route in their transition. Do not pass these bills that would rip away the rights of our transgender community.

To Whom It May Concern:

I want to voice my opposition to Bills 378, 377, and 465 introduced by the WI Assembly. Trans kids and collegiate athletes should have the right to participate in sports, and trans people should also have access to life-saving medical care. If these bills were to be passed into law, they would harm people I love and care for.

Sports can be an integral part of human development by promoting mental and physical health. It seems cruel to take athletic opportunities away from kids and college students.

These Bills do not represent the Wisconsin I know and love.

Thank you,

Sharon Holthaus
Madison, WI 53716

Dear Members of the Committee on Health, Aging, and Long-Term Care,

I am writing to express my strong opposition to the proposed assembly bill 465 currently scheduled for this committee hearing. This bill raises serious concerns about the protection of the rights and well-being of transgender and non-binary individuals in Wisconsin.

This bill does not serve the interests of the people of Wisconsin. In fact, it represents a direct affront to our principles of fairness, equality, and individual freedom. A trans youth healthcare ban is not grounded in scientific evidence; numerous peer-reviewed studies have consistently shown the positive impact of transgender healthcare on the well-being and mental health of transgender individuals. This bill ignores established medical consensus and puts the health and lives of transgender individuals at risk. Decisions about medical care should be made by individuals in consultation with their healthcare providers, free from political interference. This bill undermines this fundamental right.

Furthermore, this bill has the potential to isolate and stigmatize a vulnerable community. Instead of fostering a welcoming and inclusive environment, it promotes discrimination and prejudice, which is contrary to the values of our state. I urge you to consider the implications of this bill on the lives of transgender and non-binary youth and their families. Our state should be a place where everyone is treated with dignity and respect, regardless of their gender identity. I implore you to reject this discriminatory bill and instead focus on legislation that promotes inclusivity, equality, and the well-being of all Wisconsinites.

Thank you for your time and consideration.

Claire Johnson,

Osceola, WI, 54020

Hello,

Transgender healthcare bans discriminate against transgender children and violate parent's ability to direct their child's care.

The American Medical Association, the American Psychological Association, the American Psychiatric Association, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the Endocrine Society, the World Professional Association for Transgender Health (WPATH), and others have consistently opposed transgender healthcare bans. Many scientists and experts do not support bills like this one.

Thank you,
Natalie Wieber

Dear Committee on Health, Aging, and Long-term Care -

Please do NOT vote for Bill AB 465. This bill discriminates and should not be a part of Wisconsin's legacy. I do not want to live in a state that discriminates.

Thank you,

Marjorie Stoneman
Whitewater, WI 53190

Dear members of the Assembly Committee on Health, Aging and Long-term Care,

My name is Lori Severson. I am a lifelong Madison resident, and I am also a mother of three.

I am writing to urge you to vote NO on Assembly Bill 465. My middle child is transgender and she is thankfully 19 years old so this bill would not affect her. But it will impact other transgender youth across our state, and I know that the gender affirming care my daughter received as a teenager saved her life. The medical professionals who have overseen my daughter's health care, follow standards of medical care for transgender patients- standards that are endorsed by the American Academy of Pediatrics, the American Medical Association and other leading medical authorities. Denying this needed medical care and support to transgender youth puts them at increased risk of serious harms, including depression, self-harm, and/or suicidal thoughts or behavior. Hormone blockers are safe, well documented and essential care for some gender diverse youth. Decisions on appropriateness of hormone or other therapies should be left to Medical professionals, the individuals patients themselves and their families.

As a Wisconsinite, I am opposed to this bill because I know firsthand of the daily struggles my daughter faces with gender dysphoria, the difficulty to access healthcare, the toll on her mental health. We should not be adding obstacles or denying care for our children. If passed, this bill will cost lives. At a time when LGBTQI youth are already struggling with harassment and discrimination, we should be making it clear that they are safe and welcome in Wisconsin.

Please vote no.

Sincerely,

Lori Severson

Madison, WI 53711

My name is Corinne Kuenzi, I am in 5th grade at Lincoln Elementary in Madison, Wisconsin. My sister is Transgender and I am here to support her and all transgender kids in Wisconsin by asking you to vote NO on the Assembly Bill 465.

I am a Junior Girl Scout. Girl Scouts promise to make the world a better place. That's your job too. This bill does not make the world a better place! This bill stops transgender kids, like my awesome sibling Nikki, from getting the health care that they need.

I was taught to ask myself these questions before I say something: Is it true? is it kind? is it necessary? and is it helpful? This bill is none of those things.

All kids deserve to get the health care that they need.

Thank you.

Dear members of the Committee on Health, Aging and Long-Term Care---

I am emphatically opposed to AB465 - the Transgender Medical Care Ban for Humans under the age of 18. I have a transgender son. He is everything to me, I love him to the end of the universe and back again. He was not indoctrinated. No one at school or anywhere else pressured him and attempted to influence him into changing genders. My son started feeling very uncomfortable in his skin 5 years ago. He could not place it. It was hard for him to explain or describe what exactly was wrong. We sought help, but to no avail. He felt so bad that he attempted suicide multiple times. One of those times, I discovered him well into the act. Have you ever held your child's head hoping beyond hope that he will take another breath? I have. We finally discovered that our son had gender dysmorphia. This was only after looking at anything and everything that could be making him feel this way. He has since transitioned and has had FABULOUS help from medical care providers in Madison. He is ABSOLUTELY THRIVING now including having a 4.0 GPA in HS and having a job where he is adored. Without the medical care that was provided and is continued to be provided from providers who CARE ABOUT TRANSGENDER YOUTH, I am positive my son would be dead.

To the Committee members who support this and/or introduced this bill -- What you are doing by even introducing this bill is harming, alienating and shaming children. You are the ones who should be ashamed. Look at the data, the statistics. People are NOT doing this for fun. Do you think my son wanted this? The ridicule? The shame? The guilt? NO. This is just what happened. Protect Transgender Youth! Encourage humans to be who they want to be! Quit being so simple-minded! Quit hating humans that are different from you! To all the committee members who are already opposed -- thank you for standing up to this demonization of children!

Sincerely,
Dan Sodemann
3902 Cosgrove Drive
Madison, WI

To whom it may concern,

I have never written a testimony before, and I am unsure of the correct way to do so. However I am writing to say I OPPOSE the trans youth medical ban. I am a Wisconsin resident, but more importantly, I am a mother of a transgender child. My five year old child has been living freely and unapologetically as herself for a year now, but we knew who she was since she could talk and tell us repeatedly that she is a girl! She never wanted to play with boy toys, never wanted to wear boy clothes. Despite our many efforts of her wearing boy clothes to match her identical twin brother, she'd remove them as soon as she was safe at home, and immediately put on dresses. She loves mermaids, princesses, the color pink, and absolutely loves to put on makeup. My daughter is only five, but someday she will be a teenager, and she will NEED medical care for trans youth. She will most likely decide to go on blockers, so she doesn't go through puberty. I can only imagine how negatively it would affect her if she had to grow facial hair, and develop a masculine body and voice. This would be absolutely devastating to her, and detrimental to her mental health. Research clearly shows that denying gender affirming healthcare to trans youth puts them at risk of depression, self harm, isolation, eating disorders, and suicide.

I am here as a mother pleading for the rights of my child, the same rights that every other person is afforded.

Thank you for taking the time to read this. My voice is only one of many, many parents fighting for their children. Please do the right thing and make gender affirming medical care safe and legal for all transgender youth in the state of Wisconsin.

Sincerely,
Anna Soerens

I am julez. I am 16 years old and trans. I started hormone therapy at 14 and ever since then have been a better me, i have been able to feel more confident and comfortable in my skin. My mental health have been improving due to the fact I'm allowed to be me. I wish and hope and pray that I will be able to me without feeling alienated and having to go to different states. Please don't ban us were just humans.

Thank you, from julez

To everyone in a position to vote on this proposed bill:

I regret I cannot attend in person, as I am sharing a car with my daughter who is a masters of nursing student, member of the Nursing Student Association board, a Nurse Intern at a hospital in Milwaukee - in other words a highly useful, smart, compassionate, fully integrated member of society, and also transgender and also none of your business.

Please do not enact AB 465. The bill is an insult to parents, children, and the pediatric practice. The people, parents, and children of Wisconsin are not looking to our legislature to make our healthcare decisions. We are not looking to our legislature to define how male or female or intersex or neither or both children present and see themselves. Gender affirming care, particularly for children, is 1) none of the legislature's business and 2) primarily to do with how people see themselves and how other people see each other. It is beyond the scope and mandate and expertise of the legislature to parse out where gender affirming care begins and ends (because it is beyond your scope and mandate and expertise to parse and understand ever-shifting social norms around gender) - and who may pursue gender affirming care. Children shave and pluck hairs, even get laser hair removal, to affirm their gender, even and most often when that gender matches the sex on their birth certificates. Children wear cosmetics and clothing and children get cosmetic orthodontia, skin grafts, plastic surgery - with a view to social norms around gendered ideals of attractiveness. Children speak to therapists every day about their feelings, confusions, concerns, explicitly to affirm their understanding of themselves which necessarily touches on their gender expression, again regardless and in fact most often when their gender expression 'matches' the sex they were assigned at birth. Do you all seriously want to wade into this?? Regulating who gets braces and why? Who can shave and who can pluck? What topics a therapist may discuss with a child patient?? The hubris is breathtaking, the hypocrisy blinding. It's an appalling waste of public time and energy that this bill has even come up.

May I suggest issues you all take up if you are actually concerned about the safety and wellbeing of children:

- Safe drinking water everywhere in the state
- Increased public school funding
- Free school lunch everywhere
- Expanded SNAP benefits
- Stopping child trafficking
- Mental healthcare
- Childcare access and affordability

If your 'concern' is specifically around girls' sports, thank you although we missed you in the 50 years since Title IX! Here are some issues to tackle that actually are in your lane:

- Increased public school funding
- Police and school staff education around sexual assault
- Anti-sexual assault training for anyone like coaches who may interact with children and for all high school students
- Expand medicare so all children are covered (sports injuries, because you are worried about this!)
- Increased public park and facility funding

Sincerely hoping you all do the right thing and get back to work,

Dana McCormick
Wauwatosa 53213

To - AB 465, Committee on Health, Aging, and Long-term Care

Banning transgender medical care would cause additional pain and suffering to people already struggling. Transgender care and procedures should be decided upon by individuals, minors along with their parents and medical and mental health professionals.

The government should not be involved, let alone legislate to limit access to this medical necessity. To do so will cause pain and mental anguish to those who need to transition their gender.

I have a transgender grandchild whose life has improved greatly by being able transition. He is happier and more confident living his own gender identity. Changing gender does not change who the person is in their heart. Why is this so objectionable? Please do NOT limit access to this needed medical care

Janet Wenger

I stand against the anti-trans bills AB 378, AB 377, and 465.

Banning trans youth from sports is based on incorrect information and personal prejudices. Trans kids should be allowed the same opportunities as their peers to enjoy sports and have fun with their friends. Let kids play!

Banning gender affirming medical care for trans kids is harmful and misguided. Its authors say they are protecting children, but if enacted, this policy would cause significant harm to the kids they profess to care about. We need to let young people, their families, and their doctors make the appropriate health care choices for them, not legislators.

This onslaught of attacks on transgender youth feels like a deeply cynical attempt to manufacture controversy and fear, at the expense of the very young people these bills promise to "protect." Wisconsin Republicans need to stop picking on trans and non-binary kids, and get back to the business of governing!

With regards,

Catherine Watkins
Madison, WI 53704

Dear Members of the Wisconsin State Assembly,

I want to urge each of you to oppose AB 377, AB 378 and AB 465. No one in this legislature is the medical or mental health provider for all of the trans, non-binary or gender non-conforming (TNG) youth in Wisconsin. The medical consensus at this time is that supportive mental health services, social inclusion, inclusive athletics and gender-affirming medical care serve the best interests of TNG folks and have no ill effects on cisgender individuals. Therefore, the legislature of this great state should not mandate the harmful exclusion of TNG people from athletics nor should they restrict what medical care TNG people can access.

Sincerely,

Jolin Mitchel
Madison, WI 53704

I would like to submit the following as testimony in regards to the proposed trans medical ban AB465.

In regards to the proposed trans medical ban AB465 I implore you to make your decision based on the leading experts in the medical field such as the American Medical Association, the American Academy of Pediatrics and the endocrine society who have established the details of standards of care for transgender children. It's imperative that the options established by these organizations for the treatment of transgender patients be made available to them and we should continue to follow their standards as we do for all other medical treatments.

This ban does not safeguard children from harm and does in fact put them deeper in harms way. By disallowing treatments like puberty blockers that allow for additional time for parents, children, and physicians to make educated decisions on their children's care needs you would be subjecting them to subsequent painful procedures that would be unnecessary with puberty blockers such as mastectomies and facial feminization surgeries that are painful recoveries and prohibitively costly.

This also continues to disproportionately increase the levels of depression in children experiencing gender dysphoria that can cause high rates of suicide. Children with the aid of their parents, physicians, and mental health providers should be able to choose the proper care that is necessary for their treatment and not barred from the proven treatment plans that are instrumental in improving their health and wellbeing. Regret rates for transgender care are less than 1% of patients treated which is a major indicating factor of the efficacy of this type of care when other procedures like knee replacement, hip replacement, spinal surgery all have higher regret rates than gender affirming care.

As a transgender person, depression wasted much of my early years of my life. With proper interventions my involvement and quality of life could have been greatly improved. This medical intervention you are proposing to ban saved my life. I humbly ask that you give others the option to have the same care save theirs. Please act in the best interests of children who rely on this care and do not put them through undo harm, depression, and high risk of suicide by denying them access to these medical interventions. Thank you for your consideration.

Sincerely,
Jessica Henning

Lucy Medrow
Brookfield, WI 53005

To the entire committee,

As a Wisconsinite, and registered nurse for over 10 years, I
oppose AB 465 (Medical Care Ban).

This is restricting healthcare rights and human rights. Also, why
would you revoke a healthcare practitioner's license? This will
make the healthcare staffing shortages worse than they already
are.

From a Wisconsin nurse who loves their communities,

Lucy (they/she)

Hello!

First and foremost, thank you for taking the time to consider this testimony regarding bills AB 378, AB 377, and AB 465.

As a former collegiate athlete at Lawrence University and transgender individual, I oppose the bills that are being presented today. They are purposefully targeted to discriminate against transgender youth in the state of Wisconsin. Transgender youth should have equal access to sport participation and gender affirming medical care as their cisgender peers. Transgender youth already experience high rates of violence, discrimination, and suicidality. Denying access to life-saving care as well as opportunities to participate amongst their peers will only serve to exacerbate the problems that these individuals face on a daily basis.

The rhetoric in these bills only serves to deny the unique identities of transgender youth that should be celebrated and supported by families, peers, school communities, and the state government. Trans youth exist, and preventing them from accessing sports and gender affirming care will ostracize and harm their livelihoods. There is already a clear amount of bigotry and violence that is enacted against the transgender community, and to enact it on a legislative level such as this will reinforce these violent and harmful ideas.

These youth already have the hard task of understanding and pursuing their true identities in the face of discrimination, and these bills deny them the opportunity to seek belonging with their peers through sports as well as affirming care that seeks to help them understand who they are.

I ask that the individuals voting on this committee today take the time to appreciate experiences other than their own and allow transgender youths to participate in activities that affirm their truest selves.

Thank you,
Jo Berg (she/they)
Mukwonago, WI

Hello,

I would like to state my formal opposition to the following bill:

Assembly Bill 465 (Trans youth healthcare ban)

This bill is not based on science and sense, but fear and prejudice. Numerous peer reviewed studies have shown the life-saving effects of trans healthcare, and the minimal to non-existent advantages of trans athletes in competition with their cis peers. All this bill will do is isolate and vilify a vulnerable community.

I beg you, please voice your strong opposition to this bill.

Sincerely,
Your Constituent,

Shannon O'Donnell
they/them

Rebecca DeMuri
Stoughton, WI

Testimony of Rebecca DeMuri
Against AB465

A bill prohibiting gender transition medical intervention for individuals under the age of 18 years of age.

Introduced by: Representatives Allen, Vos, Armstrong, Behnke, Binsfeld, Bodden, Brandtjen, Dittrich, Goeben, Green, Gundrum, Gustafson, Hurd, Macco, Magnafici, Maxey, Michalski, Murphy, Nedweski, O'Connor, Plumer, Pronschinske, Rettinger, Rozar, Sapik, Schraa, Sortwell, Tittl, Tusler, Wichgers and Callahan, cosponsored by Senators Stroebel, Tomczyk, Knodl, Felzkowski, Kapenga, Nass, Wimberger and Ballweg. Referred to Committee on Health, Aging and Long-Term Care.

- I am opposed to bill AB465 as it goes against all research done on gender care for youth, including the recommendations of the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, the Endocrine Society, the American Medical Association, the American Psychological Association and the American Psychiatric Association.
- The hormone treatment and gender-affirming care that is opposed is not usually used until children are going through puberty.
- Decisions are made by the parents and children with the assistance of a doctor, who knows best about the child's health.
- A recent study from the Trevor Project shows that youth with access to gender-affirming hormone therapy have lower rates of depression and are at a lower risk for suicide.
- Very few transgender people regret transition, in a recent study, 94 percent of children 3-12 were still living as transgender five years later.

Thank you for your consideration and please oppose Assembly Bill 465.

Sincerely,
Rebecca DeMuri
782 Center Rd
Stoughton, WI 53589
608-576-1206
(They/She)

Dear Committee on Health, Aging and Long-term Care,

Please oppose AB 465 as these bills attacking our transgender community are beyond harmful. Our transgender youth and adults deserve better! What we know is that people are being harmed by the very introduction of these bills. The constant debate on one's very existence is demoralizing, exhausting and 100% preventable.

Let us instead turn our attention to creating safe + inclusive spaces for all people, all places.

Thank you,

Kim Simes
Whitewater, WI 53190

I am an educator and a GSA advisor in Wisconsin. I have seen firsthand the struggles and challenges our trans students face on a daily basis. Luckily the district I work for has been very deliberate in providing services and support for our vulnerable LGBTQ community. Providing protection and services for these students is not a question of morals, but a question of ethics. Is it ethical to deny these students rights enjoyed by others? Is it ethical to deny them full-participation in our schools? Is it ethical to deny these children access to health care and mental health services?

I am particularly concerned about the banning of gender affirming health care. Transgender and non-binary youth are at a higher risk of suicidal ideation. The last statistic I heard was something like 50% of these youths have either seriously considered or attempted suicide. That is a scary statistic. If we remove access to mental health services that can help children process feeling of gender dysphoria, depression, and other concerns, that percentage is bound to increase. We cannot allow state law to mandate who has access to mental health. We cannot villainize doctor's and therapists that provide vital care to transgender and non-binary children.

Julie Grandeffo

Testimony on AB 465

Dear members of the Assembly Committee on Health, Aging, and Long-term Care,

My name is Andrew Twiton, and I am a resident of Madison. I'm a husband, toddler parent, and a third generation Lutheran pastor. My grandpa, dad, and I have all spent most of our ministries in the state of Wisconsin.

I am writing to urge you to vote NO on Assembly Bill #465. As a Wisconsinite and as a person of faith, I am opposed to this bill because it allows the government to tie the hands of medical professionals and families as they seek the best evidence-based care. Furthermore, this bill that purports to protect children goes against the advice of the American Medical Association, the American Academy of Pediatrics, the American Nurses Association, the American Psychological Association, and more.

As a parent, I can't imagine seeking care for my child only to find out a group of politicians decided they knew more than our doctor.

As a pastor, I've journeyed with families as they've sought gender-affirming care. I've seen first hand the negative effects of when that care is withheld. And I've seen the positive, life-saving effects of that care when it is available.

I urge our elected leaders to take a step back from this bill out of love and humility. I urge you to vote NO and send a message to the LGBTQ+ youth in your districts and in our state that they are welcome, safe, and valued in Wisconsin.

Thank you,

The Rev. Andrew Twiton
Madison, WI 53716

To whom this concerns:

My name is Emily Hutto and I urge you to oppose AB 377, AB 378, and AB 465.

AB 465 puts trans youth at risk. Research clearly shows that gender-affirming healthcare saves lives. Criminalizing providing healthcare for trans youth is inhumane, dehumanizing, and will put trans youth at immense risk. This is clear discrimination against trans people, which is unconstitutional. Trans people deserve equal rights and autonomy in healthcare. These are important decisions to be made between a medical provider, a parent or guardian, and a patient— we don't need lawmakers to chime in.

Get the facts about gender-affirming care:

- Every credible medical organization – representing over 1.3 million doctors in the United States – calls for age-appropriate gender-affirming care for transgender and non-binary people.
- Gender transition is a personal process that can include changing clothes, names, and hairstyles to fit a person's gender identity.
- Some people take medication, and some do not; some adults have surgeries, and others do not. How someone transitions is their choice, to be made with their family and their doctor.
- Therapists, parents and health care providers work together to determine which changes to make at a given time that are in the best interest of the child.
- In most young children, this care can be entirely social. This means:
 - New name
 - New hairstyle
 - New clothing
 - None of this care is irreversible.

Please vote against AB 465 to protect all trans people in Wisconsin.

Next, I'll share my concerns around AB 377 and 378. This legislation sets a dangerous precedent in our public schools and attacks one of the most vulnerable groups in the state, namely, transgender, non-binary and gender non-conforming youth. As has been shown by other states who have passed this dangerous model legislation, this bill also has consequences for the economy and tourism of the state as well.

Both AB 377 and AB 378 wrongly discriminate against transgender athletes in sports. These bills threaten to not only demonize and weaponize transness but also legally enforces the policing of athletes' bodies in sport.

According to an article by the American Center for Progress, surveys and research studies have shown that where transgender youth encounter accepting and affirming policies, including trans-affirming sports policies, their risk of poor mental health, addiction, victimization, and suicide is drastically reduced.

Let trans kids play, dream, learn, make friends, and live their lives to the fullest. This community is already under attack, and sports are a beautiful and fulfilling outlet that all human beings deserve to be able to enjoy.

Please vote against bills AB 377 and AB 378.

I urge you to do all you can to ensure all three of these bills do not progress any further!

Thank you,

Emily Hutto

Janesville, WI 53545

To whom this concerns:

My name is Emily Hutto and I urge you to oppose AB 377, AB 378, and AB 465.

AB 465 puts trans youth at risk. Research clearly shows that gender-affirming healthcare saves lives. Criminalizing providing healthcare for trans youth is inhumane, dehumanizing, and will put trans youth at immense risk. This is clear discrimination against trans people, which is unconstitutional. Trans people deserve equal rights and autonomy in healthcare. These are important decisions to be made between a medical provider, a parent or guardian, and a patient— we don't need lawmakers to chime in.

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Let trans kids play, dream, learn, make friends, and live their lives to the fullest. This community is already under attack, and sports are a beautiful and fulfilling outlet that all human beings deserve to be able to enjoy.

Please vote against bills AB 377 and AB 378.

I urge you to do all you can to ensure all three of these bills do not progress any further!

Thank you,

Emily Hutto

Janesville, WI 53545

Dear Committee Members,

My name is Dr. Erin Gutowski and I am a primary pediatrician in the La Crosse area. I have been working in this part of the state for the past 5 years and am a Wisconsinite, born and raised! I have a background in public health, specifically social determinants of health, increasing access to healthcare in vulnerable populations and I now specialize in socially complex medicine for children and adolescents.

It's very important for this committee to understand that 90% of the work I do in pediatric gender clinic is social gender affirmation, meaning that many of our patients under the age of 18 yrs are not interested in gender affirming hormones at this time, but need a safe place to talk to their doctor about keeping their body healthy and safe, so they are well-informed and understand the medical effects of these interventions. Comprehensive, gender-affirming care for youth is medically necessary and strongly supported by every major medical and mental health organization in our country, including the American Medical Association, the American Academy of Pediatrics and the American Psychological Association.

Evidence through robust bodies of research locally, nationally and internationally continue to replicate the same conclusion in the data: gender affirming care is life-saving care. Having safe spaces to talk about gender with experts in the field reduces suicide risk in youth, increases social support and helps parents and caregivers understand what their children are going through and how to best support them. Moreover, we now have data from states who have youth gender-affirming care bans in place showing significant detrimental impacts on mental health, further contributing to rising healthcare costs related to emergent behavioral health inpatient stays and mental health crisis management, not to mention parental lost wages due to mental health crises or grieving the loss of their child.

Instead of exploring ways to decrease access to care for an extremely vulnerable population, I would strongly suggest investing in youth mental healthcare in our beloved state. According to a 2013 Nationwide survey conducted by the Trevor Project, 56% of LGBTQ young people wanted mental health care but were unable to access it. As legislators, you could choose to save lives and invest in evidence-based programs that improve adolescent mental health and access to therapy in rural communities.

The more policy-driven maltreatment and stigma placed on a population due to their gender identity or sexual orientation, the higher their suicide risk. You have the power and the ability to change this for the state of Wisconsin. I encourage all state legislators to reach out to their local experts in LGBTQ+ health and ask questions about the work we do. You are also welcome to contact me directly anytime. While we cannot always take time away from our busy clinic schedule to testify in person before you, we are the ones who are doing this work daily. We are privileged enough to see what evidenced-based, trauma-informed, gender-affirming care can accomplish and how it supports the mental health and greater good of our communities throughout Wisconsin.

Thank you,

Erin Gutowski DO, MPH
Pediatrician
She/her pronouns

Hello,

I cannot make this hearing, but I wish to help ensure that lawmakers know that banning medical care for youths with gender dysphoria is an act that directly places the lives of our transgender and gender nonconforming youth at risk. Particularly banning puberty blockers, which have been shown to be effective at reducing dysphoria and are reversible is uncalled for. This is a medical decision that is between the youth, their medical providers, and their guardians. A blanket ban does not allow for medical best practices and judgment, which is unsafe and dangerous.

If I had had access to this care as a young teen, I am very certain that I would not have attempted to take my own life, nor have caused as much damage to my body. Youths should have access to this care so they can grow up.

Please let me know if I can provide other info.

-Cilyr

Dear Committee on Health, Aging, and Long term care,

I am Liv Goff, I live at 721-11th Ave S, Onalaska, WI 54650 and I oppose bill AB 465. I have spent my entire life as a transgender person. The gender affirming care I receive is life saving , essential care given to cis-gender individuals more often then transgender people. The hormones I take are necessary for me to live a happy fulfilling life. If I could not receive this care, I would be so distressed I would likely commit suicide. By restricting access to this care you are directly taking lives. Every citizen has the right to Life, Liberty, and The Pursuit of Happiness. By denying coverage through Medicare you are denying all three.

In response to AB465

Please oppose any legislation that bans healthcare for trans-youth. I am a parent of a teenager who is transgender and being able to get the life saving healthcare that she needs is so important.

I can tell you from a family who lives this reality that my daughter being able to get the healthcare that she needs has made a significant difference in her mental health. Before her transitioning care, she was not a person who felt good about herself. Her mental health was not good. Now that she has this care under a doctor, she is confident and emotionally healthy. She is physically healthy too because she is active on girls' sports teams. I have never questioned that this was life saving care for her.

She is currently transitioning and if this bill passes, what will that mean for her? That her life saving medical care has to stop? I don't want to imagine that future for her at all. Because we'll be right back where we were before with the person who does not have good mental health which will lead to poor physical health as well.

These medical decisions should be left to patients, families, and healthcare providers. They are the ones that know best about what is appropriate and necessary.

Sincerely,
Anna Knapp
Ellison Bay, WI 54210

Matthew Grover
529 E Dover Street
Milwaukee, WI 53207

Here is my written testimony:

Members of the Committee on Health, Aging, and Long-term Care,

My name is Matthew Grover and I am writing in opposition to Assembly Bill 465 which seeks to ban medical care to those in need. I don't know how many times it has been said, but I will say it again, medical decisions are made between doctors, patients, and patients families. Transphobic politicians are not involved in those conversations and for good reason, because you are not the individual seeking care, nor are you the medical provided that is facilitating the care. Gender transition care is necessary and life-saving for many Wisconsinites including those under the age of 18. Attempting to prohibit this medical intervention is an overreach of your power and perpetuates harm to individuals of all ages that identify as transgender because if you are successful in blocking medical care to minors, we all know you will attempt to do the same for those over the age of 18. We know your playbook and it is shameful that you choose to wield your power in this way. I urge you to withdraw the bill and leave the transgender community alone. If you are successful in pushing this awful bill through, I implore the Governor to veto this law before it causes further damage to transgender youth in Wisconsin.

John S Grunseth
3918 St Croix Circle W Green Bay WI 54301
920-819-4999 johngrunseth@gmail.com

I understand that recently, the "Help Not Harm Act" (LRB-0191/LRB-4459) was introduced in the state legislature by republican leadership.

It appears this is a "group think" action for republicans nationwide to either intentionally or unintentionally harm our transgender youth. This fear of "if they're not like us, they must be wrong" does not provide equal rights under the law.

Contrary to what some believe, being transgender is not a choice nor a whim or have any religious implications. It's who these people are and how they were born. And, there is no minimum age where young folks know who they are. All they're trying to do is live their best lives openly and honestly. To deny and eradicate their existence is akin to horrors of the Nazi tenants.

Before you take a position on this bill, please do the following:

1. Talk to a transgender young person and their parents. Hear first-hand the importance of having lifesaving mental/medical care available in Wisconsin.
2. Study the Trevor Project's 2022 Youth Mental Health Survey which found that more than 56% of trans and non-binary youth in Wisconsin have seriously considered suicide in the past year, while more than 21% of them have attempted it!
3. According to the Wisconsin Office of Children's Mental Health survey report (June 2021), LGBT youth experience higher rates of mental health disorders in general and have almost twice the rate of death by suicide compared to cis gender youth. Additionally, one study found that more than two-thirds of youth in the LGBT community experienced anxiety symptoms in the two weeks prior to their being surveyed.
4. Be aware that at least 74% of LGBTQ+ youth in Wisconsin have experienced discrimination based on their sexual orientation or gender identity.
5. Know that transgender young people are afraid to be who they really are due to the stigma associated with being transgender. And at least 35% of LGBTQ+ youth in our state have been threatened or harmed because of their sexual orientation or gender identity.
6. Know that untreated mental/physical health of transgender youth has a strong negative impact on their ability to effectively learn.
7. How would you respond if a loved one or someone you know is or has a transgender youth? Would you deny them important potential lifesaving care?
8. Understand that passing this "Help Not Harm" legislation is a misnomer as it doesn't help and will harm the transgender youth of Wisconsin.

I am sharing written testimony, as a Christian faith leader in Wisconsin, to oppose Assembly Bills AB 378, AB 377, and AB 465. This Wednesday, October 4, the day of the hearings for these bills, is the feast day of St. Francis of Assisi. Francis is a well-known and widely-beloved saint. He proclaimed respect and care for every human being, saying, "Your God is of your flesh; God lives in your nearest neighbor, in every person." And he is a strong voice within Christian tradition for honoring God through love of Creation; he believed that nature was a mirror of God, and named all living beings as family.

Often, in the public square, people who are opposed to rights and protections for transgender people will talk about Nature as part of making their case. The underlying argument is that somebody's DNA or body parts should determine how they present themselves and live in the world - and that anything else is against God's intentions, as the Creator and Author of nature.

The thing is, that's a very limited view of Nature. When we approach God's creation with loving attention and respect - as Francis did - we find that it's often more complex, messy, and interesting than these deterministic binaries.

This past summer my church gathered our middle school youth for a week of Creation Care Camp. One of our most memorable outings was to Heartland Farm Sanctuary, in Stoughton. During our tour, the kids were amazed to meet Cream Puff the goose. Cream Puff is a domestic goose who was rescued as a stray living in a drainage pond. At rescue, Cream Puff was determined to be a female goose. But as they settled into their new environment at Heartland, Cream Puff started to show some of the distinctive behaviors of a gander - a male goose. It turns out it's not unusual for some kinds of birds to spontaneously change their gender behavior - and even biology!

Is it appropriate to apply the human concept of "transgender" to Cream Puff the goose? Probably not. But is it appropriate to look to Nature or the science of biology to justify rigid identities and categories of sex and gender? Not really! We are, all of us, more than our genes and our body parts, just as we're also more than what our culture or history tell us to be. But science CAN tell us that Nature is not on the side of simple, limited, or unchanging ideas about sex and gender.

I and my congregation join Saint Francis in seeing Creation as a mirror of God, and taking seriously our kinship with all living things. Our commitment to being an inclusive parish (and to the growth and learning that involves!) IS celebrating Nature, God's Creation in all its holy diversity, ambiguity, and mystery.

The Rev. Miranda Hassett
St. Dunstan's Episcopal Church, Madison, WI

I am writing to object strongly to the Medical Care Ban. My objection has nothing to do with the merits of providing care to minors, but to the fact that decisions about medical care should rest solely between physicians and their patients -- or in the case of minors, the patients' parents or guardians. I happen to have a brain tumor and various other medical conditions related to past craniotomies. How my neurosurgeon, neurologist, endocrinologist and other physicians choose to treat me and my medical conditions is NOT the concern of the state Assembly (which, given HIPAA, they are not legally privy to in any event)! Would you want the legislature to pass laws concerning the care you're entitled to receive from your urologist, your cardiologist or any of your other physicians? If not, you might remember that one's medical care is NOT something to be determined by legislators, but by one's own physician. I hope you'll keep that in mind, and vote against the Medical Care Ban.

Denise Beckfield
547 Basswood Ave.
Verona, WI 53593

A message to our law-making committee:

My name is Payton Lederhaus, address 629 River Street, Waupaca, WI. As a nearly life-long Wisconsinite, I wish nothing more than to see the lives of people here flourish. To that end, I strongly oppose the restriction of transgender health care. Looking at statistics, 0.34% of our population openly identifies as transgender. While that may not seem much, comparing that percentage to our overall population, that's roughly 20,000 people whose lives will be impacted by this bill, entirely for the worse. It is my hope that the committee chooses to protect the lives and happiness of these individuals living within our state's borders, myself included.

Thank you all for your time,
Payton Lederhaus

Dear members of the committee-

My name is kristin Ellis and I live at 5903 Country Walk, McFarland WI. I am also the owner of an art gallery called farwell gallery located in mcfarland wi. I strongly suppose the purposed legislation banning gender affirming medical care for youth in the state of Wisconsin. You are not medical professionals - you are legislators. I have had the privilege of getting to know trans and non binary youth from all over the state. Taking away access to medical care will have a huge impact on their mental health. Many of these youth have grown up trans and are not out to their peers - nor should they have to be. They deserve the access to medical care without our government getting involved - their care should be between them, as a patient and their medical care team. As likely stated before in the testimony today, the suicide rates of trans, non-binary, and queer youth are astronomically higher compared their cisgender and straight peers. Please do not add more stress or harm to what these youth have to deal with. Receiving gender affirming care is a lengthy process and we should leave medical care recommendations to those providing medical care.

As a mother of a child who committed suicide right after graduating high school - I can tell you first hand the pain that suicide has on a family. If this bill passes, and trans or non-binary youth die because of this - you will be responsible. Thank you for your time.

Kristin Ellis - Owner Farwell Gallery
She/Her/Hers
608.225.8647





Dear Republican Legislatures:

Please don't restrict the right of Transgender People.

Sincerely,

Russell J. Novkov



To the most honorable members of the

Assembly Committee on Colleges and Universities
Assembly Committee on Education
Assembly Committee on Health, Aging, and Long-Term Care

As regards the proposed legislation on Trans Youth, please note that I am a licensed psychologist and I have worked with people who have transitioned and those seeking to transition, (and I even have a friend who came out in a men's group I ran during my training for a MSSW degree, before my PhD and license) and I have taken the time to research the topic.

Based on all of my professional and personal information I must plead with you to not limit access to gender affirming treatment and let behavior specialists and medical professionals decide when and what can be done to best support people seeking medical treatment and not government intervention. Nothing is perfect, but a glimpse at the research that has been done and is available to any person interested enough to do their homework before voting.

Those in my professional want to help and not harm this small group of citizens, who are now being persecuted for political points, rather than their own health and happiness. Let's, please, treat people with respect even if they are different from yourselves. There is nothing wrong with respecting people's privacy, especially when those people are being persecuted by politicians seeking favor with bigots.

Henry Steinberger

Henry Steinberger, Ph.D., Licensed Psychologist, Master Addiction Counselor (he, him, his)

Written testimony relating to Assembly Bill 465 prohibiting gender transition medical intervention for individuals under 18 years of age.

Submitted by David Werner, 8612 Blackwolf Drive, Madison WI 53717
Please oppose Assembly Bill 465.

I am a retired United Methodist pastor and present participant in a United Church of Christ congregation. The set of proposed legislation related to transgender youth appears to me to be politically motivated for reasons other than the wellbeing of our youth and other members of our community.

In my opinion, health care discussion and decisions should take place between individuals, their family support systems, and medical professionals. As society changes in so many ways, it would be best to keep at the top of our minds the complete person. Each of us is not only a physical body but also a person with mental, emotional, and spiritual dimensions. Each young person is worthy of being loved, valued, and supported.

Please oppose Assembly Bill 465.

Dear Committee on Health, Aging and Long-Term Care,

I am writing in strong opposition to AB465, which attempts to ban gender-affirming healthcare for trans youth. This bill is not based on science or compassion, but instead disinformation and transphobia. Many peer-reviewed studies have shown that gender-affirming healthcare saves lives. Providing trans youth with gender-affirming care is suggested and endorsed by the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry, the Endocrine Society, the American Medical Association, the American Psychological Association, and the American Psychiatric Association. Numerous studies have shown that providing trans youth with access to gender-affirming care results in better mental health care outcomes, and lower rates of depression, suicide, and self-harming behavior. In addition, side-effects from puberty blockers, which doctors do not even recommend until the onset of puberty, have shown to be reversible. To pass this bill would be to fly in the face of all credible scientific and medical evidence, and would result in the further marginalization of a vulnerable population.

Sincerely,

Soleil Young

526 W Washington Ave.

Apt 3B

Madison WI 53703

From: **Jenna Valoe** <jenna.valoe@gmail.com>

Date: Tue, Oct 3, 2023 at 8:30 PM

Subject: Opposition to Trans Medical Care Ban (AB-465)

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

Attn: Committee on Health, Aging, and Long-term Care

I stand with trans and non-binary youth in Wisconsin. I support the freedom to access healthcare in whatever way trans and non-binary folks feel necessary and trust those decisions to be made between themselves and their medical providers. I oppose the Trans Medical Care Ban (AB-465) and believe it would deny life-saving care to trans and non-binary youth.

The Trans Medical Care Ban (AB-465) is a violent attack on bodily autonomy, a blatant disavowal of human rights and has no place in Wisconsin. I implore you to veto this bill.

Jenna Valoe
Saint Francis, WI
53235

Caitlin Benedetto
Regarding AB 465
3 October 2023

My name is Caitlin Benedetto, and I am a Madison, Wisconsin, resident. I am testifying in opposition to bill AB 465. This bill would prevent transgender minors in Wisconsin from getting the much-needed medical care they need to lead safe and happy lives.

Research shows us that children become aware of their gender identity at a young age, and children's mental health outcomes are much better when they have access to gender affirming health care. If passed, this bill would deny such care to transgender minors in the state of Wisconsin. This bill is harmful because it forces trans children and teens to undergo a puberty that is not right for them. Many trans teens and young adults feel that delaying gender transition-related care until they are eighteen is too long to wait. We know that transgender students that are denied health care are at greater risk for depression, self-harm, and suicide. This bill would endanger the lives and wellbeing of trans children. I do not support this bill, and I strongly urge you not to pass it.

Thank you for considering this testimony. I provide it knowing that the passage of this bill would mean putting trans children's lives at risk. Protect Wisconsin's transgender youth and reject this bill.

Thank you,
Caitlin Benedetto

October 4, 2023

To: Assembly Committee on Health, Aging, and Long-Term Care

From: Annette Czarnecki, 313 Potter St, Madison, WI 53715

Re: AB465

Honorable Committee Members,

I am writing in opposition to AB 465. As a parent and grandparent, I try to imagine what it would be like to have child/grandchild that suffered so much because of gender dysphoria. This condition results in the acute and chronic distress of living in a body that does not reflect one's gender. **If my child or young relative had gender dyphoria, I would research everything about it to learn how to end the suffering and give them a better life. I ask you to do the same.**

Because this condition has been shrouded by stigma and pseudo science, I wonder if the bill's sponsor's have reviewed the evidence-based research on gender-affirming care. I urge you to read reputable sources how such care can reduce rate of suicide, other self-harming behaviors and mental disorders.

For many youth, gender-affirming care is a matter of life and death. Major medical organizations support gender-affirming care for pre-puberty youth, and have guidelines on how to provide this evidence-based care.

Let us not be ruled by falsehoods, stigma and bigotry. I urge this committee to learn about gender dysphoria and why so many medical experts have opposed policies banning gender-affirming treatment for youth.

And for a moment, think how you would react if a child you loved was in agony every day because they did not feel like they were in the right body. Would you deny them help recommended by doctors? I sincerely hope your compassion will move you to help, not harm.

Thank you for your consideration.

From: **Tessa Pilcher** <tpilcher2022@gmail.com>

Date: Tue, Oct 3, 2023 at 8:29 PM

Subject: Opposition to AB 465

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

There are many rational reasons to oppose this bill. I could tell you that sex and gender are not identical. I could tell you that all scientific studies show that transition is safe. I could tell you that trans kids know what they want. These are all great reasons to oppose AB 465.

But, judging by the wording of the bill, I don't anticipate those arguments moving anyone that doesn't already agree with me. So, in lieu of rationality, I think my own experience is my strongest argument against AB 465. For the majority of my teenage years and young adulthood I was miserable. I didn't know why. I went through life in a haze of anxiety and despair, with no solution in sight. Until, I had just one realization: I am trans. My transition has benefited my wellbeing more than any other decision I have ever made. I no longer walk around in anxiety and despair. If I had had the awareness and ability to begin hormone replacement therapy at the age of thirteen, the haze would have lifted eleven years earlier and it would not have consumed my formative years. So please, I beg you, let the next generation have it better. Please just let trans kids have the hormones that make them happy.

-Tessa Pilcher

Blair Gunovich
Madison, WI 53711

Dear Representatives Moses, Rozar, and the Committee on Health, Aging, and Long Term Care,

I urge you to oppose AB 465 in the strongest possible terms. Our youth do not need to be vilified or punished for discovering and embracing who they truly are. I envy the certainty and bravery it takes these kids to become the truest expressions of themselves, and we should not force them to put their lives on hold until they turn 18.

Kids in unsupportive or hostile households are much more likely to deal with substance abuse, self-harm, and suicidal thoughts. The idea that "my state government has outlawed the healthcare services that would help me feel normal" just adds to the mountain of psychological stress that non-binary and trans kids already experience.

Even kids with supportive families are likely to leave Wisconsin to seek gender-affirming care elsewhere. If we continue to pursue these discriminatory laws, what reason do they have to come back? Such a law sets the tone for decades to come.

We must learn from the example set by our youngest generations: we must listen when young people tell us who they are, and we must allow them to shape their lives accordingly.

I do not believe we can honestly say we want the best for our kids while also supporting legislation that will result in lasting harm. Please vote NO on AB465.

Thank you,
Blair Gunovich

From: **Teresa Curtiss** <teresamariemccann@gmail.com>

Date: Tue, Oct 3, 2023 at 8:25 PM

Subject: Oppose AB 377, AB 378, and AB 465

To: <Rep.Green@legis.wisconsin.gov>, <Sen.Quinn@legis.wisconsin.gov>,

<Rep.Moses@legis.wisconsin.gov>

Cc: <testimony@fairwisconsin.com>

Dear Representatives Green, Quinn, and Moses, and committee members,

Please commit to opposing AB 377, AB 378, and AB 465 as well as SB 479 and SB 480.

Gender-affirming care is medically necessary, evidence-based health care proven to reduce anxiety, depression, and suicide risks among trans youth. It is also supported by a host of medical-centric groups of professionals. To try to block what these groups of people educated on the topic deem necessary is negligent, and to take care from those that need it is cruel and unjust.

As a member of my community, these proposed bills seek to only harm and have no positive outcome for those who are already ostracized in small communities. I believe you are creating an issue where there is none. These are amateur, extracurricular games. There isn't anything at stake. Why ban children from having fun?

These bills seem to distract from larger socio-economic issues that we see where a greater focus could lie. A recent example being the funding that is no longer going towards childcare for families.

Again, please commit to opposing these bills.

Teresa Curtiss
Ashland, WI 54806

My name is Jaxon Seeger I was born and raised in central wi (Wausau) currently residing in Milwaukee WI. I am not only someone who identifies as transgender and queer but I am an advocate, organizer, and activist.

I am the founder of Wausau Transfam Alliance which is a support and political advocacy group that I started in 2017 after I was physically assaulted and left for dead at my place of employment.

I'm writing today in regard to bills AB 378, AB 377, and AB 465.

These bills won't do what you're hoping they will only do more harm to an already harmed community.

The trans community already faces countless disparities including but not limited to low income, inadequate health care, and extreme violence due to how we identify.

I want to point out 5 names that you may or may not recognize.

- **Brazil Johnson**

- **Mya Allen**

- **Toi Davis**

- **Dedrick Cross**

- **Cashay Henderson**

The 5 names are all transgender women from Wisconsin who have been violently murdered in the past year alone.

That was WITHOUT these bills. The passing of these bills will not only show your public constituents that the anti-trans rhetoric that you feel so educated to speak on is okay, but that the escalation in violence against this already marginalized community is not only tolerated but accepted.

Gender-Affirming Care is life saving care. Take it from someone who nearly didn't make it past the age of 17 due to not being able to express that they were trans without the fear of their safety. At age 17 I was a closeted transgender youth who attempted to take my life because I couldn't see myself ever being able to come out and transition using hormone replacement therapy. I died twice on October 3rd 2015 and my parents were told I wouldn't make it through the night as I had multiple organ failure and was in a coma. At the age of 18 I was finally able to come out as trans and start hormone replacement therapy after going through countless exams and hours of gender therapy to ensure that I was in fact trans and in need of this lifesaving treatment.

Flash forward to today October 4th 2023 I'm 25 years old now, I work at an LGBT community center as a director, I'm a student double majoring in Women & Gender Studies and Community Education & Engagement, and I'm a social justice organizer/activist in my free time.

My point is, is that being able to start hormone replacement therapy saved my life and most likely would have prevented my attempt if I had, had someone to advocate for me.

With that being said I want to remind each of you that when you took your oath, you promised to protect all communities and not only those you saw as "worthy".

These bills, once passed will be detrimental to the WI Transgender Community and specifically our youth.

These bills will destroy lives and at the end of the day if you pass them the blood will be on your hands with no one else to blame.

It's with this reminder that I urge you to do what is what not for me but for our youth, for my classmates who identify as trans and participate in sports, for those who have been disowned due to their gender identity.

At the end of the day we all just want to survive, we deserve to survive. We deserve the same rights as everyone else and we will not rest until our existence is debated by individuals who think they know what's best for us and our children.

-Thank you

Best,

Jaxon Asher Seeger

They/Them He/Him

On Tue, Oct 3, 2023 at 8:18 PM Aaron Curtiss <curtiss.aaron@gmail.com> wrote:
Dear Representatives Green, Quinn, and Moses, and committee members,

Please commit to opposing AB 377, AB 378, and AB 465 as well as SB 479 and SB 480.

Gender-affirming care is medically necessary, evidence-based health care proven to reduce anxiety, depression, and suicide risks among trans youth. It is also supported by a host of medical-centric groups of professionals. To try to block what these groups of people educated on the topic deem necessary is negligent, and to take care from those that need it is cruel and unjust.

As a coach and referee who spends much of my leisure time around amateur sports, these proposed bills seek to only harm and have no positive outcome for those who are already ostracized in small communities. I believe you are creating an issue where there is none. These are amateur, extracurricular games. There isn't anything at stake. Why ban children from having fun?

These bills seem to distract from larger socio-economic issues that we see where a greater focus could lie.

Again, please commit to opposing these bills.

Aaron Curtiss
Ashland, WI 54806

From: **Jennifer Smith** <jenovate@gmail.com>

Date: Tue, Oct 3, 2023 at 8:13 PM

Subject: AB oppose anti trans bills

To: <testimony@fairwisconsin.com>

Please oppose the proposed Assembly Bills 465, 377 access 378. These are crucial to ensure that all individuals, regardless of their gender identity, have access to safe, quality health care and access to safe life choices. Therefore, it is requested to vote against these bills and uphold the rights and health of transgender and nonbinary individuals.

From: Tien Vo <votien5@yahoo.com>
Date: Tue, Oct 3, 2023 at 8:12 PM
Subject: Opposing Anti-Trans Bills Testimony
To: <testimony@fairwisconsin.com>

To whom it may concern:

My name is Tien Vo and I urge you to oppose bills AB-377, AB-378, and AB-465.

I am a medical student at the University of Wisconsin School of Medicine and Public Health, and these anti-trans bills are detrimental to health.

AB-377 and AB-378 threaten women in sports even though trans girls do not threaten women's sports. In fact, the exclusion of trans women threatens women's sport because the exclusion of trans women demands rampant policing of women's bodies. These bills threaten ALL girls, because any girl can be accused of being transgender. This not only demonizes and weaponizes transness but also legally enforces the policing of women's bodies in sport.

AB-465 also wrongly discriminates against trans people. It goes against all evidence based medicine which states profoundly that gender affirming care is vital to health and is life-saving. As someone who has spent time with patients who have sought gender-affirming care in WI, I know that it is not easy to come by as many patients travel from other states to receive care and support here in Madison. Waitlists for gender-affirming surgeries are years long, and it would be inhumane to inhibit people from getting the healthcare they need on the basis of discrimination. Trans people deserve the same respect and kindness that everyone else does. I am urging you to reject these bills.

Thank you,
Tien Vo

University of Wisconsin School of Medicine and Public Health
MD Candidate, Class of 2026

Hello,

I would like to provide testimony against Assembly Bill 465 (Trans youth healthcare ban). I have many many friends who are transgender, and have seen first-hand the incredible good that gender-affirming care does. I have friends who have hated their body, had severe depression related to constantly being in a body that does not match who they are – even to the point of attempting suicide. And I have also seen how much gender-affirming care helps them. It helps them feel beautiful again in a way they never could. It helps their self-esteem immensely, and it also helps all the other mental health issues that come from chronic gender dysphoria. I am not exaggerating when I say that I know people for whom gender affirming care as young teenagers saved their life.

Please – any motion that blocks gender-affirming care for children is preventing them from accessing care that they desperately need. Care that can make their lives so much better, give them the courage to interact with their peers, and can even save their lives.

Sincerely,
Elizabeth Hankins
(she/her)

From: **Isabelle Marceau** <isabelle@stdunstans.com>

Date: Tue, Oct 3, 2023 at 8:07 PM

Subject: AB465 Testimony

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

Hello, I would like to submit this testimony for the subcommittee hearing about AB465. I hope it speaks to someone. Thank you for your time & effort. -Isa

My name is Isabelle Marceau. I am the youth minister at St Dunstan's Episcopal Church on the west side of Madison. Every week, I have the distinct honor of spiritually guiding youth in my church community. I hear about school dances, sports tryouts, music and drama auditions, friendship issues, and grappling with identity. It is a blessing to be trusted, to be sought out by youth in this day and age not just to be a set of ears, but to be a source of advice.

I love my job, my ministry. I care deeply for every single diverse youth who comes to eat pizza, play games, talk, and pray. But the part of this service in God's name that I deplore beyond words is how these kids know what is going on in the world. They know who is in power, who is not, and how often deep, violent irreparable harm can occur to the minority. Most often, I hear concern for their friends. Friends being abused, friends with insufficient food or funds, friends struggling with mental health issues, and friends being in a state of crisis due to adults in positions of power not taking their issues seriously, or causing those issues. You are adults in positions of power, and you have the opportunity to serve and protect the youth in our state. My friends, AB 465 is not the way to accomplish that. I understand the issue of gender affirming care is confusing. So I'll tell you what I tell my kids when they are confused about a big life issue or homework assignment: ask the experts. Go seek answers from teachers, coaches, therapists, doctors, faith leaders. Adults in positions of power, there are experts begging you to listen to their hard-earned expertise. Every single medical organization supports gender affirming care for people of all ages — listen to them. Ask them further questions. Moving this quickly on something I am confident you are not certain of is reckless. I understand you are coming from a place of concern, but you have to act like it. Take the time to pray, research, seek out experts, and listen to those who do understand and those who are affected by it. Listening is hard, I know, but the children in our community deserve your utmost attention and respect. Do not rush these decisions. I strongly, deeply, beseechingly urge you to vote no on AB 465.

—
Isabelle Marceau | *she/they*

Youth Minister

isabelle@stdunstans.com

From: **Ryan Browne** <ryan.j.browne@gmail.com>
Date: Tue, Oct 3, 2023 at 7:54 PM
Subject: Oppose Bill AB 465
To: <testimony@fairwisconsin.com>

From:
Ryan J. Browne
2821 Van Hise Ave, Madison, WI 53705

Dear Committee on Health, Aging and Long-term Care:

I'm a concerned constituent writing to express my deep concern about the proposed bill AB 465 currently under consideration in our state.

I strongly oppose this bill because they target Wisconsin's transgender youth, eroding their fundamental human rights to privacy, freedom, and bodily autonomy. It's important to me that our state stands for equality and inclusivity for all residents, regardless of gender identity.

Our youth are struggling with their mental health now more than ever before. The Trevor Project 2023 Youth Mental Health Survey found that nearly 1 in 3 LGBTQ+ young people said their mental health was poor "most of the time or always," due to anti-LGBTQ+ policies and legislation. The Trevor Project's 2022 Youth Mental Health Survey found that more than 56% of trans and non-binary youth in Wisconsin have seriously considered suicide in the past year, while more than 21% of them have attempted it. Make no mistake, without gender affirming health care, the young people in Wisconsin will suffer.

I'm asking that you oppose this anti-trans legislation and stand up for the rights and well-being of all your constituents, including transgender individuals. I appreciate your time and attention to this matter. Thank you.

Thank you for your service and consideration.

Ryan J. Browne
Pronouns: he | him
608-960-7234
ryan.j.browne@gmail.com

Hello, my name is Shanon Bartel, a frightened Dane County citizen and mother of three. I am providing written testimony to reject bill AB 465 Medical Care Ban. You are elected in office to be a voice, to support and keep safe all citizens of Wisconsin.

Transgender people ARE citizens of Wisconsin. They exist whether you like them or not. It is frightening to me that you would pass legislation to harm an already marginalized group of people just to gain a few votes. Trans youth are already 4 times more likely to commit suicide, suffer higher rates of depression and anxiety and have a higher drug and alcohol use rate than that of their peers. But, you've heard this all before.

So have you considered that perhaps you're actually LOSING your base? My husband was a Republican but not anymore. I used to call myself an independent, not anymore. I morally can never vote Republican until you stop discriminating against minority groups. My father, who is a Vietnam veteran, and has seen and lived through countless events, has never voted in any election until the last presidential race, because that's how scared he was for his grandson. You are NOT experts in the medical or psychology field, and those that are experts have come out opposing such bills. Transgender people have the right to obtain medical help, whatever that may look like for them, just like anyone else in this state.

My son was one of the lucky ones able to get the care he needed when he needed it without having to travel to another state, or jump through insurance hoops. This care helped him become the person he was inside, and gave him the confidence needed to achieve his goals. He graduated valedictorian of his class, received the prestigious Herb Kohl Scholarship and achieved a perfect score on the ACT. He is currently a junior at the University of Chicago and is hoping to go into public interest law to help those less fortunate. If he couldn't receive that medical treatment he needed, none of the above would have happened. I'm not sure if he'd be here today.

So I beg you to please stop playing with people's lives. Listen to the experts. Let the parents, children, doctors, and psychologists figure out what the best plan for their child is. I'd like to thank the committee for reading my testimony. I hope you will start supporting all of Wisconsinites.

From: **Jennifer Smith** <jenovate@gmail.com>

Date: Tue, Oct 3, 2023 at 7:42 PM

Subject: oppose anti trans bills


To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

This matters to the people I love. Please oppose these anti trans bills.

The proposed Senate Bill 480, which seeks to limit access to gender-affirming treatments, is a direct threat to the health and well-being of transgender and nonbinary individuals. These treatments, including hormone therapy and surgeries, are medically necessary and can alleviate gender dysphoria. Denying access to these treatments can lead to serious health complications. Similarly, Senate Bill 479, which criminalizes doctors for providing gender-affirming care, is a direct attack on the medical profession and the rights of patients. It is crucial to ensure that all individuals, regardless of their gender identity, have access to safe, quality health care. Therefore, it is requested to vote against these bills and uphold the rights and health of transgender and nonbinary individuals.

ndemic and into today. Now it is your turn to support us. Veto the trans medical care ban that is a violation of our rights.

Thank you,
Laura



Amelia Hansen

Regarding Wisconsin Legislature

October 3rd, 2023

My name is Amelia Hansen, and I am a concerned Wisconsin resident, voter, and taxpayer, and biology graduate student at UW-Madison. I am testifying to oppose Assembly Bill 465 (Medical Care Ban).

Based on actions that other states have taken to take away trans people's rights, we know that this bill only serves as a stepping stone for banning trans healthcare altogether, which is in direct opposition to scientific literature and the most recent WPATH standards of care.

This bill is not based on science and sense, but fear and prejudice. Numerous peer reviewed studies have shown the life-saving effects of trans healthcare, and the minimal to non-existent advantages of trans athletes in competition with their cis peers. All this bill will do is isolate and vilify a vulnerable community.


Thank you for reading my testimony, and please oppose Assembly Bill 465.



Sincerely,

Amelia Hansen

(she/her)



From: **Laura Gould** <lauraelizagould@gmail.com>
Date: Tue, Oct 3, 2023 at 9:32 PM
Subject: testimony against trans medical care ban
To: <testimony@fairwisconsin.com>

Dear all members of the Assembly Committee on Health, Aging, and Long-term Care

My name is Laura Gould. I am a nonbinary CNA and work at Gundersen Health Systems in La Crosse. I work on the covid unit and am what has been considered an "essential worker". I say this because each of you have individually thanked essential workers for our work. I am here to say that queer, trans, and nonbinary folks are essential workers who cared for your grandparents, your cousins, your mom, your dad, your family during the pandemic and into today. Now it is your turn to support us. Veto the trans medical care ban that is a violation of our rights.

Thank you,
Laura

Hello Committee on Health,

My name is Megan Spielbauer Sandate, and I am a queer Madison resident. I am testifying to state my opposition to AB 465 and make clear why I think that moving this piece of legislation forward will be harmful to trans and nonbinary youth across our state along with anyone who seeks or provides gender-affirming care.

As a queer person, I am still figuring out my gender and identity. I know that when people look at me that they see "woman" or "girl", and I know that's not what I see. People will talk about me and refer to me as "she" or "her", and while I may not be able to easily explain my relationship to gender in a way that makes sense, I know that it's important that I live in a state where I and other people who are genderqueer can freely explore their gender and seek affirming care as they need it.

We do not want physicians and nurses being scared of losing their license when they seek to provide the best care for their patients. If this type of law is passed, it will be a detriment to all healthcare and the ability of any person to receive the best care from medical practitioners.

I encourage you to vote against this bill and seek out ways to support gender-affirming healthcare. We need to do more as a state to support trans and nonbinary folks in a time when there is so much violence against them.

Thank you,
Megan Spielbauer Sandate
She/They

Dear Assembly Committee on Health, Aging, and Long-term Care,

My name is Sol Kelley-Jones and I write to you today as a parent, an educator, and a proud Wisconsinite who has had the privilege of knowing, working with, and loving many transgender young people in our community for the past 20 years. I am deeply concerned about Assembly Bill 465 and its attack on transgender youth and their medical care. Quite simply: gender affirming care saves lives. Beyond the clear invasion of privacy this bill seeks to legislate, it also goes against the recommendations of the American Medical Association and the American Academy of Pediatrics, who both agree 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 politicians. This mean-spirited, divisive legislation targets some of our most vulnerable community members - transgender young people- and sends a dangerous message to residents of Wisconsin that our leaders are more interested in targeting already marginalized members of our communities rather than working towards policies that nurture the health and well being of all in our state.

At a time when we should be focusing our efforts on building a Wisconsin where all youth can thrive and feel belonging and a sense of safety in their home state, this legislation not only intrudes into the private medical decisions that should remain between patients, their doctors, and their families, but its hate-filled rhetoric would also have an incredibly harmful, and even life-threatening, impact on many in our community.

I ask you to strongly oppose Assembly Bill 465 and stand strong for a Wisconsin that is affirming of the worth and dignity of all of our young people.

Thank you for your leadership,

Sol Kelley-Jones

4341 Crawford Drive
Madison, WI
53711

Dear Members of the Assembly Committee on Health, Aging, and Long-Term Care,

My name is Julie Reuss, I live at W290 S2837 Carmarthen Dr, Waukesha, WI 53188. I am the mother of a transgender daughter. We raised her in a traditional household where I was a stay-at-home mom and my husband worked outside the home. I homeschooled my three children and used Catholic homeschool materials that taught Christian values reinforced by steady church attendance, religious educational programs, and Catholic school.

When my daughter turned 26 and her brain was fully developed, she realized that she was transgender. For those of you who think that turning 26 is a magic number for brain development, I can tell you that her getting to this point was brutal and left many emotional scars.

Since she was a teen, she knew something was wrong but she didn't know how to express it. She lashed out constantly and became very moody and withdrawn. She had always been a happy child, easy to please and eager to please us. We had no idea how to help her. She gave up on us and ignored her feelings but was still withdrawn. When she left home for college, she started abusing drugs and alcohol. She lost her faith in God. She got married but then the marriage failed. She never realized her dream career and instead settled for basic minimum wage paying jobs. Throughout all of this she still knew something was wrong. She tried psychologists, psychiatrists, behavior modification, and psychoanalysis. Nothing worked. It wasn't until she met her first transgender person that she realized who she was. She finally learned the language to describe her feelings.

We shouldn't make being transgender a secret in our communities and keep our children from knowing that they exist. I can't help but think how different her life would've been if she had known about transgender people from infancy. Instead of reaching the age of 26 and finally discovering that she was transgender, she would've reached brain maturity knowing what being trans really means and gone on to be successful in all aspects of life. She is now 33 and she is the happiest I've seen her since she was a child. But it comes at a price. In the last seven years, she has had to relearn how to define herself and figure out what it means to be trans from other trans people who are all searching for the same answers. She has to deal with the fallout of drug and alcohol abuse. She's had to relearn what healthy relationships are and how to maintain them. And she's still struggling to find a satisfying career.

In addition to dealing with her past, every morning she has to try to figure out how to survive in a world that doesn't want transgender people to exist. She has to protect herself from the negativity that comes with all these bills that have surfaced in state legislatures all across the county that target her and tell her that she's not wanted.

There's significant amount of evidence that suggests that the brains of transgender individuals look similar to the sex they identify with. If that's the case then you do tremendous amount of harm keeping gender affirming care from minors. If you know you're trans then you shouldn't have to wait until you're 18 before you're allowed to understand why you are different from everyone else. Social transitioning without appropriate counseling is wrong. You are preventing them and their families from resources that will help them learn how to be productive citizens. You are not helping anyone. Please, do not pass this bill.

<https://pubmed.ncbi.nlm.nih.gov/35329908/>

<https://www.scientificamerican.com/article/is-there-something-unique-about-the-transgender-brain/>

<https://www.frontiersin.org/articles/10.3389/fsoc.2021.608328/full>

TO: Assembly Committee on Health, Aging and Long-Term Care

FROM: Rev. Julie Wilson, United Methodist Pastor

DATE: October 2, 2023

RE: Assembly Bill 465 – prohibiting gender transition medical intervention for individuals under 18 years of age

I'm Rev. Julie Wilson (she/her) Lead Pastor of Bethany United Methodist Church in Madison. I'm writing against AB-465. Like many of you, I have questioned at what age children are capable of understanding questions regarding identity. And, after many conversations with parents and grandparents I have come to realize they too have agonized over these decisions. No parent takes lightly the responsibility of protecting their child. They want what is best for their child and much thought, prayer and counseling goes into any decisions regarding medical care, especially when it comes to gender identity.

Once I listened to their stories, I realized that children are not making a decision, they are simply being their true selves. Parents shared how they watched their child struggle daily trying to be someone they weren't. When parents finally allowed their child to accept their unique identity their world changed. Their child was happier. Their mental health was improved. They succeed in school and in life. I don't know one parent that is flippant about their child's medical needs. But I know many parents who have fought courageously for their child to get the care they need to be healthy in all aspects.

My faith tells me that we are to love God and to love our neighbor as ourselves. Loving my neighbor means that I see them, I hear them, and I listen to their stories. It means that God loves them, and God cares about them deeply. I urge you to listen to children, parents and grandparents. I urge you to hear their stories and I urge you to allow parents and health care providers to make sound medical decisions based on each child's need. I urge you to trust that parents know best what their child needs. I urge you to vote no on AB-465. Thank you.

Aaron Lopez
Regarding WI State Legislative Hearing
October 3rd, 2023

Hello,

My name is Aaron Lopez and I am a concerned Dane County resident / soon-to-be parent. I would like to state my formal opposition to the following bills:

Assembly Bill 378 (College trans athlete ban)
Assembly Bill 377 (K-12 trans athlete ban)
Assembly Bill 465 (Trans youth healthcare ban)

It is terrifying that legislators are considering bills that are founded entirely on pseudoscience and prejudice. These bills harm and isolate families by restricting freedoms and stripping healthcare from children and their parents. Moreover, it makes Wisconsin a worse place to live by introducing a division that shouldn't exist: there's no world where a cis child's health and lifestyle should be placed above or below that of a trans child.

Please voice your strong opposition to these bills.

Sincerely,
Your Constituent,
Aaron Lopez
(they/them)

From: **Annie Menzel** <anniemenzel@gmail.com>
Date: Wed, Oct 4, 2023 at 12:52 PM
Subject: Please vote NO on the Trans Medical Care Ban
To: <testimony@fairwisconsin.com>

Dear Committee on Health, Aging, and Long-term Care,

I write to express my opposition to LRB 0191/LRB 4459. Banning care for transgender youth in Wisconsin would be contrary to ALL authoritative medical associations in the US. This is lifesaving care—research shows that denying it would be a death sentence, the very opposite of the Act's expressed intention to "Help Not Harm." Please vote NO on the Trans Medical Care Ban.

Sincerely,

Dr. Annie Menzel
2734 E Johnson St
Madison, WI 53704

From: **Jas McDaniel** <jasmcdaniel@gmail.com>

Date: Wed, Oct 4, 2023 at 12:31 PM

Subject: LGBTQ + bills

To: <testimony@fairwisconsin.com>

To the entire committee.

My name is Barbara McDaniel. My address is 201 South Chestnut St. Mineral point wi 53565

I am writing this email to let you know that i oppose the LGBTQ bill you are discussing today.

Every person, regardless of their gender and race should be entitled to equal rights in my opinion. To discriminate is of the most opposition to our common rights as human beings.

There's so many reasons beyond our scope, that friends and family that are LGBTQ that are having their rights taken away. Please stop this and find a solution where our voices are heard and a way equally to honor all.

Thank you

Barbara McDaniel

Jennifer Koehler
Regarding Wisconsin Legislature
October 3rd , 2023

I am writing to oppose Assembly Bill 465 (Trans youth healthcare ban)

I am a trans graduate student studying biology and pharmacology at UW Madison. Furthermore, I am a Wisconsin taxpayer, voter and resident. I want trans youth to be able to survive and thrive in the ways I was not able to as a child. We know that the suicide rates among trans children are abnormally high compared to the general population gender affirming care reduces these rates. As a scientist I must point out that this is seen in scientific literature and the most recent WPATH standards of care.

Thank you for considering my testimony and please oppose Bill 465 with me.

Best,

Jennifer

Jennifer Koehler (they/them)
Ph.D student - Roopra Lab
Molecular and Cellular Pharmacology
University of Wisconsin-Madison

From: **Rebecca Rick** <rebecca.rick@gmail.com>

Date: Wed, Oct 4, 2023 at 12:27 PM

Subject: Writing in support of trans youth

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

Hello,

I'm writing to express my support for trans youth and adults in sports and all aspects of life. Trans people deserve the freedom to live in the world as their true selves. They deserve life saving medical care, which gender-affirming care absolutely is.

Using trans people as a political wedge, throwing around claims with no merit and shaky evidence at best, is putting so many people -- trans and cis alike -- in real danger. It's absolutely despicable.

I urge legislators to vote no on bans that prevent trans youth and adults from living their lives safely, happily, and unbothered by bigots with divisive political agendas.

Sincerely,
Rebecca Rick
53207

Assembly Bill 465

Committee on Health, Aging and Long-Term Care

Dear members of the Assembly Committee on Health, Aging and Long-Term Care,

My name is Nick Eliot, and I am a long time resident of Ashland County, asking you to vote NO on Assembly Bill 465.

I am here today as a Wisconsin resident currently working in the medical industry. I am urging you to vote NO on Assembly Bill 465. This bill threatens life-saving healthcare for transgender youth and is in direct violation of standard best practices recommended by national organizations such as the American Academy of Pediatrics. Access to medical treatments should not be denied to only one class of citizens within a patient population. Patients, their families, and their health care providers should decide what medical care is in the best interest of a patient, not politicians.

At a time where physician and nurse numbers are low, and clinics are struggling to recruit enough good medical staff to serve their patients, this bill would make that challenge even more unsurmountable. Putting these restrictions in state statute would have an unreasonable impact on employers in Wisconsin, preventing our state from recruiting and retaining medical professionals, who would most certainly hesitate to live and work in a hostile environment where they are forced to violate current accepted medical standards and best practices. By limiting our available workforce, this bill negatively impacts every resident of Wisconsin not just economically, but by harming our ability to provide medical care to everyone in a timely manner.

If passed, this bill will cost lives. At a time when LGBTQ+ youth are already struggling with harassment and discrimination, we should be making it clear that they are safe and welcome. Youth across Wisconsin deserve health care that includes transgender youth. Please oppose AB465.

Thank you,
Nick Eliot
54806

From: **Catherine Capellaro** <catcapellaro@gmail.com>

Date: Wed, Oct 4, 2023 at 12:16 PM

Subject: Testimony

To: <testimony@fairwisconsin.com>

Dear legislators:

I am a proud, lifelong Wisconsinite who is disturbed and sickened by the anti-trans legislation being proposed. Trans kids and their are already living in fear and navigating dangerous situations every single day.

Don't give in to the hateful, wrongheaded narrative about trans people.

Don't deny kids the right to participate in sports or receive health care because of their sexual identity. It's none of our business.

Vote against AB 378, AB377, and AB465.

Thank you,

Catherine Capellaro

608-669-6126

catcapellaro@gmail.com

Messina Duggan
Evansville, Wisconsin

Testimony of Messina Duggan
Against AB465

A bill prohibiting gender transition medical intervention for individuals under the age of 18 years of age.

Introduced by: Representatives Allen, Vos, Armstrong, Behnke, Binsfeld, Bodden, Brandtjen, Dittrich, Goeben, Green, Gundrum, Gustafson, Hurd, Macco, Magnafici, Maxey, Michalski, Murphy, Nedweski, O'Connor, Plumer, Pronschinske, Rettinger, Rozar, Sapik, Schraa, Sortwell, Tittl, Tusler, Wichgers and Callahan, cosponsored by Senators Stroebel, Tomczyk, Knodl, Felzkowski, Kapenga, Nass, Wimberger and Ballweg. Referred to Committee on Health, Aging and Long-Term Care.

- I am opposed to bill AB465. This bill attacks gender-affirming care for transgender youth.
- Every primary medical association, including the American Academy of Pediatrics and the American Psychological Association, states that gender-affirming care is safe, necessary, and helps to save lives.
- The Trevor Project also reports that gender-affirming medical care, such as hormone therapy, is associated with positive mental health outcomes, including showing promise for reducing suicide risk.
- A 2021 peer-reviewed study by The Trevor Project's researchers, published in the Journal of Adolescent Health, found that gender-affirming hormone therapy is significantly related to lower rates of depression, suicidal thoughts, and suicide attempts among transgender and nonbinary youth. Gender-affirming care is literally lifesaving care.
- Gender-affirming healthcare supports preventative healthcare and prevents illnesses from going untreated.
- The transgender and gender nonconforming youth in Wisconsin deserve the fundamental right to see a doctor who will respect them for who they are and care for them with dignity and respect of gender.

Thank you for your consideration and please oppose Assembly Bill 465.

Sincerely,
Messina Duggan
342 S Madison St
Evansville, WI 53536
608-302-0364
(They/Them)

To the members of Trans Medical Care Ban (AB 465) committee, I am writing to say that it needs to be known that according to the majority of medical professionals in the relevant fields transcare is Healthcare even when it comes to minors the research shows that the majority of those that do take these actions at a young age do not regret it.

Please understand this to be a watershed moment akin to civil rights for black people and gay people.

This has nothing to do with the sexualization of children there's nothing inherently sexual about gender identity so please do not conflate the two.

Thank you for your time.
Roman Elizen
53110

From: **Catherine Capellaro** <catcapellaro@gmail.com>

Date: Wed, Oct 4, 2023 at 12:16 PM

Subject: Testimony

To: <testimony@fairwisconsin.com>

Dear legislators:

I am a proud, lifelong Wisconsinite who is disturbed and sickened by the anti-trans legislation being proposed. Trans kids and their are already living in fear and navigating dangerous situations every single day.

Don't give in to the hateful, wrongheaded narrative about trans people.

Don't deny kids the right to participate in sports or receive health care because of their sexual identity. It's none of our business.

Vote against AB 378, AB377, and AB465.

Thank you,

Catherine Capellaro

608-669-6126

catcapellaro@gmail.com

Committee,

I have a friend who served our country in the war in Vietnam. The long-term effects of exposure to Agent Orange in that war is believed to be the reason for the physical changes that occurred in that Vet's body that transitioned him into a woman.

That person was always perfectly content to be a man but the physical changes that were occurring were entirely involuntary.

As a trans woman should she be denied now any rights as a woman? Can any person not recognize the suffering any person must have when their perception of themselves does not happen to match their physical status?

It seems to me that in a Christian compassionate world, we should be reaching out to these persons extending our support.

Let Wisconsin be a leader in representing all of our citizens and especially our youth who we should be doing everything possible to protect and nurture them regardless of their sexual identity

Roger Sands\
815 Verdant Drive, Elm Grove WI 53122.

From: **Christine Anderson** <cmzanderson@fastmail.fm>

Date: Wed, Oct 4, 2023 at 12:00 PM

Subject: Written Testimony - AB 465 (Medical Care Ban)

To: <testimony@fairwisconsin.com>

My name is Christine Anderson and I live in the town of Stoughton in Dane County WI. I am writing to express my frustration and anger over the proposed ban in care for transgender people in Wisconsin. AB 465 is an overreach of the medical care that should be available to all people. The state should not dictate the care provided by and advised by medical professionals. There is no place for this kind of government oversight into the personal health of individuals.

There are countless studies and much data showing that gender affirming care is linked to better social and emotional outcomes for transgender youth. This group experiences discrimination in excess and the job of the government is to protect them, not to put them in more danger and increase threats to them. I believe that is what this bill will do.

I ask that the people who have been hired to represent and care for the people of Wisconsin and the children of Wisconsin do just that. Trust doctors and trust parents.

Thank you for your time,
Christine Anderson

Jessica Mattheiss
1418 Hawthorne Ave.
Janesville, WI 53545

10/3/2023

Subject: Testimony Against AB 465

Dear Committee on Health, Aging and Long-Term Care,

I am writing to express my strong opposition to the proposed anti-transgender legislation AB 465 currently under consideration. As a concerned citizen and a firm believer in equality and human rights, I believe it is imperative to address the negative implications that such legislation can have on the lives of transgender individuals and our society as a whole.

Transgender people, like all individuals, deserve the same rights, protections, and opportunities as anyone else. Discriminatory legislation not only undermines these principles but also perpetuates harmful stereotypes and biases that can lead to real and lasting harm. It is our duty as a society to stand up against discrimination and ensure that everyone can live their lives authentically and free from prejudice.

Here are some key reasons why I vehemently oppose this anti-transgender legislation:

Violation of Human Rights: Legislation that targets transgender individuals infringes upon their basic human rights, such as the right to live free from discrimination, the right to privacy, and the right to access healthcare that aligns with their gender identity.

Mental Health Consequences: Discrimination and exclusion can lead to severe mental health issues among transgender individuals, including anxiety, depression, and an increased risk of suicide. We must prioritize the well-being of all members of our society.

Impact on Youth: Anti-transgender legislation often disproportionately affects transgender youth, who already face numerous challenges. Denying them the ability to participate in school sports or access gender-affirming healthcare can have long-lasting negative effects on their physical and mental health.

Economic and Social Consequences: Discriminatory policies can also harm transgender individuals economically, as they face higher rates of unemployment and homelessness due to societal rejection. This, in turn, places a burden on social services and contributes to economic inequality.

International Reputation: Passing anti-transgender legislation tarnishes our nation's reputation on the global stage and sends a message that we are not committed to upholding the principles of equality and human rights.

I urge you to reconsider your support for this legislation and instead focus on measures that promote inclusivity, equality, and respect for all individuals, regardless of their gender identity. Let us work together to create a society where everyone can thrive and be their authentic selves without fear of discrimination or harm.

Thank you for taking the time to consider my concerns. I hope that you will make the right choice in supporting policies that reflect the values of justice, equality, and human rights.

Sincerely,

Jessica Mattheiss

Madison, WI 53716
hello@openmadison.org

October 3, 2023

Dear Wisconsin State Representatives and Committee Members,

I am writing to express my profound opposition to the proposed Trans Medical Care Ban currently under consideration. As the Board President of OPEN and Founder of OPEN Foundation, an organization dedicated to fostering inclusion and support for all within the LGBTQ+ community, I feel compelled to voice our collective concerns.

Our mission at OPEN is to create an environment where LGBTQ+ individuals can flourish in society and in the workplace. We envision a world where they can lead productive lives as employees, friends, and active members of a diverse network, with ample representation in all aspects of society. The proposed ban threatens to undermine these aspirations and compromises our fundamental values.

It is crucial to emphasize that government intervention in how we raise our children and dictate their quality of life contradicts the principles of personal freedom and parental autonomy. We firmly believe that parents and caregivers are best equipped to make decisions in the best interests of their children, including their healthcare needs.

Furthermore, the proposed ban encroaches upon the bodily autonomy of transgender youth, effectively allowing the government to exert control over their healthcare decisions. Such an intrusion infringes upon individual rights and disregards the expertise of healthcare professionals who are trained to provide the best care possible.

Transgender youth deserve the same rights, opportunities, and access to healthcare as any other young person, allowing them to grow up and lead productive and fulfilling lives just like anyone else in society. Denying them these rights not only jeopardizes their physical and mental well-being but also hinders their ability to fully participate in society while unjustly "othering" them.

I implore you to reconsider this legislation and its implications for the well-being and autonomy of transgender youth. Let us stand together to ensure that every young person, regardless of their gender identity, has the chance to thrive and enjoy the same rights and opportunities as their peers.

Thank you for your attention to this crucial matter, and I am willing to discuss this issue further at your convenience.

Sincerely,

Heidi Duss Founder, OPEN Foundation Board President, OPEN

From: **Courtney Byelich** <byelich@gmail.com>

Date: Wed, Oct 4, 2023 at 11:44 AM

Subject:

To: <testimony@fairwisconsin.com>

hopefully not too late!

Dear Committee on Health, Aging and Long-term Care,

Youth mental health is a huge concern following the pandemic and we know that trans affirming health care is a way to bolster the health of trans kids. Providing medical care is an essential service to our trans youth in wisconsin!

- Courtney Byelich
2417 Sommers Ave
Madison, WI 53704

To the Committee on Health, Aging, and Long-term Care,

I'm a constituent from LaCrosse, WI, and the last year of government interference within the LGBTQ+ has been very scary. Please consider keeping the government out of individuals' rights for bodily autonomy. We're at a critical point in our history where our actions could change everything and with over 500+ anti-LGBTQ+ bills being brought to the floor this year, I ask that you seriously consider how many of those you're putting in harm's way by continuing to back fear-mongering, white Christian nationalist's agenda.

Healthcare is something that should be kept out of this arena. There is too much at stake and too many lives that you're endangering.

We don't have much time left. Please, if you do care for your brothers and sisters in this community, you will do the right thing.

Katie Bakalars
2104 Travis Street
LaCrosse, WI 54601

From: **silviana amethyst** <deltaalphabet@gmail.com>

Date: Wed, Oct 4, 2023 at 11:39 AM

Subject: written testimony Oct 4, 2023 against AB465

To: <testimony@fairwisconsin.com>

My name is silviana amethyst.

I think I'm a pretty normal person. I work, I pay my taxes, I know my neighbors, I shop at the farmers market. I love my community. I pick up trash from public spaces on weekends. I'm the president of my neighborhood association. I'm an eagle scout. I enjoy creative hobbies. I play games with friends. I ride my bike as my main mode of transportation. I like watching movies. I love crisp fall weather. and I'm a transgender woman.

Of all of these things I think that my gender is the least important. Unfortunately, my gender seems quite important to a lot of other people right now, so I'm here to tell you how much transition has helped improve my life.

Transition saved my life in 2016. Transition saved my life in 2017 and 2018 and 2019. Transition saved my life time and time again during the isolation of the pandemic. Transition saved my life earlier this year. Transition saved my life yesterday. Transition saved my life today. And transition will save my life tomorrow.

I transitioned so I could look in the mirror. I trained my voice so I could like how I sound. I transitioned to find sisterhood. I transitioned because of a deep, unending, unexplainable persistent insistent and consistent need to be a woman.

Transition deepened my relationship with my family, as I became more open and honest about who I am. Transition made me a better friend, as I am more compassionate to others in difficult situations. Transition made me a better teacher, because I want to include more voices in my classroom and in my life.

Being a trans woman brings me immense joy, and happiness. Most of that joy and happiness comes from loving my body in a way that was impossible before transition.

The hardest part about transition was undergoing puberty as an adult. My second puberty was on top of my first. Unfortunately, my first puberty was the wrong one, and my body changed in a lot of ways that I didn't want. And a lot of my second puberty was really complicated because of the first one.

As part of transition, I spent a significant portion of my income removing my beard, and shaping my face. And I have experienced discrimination and humiliation in public spaces because of the visible remnants of masculinity on my face and body. I live in daily fear.

Many of those challenges could have been spared if I could've transitioned earlier in my life. I wish I had the knowledge and tools in my teenage years to talk about my experiences, and pursue transition as a teenager. my first puberty was non-consensual. My second one was.

I'm here today to testify and share my lived experience as a trans woman who transitioned as an adult, on behalf of my trans siblings. to advocate for medical care that saves lives, that makes adults, that brings joy, that spares pain.

I believe in bodily autonomy, trans lived experience, and the freedom of self determination.

This bill is dangerous. This bill harms trans children. This still harms the families of trans children. This bill harms me. This bill harms us.

I want to write to state that I strongly oppose AB 465. Healthcare decisions are NOT for the government to make, and this is just very thinly veiled anti-trans hatred. Trans kids are at higher risk of suicide, and that's in part due to bills like this that create a more hostile world for them. The creators of this bill will have blood on their hands.

Elizabeth Holden,
Madison, WI

10/3/2023

Peter Beach

Madison WI, 53704

My name is Peter, and I am a registered nurse licensed in the state of Wisconsin. I am also a transgender man.

I was lucky enough to receive gender-affirming care in my adolescence. I went to the UW PATH clinic, and was prescribed puberty blockers in accordance with clinical best practice standards. I have had no adverse effects of my treatment. I am still transgender today.

Waiting and doing nothing during puberty is not a neutral option. Being able to head off further development of secondary sex characteristics has been invaluable. It served as a pause, a breather, and gave me time to explore with my doctor whether starting testosterone therapy would be right for me at a later date.

Prior to medical intervention, I experienced just enough of menstruation to know that I was even more miserable than the young women around me. Hormone blockers prevented further development of my breasts, and made my eventual "top" surgery safer and easier.

I'm lucky again, taking testosterone has now aligned my voice with my gender. I sing bass. I get to feel the euphoria of connecting to who I am, and taking a role in my community choir to match.

Were I a transgender woman who went through natal puberty without blockers, no amount of estrogen could change my voice. I would need surgery or years of voice training to avoid being instantly "outed" on the phone.

I was lucky yet again to have a supportive family, and community groups such as GSAFE and Proud Theater. Still, I faced harassment from my peers and my teachers in adolescence. I was spat on, barred from the boys' locker rooms, clubs, and sports, and mocked for saying anything related to my pronouns or gender. I felt trapped and unseen.

Medication and later surgery have made it possible for me to work, to live, to walk down the street without harassment. I can look in the mirror and see myself. I am so, so lucky to have sought care as a transgender adolescent.

I am not speaking for myself today because I'm at work as an RN in UW Health's Urology department. Here I administer both testosterone and hormone-blocking medications to transgender and cisgender adults alike. Gender-affirming care is neither new nor unusual.

These medications are safe. These doctors are experts. These patients need care. Please reject this ban, and hold open the doors for other trans adolescents like me to become happy, healthy adults.

Thank you.

Peter Beach

To the members of the committee,

I am a registered nurse and a parent who loves and cares about a number of transgender and non-binary children and adults. I cannot for the life of me understand why my state representative is pushing forward these mean-spirited attacks on children and their medical providers. The science is very clear that LGBTQ+ children are at a significantly higher risk of self-harm and suicide, and the majority of that risk is due to being told over and over again by politicians that they are somehow flawed and that the politicians know better than they and their doctors do. As a voter and a taxpayer, I am saddened and ashamed that my representatives are spending time and money trying to make the lives of children harder. I wholeheartedly oppose these bills and hope the committee will refuse to participate in this blatant scapegoating and start working on policies that actually help the people of Wisconsin. Thank you for your time.

Lori Cannon
Town of Washburn, 54891

From: **Suzanne K. Bassette** <sk.bassette@yahoo.com>
Date: Wed, Oct 4, 2023 at 11:23 AM
Subject: Assembly Bill 465 (Trans youth healthcare ban)
To: <testimony@fairwisconsin.com>

Hello,

As the mother to a trans child, I can tell you that much of the gender affirming care has to do with counseling, reading, learning, and exploration. It's never just a prescription; and it's certainly not surgery. My child learned a lot about themselves and ultimately did not opt for puberty blockers, nor have they even considered any kind of medical intervention for their body at this time.

But here's what access to gender affirming care did: IT SAVED MY CHILD'S LIFE. I hadn't realized that my child had been experiencing suicidal ideation since age 8. I just knew they seemed depressed and we sought counseling. Things did not improve.

Why? Because they were holding onto a gigantic secret and they were terrified to admit it. It was only after an attempt to endanger their life at age 11 (not a suicide attempt, but an incident where they purposely put themselves in danger), that they fearfully came out to me.

We sought advice, then gender affirming care. I learned as much as I could, because I NEEDED to understand. I found that gender affirming care is an option for anyone questioning their gender. No one forces anything. So much happens before anyone even brings up puberty blockers. By the time the subject came up (probably 4 appointments in), it seemed almost an afterthought, because my child was already finding clarification in their journey and had been learning enough to say that they weren't interested in holding off puberty.

The ability for my child to be heard, to be believed, to be empowered, and to be affirmed changed their life. Six years later, they are happy and thriving, with support and accessibility to care should they need it in the future.

It's been a work in progress. I was super scared because I didn't know what all the terminology was, what was expected of me, or how to respond. But as I listened through my child's fear, and realized how close I'd been to losing them.....I still get choked up about it. I should add here that a good friend's non-binary child had committed suicide at age 15 the year before. The fear, the idea that my child had considered ending their life was incomprehensible and heartbreaking to me.

I knew no matter what I had a responsibility to do my best to figure it out immediately. In a way, at the beginning, I treated it like you would any other unknown childhood step. The first time they had strep or a high fever, I was scared then too. I treated this the same way, asking myself, what comes next to make sure they are healthy and okay.

Years later, that's evolved: I volunteer at the local LGBTQIA+ center, I advocate on social media and in person, I continue to listen, read, and I learn what I can. The best advice I can share when a child has come out to their parents is affirm, love, support: "I believe you, I love you, and I will support you any way I can."

It was devastating for my child because their dad did not feel the same way I did, and refused to use their pronouns, attend the appointments, nor do any of the reading. All he could say was, "I worry so much for the future, hopefully this is a phase that **** will grow out of." My child opted to go no-contact with their father for about a year and three years later, they've worked toward an understanding of sorts. Still, it hurts me to see that they'll never be as close as they were with each other because of his intolerance.

Keeping medical care available will keep these children alive and thriving. It will keep them learning and engaging with their families, friends, schools, and communities. They will find their sense of self and have support and understanding. This is truly what medical care...quality medical care should do for all of us.

Sincerely,

Suzanne K. Bassette

Dear members of the Assembly Committee on AB465,

My name is Kennedy Crouch, and I am a resident of Fitchburg. I've lived in Wisconsin for three years and I'm a biological scientist working with ThermoFisher Scientific.

I am writing to urge you to vote NO on Assembly Bill #AB465. As a Wisconsinite, I am opposed to this bill because I am opposed to the unscientific and hateful discrimination against people based on their gender identity. Furthermore, the denial of medically-approved gender care for vulnerable children is needlessly cruel and cause suffering for no reason other than xenophobia and hatred.

If passed, this bill will cost lives. At a time when LGBTQ+ youth are already struggling with harassment and discrimination, we should be making it clear that they are safe and welcome in Wisconsin.

I don't believe politicians should interfere with personal, private medical decisions that should only be made between patients, their doctors, and their families.

Sincerely,

Kennedy Crouch

Fitchburg, WI

From: **Jenni Schimanski** <jschimanski18@gmail.com>
Date: Wed, Oct 4, 2023 at 11:20 AM
Subject: Testimony in Opposition to AB 465 (Trans Medical Care Ban)
To: <testimony@fairwisconsin.com>

To the Committee on Health, Aging, and Long Term Care,

My name is Jenni Schimanski and I am a cis woman from Madison, Wisconsin writing in extreme opposition to AB 465, a proposed bill to ban gender affirming care for trans youth.

I could write a long essay with facts and statistics and citations, but I'm not going to. (Thank you to those that have, though.) Instead, I want to talk about a piece of Wisconsin's history that I only just learned about a couple months ago.

In 1982, Wisconsin became the first state to outlaw discrimination based on sexual orientation, earning us the nickname the Gay Rights State. I was surprised to learn that Wisconsin was a leader in equal rights and even more surprised that a Republican governor signed this law. The governor who signed AB 70 into law, Lee Dreyfus, said that he signed it to "protect one's privacy" because "government should have a very restricted involvement in people's private and personal lives". I agree with his reasoning wholeheartedly, and I believe that exact same logic should be applied to this current bill. The medical care that trans kids receive should be between themselves, their parents, and their doctors. Politicians have no business trying to control the medical decisions people make for themselves. This bill is a gross overreach that completely ignores the fundamental Republican tenet of small government. I urge Republican lawmakers to remember Governor Dreyfus' words and stop invading the private and personal lives of trans people.

There are many issues facing our great state of Wisconsin, and trans people are NOT one of them.

Thank you,
Jenni Schimanski
2738 Lynn Terrace, Madison, WI 53705

Priscilla Rose Bort
2233 N Summit Ave Apt 713
Milwaukee, WI 53202

TO: Committee on Health, Aging, and Long-term Care
SUBJ: Opposing AB465

I am submitting written testimony against AB465 - An Act to amend 441.07 (2), 448.02 (6), 448.02 (9) (intro.) and 448.978 (2) (intro.); and to create 146.36, 441.07 (1j), 448.02 (3m) and 448.978 (1m) of the statutes; Relating to: prohibiting gender transition medical intervention for individuals under 18 years of age.

Study after study has shown that gender-affirming medical care is life-saving. Politicians have no right to play the role of a doctor and make decisions about anybody's body but their own. Transgender youth deserve the right to the same medical access as their cisgender peers. We must do what we can to protect youth of all identities - transgender, non-binary, and cisgender - not actively work to harm them, which is what AB465 seeks to do.

Members of the committee;

I am saddened to see the continual effort to further alienate individuals. As a parent of a nonbinary child I have extra worries that they will have to face unnecessary challenges in order to find their way in the world. Nonbinary people, such as my child and their friends, have many internal challenges to overcome. Many nonbinary people already feel alienated and have other negative feelings that limit their ability to find a happy and safe place where they can be themselves. The role of the government should be to protect people from the types of unnecessary struggles other minorities have and continue to face. History has demonstrated many times over that a lack of unity or excessive divisions only lead to failure. We may all take different paths, but are generally headed to the same destination.

On a side note we extremely grateful for the health care assistance we have and continue to receive. This assistance has afforded us the ability to help him on his journey (not only physical, but mental as well) much more than we could have on our own.

I kindly request that you oppose AB 377, AB 378, and AB 465 as well as SB 479 and 480.

Thank you for your time.

Sincerely,

Brian Valiquette

1111 Stonewood Xing

Sun prairie, WI 53590

Best Regards,
Brian

Dear members of the Assembly Committee,

My name is Lilith Pieper, and I am a resident of Dane Count. I've lived in Wisconsin for 2 years and have been living in the Wisconsin area, as an active community member for my entire 26 years.

I am writing to urge you to vote NO on Assembly Bill #AB 388, AB 378, and AB 465. As a Wisconsinite, I am opposed to this bill because I find that this is a reactionary cause was never rooted in support of any of the activities, but in providing a barrier to transgendered individuals from having similar access as cisgendered students. I as a transgender person, I never felt safe or accepted enough to come out with my actual gender, and the fact that this same discrimination and hate has continued for almost an entire decade when we should have been past this nonsense by now is infuriating.

If passed, this bill will cost lives. At a time when LGBTQ+ youth are already struggling with harassment and discrimination, we should be making it clear that they are safe and welcome in Wisconsin.

I don't believe politicians should interfere with personal, private medical decisions that should only be made between patients, their doctors, and their families.

Sincerely,

Lilith Pieper

Dane County, 53713

From: **Melissa Lemke** <malemke22@gmail.com>
Date: Wed, Oct 4, 2023 at 10:50 AM
Subject: Testimony
To: <testimony@fairwisconsin.com>

Good Morning,

I wanted to submit my testimony in opposition to AB 378, AB377, and AB 465. AB 465 is of particular interest to me, because I work in the field of health care and public health and am an LGBT person.

As a member of the LGBT community, I have seen first hand the damaging effects of discrimination against LGBT people. I have had friends lost to suicide due to rejecting families and seen teens who were beat by their peers due to being LGBT. I have also seen the beauty of what having a supportive community can do to help people become thriving, healthy, contributing members of their churches, schools, workplaces, and communities. Supportive people including having supportive healthcare providers can create opportunities for health thriving communities.

I am opposed to the healthcare ban, because that healthcare should be between a physician (provider) and their patient. A cornerstone of our medical establishment is that doctors can share their professional expertise regarding how best to support their patients. No matter what your health needs are, I believe that the relationship between physicians (other health professionals) and patients should be guided by the provider's many years of expertise and that politics should not be involved in this important and personal relationship.

Thank you for your time.

Melissa Lemke
2122 N 116th St.
Wauwatosa, WI 53226

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"All that is gold does not glitter, Not all who wander are lost; The old that is strong does not wither, Deep roots are not reached by the frost." -Tolkien-

From: **Melissa Ives** <mives121@icloud.com>

Date: Wed, Oct 4, 2023 at 10:48 AM

Subject: Reject AB 465

To: <testimony@fairwisconsin.com>

Dear Madams and Sirs:

I am writing to ask you to reject Assembly Bill 465 which would prevent minors under the age of 18 to receive gender affirming care. As the mother of a child who questions the gender they were born with, I beseech you to leave these decisions to the patients and their parents, counselors, and doctors. This bill is unnecessary. Our children's health, physical and mental, is our first priority and we alone can make the necessary decisions regarding their health.

Thank you for your time,

Melissa Ives
971 Stuart Ct,
Neenah, WI 54956
920.203.4351

Dear members of the Assembly Committee on Health Aging and Long Term Care,

My name is Coree Van Thiel, and I am a resident of Oshkosh. I was raised in Wisconsin and graduated from Neenah High School. My husband and I have lived all over the country, and have chosen to come back home to raise our three kids here.

I am a mother to three amazing children - ages 17, 13 and 11. We've been lucky enough to find a community that embraces us whole-heartedly. We are surrounded by family and friends that provide love and support, helping to insulate us from the hate and vitriol that can be directed our way because of how we choose to live. My younger two children are transgender, and unconditionally supported by us and those in our lives. While it is a part of who they are, it is not the only part that defines them. They are incredibly intelligent critical thinkers, empathetic friends and good citizens in their community, driven by their passions - all traits we would wish for in any generation poised for success.

I am writing to urge you to vote NO on Assembly Bill #AB465. As a Wisconsinite, I am opposed to this bill. Our state constitution should be protecting rights and expanding opportunities for residents of our state. When you vote to take away opportunities for children who only want what everyone wants - to be seen, to belong - you are not only setting an example of exclusionary practices, but you are putting a target on the backs of children. Creating such hostile divisiveness over an issue that has and never will be the business of state governments is irresponsible and dangerous. I don't believe politicians should interfere with personal, private medical decisions that should only be made between patients, their doctors, and their families.

If passed, this bill will cost lives. At a time when LGBTQ+ youth are already struggling with harassment and discrimination, we should be making it clear that they are safe and welcome in Wisconsin.

Sincerely,

Coree Van Thiel

Oshkosh, 54901

To the Committee on Health, Aging and Long-term Care

From Jack Zimmerman

422 N. 4th Street
River Falls, WI 54022

I am writing in opposition to AB 465. Rather than play politics with the lives of Wisconsin citizens, please follow the science and the evidence. Transgender individuals, especially young people, are at extreme risk for depression, anxiety and suicide if forced to live outside their self-identified gender. Parents and physicians are the people best equipped to provide for the needs of the people in their care that are under 18, not government officials.

I urge you to think of the human beings whose well-being is at risk, rather than about votes and give Wisconsin citizens the right to privacy, self-determination and appropriate medical care.

Sincerely,

Jack Zimmerman

My name is Ann Lacy. I am a lifelong resident of Madison and the proud parent of two 20- something adults. I am also actively involved in the life of my faith community, Plymouth Congregational United Church of Christ. As a person of faith and as a parent, I feel compelled to state my very strong opposition to AB 465. If this bill becomes the law, and health care providers are at risk of losing their licenses—and so, their livelihoods—unless they withhold medical care from minors, I see two very real consequences. First, and most important, because caring for children should always be a functioning society's highest priority, children will suffer. And they will suffer needlessly, because some Wisconsin politicians have decided to follow a cruel national trend. And the second consequence: health care providers will leave the field—a field that is already experiencing severe staff shortages—either because they will actually lose their licenses or because they will decide they are not willing to work under a threat. This bill is a form of legislative bullying. Please oppose it. Denying someone's humanity is never the right thing to do. Thank you.

To the Committee on Health, Aging and Long-term Care,

My name is Freya Hambrick, and I am writing in testimony for the AB 465 bill proposal on a potential ban on trans healthcare.

Most of us agree that healthcare decisions are something that should be between a person and their doctor, not politicians. I am testifying today because I am nonbinary. I am trans. Myself, my friends, my family, and my community members deserve the same freedoms that everyone else has- to make informed decisions about our bodies free from political control. Study after study, medical professionals agree that gender-affirming care saves lives and reduces the rates of suicide, depression, and anxiety. These are real health outcomes that improve people's lives, and if this care is taken away, you are putting the safety of our community at risk. Our country is currently undergoing a mental health crisis, and the bills targetting trans healthcare are only hurting members of our community who are already struggling.

Extremists like Moms for Liberty would tell you that they deserve the right to tell others what to do with their bodies. But I am asking you to stand up for everyone you represent, not just the loud few. If you believe in personal freedoms, if you believe in making our communities safer and more inclusive; you will reject the trans healthcare ban and ensure all of us can decide our healthcare free from oppression.

Thank you for your time and consideration, I implore you to listen to the people who are directly impacted by this decision.

Freya Hambrick
Madison WI 53704

From: **Grey Gerling** <grey@zehkiflorn.com>
Date: Wed, Oct 4, 2023 at 10:33 AM
Subject: AB 465 Testimony
To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

Grey Gerling
7114 Tempe Dr
Madison WI 53719

The conservative environment in which I grew up was the perfect microcosm for testing out the efficacy of bills like AB 465. There was no transition-related healthcare for minors and we were all completely unaware that a person could even be transgender or suffer from conditions like gender dysphoria. The vocabulary wasn't common knowledge and the internet had not progressed far enough as to make such concepts readily accessible.

And so, as a child whose body had begun to go through a terrifying and unwanted puberty, I had nowhere to turn. I pleaded, crying, with my teacher after a lesson about adolescence for some way to avoid this process. Did it have to happen to everyone? Could it be stopped? My distress was met with blank stares and flat denial. I was made to feel ridiculous for even suggesting the existence of such a concept.

Denied counseling and medical intervention, I was left frightened, confused, and alone. In the absence of any support, self-harming became my only outlet. I believed that if no one could help me, I could help myself by damaging the developing parts of my body before the process could be completed.

This is the environment legislature like AB 465 and similarly restrictive policies create. Taking aid away from minors does not and will not erase who they fundamentally are. It only results in terrified, desperate children lying on bathroom tiles in agony as they attempt to violently end an alien and incompatible developmental process which is steadily eating away at their psychological well being and very identity.

Anne Kroeger

Madison, WI 53704

A large body of research demonstrates that trans youth who receive transition-related health care to treat their dysphoria show decreased anxiety, depression, suicidal behavior, and psychological distress, and increased quality of life. Acceptance and support for LGBTQ youth quite literally saves lives. I do not support this bill.

To the Committee on Health, Aging, and Long-Term Care

My Name is Natalie Hoffman and I live at 559 Rothe St Apt 9 in Green Bay, WI. I am writing to you today to express my strong opposition to AB 465. Every single person has the right to access medical care, and barring trans people from accessing medical care strips them of that right. It takes away the right to their bodily autonomy and that is fundamentally wrong on every level. This piece of legislation is horrifically transphobic and has no place here in Wisconsin. I urge you to vote against this disgusting bill.

Thank you for your time.

Natalie Hoffman

I oppose SB377 and SB 465. Gender care should be between a family and their doctor, period. Legislators have no business interfering with this matter

Doris Laufenberg
3146 Forest Run Way
Madison, Wi. 53793

Good Morning,

Here is my testimony for the medical care ban. I am planning on attending later in the day but I am unsure if I would be able to present my testimony so thank you so much for providing this opportunity. Please let me know if you have any questions.

Hello. I am a third year graduate student at the University of Wisconsin Milwaukee who is graduating in May with a masters in public health and masters in social work. I am trained to address the inequalities that plague our community so that every person can live a healthy life. This bill is a direct infringement on the rights of health and self determination. As someone who has grown up and been educated in our state I feel disappointed that people in our community are being targeted. It make me question whether I can stay in my home, Wisconsin, after graduating as my professional ethics are being violated as are the health rights of my community. As a young professional I oppose this bill.

Thank you,

Winifred (Winnie) Chastek (she/her/hers)

Graduate Student

Helen Bader School of Social Welfare & Joseph J. Zilber School of Public Health

University of Wisconsin-Milwaukee, 2024

From: **Sarah Klein** <startjumpin@gmail.com>

Date: Wed, Oct 4, 2023 at 10:27 AM

Subject: Testimony

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

Hello. I am writing as a life long Wisconsin resident against the Trans Athlete Ban and the Trans Medical Care Ban.

This bills would be harmful for all the trans residents who live in Wisconsin. I am against AB 378, AB 377, and AB 465.

Please direct these funds towards issues of improving public schools, improving air and water quality. Please allow trans people to live their lives as they want to.

Thanks

Sarah Klein

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To the Committee on Health, Aging, and Long-term Care,

I am writing today in opposition to AB 465. It is a cruel violation of privacy and individual rights to restrict gender transition medical interventions.

With love,

Amanda Werhane
1615 E. Marion St.
Shorewood, WI 53211

Dear Assembly Committee on Health, Aging, and Long-Term Care:

I am a retired middle school counselor of 32 years. I have seen first hand the difference a gender support plan makes for young adolescents as they form their identities during the middle school years. Often, supportive adults made the difference in helping a student benefit from their education rather than suffering from the depression and anxiety that results from an environment that is hostile to their personal identities.

Please do not ban trans youth healthcare. These are individuals who need our support and care. Youth are vulnerable and if abandoned, they are at greater risk for suicide and other mental health issues that can affect an individual into adulthood. It is not the place of government to interfere with these personal health and mental health needs. If anything, government should support assistance for our community.

Melanie McCauley
8008 Stickney Avenue
Wauwatosa, WI 53213

Dear Entire Committee,

My name is Ellen Sweeney. I'm 41 years old and I am a cis gender female. I grew up in Chippewa Falls, WI and now live in Oregon, WI (104 Elm Street, Oregon, WI 53575). Just to establish character: I played many sports growing up including soccer of which I was the captain of the varsity women's soccer team at Chi-Hi. I graduated college with honors with a BFA in Interior Design. I pay a lot in taxes and have an excellent credit score. When I'm not working my super cool job in interior design, I enjoy quilting, golfing, playing cards, cooking, and spending time with family and friends. Hopefully that establishes my character. My step-brother Andrew Cray passed away from cancer in 2014 at the age of 28. He was an incredible individual.... Humble, intelligent, gregarious, hilarious. High-School Valedictorian, did his undergrad at Northwestern, and Law School at University of Michigan.... then worked in Washington DC as a lawyer supporting Human Rights until his death in 2014. Look him up on Wikipedia to see all of the awesome work he did. Andy was transgender. Perhaps you know or have heard of Sarah McBride. She married my step-brother Andy and she is my sister-in-law. She is a member of the Delaware Senate (1st District of the Delaware State Senate). Sarah is currently running for Congress. How amazing would that be for Sarah McBride to be the first openly transgender member of Congress!

Not trying to brag, but I know a lot of transgender people ranging in age from grade school to people in their 70's. Every single transgender person I know are the most authentic human beings. They are "normal" people "just like us". Kids who want to play sports and hang out with friends.... humans who need healthcare. Literally we are all just HUMAN. Every person needs affirming healthcare. This legislation is misguided and is simply hateful and harmful discrimination. I'm curious to know if anyone supporting this legislation is related to someone who is transgender? Do they have transgender friends? Have they even talked to someone who is transgender? The people pushing this legislation are not qualified on the topic and should not be making these decisions. This is not the way. I oppose this Bill. Please Vote NO on AB 465

Thank you,
Ellen Sweeney (she/her/hers)

As a mom of a 20 year old transgender son, I don't know what would have happened to my son if he had not been given the gender affirming care that he received starting at age 11. My son came out as transgender. He has been receiving excellent care from Dr. Brittany Allen at UW Health and the PATH clinic. He was able to start Testosterone at age 15 and had top surgery at 16.

If he was not able to receive this care, I truly believe that he would have ended his life. His gender dysphoria was very severe. Binding his chest was so uncomfortable for him. He wanted to run cross country and swim in high school. These are very hard to do when your chest is so constricted that you can't take deep breaths. After his top surgery, he was able to swim and run cross country. He finally feels like his body looks like it is supposed to.

Please do not take this life saving care away from our transgender and nonbinary youth!!

Jennifer DeGroff

From: **Liz Lusk** <lizlusk51@gmail.com>

Date: Wed, Oct 4, 2023 at 10:24 AM

Subject: Complete hateful Actions against Transgender Students Assembly Bills (AB378, AB 377, AB 465

To: <testimony@fairwisconsin.com>

Dear legislators,

These are ugly bills. I hope that when you learn about both the state of legal requirements currently in place as well as learning about the harm these bills would do - you will, you must withdraw these transgressive bills.

Initially, I wonder where you are getting your current information? Clearly your information is not based on medical information which clearly does NOT support these bills. Where is it coming from?

Do you know the current WIAA policies? They are linked below and are fair. Why are you asking to change them?

Do you know, or have you ever known a transgender athlete?

Have you ever personally even known a transgender student or young person?

Before considering this legislation ask yourself these questions and add to your knowledge base.

Realize as well as that there are not a great many transgender students and that they are the most bullied students in our school systems. Because of this they are much more likely to be physically harmed - in schools and even just in public places. These bills would multiply the harms they already face.

They, our transgender students and families of transgender students deserve protection not hate. These laws are perpetuating hate.

Check out the current WIAA rules (attached). What would a reasonable person who is, of course interested in fairness to all athletes change in this policy? It's solid. Trust the people who have been put in place to assure fairness and the work they have produced. [WIAA Transgender Participation Policy](#)

Transgender students are our most vulnerable students. Because of the kind of hate that these bills engender - transgender youth would be denied the ability to exist as full human beings in our most precious institutions - public schools and medical care.

Stop this hate. You have many tough issues to work on in Wisconsin, which should be your priorities - healthcare, care for the aging, childcare, protecting our youth from assault rifles in schools, providing us all with clean drinking water - I can go on and on. Instead, these bills pick on the most vulnerable in our society. How about doing some real legislative work that addresses the needs of the people?

Stop playing politics with our children. Support them, don't destroy them.

Sincerely,
Liz Lusk

Dear Committee Chair and Members,

I am writing to express my strong opposition to AB 465 for the following reasons:

1. This law would be an intrusion of the government into the lives of adults seeking medical care for their children.
2. Authors of the bill refer to changes made to gender care standards in Sweden and Finland. However, in neither case did those guidelines, which were authored by committees of medical professionals, recommend against the use of hormones or other treatments for minors; rather, they continued to recommend such treatment under specific parameters.
3. Even if well-meaning, the authors of this bill do not acknowledge the harm that can come from failing to treat youth with gender dysphoria but only are focused on the potential harms of treating them. For every medical condition, both treating a patient and not treating them have consequences. Decisions on the risks and benefits of any medical treatment should be left to medical professionals and patients.
4. Authors of the bill discuss concern for there being a lack of evidence for hormone therapy for gender dysphoria. While I don't agree with that viewpoint, it is important to point out that if the authors are interested in additional scientific evidence to either support or refute the use of hormone therapy, this bill will disallow any such research to be conducted since this treatment will be forbidden. This makes it difficult to see how this bill truly has the best interest of children and patients in mind.
5. It is likely that Wisconsin will lose valuable members of its workforce. It is a certainty that parents of transgender youth will leave the state if this bill were to become law. The opposite is not true. Parents who do not wish for their children to receive treatment for gender dysphoria will not move to Wisconsin; rather they can remain wherever they are living and simply not consent to such treatment for their children since it is always a parent's decision whether to seek and permit such care.

Thank you for your consideration.

Andrew Petroll
4175 N. Oakland AVE
Shorewood WI 53211

As a physician and parent in Wisconsin I want to voice my very strong concern about the proposed bans on trans care and trans athlete inclusion in our state. First, as a physician, the data is clear that transgender care is supported by science, advances health and saves lives, and has a very low rate of regret (far lower than other types of surgery). There have been several peer reviewed well designed studies that have reported positive impacts on mental health of transgender care and transgender athlete inclusion. There have been no studies that have shown harm. Indeed, all the professional societies including the American Academy of Pediatrics, the American Psychiatric Association and the Endocrine Society, that have made statements about transgender care for adults and for minors have come out in strong support of providing comprehensive mental and medical support for trans-identifying children and adults. No medical professional organization has come out against transgender care. To ban this care is similar to banning effective care for Cancer or for stroke. It is cruel and it is unscientific.

As a parent, I state that I want to be allowed to decide, with my child's doctors, in light of the science, unburdened by anybody else's opinion, what is right for my child.

Please do NOT pass an unscientific, cruel ban which restricts parents' rights to care for their children, and for those children to participate and grow into happy contributing members of society. Transgender people have always been with us. They belong and they deserve the best that science can offer them.

Sincerely,
Ann Helms, MD MS
Professor Of Neurology
Milwaukee, WI

Related to Assembly Bills 378, 377, and 465

I am a 69 year old cis gender woman. I have read all three of these bills and see no benefit to the community at large (ie the state of Wisconsin) and only harm and malice to the children and medical professionals that are described in these bills. While they demonstrate no harm to any of us, these bills and the misinformation behind them would greatly harm them. Let the children be children, let them and their parents and medical professionals decide what is best for them. In addition, I see no harm in letting children play a sport of their chosen gender. Sports are supposed to be fun. No transgender child who chooses to play a sport will keep another child from being the next sport super star. Really.

"Whoever welcomes one of these children in my name welcomes me; and whoever welcomes me isn't actually welcoming me but rather the one who sent me"

Jeanne Rickert
Madison Wis

From: **Stella Furlano** <sfurlano@uwalumni.com>
Date: Wed, Oct 4, 2023 at 10:21 AM
Subject: AB 465, Medical Care Ban
To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

Dear Committee on Health, Aging, and Long-term Care,

My name is Stella J. Furlano, and I live at 419 W. Doty St. Apt. 1, here in Madison, Wi. I am writing to you today to state my opposition to AB 465, which would create a ban on medical care for transgender individuals. I am very disheartened and disappointed to see this kind of transphobic legislation in Wisconsin, and I urge you to not pass such legislation here. No individual should be denied medical care for something as personal as their gender identity. I recognize and I encourage this Committee to also recognize the pervasiveness of transphobia and transphobic legislation that has been rising across the nation. Transgender individuals face a heightened degree of violence and systemic oppression, and efforts like this only increase the violence trans individuals will face by continuing to marginalize them, and deny access to essential health care services. Finally, I condemn such an overreach of government powers into determining which individuals can receive medical care. Such a decision should be left to an individual and their health care provider.

Thank you,

Stella J. Furlano




Dear members of the Assembly Committee on Health, Aging, and Long-term Care,

My name is Ashley Green and I am a resident of Mount Horeb. I've lived in Wisconsin for twenty-five years.

I am also the father of a fifteen year old transgender girl who receives gender affirming healthcare, and I ask that you vote against Assembly Bill 465.


The care that our daughter has received - from some of the smartest, most compassionate, and careful providers in Wisconsin - has been absolutely transformative in terms of her well being. Her mental and emotional health have been greatly improved and sustained through this care. We have never known her to be more confident, happy, or optimistic about her future. Her healthcare is not a luxury to us, nor is it "merely" gender affirming care; it is life sustaining for our daughter.

Passage of AB 465, however, would cause direct harm to the physical, mental, and emotional health of my daughter and to the many other young people who are a part of this vulnerable community. Removing this access would be devastating in its toll on all of our families.



I don't believe politicians should interfere with personal, private medical decisions that should only be made between patients, their doctors, and their families.

Sincerely,
Ashley Green
Mount Horeb (53572)



Members of the Committee,

My name is Bryan Veldboom. I live in Waukesha, WI 5188 and I'm writing today in the hopes of discouraging you from moving forward with the bills banning trans youth healthcare and prohibiting trans individuals from taking part in organized sports.

These bills strike at the very heart of our individual freedoms and have no place in a free country. Studies have overwhelmingly shown that trans individuals that are unable to receive gender-affirming care have overwhelmingly high suicide rates. Given those facts, I would ask the legislators and those assembled here to consider a few questions.

Do you really want to live in a society in which the state decides what kind of healthcare we are allowed to give our children?

Are you willing to drive people to kill themselves simply because their identity makes a few bigoted people uncomfortable?

Finally, do you want to take away the freedoms of one group of people, knowing that same standard may someday be used target your own rights or those of someone you care about?

Assembly Bill 465

Haven Slater

Kenosha, 53142

My name is Haven Slater. I am a resident in Kenosha, Wisconsin and I am writing to the entire committee to address recent anti-trans legislation attempting to be passed and the effects it will have upon trans youth. Assembly Bill 465 is a violation of bodily autonomy, self-agency and freedom and is a restriction on basic human rights. As a transgender man, I know personally the life saving effect that being able to medically transition and align with my gender identity has had upon my mental health, self-esteem and general well-being. Assembly Bill 465 and others such as Assembly Bill 377 and Assembly Bill 378 discriminate against trans youth and help to perpetuate harmful stigmas that isolate trans youth from their peers. Transgender youth will be trans regardless of whether they are allowed to begin the process of medically transitioning and preventing them from accessing gender affirming care increases the dangers that trans youth face instead of protecting them. Trans youth should not have to be worrying about legislation that will strip them of basic human rights and autonomy on top of other issues and anxieties that most youth face. These anti-trans legislation take away these youths' ability to live their authentic lives and experience the joy and liberation that all human beings deserve and should experience. I am asking that legislators not allow this bill to be passed in order to ensure that trans youth's well-being and mental health are protected in the state of Wisconsin. Thank you for your time and consideration.

Good morning committee members,

I cannot be more against this measure than I already am. This amendment is insidious and wildly unresearched. Any medical professional will tell you that absolutely no gender reassignment surgery is performed on a minor. None. Zero. Nada. It does not happen. No one is putting a scalpel to a five year-old's penis to give them a vagina. You have fallen for the ridiculous scare tactics that have been parroted by unreliable news outlets. And you are fools to take the word of anyone other than an actual medical professional.

Young children will only transition socially. They wear the clothing, use the pronouns, and maybe a name of the other gender. Doing this allows children to explore the emotional value and impact of how they present themselves. Worst case scenario is they change their mind. Done.

Pubescent children can transition socially or take hormone blockers. They cannot take hormone replacements until they are 16. That is already a rule in place. You do not have to worry about anything else happening. Hormone blockers do no harm to the body. None whatsoever. It keeps some hormone levels from rising in order to stay off puberty until they know more and can responsibly make a better decision for themselves. All of this is decided by teen, parents, and doctor. It is not done on a whim, it is not done without counseling. We've been doing this long before you cared. And worst case scenario, they change their mind, stop the blockers, and go through puberty as normal.

Young adults can transition socially and take hormone replacements. Now contrary to what many of you falsely and naively believe, hormones do not irreparably change the human body. In fact I can guarantee that a lot of you in this room take medications or supplements that change the natural hormone levels in your body. Birth control? It's HRT. Had your thyroid removed? You're on HRT. Those testosterone supplements you fellows take to make you feel young and virile again? The literal definition of HRT. Hormones are changed, replaced, and balanced all the time. And you know once you go off that birth control or stop testosterone, your body naturally reverts back to its original function. And the same can happen if you use HRT for gender reassignment. As soon as the replacements are stopped, your body produces its original hormone levels, and the effects are reversed. Worst case scenario is they change their mind, stop taking replacements, and allow the time for the body to return to its original form. Reproductive function untouched.

Able-minded consenting adults are the only ones that can transition physically. And you have no power over what medical treatment an adult can take. In fact, you have no power over what treatments parents can give to their children. This bill would interfere with thousands of families' private medical decisions they made. It's a violation of privacy and bodily autonomy. It takes rights away from parents who want to raise their children the way they think is best, and isn't that what your party is all about? Parental rights? Small government? Freedom? Or is that only for those that give you money and keep you in power?

Thank you for your time. Please vote no to this draconian bill. Stop making medical decisions. And stay out of people's medical business.

Alyssa Stowe

From: **Madeline Stand** <madeline.stang.5@gmail.com>

Date: Wed, Oct 4, 2023 at 10:14 AM

Subject: Opposition to "The Help, not Harm Act" LRB-0191/LRB-4459

To: <testimony@fairwisconsin.com>

Hi,

My name is Madeline Stang and I live at 109 N Brooks St. apt 118 Madison WI 53715. I think that everyone had the right to express themselves for who they are and no government should have a say in whether or not, they can do that. The world is changing and we need to change with it. We need to apose the gender binary and realize that gender is a construct used to sort people and exclude others. Every one has the right to bodily autonomy and Wisconsin should be no exception.

Dear Legislator,

I would like to state my formal opposition to the following bills:

Assembly Bill 378 (College trans athlete ban)
Assembly Bill 377 (K-12 trans athlete ban)
Assembly Bill 465 (Trans youth healthcare ban)

These bills are not based on science and sense, but fear and prejudice. Numerous peer reviewed studies have shown the life-saving effects of trans healthcare, and the minimal to non-existent advantages of trans athletes in competition with their cis peers. All these bills will do is isolate and vilify a vulnerable community.

Issues surrounding trans healthcare are close to my heart as I've watched friends and family struggle to navigate the already-complicated healthcare system for the affirming care they needed. This legislation does nothing to protect children; it just places them in greater risk of harm.

I beg you, please voice your strong opposition to these bills and help protect our trans neighbors and youth.

Sincerely,

Matt Koz

Kozguy@gmail.com | 715-571-1577

Representatives Moses, Rozar, Brooks, Dittrich, Gundrum, Magnifici, Murphy, Sapik, Schutt, Summerfield, VanderMeer, Subeck, Riemer, Anderson, Vining, and Drake,

Limor Hendricks, 1710 Taylor Ln, West Bend, WI 53090

I am the mother of a 17-year-old son, who has been getting gender-affirming care at Children's WI for more than 3 years now. The highly trained, highly qualified staff know that this is life-saving care for my son. Just as my son's therapist, and pediatrician (who practice outside of Children's) know that this is life-saving care. When my son was only a year old, he had to have heart surgery at Children's WI, to repair a congenital defect. The highly trained, highly qualified staff knew that it was life-saving care, and treated it as such. No legislator was involved in that decision, and no legislator should insert themselves into my son's gender-affirming care either. Nor should legislators insert themselves into the healthcare of any American. You will also cause youth who can no longer access this care to face depression, anxiety, suicidal ideation, and death. Experts and statistics don't lie. We don't need any more children to die in America, especially not because lawmakers decide to take away their healthcare.

Dear Representative Moses and members of the Assembly Committee on Health, Aging, and Long Term Care,

My name is Liz Kuchinka. I live at 1024 Grandview Blvd, Washburn, WI. I am writing in strong opposition to AB 465, a bill prohibiting gender affirming care for people under 18.

As a mother to a transgender child, I am appalled our state is considering this bill. If allowed to move through, I am afraid of what that could mean for my family. It would be potentially life-altering. It would likely mean uprooting the only home our child has known and moving to a more accepting state. It would have many consequences for us as parents, who have secure jobs, and for our other child as well.

It is my feeling this bill is being introduced to appeal to far-right voters and does not truly reflect how the majority of people in our state feel about trans PEOPLE. Everyone should have the right to live their lives as they see fit. Please do your due diligence and listen to the voices of the kids and families this will impact in severe ways.

Sincerely,

Liz Kuchinka

To Whom It May Concern:

My name is Rachael Cera-Alinas. I live at 331 W. Wabash Ave. In Waukesha.

I am also a VERY proud mother and aunt to two transgender young adults; both of whom started their transition while adolescents.

Transgender adolescents are twice as likely to attempt, or commit suicide due to the stigma, rejection by family and friends, and bullying by classmates. All of those experiences (among others) irreparably traumatize those transgender youth. That trauma leads to the extreme decline in the mental health of those transgender youths. Now, you all are attempting to stigmatize and segregate and oppress them legally.

My son and nephew are amazing humans. They are kind, gentle, loving, outgoing, caring, giving people. But, that is today. The road they had to go down to reach this point was wrought with excruciating mental and physical anguish and pain, even though they had very accepting, loving, and supportive parents.

Imagine, if you're capable, being born without a nose. Just holes in the middle of your face. They function just fine. You're able to breath without any difficulties. You just don't have the nose that everyone has. Now, again, imagine, if that was your child, or grandchild. Wouldn't you do ANYTHING to help give your child a nose one way or another? Surgeries, detachable prosthetic noses, face masks. Anything to make you or your child or grandchild look and FEEL "normal"? The technology is there for you to have a nose. The medicine is there, but the government told you that you were not allowed to fix this birth defect? And doctors are mandated not to treat this birth defect in any way.

Imagine the mental trauma you, your child, or grandchild, would experience? Being stared at wherever you go. Being made fun of by classmates and strangers. You criticizing yourself. Crying every time you look in the mirror. Calling yourself horrible names. Becoming physically aggressive towards your own body because you hate yourself so much. The feelings of being out of control. Being angry that, even though you can afford to pay for a nose, doctors are forbidden from helping you, by the government. The knowledge that you have absolutely no body autonomy.

Oh, by the way, government also mandates that you are not allowed to participate in the swim team at any level. Even though your birth defect has ZERO affect on your ability to be the best swimmer the world has seen. You are legally not allowed, because of something you had no power or control over. It was just something you were born with. Sure, your parents love you with or without a nose. Sure, you would love your child, or grandchild without a nose. But the government has taken away your ability to help yourself or loved one. The government has taken away your rights to do to your body what you wish. The government has taken away your right to participate in the sport you love most. The government has taken away your bodily autonomy. The government controls your body; not you.

I have witnessed, first hand, the mental anguish that trans adolescents have had to endure. I have witnessed the absolute trauma my son went through every month when he would get his period. Fortunately, I was allowed to help my son. My sister was allowed to help her son. We were also witnesses to the incredible resurrection of our loving, kind, gentle children when they went through their transition. They were no longer depressed to the point of being non-functional. And my son stopped cutting himself because he hated his body so much. And the fear that I had that my son would not be able to handle the hatred and disgust he had towards his body and would kill himself, went away as well.

Do not take away the right of every parent to help their children. Do not take away the right of every transgender youth to match their brains to their bodies; to "fix" their birth defect. Let them live the life that every other non-trans person gets to enjoy. Play the sports they love, and enjoy the same bodily autonomy that you enjoy.

Thank you,
Rachael C. Alinas

From: **Rita Hiram** <rehirami@gmail.com>
Date: Wed, Oct 4, 2023 at 10:13 AM
Subject: Testimony against Anti-Trans Bills
To: <testimony@fairwisconsin.com>

To Whom It May Concern,

I am testifying in strong opposition to AB 378, AB 377, and AB 465. Trans people deserve to live full lives as their authentic selves, and that includes having access to gender-affirming care and being able to play sports in ways that match their identities.

On a personal level, I have played volleyball for over 15 years, played competitive volleyball on women's teams throughout all of high school, and was captain of my varsity volleyball team my senior year. As a cisgender woman, I am who the sports ban bills are purporting to protect. However, I outright reject these bills.

These bills would have done nothing to make me feel safer or bettered my experience playing competitive volleyball. It is the nature of playing sports that people have different backgrounds, different skills, and different advantages coming into the sport. For example, height is a real advantage in volleyball, and I played against cisgender women who were 4'11" and who were 6'3" at the same age (16 years old). That's just the way that it is - these kind of differences happen, and the competition simply made me want to play better. The attempt to try to control all variables by not letting trans women play women's sports is futile and an extremely misguided attempt of achieving "justice." Conversely, one of the joys of playing sports is getting to have a shared experience with people who are different from you. These bills should not stand.

Rita Hiram
Madison, WI, 53703

I demand that Wisconsin politicians stop playing political games with the lives of trans youth. They deserve to live their lives freely. The trans community demands to be treated fairly like anybody else. I oppose the Medical Care Ban and Trans Athlete Ban.

Krista Eastman
Madison, WI 53715

Hello,

My Name is Azalea Henriksen and I am a college student at UWM. The past 2 years have been long and hard, but I finally got up the courage to come out to my friends and family as a transgender man. I am saddened and incredibly upset that this is an issue that has been brought to light in a legal sense, and I'm incredibly scared of what this means for my future. I set up an appointment about a month ago to be able to start hormone therapy, and I've been talking about it and getting excited about it since then. I am so disappointed in our system that this has happened and I feel I am speaking for the entire trans community when I say this is a direct attack on us. I should be able to live freely and happily as myself just the same as anyone else. I can't believe I even have to write this, I had so much more faith in our system than this. Please consider my words and the words of others before you make a choice like this that could hurt and ruin so many people's lives.


Thank you,
Azalea Henriksen

Dear lawmakers of the state of Wisconsin,

I have lived in this state my entire life, it is my home that I love, and that I know you care about as well. I can say without a shadow of a doubt that the bills being introduced today are a slap in the face to someone who so deeply loves Wisconsin. The bills before you today are nothing but blatant attacks at a group of people who are only trying to live their lives. What does it say to these kids that lawmakers want to prevent them from playing a sport simply because of their sex at birth? Why are you so obsessed with the gender identity of children and young adults that you would strip them of the opportunity to play sports? Why do you feel the need to ban them from healthcare that could save their lives? Who has hurt you so deeply that you feel the need to punch down at children whose lives could be saved with gender affirming care? Would you be against this bill if it was your child? Imagine your child's face right now, imagine telling them you voted this bill into law and now they can't play on their team, their dreams of playing on their college team are crushed, their healthcare is gone and you are the one who took it from them. The children and young adults you are attacking are a constantly trodden on group, people who only ever wanted to live and be happy like anyone else. A recent study shows that 82% of transgender individuals have considered suicide at some point and 40% attempting, with the highest number being among transgender youth. By continuing your attack on transgender youth and young adults, you are guaranteeing a spike in suicide attempts and successes. Think of your own child, about how you would feel if they made that choice. If you pass these bills, you are personally responsible for the pain and suffering countless families will face when their child would rather die than live in a state that clearly does not care for them. Make the right decision, do not pass these bills.

Thank you,



A trans Wisconsinite



To all humans

Trans people deserve essential healthcare. The gender affirming healthcare that trans people need must be available to them during so stages of development.

Lisa Huosiamaa



From: **Nicole Morgan** <nicolemorgan86@gmail.com>
Date: Wed, Oct 4, 2023 at 10:11 AM
Subject: Testimony Against HB 465
To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

To the Committee on Health, Aging, and Long-term Care:

My name is Nicole Morgan, and I live in Madison. I urge you to oppose AB 465.

First of all, ALL medical care should be a decision between an individual and their doctors, not something that politicians should be involved in.

Second, gender-affirming care is something that already regularly takes place for cis-gender people, and that doesn't ever seem to be an issue. For example, I have a cis-gender family member who does not make enough testosterone on his own, so he takes testosterone. I urge you to ask yourself—why is it permissible for him to take testosterone to enhance his "manly" traits, but it's not permissible for a trans or non-binary person?

Lastly, there are a huge number of statistics showing that gender-affirming medical care saves lives by reducing suicides. If you truly care about children, you will allow them to make decisions with their family and doctors that best support their mental health.

Nicole Morgan
4921 Spaanem Ave,
Madison, WI 53716



Hello,

I would like to state my formal opposition to Assembly Bill 465. This bill is not based on science, and numerous peer reviewed studies have shown the life-saving effects of trans healthcare. Most importantly, all this bill does is others a group that is already vulnerable. Trans people make up a beautiful part of our Wisconsin community, and this bill hurts people I care about – and probably that you care about. I plead you to oppose this bill, and focus your time and energy on supporting communities instead of hurting them.

Sincerely,

Spencer Bierman

He/Him/His



Ambrose Shu
Madison WI 53706-1132

This is the first time that I am writing a testimony. I apologize if this sounds a bit charged but it deserves that. I would go to the hearing but I have classes and an exam to study for so I'll avoid that.

My name is Ambrose. I'm a freshman at UW-Madison majoring in Electrical Engineering. I'm an intelligent and creative person who happens to be Chinese and a binary trans man. Last year, I finally came out as trans, but before that, I lived in a state of fog. I didn't realize what dysphoria meant for me until it clicked that it's something that I felt throughout my early life. And I wish I knew sooner. But regardless, I know myself more now than ever. I quote a legendary tweet whose user I forgot: transitioning did not solve my problems; it made my problems worth solving. I have many things to look forward to now.

I'm not even sure if this is a ban on trans youth or adult care, but who cares. A ban on what? Medical care? Call anti-trans for what they are: anti-science, something Republicans love to be against. What's the point of banning life-saving care, huh? I need HRT. I need top surgery. I need those to make me feel true to myself, to who I really am. I've wanted my chest gone since I first grew them. But apparently these old cishet (and white) people can decide that I don't get to have those for their stupid culture war. These medical decisions should be made only be between me and my doctor, not politicians. That is not their job to stick themselves into, especially when they have no clue on how any gender-affirming care works. There is overwhelming medical evidence backing it up and yet they choose to ignore that, of course.

These types of laws are nothing but a mere stepping stone to have me, my friends, and people like us dead. They are designed to oppress us, to create fearmongering and misinformation like they already have. They can disguise it all they want to be innocent, but the message and end goal are still the same. It's even classified as genocide, in its early stages, and that's fucking terrifying.

I have (step-)relatives who are white Christian conservatives that would definitely support this and they would be against my existence as well (and I can hilariously imagine it's not just because I'm queer)

I imagined there would be more opportunities here in the US, but with all the legislative attacks on people like me, I want to move back to Canada where I left six years ago. But all this Republican/anti-trans rhetoric is soaking through the border like everything else, so where the fuck do I go now?

It's getting harder to concentrate on my studies when this type of shit happens near me. I want to live.

But even though I am a mere 18-year-old college student, I want those younger than me to access the care they need and deserve. And I shall fight for that in any way I can. I don't care if this makes me sound like an old man despite my age, but I want to live in a world where the younger generation have easier lives, as they should.

From: **Sarah Ghazi-Moradi** <sghazimoradi7@gmail.com>

Date: Wed, Oct 4, 2023 at 10:11 AM

Subject: Opposition to trans medical ban

To: <testimony@fairwisconsin.com>

Dear Committee on Health, Aging, and Long-term Care,

My name is Sarah Ghazi-Moradi, and I live on 5909 Sharpsburg Dr., here in Madison, Wi. I am writing to you today to state my opposition to creating a ban on medical care for transgender individuals. I am very disheartened and disappointed to see this kind of transphobic legislation in Wisconsin, and I urge you to not pass such legislature here. No individual should be denied medical care for something as personal as their gender identity. I recognize and I encourage this Committee to also recognize the pervasiveness of transphobia and transphobic legislation that has been rising across the nation. Transgender individuals face a heightened degree of violence and systemic oppression, and efforts like this only increase the violence transgender individuals will face by continuing to marginalize them, and deny access to essential health care services. Finally, I condemn such an over reach of government powers into determining which individuals can receive medical care. Such a decision should be left to an individual and their health care provider.

Thank you,

Sarah Ghazi-Moradi

Regarding AB 465,

I am a Wisconsin resident and have been almost my entire life (a few months in Chicago and I came running back), and I am disappointed to see bill AB 465 introduced. It is based on prejudice and disrespect, inserts the government where it is not needed, and targets a vulnerable population to distract from real problems this state has. I am against it, and do not wish to see it move forward.

A trans youth health care ban flies in the face of recommendations by many medical bodies (American Academy of Pediatrics, the American Medical Association, the American College of Obstetricians and Gynecologists, the Endocrine Society, the American Urological Association, the American Society for Reproductive Medicine, the American College of Physicians, the American Association of Clinical Endocrinology, and the American Psychological Association) and is based on mischaracterized and misrepresented studies, with cherry-picked wording used to twist a serious problem (mental health treatment and care of trans youth and trans folks generally), only hurting those the bill targets. We should be working to provide more healthcare options and resources for trans youth and youth in general, not taking options away.

Please do not advance this bill. Don't let this wonderful state be stained by this hate-filled bill.

Thank you,
Ben Helming
he/him

From: **Amy Kortbein** <ashermankortbein@gmail.com>

Date: Wed, Oct 4, 2023 at 10:11 AM

Subject: Against AB 378, AB 377, AB465

To: <testimony@fairwisconsin.com>

Cc: <Sen.Hesselbein@legis.wi.gov>, <Rep.Joers@legis.wisconsin.gov>

To The State of Wisconsin Legislators-

As a resident of Wisconsin and a regular voter I am disgusted to see our legislature once again taking up bills with the intent to harm young people in a gross attempt to drum up outrage.

Theses discriminatory bills have no basis in science, healthcare or common decency. They are cruel and divisive.

Young people, particularly young people who are in a minority deserve our support and compassion.

The transgender people I know are kind, thoughtful and considerate. They want nothing more than to go about their lives. To work, play, be educated and be a part of our society without being harassed or discriminated against.

Be on the right side of history. Show compassion and decency rather than discrimination and cruelty.

Vote no on AB 378, AB 377, AB465.

Thank you,
Amy Kortbein
7333 South Ave
Middleton, WI 53562

Amy Sherman-Kortbein
Realtor
2022 Restaino Top Producer
Restaino & Associates
608-695-5026
Energy, Integrity, Honesty
www.restainohomes.com



Dear WI legislature,


As a transgender Madison resident, I urge you to vote "NO" on AB 465 (Medical Care Ban) on trans youth. This ban is obvious discrimination against transgender youth. Republicans are attacking trans youth when there are more important issues they should be focusing on.

If the people introducing this bill knew anything about trans youth they would know that the majority of trans youth are *not medically transitioning*. The myth that trans youth are getting life changing surgeries is a LIE. Most trans youth transition's includes socially transitioning (which means going by a new name and/or pronouns) or physically transitioning (by changing their appearance to match their gender identity). Most gender affirming doctors do not operate on minors!!!! And if they do, it is typically a long and extensive process involving therapy and readiness letters approved by mental health professionals!

IT'S THEIR BODY, THEIR CHOICE. IF THEIR PARENTS APPROVE OF IT THEN THEY SHOULD BE ALLOWED TO TRANSITION. It's none of your business whether a kid transitions or not. We should not be banning health care options for trans youth!!!

PLEASE VOTE NO TO THIS BILL.

Thank you,



Thunder Tomcheck
He/They
2941 Fish Hatchery Rd
Madison, WI 53713

Name: Mitchell Wood

Address: 3821 Nakoma Road, Madison WI

To the Committee,

While I am a cisgender, straight male, I find that any legislation that seeks to prevent anyone from receiving healthcare to be utterly abhorrent. By preventing people from receiving the care that they deserve, we drive people to hazardous alternatives. In many cases, that manifests as depression and suicide. I implore you to vote no on AB 465. In doing so you will, without exaggeration, be saving lives.

Thank you,
Mitch

TO: Assembly Committee on Health, Aging and Long-Term Care

FROM: Rev. Douglas Clement, United Methodist Pastor

DATE: October 2, 2023

RE: Assembly Bill 465 – prohibiting gender transition medical intervention for individuals under 18 years of age

My name is Rev. Douglas Clement, my pronouns are he/him/his, and I am an ordained United Methodist pastor serving in the state of Wisconsin. I am writing in opposition to the proposed AB 465.

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 465 singles out transgender individuals (specifically under the age 18), giving credence to the falsehood that they are somehow deficient and incapable of articulating who they are, when no such assumption is made of their cisgender peers. Furthermore, it gives space for hateful rhetoric, for bullying behavior, and for discriminatory practice. In fact, it *requires it* (by barring them from scientifically proven, necessary medical care, even with the consent of their caregivers and of medical professionals).

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 465 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. Vote “no” on AB 465.

Hello, my name is Ash. I am a very concerned U.S. citizen. I identify myself as non-binary and deaf. I am currently taking medications to treat Polycystic Ovary Syndrome (PCOS). One of them is a critical medication, in a birth control form, that prevents the worst types of cancers—ovarian cancer is one of them AND they do help with other symptoms. The primary reason I am sharing my testimony is because I am in this fight helping fight to protect the non-binary, intersex, and transgender individuals and their rights. Every day I deal with people making assumptions and judging my body assuming that I am transitioning. I ask people to please stop outing non-binary, intersex, transgender, and women who have Polycystic Ovary Syndrome (PCOS) and judging them based on how they are perceived. I support bodily autonomy and the freedom to access healthcare.

I, Ash Radonski, **oppose** the AB 465, AB 378, and AB 377 bills. Thank you!

From: **Aaron Redd** <aaronjredd@gmail.com>

Date: Wed, Oct 4, 2023 at 10:10 AM

Subject: AB 465

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

I urge you to vote no on AB 465.

As I understand it, this bill would ban life-affirming medical care to some of the most vulnerable people in Wisconsin.

My circle of friends and relatives includes both trans men and trans women, and for each of them it has been a struggle to become the men and women they were always supposed to be. For each of them, the struggle with identity began early in their lives. And for each of them, professional medical and psychological care has been literally life-saving.

Access to puberty blockers and professional counseling can effectively treat dysphoria in minors, and enable those kids to reach the mentally and emotionally healthy adulthood where they can make informed decisions about their own care.

Access to medical and psychological care can effectively treat dysphoria in adults, and help those adults become the healthy and functional people they should have been.

Restricting access to medical and psychological care will be devastating. Far too many trans people opt for suicide already. Remove the hope for treatment, and more kids will choose to end themselves.

Vote no on AB 465. Vote no for the kids.

Aaron J Redd
Madison, Wisconsin

Hello,

I wanted to offer my testimony on gender affirming care from the perspective of the adult spouse of a trans person. I am sending this anonymously to protect my spouse because I feel this is a very unsafe time for trans people, and his safety is my priority.

I am a cis woman in her 40s, and my spouse and I have been together for about six years now. When we met, he had not yet transitioned physically or socially, but I knew he identified as non-binary rather than his assigned gender at birth. Over the course of our relationship, he has communicated to me where he's at with his gender and what his hopes were. Over time that moved from simply not being a woman to preferring to be perceived as a man. I have some trans friends and friends who are parents of trans children, but I've never really been this close (emotionally or physically) to a trans person before. For me, this has been a learning experience -- more than anything, it has taught me the sheer lifesaving value of gender affirming care.

In 2020, with the pandemic allowing him to begin his transition in the privacy of our home, he began taking testosterone, after years of working towards understanding his gender identity in therapy. For those who don't know, testosterone is often injected -- but my spouse HATES needles. Because I don't mind needles, I offered to help, and it became a weekly ritual of me injecting my spouse with his testosterone. This was the first moment at which I realized: this person so deeply needs to present as masculine that he is willing to face any number of frightening, uncomfortable, and painful things to do so. This was not optional -- for him, this was lifesaving. In early 2022, he had top surgery to remove his breasts and give him a chest that looks masculine. Again, this was not an easy surgery or experience, but for him, this was the only thing that would move him towards the body he feels will represent who he is inside. I have been there for the testosterone shots, the second puberty, the emptying of bloody drains after top surgery. I have willingly done all of these things -- things that would never occur to ME to do to MY body because I'm a cis woman -- because I love him and I see and hear how important these things are to him. He deserves to feel comfortable in his own body.

Shortly after top surgery, he began using a masculine name and pronouns and socially transitioned to the world. This has not been easy, either. He has faced discrimination, threats of violence, cruelty, and more. Why on earth would someone choose this just for fun or out of following a trend? The answer is they wouldn't -- as a cis woman, even one in the LGBTQ+ community, I would never voluntarily go through what he's gone through, because for me, it WOULDN'T be lifesaving. But he is now living his truth, and while this world is not a kind one for trans people, he would rather live his truth in this world than suffer and become suicidal by repressing his masculine identity.

You may be asking why I'm writing about the experiences of a 40-something adult when the conversation is about a ban on medical care for trans children. There's a few reasons. The first is that my spouse's transition has been exponentially more challenging due to his age, both in terms of how he's perceived in the world and how his body has responded. The second is that just like a trans person of ANY age, all he wants is to live in peace with a body that doesn't cause him emotional anguish.

Children are not receiving gender affirming surgeries the way that conservatives may want to believe. That's simply NOT happening. The reality is that some trans children receive puberty blockers -- medications used for cis children for decades to help avoid early puberty or other health issues -- which are fully reversible but also make it easier for them to transition as adults if that's what they decide. Some late teen children do get prescribed hormones and may, with parental permission, receive top surgery. But NO ONE is doing genital surgeries on children (unless you count the parents and doctors who do them on intersex children without their ability to consent). Children ONLY get puberty blockers and teens only get hormones and top surgery

after a lot of therapy -- and in both cases, parents or the adults in that child's life are involved as well as therapists, doctors, specialists. Why are certain parts of our government so eager to tell parents how they get to parent? Or tell doctors how to provide medical care? Every major medical association agrees that this is lifesaving care. Without it, many trans people don't reach the age that my spouse is now.

<https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/>

My spouse and I are of a generation that didn't have the awareness of the range of sexuality and gender identity that kids today have. This isn't about trendiness. This is about knowledge and understanding. Once you know something is a possibility, if that's the right possibility for you, something clicks in your mind. That happened to me with my sexuality in my adulthood, and I've seen it happen with other LGBTQ+ kids and adults. There are so many trans people of our generation, however, who never got to find this truth, or if they did, they were driven to suicide by the type of people who think it's their calling to target marginalized people and ban healthcare that every expert agrees is necessary. There are so many kids today who live with supportive parents who want them to have the health care they deserve and that doctors have recommended. Who do you think you are to deny them that? If your reasoning is about protecting children, I would like to ask you: which children are you protecting? Because it's not trans children. The rates of regret after gender affirming care are lower than EVERY OTHER TYPE of surgery --

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8099405/>

but I don't see anyone trying to ban other surgeries.

When my spouse saw his chest for the first time after his top surgery, after the bandages came off and he was healing, what I saw wasn't the scars on his chest. It was the joy on his face. Today, he walks around our house with his shirt off, and he's able to concentrate on things beyond his gender identity -- his career, his health, our relationship, our home. He is a significantly happier, healthier person today because he received gender affirming care. I say, if doctors, parents, and kids involved all say this is the care they need, then our government has no place to deny them that, and to do so is nothing more than an act of cruelty towards an already marginalized group.

Please do not allow this to go any further.

J

From: **Joseph Duncan** <jdunc1300@gmail.com>

Date: Wed, Oct 4, 2023 at 10:06 AM

Subject: Trans Medical Care Ban

To: <testimony@fairwisconsin.com>

Dear AB 465,

Hello my name is Joseph. I am a bisexual Wisconsin resident who opposes the Trans Medical Care Ban. The reasons why I oppose this bill is because if this bill passes then it will eradicate trans children's access to gender affirming care, decrease doctor's right to their own privacy, and give bigoted parents and adults more power to abuse trans children. According to Achille C, Taggart T, Eaton NR, Osipoff J, Tafuri K, Lane A, Wilson TA. Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths, 50 transgender youths have experienced reduced depression after receiving gender affirming care. Follow the science please! According to Kuper, L. E., Stewart, S., Preston, S., Lau, M., & Lopez, X. (2020). Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy, 150 transgender youths in a gender clinic in Texas (Yes, the same state that recently passed anti transgender bills) have improved their mental health after receiving gender affirming care at that gender clinic. I have listed two studies that back the claim that gender affirming care improves mental health for trans children. Do not listen to the right wing cranks who preach in the altars of heteronormativity! Do not listen to the social media influencers who grift on transphobia! Listen to the scientists! Listen to the doctors! Listen to the transgender children, teenagers, and adults! Thank you for your time.

From,

Joseph Duncan

1933 N.Prospect Ave, #203

Milwaukee, Wisconsin

To whom it may concern,

My name is Elle Hutto, and I am writing to express my strong opposition to AB 465 (Medical Care Ban). As a trans nonbinary individual and a constituent residing at 2414 Black Bridge Rd, Janesville WI 53545, I firmly believe in equality and the protection of the rights of all individuals, including transgender and LGBTQIA+ people.

Access to healthcare is not a privilege but a basic human right. It is crucial for the well-being and survival of every member of our society. Denying anyone the medical care they need and deserve is inhumane and will have lasting repercussions for everyone. If this bill is passed, it will undoubtedly cost lives. Transgender individuals must have access to the care that affirms their overall health and well-being. Full stop, period.

It deeply saddens me to witness the suffering and loss experienced by my trans siblings. People I love with my whole heart are hurting! They are being denied the support and medical care that they desperately need. It is essential for individuals like me to be able to make decisions regarding our care with a trusted medical team that affirms our gender identity, mental wellness, and overall health.

For those of us considering treatment like Hormone Replacement Therapy (HRT), this decision should be ours to make, based on our unique circumstances and in consultation with healthcare professionals who understand our needs. It is not for others to dictate what is best for us or deny us the care that is vital to our physical and emotional well-being.

I urge you to reconsider and reject AB 465. Let us work together to create a society that values inclusivity, compassion, and the fundamental rights of all individuals. It is time to support and uplift our transgender community rather than oppress and discriminate against them.

Thank you for your attention to this matter.

Sincerely,

Elle Hutto

From: **ISABEL STANG** <istang@wisc.edu>

Date: Wed, Oct 4, 2023 at 10:04 AM

Subject: Opposition to "The Help, not Harm Act" LRB-0191/LRB-4459

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

My name is Isabel Stang

I live at 25 N Spooner St. Madison, WI 53726

I am in opposition to this bill. Trans youth need gender-affirming care and it will only cause greater harm to the queer community if you take away their access to it. The claim that you are "protecting young people, by giving them time to develop before making changes to their bodies" is a lie. There is nothing harmful about receiving gender-affirming care and in fact, it has been shown time and time again to save trans lives. Leave the decision to the people, their parents, and the medical professionals.

Dear Committee on Health, Aging, and Long-Term Care,

I strongly oppose AB 465 which would prohibit gender-related care for trans youth in Wisconsin. I am a trans and non-binary adult and have received gender affirming care services during my college years and found this care to be life-saving and medically necessary. I could not fully participate in my own life until I could exist in the world as myself, and gender affirming care was a major part of my growth and development. As a mental health counselor in training, the mental health impact of unnecessary delays to accessing medically necessary and life-saving care is severe and life threatening no matter the age of the person. Trans and non-binary minors and their parents can make an informed decision with their expert, specialized medical professionals that follow world-wide standards of care.

Thank you, I urge you to vote against this dangerous bill,

Dean Dvorak
(they/them)

To whom it may concern,

Banning trans athletes and banning medical care for transgender individuals is wrong. Transgender individuals are human beings with civil rights. They have the same rights to participate in activities and to access healthcare as anyone else. Singling out this small segment of the community to specifically deny them civil rights unconstitutional and unamerican. As a family physician, I care for transgender individuals. Gender affirming care saves lives and harms no one. Legislation like this does only harm and no good for our great state.

Sincerely,
Madelaine Tully MD

I support on going gender affirming health for any child who wants and therefore needs it. As a physician and grandmother of a transgender child, this is important care and not to be decided by politicians. Everyone has a right to be the person they feel they are meant to be.

Joan P Wake, MD

1855 Memorial Drive
Sturgeon Bay, WI 54235

From: Karla Cunningham <kalin1115@gmail.com>
Date: Wed, Oct 4, 2023 at 9:49 AM
Subject: Assembly Bill 465
To: <testimony@fairwisconsin.com>

To: Representative Moses, Representative Rozar, Representative Brooks, Representative Dittrich, Representative Gundrum, Representative Magnafici, Representative Murphy, Representative Sapik, Representative Schutt, Representative Summerfield, Representative VanderMeer, Representative Subeck, Representative Riemer, Representative J. Anderson, Representative Vining and Representative Drake

I'm writing this testimony as the mother of a transgender child. I was fortunate in that my son didn't transition until he was in his thirties. I say fortunate because I can't imagine the fear for my child being a young transgender person in the political climate of today. I still have a great deal of fear for my adult transgender child in this climate of hatred and misinformation. When my son told me he wanted to be a man it was confusing, but he is my child and is loved unconditionally as should all children. When he started to change he became much less depressed and more confident. When he got a mastectomy I saw it in his eyes. He was how he was always meant to be and it was something I saw from his earliest years. I knew he felt at home in his own skin.

This is what all parents should want for their children and the government has no right to interfere with what parents and their children agree is best for them. Please see my son's testimony below. He is much more knowledgeable and more precise and eloquent in his writing than I could ever be.

From a proud mother of a transgender child.

Karla Cunningham
339 East Bluff
Madison, WI 53704

Assembly Bill 465 is an atrocious attempt to politicize and harm transgender children. Setting the precedence for allowing politicians to make decisions about how and what medical care is given to individuals is incredibly dangerous. Bills like this seek to remove individuals rights to their own medical treatment and physical autonomy. We have seen these bills pop up all over the country and we have seen the harm that they do to our communities. The government should have no right to dictate the medical care that children, their parents and their doctors deem necessary and life saving.

So much misinformation about gender affirming care has been spread in order to back up bills like these that the public has been fooled into thinking that gender affirming care is somehow mutilating children. The reality is that puberty blockers can stop changes that are irreversible and that can cause intense trauma in the children experiencing them. Once a child has gone through puberty the gender affirming medical care needed will be much more expensive and invasive. Currently in Wisconsin genital surgeries are NOT performed on minors and top surgeries are only done after a minor has started puberty and after extensive evaluation from medical and mental health professionals. These surgeries account for a very small percentage of transgender minors. Mostly what this bill seeks to ban is puberty blockers and hormone treatment. These treatments do not amount to any significant permanent changes. Therefore the stated purpose of this bill is completely false and irrelevant.

The true purpose of this bill is to attempt to divide the citizens of Wisconsin and turn them against each other at the expense of the well being of transgender children and their families. That is completely unacceptable and not what Wisconsin needs. If this bill is passed there will be many families that will have to consider the benefits of leaving this state in order to help their children survive adolescence. Wisconsin is home to many transgender minors and adults and legislation like this tells them that they do not belong in the place that they call home. Please consider the evidence and vote no on Assembly Bill 465.

Thank you,

August Larson
2115 Highland Ave
Janesville, WI 53548

To Assembly Committee on Health, Aging, and Long - Term Care:

I oppose Assembly Bill 465 which would ban transgender youth from accessing gender-affirming healthcare. There is adequate data that supports the benefits of gender-affirming health care. Denial of this care is detrimental to their mental health. This decision should be made between parents, doctors and the youth who are impacted, not by legislation. Trans youth have enough bias to face without adding this obstacle.

Jackie Thiry
1600 Rustic Oaks Ct #8
Green Bay Wi 54301

I register in strong opposition to the bill AB465 (Medical Care Ban).

1) This intrudes into private decisions among parents, children and physicians, making it likely that physicians will be required to state publicly reasons for private medical decisions. Gender modification is never a decision taken lightly. LEGAL opposition presents parents and children with clear evidence that the state is intruding on private decisions. Not a good public policy position, especially by those who have traditionally advocated for limited government intrusion into private decisions.

2) Though exceptions are stated, even those exceptions are likely to deter physicians from providing allowed medical interventions for fear their actions will be deemed contrary to the law by some intrusive private citizen or an uninformed public official.

3) Physicians providing such care are licensed and trained physicians. No one I know has had medical intervention without extensive counseling and consultation. If legislators are concerned about inappropriate treatment, the best way to insure protection against inappropriate intervention is to require care be provided by licensed physicians, and there be financial support for families to seek counseling by a team of therapists and physicians before a decision is made. But WHAT decision is made should NOT be the prerogative of state legislators who are neither medically trained nor are therapists.

4) This is a VERY disturbing intervention into the decisions made by parents, the child, and their physicians. While legislators may be disturbed by this more public "happening," it is not their expertise to provide medical advice to private citizens.

5) While legislators may think they are protecting "children," it is more likely that medical intervention delayed until AFTER age 18 may be in fact more detrimental to the "child's" health. Unless legislators can provide good medical evidence that delayed gender affirming care delayed until after age 18 is better for a person's future physical and psychological health this legislation should be voted down. What evidence supports this intervention into private medical decisions?

Sincerely,

Karen Holden

Madison, WI

From: **Anna C. Marceau** <annacmarceau@gmail.com>

Date: Wed, Oct 4, 2023 at 9:43 AM

Subject: Assembly Bill 465

To: <testimony@fairwisconsin.com>

I am submitting written testimony today on Assembly Bill 465, or what has come to be referred to as the "Trans youth healthcare ban". I am a clinical pharmacist practitioner and under my scope of practice, have authority to order medications, laboratory studies, and other necessary monitoring to provide the highest quality healthcare to my patients. I am also non-binary, and as an identified safe person, have had numerous patients disclose to me that they are transgender, and we work together to help them get the treatment they need. I'm not going to spout statistics about the mental health benefits and suicide risk reduction of a person receiving appropriate gender-affirming care; you no doubt have heard that already. What cannot be captured in numbers is the smiles on their faces, and way their shoulders no longer live up by their ears, and the ease with which they live in their bodies.

I am a licensed healthcare provider. I went to many years of school to gain the knowledge and expertise needed to care for patients, and a number of years in post-graduate training as well. I have earned the right to call myself an expert in my field, and I frequently tell my patients that with my expertise in medication management and their expertise in their own life, we can work together to find a treatment that meets their needs. And now the state government is trying to wedge itself into my exam room, with restrictions that run absolutely counter to the established evidence base. Make no mistake, children will die if this ban is put into place. Youth in our society are in what experts call a "suicide epidemic" and access to gender-affirming care is named time and again as preventative for suicide in our youth. I do not have any idea who this law is trying to protect. I see it as a message to our most vulnerable youth that they are not welcome in the state of Wisconsin but for any trans person who sees this – that is not true. You are welcomed, loved, and celebrated by so many Wisconsinites. The writers of this bill, despite their title, do not represent us, the people.

As I said, if this bill passes, children will die as a result. The only honorable option is to vote no on Assembly Bill 465.

Anna Marceau

To those who sponsor, co-sponsor, or support the "Help not Harm" act, AB 465 (LRB-0191/LRB-4459):

Thank you so much for trying to help me out as I parent a minor who does not identify with his sex assigned at birth. I have decided you are actually trying to help, so I am writing to say that this legislation does NOT help me or my son. In fact, there is language in the bill that is inaccurate, and I think it influenced the way you think about how I parent my child, how doctors respond to children, and what you think you should do about that. The Co-Sponsorship Memorandum reads that children "should not be put into a position to make permanent, life-changing decisions..."

Please believe me with all your hearts when I say that the medical interventions to affirm him as a transgender person have NOT been pushed on him by his doctors. And I was completely unprepared to parent a transgender child, meaning that I watched like a hawk; I did not want, or let, anybody to pressure him into medical intervention. Further, no professional tried to pressure ANY medical intervention upon him.

Your bill's premise is incorrect. We parents of transgender children (of which I can only presume you are not) walk this with them every step of the way. We fret, worry, research, listen, learn from other parents and our kids' psychiatrists, psychologists, and doctors. Even with testosterone, my son descended into severe depression to the point of being suicidal. He is afraid all of the time because of legislation like this.

My son has asthma, a chronic lung condition, and wears binders. His top surgery was cancelled by St. Mary's Hospital just one week before it was scheduled (June 21). Therefore, he has pneumonia again (fifth time in two years) and can't attend school due to his condition. He needs the surgery. Though many kids aren't in his position, YOU CAN'T KNOW THAT.

Please withdraw this bill. I mean it. You are not helping. You are causing further harm to my son directly and to anybody else who knows you are bringing forth a medical care ban. The anxiety this causes us all is through the roof. We have to keep taking time out of our day to respond to what I can only call an attack.

Stop it. Stop going after me and my kids and my kids' doctors. We are doing our best, and you are interfering with incredibly personal, medical decisions which are not your business. Instead, please turn your attention to the many situations in Wisconsin that need your help and have asked you for help. I can't believe you are spending time on this bill.

Sincerely,

Kristie Halverson

Dear Committee members of the Assembly Committee on Health Aging and Long Term Care,

I am appalled at the introduction of AB465, the bill that restricts health care for transgender youth. As a healthcare provider, this is an intrusion on healthcare privacy that belongs with the patient, their doctor and their family, NOT a politician.

The Medical community knows that suicide rates among transgender youth are 4 times the levels of other children. Any effort that medical people and families make to affirm our children's LEGAL choices improves the odds for them to survive and flourish. These statistics are easily available to you.

As an ally of LGBTQ+ communities, I challenge you to find any peer-reviewed medical evidence that what you are proposing will cause anything but increased suicide incidents and dire consequences among a group of people that many your voters care deeply about.

Kim Sturm, DDS

Mason, Wisconsin 54856

From: **Christopher Guse** <chrisguse@gmail.com>

Date: Wed, Oct 4, 2023 at 9:40 AM

Subject: Opposition to Assembly Bill 465

To: <testimony@fairwisconsin.com>

To: Assembly Committee on Health, Aging, and Long-Term Care

I am writing to voice my opposition to Assembly Bill 465. As the parent of a transgender, non-binary person, I can attest that the introduction of this bill is harmful to trans youth. We need to be lifting up our children and celebrating diversity. It takes a huge amount of courage for them to live authentically and to transition from the gender assigned at birth. The government has no place in making decisions about how they can live their lives, and what healthcare options are available to them. My child was fortunate to be able to obtain gender affirming care, which I have no doubt resulted in better mental health. Their care was covered by our commercial insurance carrier; I think it is telling that even for-profit insurance companies recognize the value in paying for this care! To withhold care from transgender youth is cruel. The suicide rate for LGBTQ+ and specifically trans youth is highest when they are not allowed to transition as desired. This is a decision that belongs between families and healthcare professionals, not the government.

I am a lifelong resident of Wisconsin and am disgusted to see the introduction of bills that threaten transgender youth's existence and identity.

Sincerely,

Christopher Guse
chrisguse@gmail.com
Shorewood, WI 53211

Dear Committee members of the Assembly Committee on Health Aging and Long Term Care,

My husband and I are submitting testimony in opposition to AB 465 & SB 480, the Trans Care Health Ban.

This is personal for us. We have a 14 1/2 year old transgender grandchild, who has been healthier & happier & not suicidal since he came out 2 years ago. So far he has not pursued medical treatments. For many, hormone therapy can be a life saving measure. And surgery under the age of 18 is rare. In any case, we believe whether our grandson seeks medical treatment or not is between him, his parents and doctor, not the state legislature.

There is so much evidence that gender dysphoria is detrimental to children's mental health. For starters, the American Academy of Pediatrics states: "There is strong consensus among the most prominent medical organizations worldwide that evidence-based, gender-affirming care for transgender children and adolescents is medically necessary and appropriate. It can even be lifesaving. The decision of whether and when to start gender-affirming treatment, which does not necessarily lead to hormone therapy or surgery, is personal and involves careful consideration by each patient and their family."

Then, there's The Journal of Adolescent Health which found that gender-affirming hormone therapy resulted in lower rates of depression, suicidal thoughts, and suicide attempts among older transgender and nonbinary teens.

We are heartbroken, angry and deeply worried that such a measure might pass. We urge you to defeat it before it even makes it to the floor of the assembly. Thank you.

Mary and Jack Wichita
52380 Beaver Tail Rd
Mason, WI 54856
715-413-0177

I am writing as a faith leader and advanced practiced board certified healthcare chaplain who has spent decades working with clients who identify as transsexual and their family members. I have read through the various bills now before the Wisconsin state legislature, and I am appalled by the glaring ignorance, immorality and inhumanity of these unethical bills. I am writing to express my strong professional opposition to, in particular, AB465, SB480, SB479, SB378, SB377 and SB378 pertaining specifically to medical and mental healthcare.

These bills represent the grossest kind of government overreach that is ideologically driven by one particular worldview. They involve disclosure of the kind of information that I doubt many of the members on the state legislature themselves would be willing to share. Having worked with gender affirming and trauma informed care for decades, I can verify that people seeking such care need it desperately. They are not willingly choosing to undergo such care; it is an absolute medical necessity and mental health requirement. Once again, we have a band of legislators who seem to place themselves above professionally trained physicians, mental health and behavioral health professionals, and who seem to think that their rigid criteria for care should exceed that of people who have spent years training and educating themselves about the complexities of these issues. Even worse, to now criminalize those very professionals for doing their job! It's nothing short of legislators setting themselves up as some kind of purity police. Religious fundamentalism has no place in American politics!

Healthcare ethics requires 4 simple things: beneficence (do what is best for the patient), non maleficence (do no harm), autonomy (allow people determination over their own bodies) and justice (equitable access to care by all). These bills, and this rabid movement to prevent gender affirming care in any form, violate the very core of health care ethics.

As US veteran, who comes from decades of family members who have fought to defend the Constitution of this United States, I am ashamed of this flagrant abuse of human rights. Efforts to flood and overwhelm legislatures with a barrage of these kinds of bills all at once is a tactic used to undermine democracy, and it is abhorrent and frankly un-American. Democracy demands careful consideration of FACTS, professional guidance by people who know what they're talking about, healthy debate and respectful decision-making. That is Not this.

And, as a Reverend, I am disgusted to see once again an appropriation of a particular religion, misinterpreted and perverted to justify bigotry, now foisted upon everybody as a new rule of law.

I urge the Wisconsin state legislature to throw these bills out into the trash, where they belong. Americans deserve better.

Rev. Charlotte Bear

From: **Michael Waupoose** <waupoose@att.net>

Date: Wed, Oct 4, 2023 at 9:38 AM

Subject: AB 465

To: <testimony@fairwisconsin.com>

Dear Committee on Health, Aging and Long Term Care,
Re: AB 465

Please do not support this bill. LGBTQ rights are human rights. We are humans. We would appreciate being treated as such.

Sincerely,
Michael Waupoose

"One day I will be an ancestor and I want my descendants to know that I used my voice so that they could have a future."

~ Autumn Peltier

To The Committee Members:

I attended a meeting last night to inform people about LGBTQ+ issues and I heard there have been over 500 bills like these entered in state legislatures around the country. What a waste of time when legislators should be writing bills to make sure our youth are *getting the health care they need*, regardless of their gender. Bills such as these amount to harassment of trans and gay youth and should not even make it to committee. Please honor the values of democracy and our Bill of Rights and stop this kind of discrimination. I urge you to vote against these bills.

Virginia Coburn
2 Coburn Ln.
Whitewater, WI 53190

Dear legislators,

A number of bills are up for debate this week that would limit the rights of trans youth and adults and the people that care for them. I am a parent of two trans youth and have other friends and family who are trans, both in Wisconsin and beyond. Trans healthcare is a human right. I have witnessed firsthand the struggles of the young people in my life who currently don't feel like they are fully themselves. I've witnessed their struggles, depression, and heartache over making decisions about their lives. No one is harmed by trans sports participants, or by making hormones and surgeries available to people who need them. The distress from gender dysphoria is real, not imagined. This is a minority that deserves to be protected, not punished with limitations.

I urge you not to limit the freedom and help that trans people are entitled to. Trans youth are at risk for suicide and other negative outcomes in their lives when they cannot access gender affirming care. I believe everyone deserves a shot to live their best life, and that includes the trans community. Please do not pass these bills limiting our citizens' rights.

From: **Jen Boehm** <jenboehm2981@gmail.com>

Date: Wed, Oct 4, 2023 at 9:31 AM

Subject: AB 465

To: <testimony@fairwisconsin.com>

Dear Committee Members,

My name is Jen Boehm. I am 42 years old with one child in college and one child in K-12. I am a lifelong resident of the state of Wisconsin. I'm a registered nurse and future nurse practitioner.

I strongly oppose AB 465. As a healthcare professional, it has been proven that providing gender affirming care is life saving. I plan to provide gender affirming care when I become a NP. If Wisconsin passes anti-transgender legislation, I will move my family.

Please stop legislating our state with bigotry and start being inclusive.

Sincerely,
Jen Boehm

333 West Tyler Ave
Eau Claire, WI 54701

To Representative Allen, Senator Stroebel, Representative Moses (Chair)

Representative Rozar (Vice-Chair), Representative Brooks, Representative Dittrich, Representative Gundrum, Representative Magnafici, Representative Murphy, Representative Sapik, Representative Schutt, Representative Summerfield, Representative VanderMeer, Representative Subeck, Representative Riemer, Representative J. Anderson, Representative Vining, Representative Drake, Maryjane Behm, Margit Kelley, Kelly McGraw

Relating to prohibiting gender transition medical intervention for individuals under 18 years of age.

I oppose this harmful and discriminatory bill. Gender affirming care is widely supported in the mainstream medical community, and according to the ACLU of Wisconsin, to ban the evidence-based practice of such healthcare stands against national medical bodies like the American Academy of Pediatrics, the American Medical Association, The American College of Obstetricians and Gynecologists, the Endocrine Society, the American Urological Association, The American Society for Reproductive Medicine, The American College of Physicians, the American Association of Clinical Endocrinology, and the American Psychological Association.

According to the Trevor Projects National Survey on LGBTQ+ mental health, more than half of transgender and non-binary youth have seriously considered suicide. 40% of respondents reported being physically harmed or threatened because of their orientation. These numbers are unacceptable, and we can absolutely do better for our youth. We know that gender-affirming care is proven to reduce anxiety, depression and suicide risks among youth. According to the ACLU, transgender youth whose families support their gender identity have a 52% decrease in suicidal thoughts, 48% decrease in suicide attempts, and significant increases in self-esteem.

Let's not pretend we know better than countless researchers, doctors, psychiatrists, psychologists, medical staff, counselors, the years worth of research conducted on this matter, and transgender youth and adults themselves regarding their own bodies and lives. Quite clearly the science supports the notion that gender-affirming care saves lives. If anything, access to healthcare should be expanded for all of your constituents, while this bill narrows it. Oppose the bill and support life.

Thank you for your time and consideration,

—Alexa Priebe
Madison, 53704

From: **Sachi&Laura Komai** <anthologymadison@gmail.com>

Date: Wed, Oct 4, 2023 at 9:52 AM

Subject: objection to AB 378, AB 377, AB 465

To: <testimony@fairwisconsin.com>

Dear committee members:

I am writing as a Wisconsin business owner and mostly lifetime resident of Wisconsin (we moved here when I was a baby in the 1970s). I object to the bills being considered that targets the individual liberty of citizens of our state. Before I became a business owner, I believed the mythology of the rugged American business owner, toughing it out and doing it all on their own, and then I became a business owner and I realized that all of my work is for nothing if I don't have the customers, and if my customers do not have a life that allows them to treat themselves to stickers and to send thank-you notes and otherwise support my business. I have a hard time understanding how a political party which brags about small government and fiscal responsibility can be so small-minded as to think that meddling in the ways a trans person lives their life is at all beneficial to our community. People should be able to live their lives to the fullest potential - that is *not a threat to us, that is what benefits all of us*. Please redirect your focus to actions that benefit the majority of citizens you are supposed to be serving: funding for public schools, improving air and water quality, strengthening infrastructure, and finding solutions for homelessness and poverty.

May your pledge to serve this state turn into action that actually serves it so that we move forward together.

Laura Komai, co-owner
5335 Brody Drive #202
Madison, WI 53705

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Anthology
230 State Street. Stop 1
Madison, Wisconsin 53703
on FB and IG @Anthology230
anthologymadison.com
608-204-2644

I am Quinn Hinaus and I am a resident of Madison (53703) and have lived in Wisconsin for all of my life. I am writing in opposition to the trans athlete ban and trans healthcare ban.

Growing up transgender and closeted, I spent so much time and effort trying to figure who I was "expected" to be and trying to become that person. I bounced around from maladaptive coping mechanism to maladaptive coping mechanism including eating disorders, self-harm, and substance abuse. I was lost and in a cycle of searching for anything to fix what I was experiencing only to end up more astray and disoriented. Luckily for me, this cycle began to be disrupted as I accepted my trans identity and started to live my truth.

Gender affirming health care saved my life. It is what got me through all of it as it addressed the root cause of all of the negative emotions and dysphoria I was experiencing. Transitioning was in no way easy or linear and over time I was slowly able to buy into myself and believe in myself. I learned how to open up and be vulnerable not only with other people but also with myself. I witnessed myself get excited about my future in a way I did not know was possible. I became an active participant in my life and began to mold my life into what I wanted. Through receiving gender affirming healthcare, I have been able to see firsthand exactly how beneficial and life-changing it can be, something everyone who needs it deserves to be able to access.

Lawmakers need to stop using trans children as pawns in their political agendas and hiding behind their desire to "protect the children". Actually protecting the children looks like increasing access to life saving healthcare, understanding the difference between social transitioning (changing names, pronouns, clothes ect.) and medical transitioning (puberty blockers, hormone therapy, and surgeries) as well as know that transitioning for a majority of minors almost exclusively deals with social transitioning. Lawmakers are explicitly going against decades of research and are blatantly ignoring the professional opinion of scientists and healthcare providers. No one wants to make children transgender, but rather we are trying to create a world where children that are transgender make it to adulthood and feel safe while they make it there.

I oppose the attempts to ban trans athletes and gender affirming healthcare and I hope you join me in opposition. Transitioning and gender affirming healthcare saved my life and every other trans person deserves to have the same access to this care.

Best,

Quinn Hinaus

Oh Gosh, where to begin here?

My name is Sarah Mironczuk. I am a proud mother of a trans child. When I birthed my child, I NEVER anticipated the day they would come out to me. This thought never crossed my mind. But it's not as though I had planned my child's future out either. I didn't care who they married or if they married. I didn't think about how they would dress or if they would go to college and have some prestigious career. No. I only hoped and wished they would be healthy. That was the only thought that went through my head when I blew on an eyelash or threw a penny into a fountain. "I wish for my child to be healthy and happy".

Well, not all wishes come true. When my child was seven, he was dying. I could see it. So, I made an appointment with a new pediatrician and we discovered my child had a rare heart disease that is life threatening. It is hard to catch and if it were not for science making the strides that it had in the last decade, I would not have to write this testimonial because I wouldn't have this child to advocate for. But I do. And that is why I sit here right now.

You do not know my life or my child's life. Perhaps you don't have a child or you may have a child who fears being honest with you. While I feel sorry for you if that is the case, I do not have a child who fears me. I have a child that is more brave and stronger than any adult I have ever met. So when my child told me he likes when people confuse him for a boy and he prefers to use He/Him/His pronouns, I made sure our entire community understood the assignment. Bernadette became Ben and he thrived. I did not groom my son. I did not convince him that this is what he wanted. I just listened to him. Was I confused? Hell yes! There isn't a manual to tell you the steps of being a parent to a trans child. And if that child does not want to be outed openly, then the parents resources are very limited.

Being a parent of a trans child has its challenges. But it is nowhere near as challenging as being a trans child that cannot live their truth. I am a cis gendered woman. I don't have to explain myself. I don't have to worry about "passing" amongst my peers. I can safely and comfortably use the bathroom that I identify with and not be questioned. While as a woman, I face my own challenges in our society, I cannot fathom what anyone in the LGBTQIA+ community has to deal with on a day by day basis. The bigotry, the scrutiny, the hate and blatantly phobic transgressions that come from people on a regular basis is a lot to live with. It's no surprise suicide rates among the LGBTQIA+ people are high. That is one of the many reasons gender affirming care is necessary. It is not a privilege that needs to be earned or should be stripped away when the government feels like it. It's healthcare and we as Americans have a right to healthcare.

Minors especially have a right to healthcare.

My son is seeing a therapist right now to help guide him through his journey of being a teen, transgendered and what it means to start HRT. He is currently on puberty blockers. We sought the advice of all his specialists before making this decision. They agreed it was the right choice for my son who deals with gender dysphoria and has a fear of going through female puberty. The last year has been better for him because he is free to be himself. While he is small for his age for many reasons, he has been given the time to really decide if it is the right choice for him

to start taking HRTs and going through a male puberty. He is so excited for this point in his life. He wants a name change. He is all in and will not be waking up next year to tell me he wants to present female and just be a lesbian. That is not his reality. He wants to grow up a male, be a husband, maybe one day a father. This is some pretty heavy thinking for someone his age. He doesn't know if he wants to go to college or what he wants to be when he grows up. But he does know he will be doing it as a male.

If the GOP passes this bill and takes away my son's option to start HRT, the government will essentially be killing my child. They will be killing many children who NEED gender affirming care. It is a necessity for them. Not some weird parental grooming that so many weirdos seem to think. No parent wants life for their child to be harder than it already is. Especially in middle school and high school. It is inherently woven into our being to protect our children from the evils of the world. From the injustices. It is my job to try to stop our government from this injustice. Say it with me-GENDER AFFIRMING CARE IS HEALTHCARE!!! I implore you as a parent and/or as an elected official who is supposed to be listening and answering to their constituents, do not allow this bill to pass. Do not put all of these innocent minors at risk. Do a deep dive into what gender affirming care actually is and how it works. Trust me, NOBODY is taking their child to the doctor and getting a quick prescription for testosterone or estrogen and then making an appointment for their child to go under the knife and have life changing surgeries. That is not a real thing. Just like women do not use abortions as a form of birth control. That is NOT reality.

As a resident of Wisconsin, I am against the Anti-Transgender Healthcare Bill. I am screaming it from Milwaukee, WI. Keep your politics out of my Child's Body!

My son is living his life despite all the cards being stacked against him. Health problems that are beyond his control. The passing or not passing of this bill is within control. The outcome can be changed and can be changed for the better. Please don't add one more hurdle into my child's life.

Thank you for your time.

To the 2023 Assembly Committee on Health, Aging and Long-Term Care

My name is Valerie Haupt

I live at 1332 Mica Road, Apt 9, Madison, WI, 53719

Assembly Bill 465 is another attempt by the government to intervene in medical decisions they don't fully understand.

The procedures outlined in Section 1 as gender transition medical intervention are considered best practice procedures as outlined in WPATH, the World Professional Association for Transgender Health, and endorsed by every major medical association in America. (Their recommendations and findings can be found at <https://www.wpath.org/publications/soc>)

Those best practices involve many concerned parties - the parents, the patient, and an entire medical team - and they weigh all of the options before steps are taken. No one is seeking this care and receiving a surgery the same day.

Gender affirming surgeries, when undertaken, have a less than 1% regret rate, a rate far lower than pretty much any other category of surgery documented.

And honestly, receiving any kind of affirming care, let alone surgeries, doesn't happen very frequently at all, because the amount of luck that enough cis people will actually listen to those trans kids trying to explain who they actually are is immense. They need to accept themselves, hope their parents will listen, hope that care is available and affordable, hope that the medical professionals they have access to will listen, etc.

Imagine going through all those painful slow steps, only to be told that a group of politicians thinks they know your life and situation better than you and your care team does, and you're denied that care.

Please do not pass this bill. Thank you.

From: **Kathryn Cue** <alestakate88@gmail.com>

Date: Wed, Oct 4, 2023 at 9:11 AM

Subject: Assembly Bill 465

To: <testimony@fairwisconsin.com>

I hope it isn't too late to send this..I am so sorry if I am too late and I thank you for your time.

Committee on Health, Aging and Long-Term Care --

I am OPPOSED to this bill, and it should not move forward as legislation. It is a blatant hateful attack on some of our most vulnerable Wisconsinites. No person should be denied life-saving or life-improving healthcare.

Kathryn Cue

4512 Camden Rd, Madison, WI 53716

I, Kristie Halverson, am sending this from my email because my son, Ryder, asked me to do so.

Regarding bill AB 465:

My name is Ryder Halverson, and I am a transgender 17 year old who identifies as male. I felt compelled to share with you my story. I was meant to have gender-affirming top surgery on June 21st of this year, but about 9 days before I was supposed to have my surgery, I was told the operating room was overbooked. I thought, "Okay. This is disappointing for sure, but I understand." A couple weeks after that, Ollie Heide was delayed surgery, which he and his father went on to report on and interview about. Here's a link with the interview if you want to read it: <https://fox47.com/news/local/ssm-health-discontinues-gender-affirming-surgeries-in-the-madison-area-amid-pressure-from-the-catholic-church>

While we were told the operating room was fully booked, it seems that reporters found out that they were cancelling these surgeries because of their affiliation with the Catholic Church. From the article, "SSM Health did not provide comment when reached with questions. When a reporter called the clinic this week asking for information about gender-affirming surgeries, she was told that the clinic was not taking new patients and was in the process of discontinuing those procedures because of the organization's Catholic affiliation."

For the last 2 years now, I've had ongoing pneumonia, which is currently being investigated further. It is most likely a result of wearing a binder for my chest every day, as this is a temporary solution to affirming my gender through the way I look. Of course, if I was able to have the surgery earlier, I would have. However, this was the time we could fit it in, and it was during the summer, so I wouldn't be missing any more school. (I had missed quite a bit being home with pneumonia.) Now, my surgery is scheduled for November 7th of this year, which is 4 days after my 18th birthday. However, I believe all of my people, the trans youth, no matter sick or not, should have access to receiving the healthcare we all as human beings deserve.

I'm writing to you because you introduced the Transgender Medical Care Ban, (LRB-0191/LRB-4459), scares me. Although I know we do not share the same views, I deeply respect your compassion and worry about the consequences of our actions and how some things just can't be reversed. I know that no matter how hard we try, we will never be able to experience the pain others go through, and I hope you see my story.

Ryder Halverson

To the Members of the Committee on Health, Aging, and Long-term
Care:

I'm writing to you in opposition of AB465, which bans gender affirming care for transgender youth. Gender-affirming care can be vital for the well-being of transgender youth. Bans on gender-affirming care are a violation of the right to privacy, the right to bodily autonomy, and the right to health care. As a teacher, I've seen firsthand the importance of gender-affirming care, and the damage caused when young people are denied such care and shamed for being who they are. Please oppose this bill.

Sincerely,
Brenda Morris
3149 Buena Vista St.
Madison, WI 53704

Hello.

Please share my testimony with all committees.

I would like to state my formal opposition to the following bills:

Assembly Bill 378 (College trans athlete ban)

Assembly Bill 377 (K-12 trans athlete ban)

Assembly Bill 465 (Trans youth healthcare ban)

These bills are not based on science and sense, but fear and prejudice. Numerous peer reviewed studies have shown the life saving effects of trans health care, and the minimal to non-existent advantages of trans athletes in competition with their cis peers. All these bills will do is isolate and vilify a vulnerable community.

I beg you, please voice your strong opposition to these bills.

Sincerely,

Your Constituent,
Carolyn Hammer

From: **Kirsten Worzala Dumke** <kirstenworzaldumke@gmail.com>

Date: Wed, Oct 4, 2023 at 9:11 AM

Subject: Support for trans youth

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

Good morning,

I thank you for your work fighting for rights for our trans and non-binary youth, especially. The bottom line is that people deserve to receive appropriate and life-saving support and healthcare.

I have been a chaplain in healthcare for 11 years and have seen the impact of people who are able to receive necessary healthcare and those who have been denied that right. Additionally, my role as parent - which is the most important role in my life - includes loving and supporting my 10 year old non-binary kiddo. They are a love of a human and an incredible force to be reckoned with. They also are nervous about the developmental changes that they will be experiencing in puberty and it is my job to support, care for, and provide resources so that their needs can be met. It is also my job to fight for the rights of those who don't have a voice, particularly our siblings who are BIPOC and in the LGBTQ family.

There aren't sufficient words to express the intensity of the opposition that I have for bills and laws that will take away the basic rights of healthcare or sports participation for our trans siblings. While I will be at work during the hearings today, I fully support your work and I thank you for it. Keep it up!

Take care,
Rev. Kirsten Worzala Dumke

From: **Lisa Klimczak** <lklimczak1001@gmail.com>

Date: Wed, Oct 4, 2023 at 9:08 AM

Subject: Opposition to Assembly Bill 465

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

To: Assembly Committee on Health, Aging, and Long-Term Care

I am writing to voice my opposition to Assembly Bill 465. As the parent of a transgender, non-binary person, I can attest that the introduction of this bill is harmful to trans youth. We need to be lifting up our children and celebrating diversity. It takes a huge amount of courage for them to live authentically and to transition from the gender assigned at birth. The government has no place in making decisions about how they can live their lives, and what healthcare options are available to them. My child was fortunate to be able to obtain gender affirming care, which I have no doubt resulted in better mental health. Their care was covered by our commercial insurance carrier; I think it is telling that even for-profit insurance companies recognize the value in paying for this care! To withhold care from transgender youth is cruel. The suicide rate for LGBTQ+ and specifically trans youth is highest when they are not allowed to transition as desired. This is a decision that belongs between families and healthcare professionals, not the government.

I am a lifelong resident of Wisconsin and am disgusted to see the introduction of bills that threaten transgender youth's existence and identity.

Sincerely,

Lisa Klimczak

lklimczak1001@gmail.com

Shorewood, WI 53211

I am a 17-year-old transgender male living in Wisconsin. Throughout the past few years, I've watched other states in the US make it hard for people like me with gender dysphoria to exist comfortably. Gender dysphoria is a medical condition that, simply put, means that one's identity is not the sex they were assigned at birth. It causes extreme discomfort around association with their biological sex, whether that association is with clothing, pronouns, names, or physical attributes that do not match with their identity. Unfortunately, study after study has shown that gender dysphoria can only be effectively treated by allowing the person suffering from it to transition [Anderson, Danyon, et al.] While transitioning looks different for different people, for many it includes puberty blockers, hormone therapy, and eventually surgery, and changing names, pronouns, and clothing is simply not enough. AB 465 would ban all gender-affirming care for minors, significantly harming the transgender community.

To people struggling to understand why gender-affirming care would be necessary for minors, I understand your perspective. When many talk about it, they act as if a 5-year-old would be given hormones or a 12-year-old would be getting an irreversible, harmful surgery. If this were the case, I would also be against it. However, as someone who has been through the process of getting hormones myself, I assure you that this idea is nowhere near accurate. I began suffering from gender dysphoria around age 12, and after a few months of therapy and a lot of convincing, I went to a gender specialist. After seeing her multiple times and making it very clear that these feelings were not changing, she gave me and my parents the information about puberty blockers. After a lot of research, we found out that the use of puberty blockers to prevent or delay unwanted bodily changes is supported by both The Endocrine Society and the World Professional Association for Transgender Health. We also found out that the only long-term side effects are lower bone density, delayed growth plate closure, and less development of genital tissue. We considered the side effects but decided that since short-term use minimizes them, it was the right thing and I was prescribed a singular 3-month shot of a puberty blocker. The stopping of my menstrual cycle reduced my dysphoria significantly, and knowing that I was no longer developing breast tissue reduced my anxiety even more. After that wore off, I got an implant that would last years but could be removed at any time allowing puberty to resume. Eventually, at age 14 (when most males are well into puberty, with their voices usually having dropped by then), I started on a low dose of testosterone. Before I could do this, I once again had to have a lot of therapy, be diagnosed with gender dysphoria, and have multiple appointments to discuss the effects of hormone therapy. Only once both of my parents, my therapist, and I thoroughly understood the effects and agreed it was the right step for me, they all signed off and I started testosterone. Slowly, my voice started to change and very gradually so did the rest of my body, and the rest of the world started to see me for who I am, not just a girl with short hair in boys' clothes. Before I started testosterone, I struggled with self-harming and suicidal thoughts. I didn't want to live in a world where I was seen as someone who I was not. I didn't act on these thoughts because I knew that soon enough, I would be able to make my body match my brain. Without that hope and possibility, I don't know if I would be here today. Without that hope and possibility, I know many people who feel the same as I did won't be able to fight those thoughts.

As illustrated in the previous paragraph, gender-affirming care is not easy to access and is not just given out on a whim when someone sees their child doing something that doesn't match the stereotypes of their gender. It is a very serious choice, and it is treated very seriously, just like any other medical procedure or medication. When someone has cancer, they get chemotherapy, radiation, or another form of treatment, they're given options on how to approach it. When someone has depression, they go to therapy, get medications, or find something else to help, they're given options on how to approach it. When someone has asthma, they get an inhaler, steroids, or make lifestyle changes, they're given options on how to approach it. When someone has gender dysphoria, they need options too. By taking away medical transition options until someone is 18, you're limiting their options and only leaving the slightly helpful options. Haircuts and clothing only do so much.

Senator Duey Stroebel, a co-sponsor of AB 465, said that he wants to prevent children from making life-altering decisions. To him, I ask this: Is suicide not a life-altering decision? Numerous studies have shown that those who have access to gender-affirming care at a younger age experience less suicidal ideation than those who have to wait until later to access that care [Tordoff, Diana M., et al.] Forcing suicidal teenagers to wait until they are 18 to receive this treatment will directly cause higher suicide rates. Studies have shown that 82% of transgender individuals have considered suicide, and 40% have attempted suicide [Austin, Ashley, et al.], significantly more than the general population. By forcing transgender teens to go through puberty which causes changes invalidating their identity, Wisconsin will

see a higher suicide rate amongst transgender teens and adults whose bodies don't match their identities. Senator Stroebe is right that this legislation would ban "children making life-altering decisions" in the form of reversible puberty blockers and teens making heavily considered decisions with their parents' consent, but it would not prevent the "life-altering decision" of ending one's life. Many transgender people do not see the end to their suffering in any way other than suicide if they aren't able to medically transition. Suicide rates are already high enough among transgender people, preventing affirming care will only bring vulnerable teenagers closer to ending their own lives.

If you still do not understand, I ask you to imagine for a moment what it is like to be transgender without access to gender-affirming care. In this scenario, please imagine you are 16 years old and you are a man. You know you are a man, you have felt in your heart and your mind since you were young that you are a man. When you imagine your future, you see a man in a tux at senior prom, a man graduating high school, a man celebrating college acceptance, a man living happily and authentically. But that's not how the world sees you. To those who don't know you, you are a woman. Despite all of your efforts to make your outside match who you are on the inside, the haircuts, the masculine clothes, voice training, and everything you could possibly do, you are still perceived as female. Your voice is too high for anyone to think you're a man, and you have very apparent breasts and hips that make your body obviously feminine. Every day at school, you are taunted by people calling you names, saying you will never be a real man, and being called a freak if you go into either gendered bathroom. You know that you still have two more years stuck in this situation where no one accepts who you are, and there is no way out of that. Depression, dysphoria, suicidal ideation, loneliness, anxiety, and self-hatred only grow with time and you don't want to live this life anymore.

Unfortunately, this is a very real scenario that many transgender people, including one of my own friends, go through. Without access to gender-affirming care, all transgender teens will have to go through this extreme discomfort and harm. Even puberty blockers alone could prevent feeling like this, but if they are banned, transgender teens can say goodbye to any hope that they will be able to be accepted as a "normal" teenager.

It is beyond clear that AB 465 would be inherently harmful to minors and the transgender community as a whole. Transgender people need access to gender-affirming care. It is life-saving. Transgender teens are already a vulnerable minority, they do not need any more challenges. Make the right choice, oppose AB 465.

Resources referenced in this testimony:

Anderson, Danyon, et al. "Gender Dysphoria and its Non-Surgical and Surgical Treatments." Health Psychology Research, vol. 10, no. 3, p. 38358. PubMed Central, <https://doi.org/10.52965/001c.38358>. Accessed 2 Oct. 2023.

Puberty Blockers. <https://www.stlouischildrens.org/conditions-treatments/transgender-center/puberty-blockers>. Accessed 2 Oct. 2023.

Tordoff, Diana M., et al. "Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care." JAMA Network Open, vol. 5, no. 2, Feb. 2022, p. e220978. PubMed, <https://doi.org/10.1001/jamanetworkopen.2022.0978>.

Austin, Ashley, et al. "Suicidality Among Transgender Youth: Elucidating the Role of Interpersonal Risk Factors." Journal of Interpersonal Violence, vol. 37, no. 5–6, Mar. 2022, pp. NP2696–718. PubMed, <https://doi.org/10.1177/0886260520915554>.

Testimony written by Cameron Young, 17, on October 2nd, 2023.

Dear Chair Moses, Vice Chair Rozar, and members of the Assembly
Committee on Health, Aging and Long-Term Care,

I am writing to ask you to please oppose any bills that discriminate against transgender people. This includes efforts to retract access to affirming healthcare, sports, and public facilities that match their gender identity. Discriminatory efforts like these are deeply harmful to already at-risk trans children.

Specifically, I write today in opposition to AB465.

As a mom, I work hard to model how we treat others with respect and how we greet differences with curiosity rather than judgment. As a public health professional, I understand that trans children are already disproportionately at-risk of depression, anxiety, and suicidal ideation. As a community, we should be doing all we can to create spaces where trans children feel a sense of acceptance and belonging. As elected officials, it is your responsibility to protect these children. Instead, actions like AB465 perpetuate othering and model bullying. I urge you to vote against this legislation.

I will be watching closely to see what you do to protect trans rights, and I will cast future votes accordingly. Thank you for your time and support.

Sincerely,
Karen Odegaard, MPH
3614 Busse St
Madison, WI 53714

Dear Committee on Health, Aging, and Long-term Care,

Do NOT let AB 465 pass. Protect the rights of our
LGBTQ+ youth!

Elli Johnson, La Crosse

My name is Eli Rittenhouse, I use he/they pronouns, and as a transgender Wisconsinite, I urge you to oppose AB 377, AB 378, and AB 465.

AB 465 puts trans youth at risk. Research clearly shows that gender-affirming healthcare saves lives. Criminalizing providing healthcare for trans youth is inhumane, dehumanizing, and will put trans youth at immense risk. This is clear discrimination against trans people, which is unconstitutional. Trans people deserve equal rights and autonomy in healthcare. These are important decisions to be made between a medical provider, a parent or guardian, and a patient— we don't need lawmakers to chime in.

Get the facts about gender-affirming care:

- Every credible medical organization – representing over 1.3 million doctors in the United States – calls for age-appropriate gender-affirming care for transgender and non-binary people.
- Gender transition is a personal process that can include changing clothes, names, and hairstyles to fit a person's gender identity.
 - Some people take medication, and some do not; some adults have surgeries, and others do not. How someone transitions is their choice, to be made with their family and their doctor.
 - Therapists, parents and health care providers work together to determine which changes to make at a given time that are in the best interest of the child.
 - In most young children, this care can be entirely social. This means:
 - New name
 - New hairstyle
 - New clothing
 - None of this care is irreversible.

Please vote against AB 465 to protect all trans people in Wisconsin.

Next, I'll share my concerns around AB 377 and 378. This legislation sets a dangerous precedent in our public schools and attacks one of the most vulnerable groups in the state, namely, transgender, non-binary and gender non-conforming youth. As has been shown by other states who have passed this dangerous model legislation, this bill also has consequences for the economy and tourism of the state as well.

Both AB 377 and AB 378 wrongly discriminate against transgender athletes in sports. These bills threaten to not only demonize and weaponize transness but also legally enforces the policing of athletes' bodies in sport.

According to an article by the American Center for Progress, surveys and research studies have shown that where transgender youth encounter accepting and affirming policies, including trans-affirming sports policies, their risk of poor mental health, addiction, victimization, and suicide is drastically reduced.

Let trans kids play, dream, learn, make friends, and live their lives to the fullest. This community is already under attack, and sports are a beautiful and fulfilling outlet that all human beings deserve to be able to enjoy.

Please vote against bills AB 377 and AB 378.

I urge you to do all you can to ensure all three of these bills do not progress any further!

Thank you,
Eli Rittenhouse, 53546

Dear Committee on Health, Aging, and Long-term Care,

My name is Lindsey Kourafas, and I am currently pursuing a Bachelor of Science in Education Policy at the University of Wisconsin-Madison. Regrettably, I must draw your attention to a disconcerting matter at hand. Republicans within the State Legislature have orchestrated no less than THREE distinct committee hearings to convene on Wednesday, October 4th. These hearings are to deliberate upon the state's disconcerting anti-LGBTQ+ bills.

It is imperative to recognize that educational opportunity stands as a paramount determinant of health well-being within the United States. To contemplate the passage of legislation that inhibits the success and fulfillment of all Americans—particularly by means of prohibitive measures aimed at transgender athletes and medical care—would etch a deeply regrettable scar upon our nation's history. I strongly encourage you to take a resolute stance against these prohibitive measures. Transgender individuals residing in Wisconsin must be granted nothing less than the sanctity of their privacy, absolute bodily autonomy, and unimpeded access to essential healthcare.

Your conscientious attention to this matter is greatly appreciated, and I thank you for your consideration of these pressing concerns.

Sincerely
Lindsey Kourafas

Dear members of the Assembly Committee on Health Aging and Long Term Care

My name is Christiam Joseph, and I am a resident of Madison of Dane County. I've lived in Wisconsin for 9 years and I work as a psychotherapist in this community, as well as have kids whom these bills can affect negatively.

I am writing to urge you to vote NO on Assembly Bill #AB 465 Trans Medical Care Ban. As a Wisconsinite, I am opposed to this bill for various reasons, but I will speak as a professional and as a parent. As a professional I have had the pleasure of working with youth who identify as other than their birth assigned gender. This alone poses a tremendous amount of stress on these individuals. The stress is compounded exponentially when those around them do not support them and is even worse when society as a whole ostracizes them for whom they are.

The danger is grave for these young people as they internalize this hate and often times end up attempting or completing suicide. Legislature like these pose a grave danger to the lives of these individuals. As a parent I see the impact on my kids that a hateful and unsupportive society has. They often ask questions about rules and laws that are not inclusive and supportive and I cannot find ways to justify such a society that wants to inflict danger and pain on others. So the long term impact that bills like these has on my kids and the larger society as a whole is a perpetuation of negativity and seclusion and oppression and violence against others. And I cannot imagine that you want this to be the outcome if you agree with these bills so please reject this emphatically.

If passed, this bill will cost lives. At a time when LGBTQ+ youth are already struggling with harassment and discrimination, we should be making it clear that they are safe and welcome in Wisconsin.

I don't believe politicians should interfere with personal, private medical decisions that should only be made between patients, their doctors, and their families.

Sincerely,

Christiam Joseph

Christiam Joseph

Madison WI 53711

Dear Committee on Health, Aging and Long-term Care,

I am writing to vigorously oppose AB 465 Medical Care Ban. There is nothing about this bill that is based in science, medicine or the welfare of children.

The very American medical associations to whom you should be deferring ALL support gender-affirming care! You have no business interfering in a relationship between patients and their medical care providers. None.

This bill is being considered for only one reason: stoking bigotry against LGBTQ people to further a toxic political agenda that intentionally harms children.

Most sincerely,

David Gordon
McFarland, WI 53558

Dear members of the Assembly Committee on Colleges and Universities,

My name is Jessie Chmell, and I am a resident of Madison. I've lived in Wisconsin for 20 years, am a parent of two children and a hospice social worker.

I am writing to urge you to vote NO on Assembly Bill # AB 465. As a Wisconsinite, I am opposed to this bill because it is based on hate and exclusion. Trans and non-binary individuals are not a threat to us. As the parent of a child who identifies as non-binary and experiences gender dysphoria, I have experienced the importance of having gender affirming care. My child has experienced depression around their gender dysphoria and would not be here today without having received various levels of gender affirming care.

The individuals making recommendations regarding medical care should be those trained in providing it- the medical community, not politicians or anyone else. We don't want our politicians making decisions about our cancer or dementia care so why would we allow them to make decisions about any other healthcare? Gender affirming, medical based health care is supported across the mainstream medical community by national medical bodies such as the American Academy of Pediatrics, the American Medical Association, the American College of Obstetricians and Gynecologists, the Endocrine Society, the American Urological Association, the American Society for Reproductive Medicine, the American College of Physicians, the American Association of Clinical Endocrinology, and the American Psychological Association.

If passed, this bill will cost lives. Look around! All of our youth are already struggling with record high rates of anxiety and depression. Our LGBTQ+ youth (and young adults) have those same mental health struggles plus the compounded struggles of harassment and discrimination. We should be making it clear that they are safe and welcome in Wisconsin. We should be sending our LGBTQ+ youth the message that they are loved and supported, exactly as they are.

I don't believe politicians should interfere with personal, private medical decisions that should only be made between patients, their doctors, and their families. Please say NO to Assembly Bill # AB 465.

Sincerely,
Jessie Chmell

Priscilla Rose Bort
2233 N Summit Ave Apt 713
Milwaukee, WI 53202

TO: Committee on Health, Aging, and Long-term Care
SUBJ: Opposing AB465

I am submitting written testimony against AB465 - An Act to amend 441.07 (2), 448.02 (6), 448.02 (9) (intro.) and 448.978 (2) (intro.); and to create 146.36, 441.07 (1j), 448.02 (3m) and 448.978 (1m) of the statutes; Relating to: prohibiting gender transition medical intervention for individuals under 18 years of age.

Study after study has shown that gender-affirming medical care is life-saving. Politicians have no right to play the role of a doctor and make decisions about anybody's body but their own. Transgender youth deserve the right to the same medical access as their cisgender peers. We must do what we can to protect youth of all identities - transgender, non-binary, and cisgender, and AB465 works to harm them.

guy john halcón, M.S.

Regarding AB 377

October 4th, 2023

My name is guy and I am a concerned resident of Wisconsin. I am unable to attend this week's public hearings due to illness, so **I am providing this as written testimony in opposition of Assembly Bill 377.**

I am a disabled, transgender Latino who came to this state to learn and grow, with hopes of improving the experiences of all of our students. I just started my PhD Program with the Department of Educational Leadership & Policy Analysis (ELPA) at UW-Madison this fall after completing my masters degree; I also studied law here the last three years and only have a written project to submit to officially have my Juris Doctor. I helped represent disabled students who experienced discrimination while in school - free of charge. I have worked in school districts in three different states, including here. I was a fellow with the UW System Administration this summer prior to moving on to my current role as a Teacher's Assistant for an undergrad class. I was also the Gleason/Kettel Fellow this summer, and had my time with Fair Wisconsin funded by the Williams Institute out of UCLA Law. I am beyond grateful for all of these opportunities that I've had, but **I would not be where I am today without all of the support I have received from people who see and love me for me. Being supported in all of my authenticity has brought me a level of joy and success that all trans people deserve, joy and success that bills like AB 377 aim to hinder.**

Assembly Bill 377 maliciously strips away a student's identity, tells a child that they have no control over their body or sense of self, and discriminatorily prohibits the child from a truly holistic and healthy enrollment at their school. In the context of our public schools, AB 377 forces a child to either fight through the torture of not being seen as their true self and fight through the harm that comes from living a life that isn't their own - or be denied the social, academic, and personal benefits provided by publicly funded tax dollars while being ostracized as 'illegal' under the language of the Bill. No one, let alone a child, should have to decide between living authentically or accessing something that is meant to be accessible to all.

What I haven't mentioned already was that I was a Division 1 athlete my first year of college prior to retiring. I can say without a doubt that track and field saved my life in high school. I was in so much pain in high school that I couldn't explain to others - but when the final bell rang I knew I had a place to be where I could throw out some of that pain. I didn't have the language to explain my gender back then, but the kids that AB

377 targets do. Assembly Bill 377 would punish trans* youth for simply understanding their own existence and would forbid these children from participating in something that has the potential to be healing and life-changing - sports.

Additionally, the text of AB 377 sets up the stage for constant litigation, disproportionate impact and harm for Black and Brown girls (cis and trans*), and the defunding of public education in Wisconsin. This is not about supporting girls - what girls do the authors of this Bill aim to support or 'defend'? Black and Brown girls are more likely to experience harassment for not conforming to 'female' expectations. If a White girl sues a school because she is rightfully pulled out of a game for harassment after claiming a Black girl is trans, what does the Assembly propose happens? If a Latina files a complaint with OCR because she is being targeted and questioned by other athletes for being 'too masculine', what will happen next? If our public schools start to lose more funding and we shift to a privatization of schools, all children who are marginalized, whether because of ethnicity, race, disability, status as emergent bilingual, gender, sexuality, and/or otherwise, will be at the hands of private school law decisions which increasingly have permitted discrimination/exclusion. This is not about supporting girls - AB 377 uses trans* children, especially trans girls, in a strategic effort to dismantle public education.

To my final point, how does the Assembly see this ban being executed? Will each and every member who votes to pass the Bill be the one to demand a child's genitals and birth certificates be checked? Do voting members realize that closed birth certificate changes are possible in some states for minors and that students might move here from other states? Do voting members understand the implications this Bill has for FERPA and student privacy rights?

The first class I took in the ELPA Department was on Psychology and Coaching, with my final paper centered around servant leadership and better supporting LGBTQ2S+ student athletes. And here we are as a community and a state facing bills that would ban a number of these athletes from competing safely and authentically. 'Let kids be kids' includes trans kids. Let Trans Kids Play. Let Trans Girls Be Girls, Let Trans Boys Be Boys. Let All Of Our Children Be The Most Authentic Version of Themselves.

Thank you to those who have considered this testimony in its entirety. **Please vote against Assembly Bill 377 and all other anti-trans bills.**

To all assembly members,

My name is Matthew, and I am deeply concerned by the medical health ban that has been introduced to the WI State legislature today, October 4th, 2023. As many individuals in opposition of the ban will point out today, these bans are contrary to the best practices of medical providers. Transgender youth deserve an opportunity to live their fullest, most authentic lives outside of the forces institutional oppression. I understand that the legislators that have sponsored and will vote on this ban aren't acting in the best interest of transgender children and their families. They are playing into a culture war that distracts from the massive tragedies our nation is experiencing on a daily basis. If they were acting in the best interest of their constituents, they would simply let trans people and trans youth live their lives. I urge you to vote in opposition of assembly bill 465 (Medical Care Ban).

Hello, my name is Shanon Bartel, a frightened Dane County citizen and mother of three. I am providing written testimony to reject bill AB 465 Medical Care Ban. You are elected in office to be a voice, to support and keep safe all citizens of Wisconsin.

Transgender people ARE citizens of Wisconsin. They exist whether you like them or not. It is frightening to me that you would pass legislation to harm an already marginalized group of people just to gain a few votes. Trans youth are already 4 times more likely to commit suicide, suffer higher rates of depression and anxiety and have a higher drug and alcohol use rate than that of their peers. But, you've heard this all before.

So have you considered that perhaps you're actually LOSING your base? My husband was a Republican but not anymore. I used to call myself an independent, not anymore. I morally can never vote Republican until you stop discriminating against minority groups. My father, who is a Vietnam veteran, and has seen and lived through countless events, has never voted in any election until the last presidential race, because that's how scared he was for his grandson. You are NOT experts in the medical or psychology field, and those that are experts have come out opposing such bills. Transgender people have the right to obtain medical help, whatever that may look like for them, just like anyone else in this state.

My son was one of the lucky ones able to get the care he needed when he needed it without having to travel to another state, or jump through insurance hoops. This care helped him become the person he was inside, and gave him the confidence needed to achieve his goals. He graduated valedictorian of his class, received the prestigious Herb Kohl Scholarship and achieved a perfect score on the ACT. He is currently a junior at the University of Chicago and is hoping to go into public interest law to help those less fortunate. If he couldn't receive that medical treatment he needed, none of the above would have happened. I'm not sure if he'd be here today.

So I beg you to please stop playing with people's lives. Listen to the experts. Let the parents, children, doctors, and psychologists figure out what the best plan for their child is. I'd like to thank the committee for reading my testimony. I hope you will start supporting all of Wisconsinites.

Dear Committee Members:

Assembly Bill 465 prohibiting gender transition medical intervention for individuals under 18 does not provide the nuance necessary to effectively recognize that a best practice for gender-affirming care exists, approved by all major medical organizations as well as the FDA.

The standard of care for transgender youth involves the use of hormone blockers meant to function as a pause button for puberty changes impacting gender expression. We know puberty blockers are safe enough for the FDA to approve them for children starting puberty at a young age; therefore, they are safe for all children and should not be denied to just one population. While some documented side effects exist, the mental health benefits far outweigh the risks. Puberty blockers are temporary and allow children and families the time to thoughtfully consider their options as opposed to entering puberty in crisis. We know that this crisis leads to a higher rate of trans youth suicide when compared with peers. Particularly for transgender youth experiencing gender dysphoria, puberty blockers can improve mental health, ease depression and anxiety, improve social relationships, and reduce thoughts of self-harm.

If a guardian has provided medical consent and a child has met criteria for treatment, why would we provide anything less than the standard of care? Further, why would we create a hostile culture for healthcare providers? Many qualified doctors may avoid jobs in Wisconsin based on a culture of fear, and that hurts everyone. This particular legislation and bills like it imply that gender questioning and exploration is abnormal. It is, in fact, quite prevalent to varying degrees, so pediatricians need to be able to educate families and make necessary referrals without fear of repercussions.

Just as medical professionals do not legislate, legislators should not invade the medical sphere. Please keep Wisconsin children safe by allowing for a recognized standard of care for trans youth.

Sincerely,

Kathryn Schweitz
701 Chestnut Crest
Cottage Grove, WI 53527

To the Committee on Health, Aging and Long-term Care,

I oppose AB465. I do not understand why the medical care I need has to be decided by people who do not know me, my medical history and medical needs. It is unacceptable that the type of care I need is up for debate by those who know nothing about it. This bill has allowed people with personal biases against the trans community and gender-affirming health care to make the decision of what types of medical-care are allowed and what isn't. The choice to receive gender-affirming medical care is a private decision between a patient and a provider. This bill is not supported by facts and completely ignores the advice of the medical community that agrees this care is necessary. I would like the same privilege that CIS people get with their healthcare; that they are trusted to make their medical decisions.

Eugene Strei
2520 N Stowell Ave
Apt 302
Milwaukee, WI 53211

Markia Silverman-Rodriguez

Regarding Wisconsin Legislature

October 3rd, 2023

My name is Markia Silverman-Rodriguez, and I am a concerned Wisconsin resident, voter, and taxpayer, and graduate student at UW-Madison. I am testifying to oppose Assembly Bill 465 (Medical Care Ban).

Based on actions that other states have taken to take away trans people's rights, we know that this bill only serves as a stepping stone for banning trans healthcare altogether, which is in direct opposition to scientific literature and the most recent WPATH standards of care.

This bill is not based on science and sense, but fear and prejudice. Numerous peer reviewed studies have shown the life-saving effects of trans healthcare, and the minimal to non-existent advantages of trans athletes in competition with their cis peers. All this bill will do is isolate and vilify a vulnerable community.

Thank you for reading my testimony, and please oppose Assembly Bill 465.

Sincerely,

Markia Silverman-Rodriguez

(she/her)

Dear Committee Members,

I write this email in strong opposition to the Trans Athlete Ban and Trans Medical Care Ban. As a middle school teacher in Wisconsin, I have had the opportunity to get to know many wonderful trans children. Looking at these bills and the context around them, there is no conclusion for me to draw other than these bills are intended entirely to use the law to expose trans children to even more cruelty than they've already experienced. There are real problems in our state that you have the power to solve, such as the poverty wages many of the families of my students are earning in their full-time second and even third jobs. Or our environment being devastated by corporations. People suffering pain that can be relieved with cannabis products are forced to turn to crime.

Yet this is what you spend your time on? It's really unbelievable. The existence of trans people may make bigots uncomfortable, but their discomfort with the identities of others is not a government interest. Please do something useful, for God's sake.

Sincerely,

*Brian Harris
4613 Goldfinch Dr.
Madison, WI 53714*

Dear Representatives Green, Quinn and Kitchens:

I am a resident of the Town of Clover, Bayfield County. I have 2 children enrolled in Bayfield Public Schools. I am writing as a parent and as a medical professional, in opposition to AB 377 and AB 465.

I work with many families of all political persuasion. I am aware that there are people who believe that transgender identity is a choice. 56% of transgender youth have considered suicide. Regardless of whether or not we understand or support these kids, if we are to consider ourselves pro-life, we absolutely must value their lives by considering the impact of legislation such as this on them.

I am the mother to a trans daughter in the 10th grade. She does not play sports at school, but she does fill our freezer with venison every fall and she is my most favorite fishing buddy. She plans to attend medical school after college, and has proclaimed clearly that "it will not be in Wisconsin" if our State doesn't want me here. She is literally planning to leave the state (and bring her brilliant mind with her) because the people that are supposed to represent our family in our State Government are making it exceedingly clear that she is not welcome to live her true, beautiful self here. This is our State's loss in many ways. I hope you consider this impact when supporting these bills.

We are life long residents of the State of Wisconsin. We began my daughter's medical care in the state of Minnesota because we knew this was coming. We travel every 2-3 months. We spend hundreds of dollars in the State of Minnesota during these trips. This is money that would otherwise be supporting Wisconsin's local businesses/economy.

As a WI licensed midwife, I also need to bring forward the concept of informed consent and shared decision making. It would never be appropriate for me to take my personal belief system or agenda and insert it into another family's health care options. Nor is it appropriate for a legislative body to insert their political ideology or opinion in my family's health care choices. This is up to my husband, myself, my daughter and her health care team (of licensed professionals). It simply is not up to any government body to legislate what care is available to my children. I can't quite get over the irony of a Republican led bill that inserts government control into family life.

Please consider the irreparable damage that these bills will cause for our children, our economy and our great State's dignity.

Sincerely,

Dana Churness

From: **Gus Larson** <gus.h.larson@gmail.com>
Date: Wed, Oct 4, 2023 at 9:06 AM
Subject: Assembly Bill 465
To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

Representative Moses, Representative Rozar, Representative Brooks, Representative Dittrich, Representative Gundrum, Representative Magnafici, Representative Murphy, Representative Sapik, Representative Schutt, Representative Summerfield, Representative VanderMeer, Representative Subeck, Representative Riemer, Representative J. Anderson, Representative Vining and Representative Drake

Assembly Bill 465 is an atrocious attempt to politicize and harm transgender children. Setting the precedence for allowing politicians to make decisions about how and what medical care is given to individuals is incredibly dangerous. Bills like this seek to remove individuals rights to their own medical treatment and physical autonomy. We have seen these bills pop up all over the country and we have seen the harm that they do to our communities. The government should have no right to dictate the medical care that children, their parents and their doctors deem necessary and life saving.

So much misinformation about gender affirming care has been spread in order to back up bills like these that the public has been fooled into thinking that gender affirming care is somehow mutilating children. The reality is that puberty blockers can stop changes that are irreversible and that can cause intense trauma in the children experiencing them. Once a child has gone through puberty the gender affirming medical care needed will be much more expensive and invasive. Currently in Wisconsin genital surgeries are NOT performed on minors and top surgeries are only done after a minor has started puberty and after extensive evaluation from medical and mental health professionals. These surgeries account for a very small percentage of transgender minors. Mostly what this bill seeks to ban is puberty blockers and hormone treatment. These treatments do not amount to any significant permanent changes. Therefore the stated purpose of this bill is completely false and irrelevant.

The true purpose of this bill is to attempt to divide the citizens of Wisconsin and turn them against eachother at the expense of the well being of transgender children and their families. That is completely unacceptable and not what Wisconsin needs. If this bill is passed there will be many families that will have to consider the benefits of leaving this state in order to help their children survive adolescence. Wisconsin is home to many transgender minors and adults and legislation like this tells them that they do not belong in the place that they call home. Please consider the evidence and vote no on Assembly Bill 465.

Thank you,

August Larson
2115 Highland Ave
Janesville, WI 53548

From: **Peter Tarson** <PTarson@davidsononline.org>

Date: Wed, Oct 4, 2023 at 9:02 AM

Subject: Testimony against bills AB465, AB377, and AB378

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

Dear Assemblypeople,

I am Peter Tarson, a high school student and close friend to many families directly impacted by the bills AB465, AB377, and AB378, restricting gender transition care and requiring trans children to participate on the sports teams of their birth sex. I would like to beg Wisconsin to refrain from passing these lest it deny people so dear to me their humanity, belonging, and safety in public.

I understand that you wish to protect people by restricting transgender healthcare. But you are not protecting people, only an image of them, an image that causes them to squirm in falsehood. It frightens you to understand a child's nausea at a chest that is false for your internal God-woven beauty, to feel the needle bristle violation of facial hair, to feel a skirt that throws you behind waves of overwhelm. The feeling you feel when you imagine if you had transitioned is the feeling they feel every day they do not have trans healthcare.

I understand that the sports bills are meant to protect "*innocence of other sexes*," but this very construct pathologizes human bodies and promotes shame and division. Men fearing women does not protect women, not even cis women. It creates the suspicion and dehumanization that promote rape culture and make healthy relationships impossible. Women being segregated from people with male anatomy, not humanizing them by being on the same sports team, makes it impossible for women to expect to share space with those bodies. Learning to coexist across different bodies can later help young women be comfortable reigning cisgender men in from developing rapist attitudes through shared experience and common humanity. The principle of segregating socialization is what leads to the guys-only mentality of rape culture. No wall will ever protect us, only love and sharing. Even cisgender children must learn, nonsexually, to coexist with and celebrate other bodies, and being on sports teams where they affirm the gender of trans people around them builds that.

Banning transgender children from competing on sports teams they identify with is banning them from sports, with the implicit threat of the physical and psychological pain they would experience on a team where they are ever reminded of something excruciating to them, ill at the sight and comparison of the locker rooms. This is not a restriction, it is a barrier to a form of traditional community that bolsters mental health and connects us to one another.

Allowing children to reforge their bodies and team affiliations is allowing them to have voices, which can be frightening because we worry for them. But denying it will create endless pain. I am not transgender but I am a child myself and have suffered immensely when medical decisions were made against my will. I wept and squirmed as I was forced to ingest morphine for a broken arm, and later, when I was forced to tolerate a compulsive spiral without medication to forge my brain to my needs. This inspired me to study biology for several years intensely and have meaningful, beautiful conversations about it. This became my humanity, vulnerable and generative. To force a transgender person onto a sports team where they will feel false and ill in the locker rooms, or force them to pilot a painful body, is to deny them this very humanity. Do you choose to believe this, and to believe your own similar memories? Or do you choose to hide in the darkness of the room you were sent to to cry without love as punishment?

Whatever you choose, you are worthy. You deserve to revel in the repressed expressions, gyrations, and expansions of humanity alongside all people with care and tenderness.

To admit that transgender people deserve medical care and affirmation in sports is to accept God's offering, enumerated repeatedly throughout the scriptures, that we may share in the act of creation. We become close to Him by embracing our mental capacity to build and discover His love in the world. How else was it when St. Peter founded the Church in Rome and Antioch or Abraham traveled across Mesopotamia? How can we forget this? Will we not build our bodies, words, and minds as His temple by celebrating how they connect us to others and our inner truths? To ban transgender medical care is to force our children into a Miltonian Pandaemonium, where their bodies pressed into a mold of volcanic mercury that standardizes and regiments.

I urge you to release into your fear and into the community of thousands of trans people who are calling for humanity, not to be cast into the shadows and forced to squirm powerlessly. I urge you to sniff and cherish the blossom of bodily and social expression made by the decomposed remnants of our genetics, the petal layers of our minds and hearts, and the aromatic scents of a gift, a sharing with the universe. Trans healthcare gives trans youth the ability to remain youth, not hyper-aware of their sexual bodies by their overwhelming pain. Trans sport access is a renewal of the traditions of community in sports and in school that rural America has cherished for its children for centuries. The urban elitism that has cost Wisconsin so many jobs is not about tolerance, it is about withholding care economically and socially through set standards and shame. Trans healthcare and trans-welcoming sports amplify this community and renew the Rust Belt. The Republic of Front Porches will not be dead when all can sit on the porch.

This is vulnerable because it requires accepting that whatever you carry as a leaden weight in your chest could flower through scientific discovery and loving community, not just about gender but all things. As courageous leaders I urge you to embrace that tension. I am right there with you and will hold you.

I will always see the mental and vulnerable intertwined in you, as politicians, legal scholars, and the soft animals we all are. I will always love you, however you vote and whatever you do. But please allow my friends to be seen, create, and discover.

Take care,
Peter Tarson

From: **Steve Sieck** <ssieck@meadville.edu>
Date: Wed, Oct 4, 2023 at 9:01 AM
Subject: Regarding Assembly Bill 465
To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

Dear representatives,

I am writing to urge you to vote against Assembly Bill 465. I understand the pressure in our current 'culture wars' to score points. I understand that there is a mindset in which this kind of legislation 'protects kids'. And, I will tell you as a parent and as a teacher that this is the kind of legislation that is written when the legislators don't have a loving relationship with a child or student who is transgender. If we approach the topic from the abstract, we might end up with one way of thinking about this, which arrives at AB 465 (kids shouldn't make irreversible medical decisions, etc). But when we're in an actual relationship with a child or student who is trans, it's an entirely different conversation. I've known teens who take gender-confirming medical treatments, and they are far, far better for the medical care they get. And if we're worrying about irreversible medical decisions, playing football as a teenager creates concussions, broken limbs, etc. We understand that we can't wrap kids in bubbles until they reach 18.

I've never met a parent who blithely took their child to receive gender-affirming health-care. Indeed, there is a grieving process for the parent of letting go of the 'son' they had to welcome in the daughter they now have. It's a big deal for the family and for the child, and it's not a thoughtless process. The paperwork for gender-reassignment is enormous and expensive. I've never met a parent or family who does this flippantly. For the very, very small number of adolescents who seek gender-affirming medical care, I'm grateful that Wisconsin allows this process, even with the enormous amount of work involved to make it so.

There are states that are radically to the left and states that are radically to the right; I'm grateful to live here where we have a common-sense approach to our legislation. Let's not lose our way into sensationalist legislation to score points with big donors on the right. Common sense: there will be a very small population of adolescents who seek gender-affirming medical care, and we've done that in our state without turning into a dystopian hellscape so far. Indeed, we've saved a lot of lives. Please vote no on this and help change the prevailing narrative that our state is a beautifully purple state hijacked by a conservative minority. We've always been more nuanced and common sense than that.

Peace,
Steve Sieck
Teacher, minister, father

From: **Sami Zimmerman** <samizimmerman04@gmail.com>

Date: Wed, Oct 4, 2023 at 8:49 AM

Subject: Testimony against anti-trans bills

To: <testimony@fairwisconsin.com>

Hi, my name is Sami Zimmerman and I live in Blue Mounds, Dane County 53517. I am in strong opposition to bills AB-377 AB-378 and AB-465. To put it succinctly, when I was a kid, I remember praying that I wouldn't be gay or trans because it would be too difficult. This is a huge failure, or a careful design of our system. Now I pray for the blessing being trans is. I want our queer and trans youth to feel so much ease in their "interpretations of happiness" (thank you Lou Sullivan). I want them to play sports and feel good in their bodies and to get access to care. No youth should have to pray to not be themselves, just for the burdens our legislature bears on them. Trans is beautiful, so so beautiful and we all benefit from empowering and protecting trans lives.

Sent from my iPhone

From: **Libby Gerds** <libbygerds@gmail.com>

Date: Wed, Oct 4, 2023 at 8:38 AM

Subject: Opposition to AB 465

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

Dear Assembly Committee,

I'm writing as a constituent to express my strong opposition to AB 465. Bills like this create an unsafe atmosphere for children and families in Wisconsin, and I ask you to please oppose them forcefully.

This bill is discriminatory, unfair, and dangerous to some of the most vulnerable populations in Wisconsin. I urge you to defeat this effort, and stand with all children and families on the side of research and science. All children desire and deserve medical care that is evidence-based and their families, doctors and mental health providers agree is in their best interest. There is no reason government should determine how children receive medical care, or what that medical care should be. Consider your own families and children, and how desperate you would be to get them the care they needed. Preventing this life saving treatment because of discrimination will be disastrous for many children and families, and cause many others to leave our state. I implore you to really consider the stakes of such bills, and the impact on the most vulnerable populations in our state. Please consider the children of Wisconsin who need this care, whose safety, inclusion, and joy are just as important and worthy as all other children.

Thank you,

Libby Gerds

libbygerds@gmail.com

651-303-3656

Madison, WI

Good afternoon,

My name is Robyn Schultz. I live in the City of Milwaukee and I would like to speak today on the matter of Assembly Bill 465, a bill that I strongly oppose.

I have been living a transgender experience for my entire life. It was only much later in life that I was able to come to terms with this and come out as the person I am. Looking back, I can hardly believe that I am here to talk about this today. In the conservative religious background I come from, there was no means to establish a vocabulary to put into any kind of context or framework to have the critical conversations that would have spared myself and many close to me countless hours of anguish and pain. As I came to terms with my situation, I found myself in a very different position than the young people that stand to be impacted by this bill.

I am a member of a Union, one that has clearly and proudly asserted support for people like me in and out of the workplace. I am serving my third term as an officer in this Union. I have a career, not a job, affiliated with this Union. I have an education. I have health insurance and savings. I have a supportive wife and family. I have an incredible team of health care practitioners.

With all of these advantages and privileges, gender affirming care continues to be a challenge. I have spent thousands of hours and thousands of dollars moving forward with what has proven to be the absolute best set of actions I have ever taken. None of this happens without many obstacles, barriers and gatekeepers, be they in the workplace or home, in the discussions with health care providers or the constant challenges in the insurance arena. The standards for care of gender dysphoria are rigorous and have been refined over the course of nearly a century.

Looking at the allegations that get bandied about against allowing young people to access care such as this, I feel a need to point out that none of this gender affirming care happens without consent of the family, and in concert with the family's medical team. I feel it's important to remind this committee that in order for minors to get piercings or tattoos, parental consent is required. The narratives about hasty decisions and irreversible medical procedures being the norm, let alone anything other than rare and medically necessary exceptions, are patently false. These stories have no place in any serious discussions about the rights of families to address the needs of their own.

Perhaps this ultimately comes down to questions about parental rights or bodily autonomy. Perhaps this comes down to whether we want to allow young people to experience the best lives we can hope for and work together to build with them. Perhaps this comes down to deciding whether allowing the means to address the challenges of gender dysphoria to function is more important than watching our young people suffer. Perhaps it ultimately comes down to choosing whether it's more important to allow people to be and become who they are, or if we want to lose them to the many avenues of destructive behaviours that present as the best options when they are compelled to live lies.

I am here before you to ask that you discontinue the efforts to dismantle an important mechanism of support for a small percentage of the young people in our State. This ill-conceived assault on what has proven track record of being the means for countless young people to survive an unimaginably difficult set of challenges must end before it goes any further.

Thank you all for your time and your willingness to listen to this testimony.

Respectfully,

Robyn Schultz

From: **Sara Meredith** <smeretactics@gmail.com>

Date: Wed, Oct 4, 2023 at 8:34 AM

Subject: Testimony for today

To: <testimony@fairwisconsin.com>

Good morning,

I can't be at the Capitol this morning but just wanting to send this along.

As a parent I cannot imagine how devastating these bills would be for children who just want to feel like their bodies match their gender.

Taking away the right for gender affirming care for anyone will have devastating consequences. Many children and teens not having an option for gender affirming care may lead to suicide. These decisions should not EVER be up to the government to make. Don't make our children suffer for the beliefs of some.

As a friend of several trans people these bills are devastating and really are the first steps in erasure of trans people. They deserve autonomy over their bodies as much as any other person.

I feel like all of these bills are an attempt to rile up a base of people who feel strongly that trans people shouldn't exist and that children and teens shouldn't be allowed to make choices about their bodies. Everyone should have the right to make choices about their bodies regardless of age and what gender they were assigned at birth.

If passed these bills would set another dangerous precedent for which bodies, genders and identities are valued in this state as well as letting the government decide how athletes can perform.

Thank you for listening.

Sara Meredith
Madison WI

From: **Cass Stone** <smile@cmaedesign.com>

Date: Wed, Oct 4, 2023 at 8:32 AM

Subject: AB 465 Testimony

To: <testimony@fairwisconsin.com>

Cassandra Stone

1033 Grant St. Lake Geneva, WI 53147

To the entire committee,

As a Wisconsinite, business owner for over 11 years, and volunteer for the Trevor Project, I oppose AB 465 (Medical Care Ban).

This is restricting healthcare rights and human rights. I do not support this ban as it will impact mental health to an already vulnerable population. Please do not pass this. Our community needs access to healthcare and support from our government.

From a business owner and individual who loves their community,
Cassandra (she/her)

—

Cass Stone

Owner & Photographer

C.Mae | www.cmaedesign.com

262.206.6315

From: **Reed Martin** <reed.edward.martin@gmail.com>

Date: Wed, Oct 4, 2023 at 8:28 AM

Subject: STOP ATTACKING TRANS PEOPLE

To: <testimony@fairwisconsin.com>

Trans people make up 0.34% of the population of Wisconsin. That's and INSANELY small number of people to dedicate so much time and energy on. Furthermore, gender affirming care (WHICH ISN'T JUST SURGERY) has been shown to reduce childhood trauma and suicide so you're NOT EVEN PROTECTING THE CHILDREN. Stop lying about why you're doing this, you're attacking the smallest demographic to score political points and it's disgusting. Republicans are bullies, full stop. STOP these bans. They are cruel and a waste of time and tax payer money.

From: **Sandra Johnson** <smjohnso@charter.net>

Date: Wed, Oct 4, 2023 at 8:18 AM

Subject: AB 465

To: <testimony@fairwisconsin.com>

10/3/23

Dear Committee members,

I am a concerned citizen who wants you and your elected colleagues to reject AB 465. This bill as written would ban all gender-affirming care for anyone under the age of 18. The Committee on Health, Aging, and Long-term Care should prevent this bill from going any further.

I am especially concerned about reducing suicide risk. Research at Rutgers University indicates gender-affirming care reduces suicide risk in this vulnerable group of children.

Please reject this legislation made at the expense of children, that targets a small group while knowing the result will be harmful.

Thank you,
Sandra Johnson
Fitchburg WI

10/4/23

Dear Assembly Committee on Health, Aging, and Long-Term Care,

I'm writing asking you to protect the health and wellbeing of trans kids and vote no on bill 465. Please allow them to play on the sports teams that they identify with and protect their access to lifesaving medical care. Banning health care and criminalizing doctors is inhumane and barbaric. Banning children from athletics is cruel. These bills are extremely harmful to our LGBTQ+ communities. They are a blatant attempt to codify discrimination and perpetuate damaging, inaccurate, and deeply offensive stereotypes against the trans community. People deserve to freely be who they are without shame, exclusion, or taking away their bodily autonomy. There are all kinds of studies that clearly show the harmful and deadly impacts these types of laws have on people, especially children. We should be nurturing, loving, and affirming trans kids, their lives depend on that. These bills are the opposite of that and will do nothing but do nothing but threaten the lives and well being of children and families.

Please vote no on the bills to ban access to athletics, medical care, and criminalizing doctors.

Thank you for your service,

Lorrie Hurckes
501 W South St
Stoughton, WI

From: **Jesse SELL** <jtsell2@wisc.edu>
Date: Wed, Oct 4, 2023 at 8:11 AM
Subject: Testimony for SB 480 and AB 465
To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

To the Committee,

My name is Jesse Sell, and I am a medical student at the University of Wisconsin-Madison School of Medicine and Public Health. I am writing to you today in opposition of SB 480 and AB 465.

I would first like to acknowledge that none of us wants what is worst for the children of the state of Wisconsin and this country. It behooves as all to assume well-intention, not malice, when we find ourselves at odds over such important issues as the health and well-being of people.

It is my position, and that of the American Medical Society, the American Academy of Pediatrics, the Endocrine Society, and the Wisconsin Medical Society, among many others, that these bills will cause harm to the youth of Wisconsin. It is critically important that we protect children as they traverse the most formative and vulnerable years of their lives, but the assumptions and inaccuracies presented in these bills regarding gender affirming care poise this legislation to be harmful, not protective. One of my colleagues at the Wisconsin Medical Society, Andrew Norton, has submitted written testimony that goes through some of these points with specificity, including citations, so I will not belabor the point by repeating them at length here.

What I would instead like to affirm is something on which we all may agree, which is that the matter of human development and individual manner is neither simply defined nor easily predicted. Differences among siblings highlight this best. Even when all other things are the same, we can observe distinct differences that cannot be predicted. Why do some siblings need glasses where others do not? Why do some have freckles? Why do some develop depression? Why are some tall and others short? We can say with certainty and without controversy that these traits are based in genetics and not habit. Yet, when it comes to the matter of personal identity and sexuality, things far more complex and nuanced, there exists a cognitive dissonance that decries their genetic underpinnings as impossibility. I ask you to question why that is.

In all arenas of life, we make the best decisions we can with the information available to us. Sometimes, we find that information flawed, and we act in error. The legislation before you contain numerous inaccuracies, and they are premised on harmful assumptions that are in conflict with truths otherwise accepted in our society and with the evidence available to us. Progressing this legislation will result in harm to the children of Wisconsin.

As you consider this legislation, please also consider the testimony and evidence presented to you, and please recognize that the considerable time and energy taken to bring it before you belies a genuine concern and interest in the well-being of the youth of our state.

Thank you for your time and consideration.

Best,

Jesse Sell
(he/him)
M1 Student, UWSMPH
m.: 815-780-0981
jtsell2@wisc.edu



Testimony Submissions <testimony@fairwisconsin.com>

Testimony in Opposition to AB 4651 message

djray5@sbcglobal.net <djray5@sbcglobal.net>

Wed, Oct 4, 2023 at 8:10 AM

Reply-To: djray5@sbcglobal.net

To: testimony@fairwisconsin.com

My name is Dennis Ray. I live in Madison with the zip code 53714. As a Christian called on to love others as a tenet of my faith, I am compelled to ask that you not pass Assembly Bill AB 465. The thrust of this proposed legislation is unloving and uncaring toward parents and their children. Parents should not be compelled to not follow, nor be denied access to, the best advice of medical professionals in how to care for their children. This legislation denies parents their basic right to make decisions in the best interest of their children. At its heart, it is anti-family in a time when parents need the full support of the state to address the difficult challenges they face in raising their children to reach their full potential.

Again, please oppose AB 465.



Testimony Submissions <testimony@fairwisconsin.com>

Opposition to anti trans bills

1 message

Madison Hartup <madisonhartup@gmail.com>
To: testimony@fairwisconsin.com

Wed, Oct 4, 2023 at 8:09 AM

My name is Madison Hartup, I live in Madison, WI (53703). Trans rights are human rights and I oppose these bills that would strip away life saving medical care and athletic opportunities from Wisconsin residents.

Sent from my iPhone



Testimony Submissions <testimony@fairwisconsin.com>

Testimony in opposition to AB 377, AB 378, and AB 465

1 message

Amy Washbush <amy.hilgendorf@gmail.com>
To: testimony@fairwisconsin.com

Wed, Oct 4, 2023 at 7:59 AM

Dear Assembly Committee,

I am writing to ask to firmly and vocally oppose AB 377, AB 378, and AB 465.

As the parent to a nonbinary child, it is heartbreaking to see these bills come forward. My child deserves to thrive as much as any other child. These bills make them feel as if they don't belong, as if they can't pursue the sports and activities that other children can, and that they can't trust our medical providers to care for them. There is nothing wrong with my child. They are who they are and they deserve the same as every other child, boy, girl, or however they identify.

As a lifelong female athlete, I can say with confidence that this call to ban trans girls and women from sports is ridiculous and only intended to do harm. I have been fortunate to count as teammates and opponents trans women, and I stand in strong support of their right to access the sports we all find empowering and enriching.

I and other Wisconsinites like me demand politicians stop playing political games with the lives of trans youth. They deserve to live their lives freely. The trans community demands to be treated fairly like anybody else.

We must stand up for the privacy, freedom, and bodily autonomy of LGBTQ+ Wisconsinites and keep politicians OUT of our healthcare. We support the freedom to access healthcare and oppose the Trans Medical Care Ban, which would deny life-saving care to trans youth.

Sincerely,

Amy Washbush
107 Sutherland Court #226
Madison, WI 53704



Testimony Submissions <testimony@fairwisconsin.com>

Assembly Committee on Health, Aging, and Long-Term Care

1 message

Rachel Newton <racheln544@gmail.com>
To: testimony@fairwisconsin.com

Wed, Oct 4, 2023 at 7:50 AM

TESTIMONY OF RACHEL NEWTON IN OPPOSITION TO AB 465*Relating to: prohibiting gender transition medical intervention for individuals under 18 years of age.*

Honorable Chair Moses, Vice Chair Rozar, and members of the Committee,

I am offering testimony today in opposition to AB 465, a bill that undermines the health system in the state of Wisconsin by denying life-saving care to minors. With the passage of AB 465, medical professionals would no longer be empowered to make individual, evidence-based treatment plans with patients and families. Every child has the right to a happy, healthy life, and access to the appropriate medical treatments to ensure their success ought to be the only purview of a legislature devoted to serving the great state of Wisconsin.

I am a student at UW-Madison, studying Genetics & Genomics and Environmental Studies. I use she/her pronouns, am cisgender, and have been a part of the Madison community for years, and enjoy the wonderful communities that can be found everywhere. In my education here, I have met many new people here that have all had different backgrounds and experiences in their lives. For the purpose of this testimony, I will speak to those of the transgender community.

Leading medical experts across the country say that the gender-affirming care this bill bans saves lives. Groups such as the American Academy of Child and Adolescent Psychiatrists, the American Nurses Association, the American Physicians Association, and the American Pediatrics Association say that removing access to timely gender-affirming care increases the risks of depression, anxiety, and suicide.

I struggle to think of the words that I should use in order to get you, the legislators, to see how fundamentally unethical this bill is. To put it simply, it's not up to the government that minors, or anyone, shouldn't receive medical care. By taking away treatment from transgender youths, you are forcing them to live in a body that they are uncomfortable in, and are being severely detrimental to their mental health.

Passing AB 465 is harmful to the children of Wisconsin because:

- 1) Transgender youth already face severe mistreatment in their schools and communities. Seventeen percent of youth who were out or perceived as transgender were mistreated or bullied so much that they left their K-12 school, with 24% reporting that they had been physically attacked for their identity.
- 2) "Detransitioning", or the process of halting gender-affirming practices, is a rare phenomenon, especially among those receiving medical care. Among those who detransition, the most common reasons are external pressures, from family or work (82%).

I respectfully request that you reject Assembly Bill 465. Thank you for your time and consideration in this matter. Please do not hesitate to contact me if you have any questions on the matter or need additional information.

Sincerely,
Rachel Newton
Madison, 53726
Resident of Assembly District 76



Testimony Submissions <testimony@fairwisconsin.com>

AB465

1 message

Sarah Shatz <sarahaudreyshatz@gmail.com>
To: testimony@fairwisconsin.com

Wed, Oct 4, 2023 at 7:43 AM

Dear Committee on Bill#AB465

Please do not support this bill. LGBTQ rights are human rights. We are humans. We would appreciate being treated as such.

Sarah Shatz
1814 Sheridan Drive
Madison, WI 53704



Testimony Submissions <testimony@fairwisconsin.com>

AB 465

1 message

Nick Utphall <nick@themcc.net>

Wed, Oct 4, 2023 at 7:42 AM

To: "testimony@fairwisconsin.com" <testimony@fairwisconsin.com>

To the Committee on Health, Aging and Long-Term Care:

I write as a pastor concerned about the wellbeing of young people, people whom my faith tradition believes were created in the image of God and for whom I consider it my calling to proclaim they are loved by God. My name is Nick Utphall, born in Spooner, I grew up in Eau Claire, and have served congregations in the Madison area for nearly twenty years.

In my role—and even within my family—I've witnessed the harm and trauma caused by gender dysphoria. I've observed and celebrated the amazing turnaround when young people get to be exactly who they are. It's something I can't fully feel or understand within my body as a cisgender male (labeled as male at birth and still feeling that identity), but I cannot deny it in these young people. It's an amazing new reality just when they have the opportunity to say who they actually are—and I believe whom God created them to be.

That's already a start. A vital next step is needing medical care, so that their body's genes don't continue to make them into something more of who they know they are not. I've seen kids as young as four know who they truly are. Can you imagine the suffering of growing up and all the development in life put on hold because a law says you cannot do anything about it until you are 18? At that late point, it becomes much more difficult to undo. Further, puberty is hard enough for those of us going through changes from boy to man or girl to woman. What about when puberty forces you daily, bit by bit to become less of what you were meant to be?

We know this risk because of the enormously high rates of suicidal thoughts and actions among transgender youth. We could help prevent it, but this piece of legislation indicates the State would prefer their death over helping them manage and be who they truly are and grow into healthy neighbors and community members, again whom I proclaim are loved by God through it all.

Please oppose AB 465. You remain in my prayers and those of my church.

Thank you.

the Rev. Nick Utphall

Advent Lutheran of Madison Christian Community

Madison, Wis.



Testimony Submissions <testimony@fairwisconsin.com>

Bill AB 465

1 message

Jessica Patchett <jessica@cpcmadison.org>

Wed, Oct 4, 2023 at 7:41 AM

To: testimony@fairwisconsin.com

To the members of the Committee on Health, Aging and Long-term Care,

I'm writing to share my grave concern about and opposition to Bill AB 465, known as the Trans Medical Care Ban.

I am an ordained Christian Pastor serving in a local congregation. My church members are Republicans, Democrats, and Independents. They are straight, gay, bisexual, queer, Trans, and intersex. They work in a wide range of professions – medicine, education, research, finance, construction, and small business ownership.

A Trans Medical Care Ban – and even the very introduction and discussion of this bill – is harmful to all of them and us as your constituents.

Our Trans youth are afraid that they will no longer be able to access essential care – and – feel like their political leaders see them as second-class citizens. Their parents are concerned to send their kids to school, because political rhetoric fuels youth bullying. Our doctors and nurses are dismayed that their political leaders do not trust their world-class training, discernment and expertise. Our Trans adults warn that the psycho-social impact of violent public discourse fueled by these proposed bans is deadly. And, our business leaders are fed up with losing valuable time and money as they and their employees scramble to respond to ever-changing flurries of political activity that largely seem to be cruel and unusual partisan power grabs.

Members of our congregation who are committed Christians are aghast that Wisconsin political leaders would even consider legislation that takes the religious convictions of a few and uses them to limit the religious, political, and medical freedoms of the rest.

As Presbyterians, our understanding of the Christian faith – and the foundations of American democracy – tells us that we are all made in the image of God, with God-given intellect and freedom of conscience. We should be able to live without fear of any government tyrannizing us with legislation that interferes in decisions and pursuits that are our God-given right to pursue at our own discretion.

Please oppose this bill and return to the work of governing pursuits that heal rather than harm and uplift rather than oppress.

Rev. Dr. Jessica R. Patchett
Pastor
Christ Presbyterian Church
Madison, WI 53703

—
Jessica

Rev. Dr. Jessica R. Patchett

she/her/hers

Lead Pastor and Head of Staff

Christ Presbyterian Church, Madison, WI

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**CHRIST
PRESBYTERIAN
CHURCH**

To the Committee on Health, Aging, and Long-term Care:

I am writing to express my firm opposition to Assembly Bill 465. I believe that transgender and non-binary youth are due dignity equal to their cisgender peers and are thus entitled to the full extent of medical care endorsed by the American Academy of Pediatrics, American Medical Association, and the American Psychiatric Association. I believe the state legislature does not have the right to impinge upon a doctor's, physician assistant's, or nurse's abilities to provide the same standard of healthcare available to cisgender youth or to impinge on a parent's right to make medical decisions for their children in consultation with medical professionals.

The language of Assembly Bill 465 specifically restricts the abilities of healthcare professionals to provide basic, life-saving, and affirming medical care to transgender and non-binary youth. Such similar bans on healthcare endorsed by the American Academy of Pediatrics, American Medical Association, and the American Psychiatric Association have been overturned or put on hold in other states across the country, and I believe that proceeding with Assembly Bill 465 is both wasteful and an abominable display of discrimination. I am ashamed that any legislators from the state of Wisconsin have endorsed short-sighted, bigoted, and discriminatory policies and appreciate the support of those who stand in opposition of this bill.

Sincerely,

Dana Dahhan, PhD

110 N Livingston St Apt 260
Madison WI, 53703

To the Committee on Health, Aging
and Long-term Care,

My name is Oliver Bronk and I live in Stevens Point Wisconsin. I have lived in this state all my life and I consider it my home. I oppose AB 465, as it is a bill that would do substantial and cruel harm to our youth. I was one of those youth, those children you seem to care so deeply about protecting yet you'd rather target the care they most need. I was one of those kids who needed someone to see me for who I was. There were no surgeries, no mutilations as so many claim there are, yet they won't step foot near a trans person. Any trans person will tell you: this does not happen. At most, there is completely safe and scientifically proven therapies. At the very least, a proper name and pronouns. That is all these youth need sometimes: to feel seen. Respected. Safe. A bill that bans the care these trans youth need, desperately need, puts them in direct harm. Without the care I received from my doctor, the simple noting of my name in the system, I would have never felt safe around her, especially as I needed her most as I battled several illnesses in my youth. Surgery does not happen, is rarely ever considered, until 18. I am in my 20s now, and I still struggle to even receive that surgery. Banning the base care for our youth is the most dangerous act that can be taken toward the most vulnerable of our population. Oppose AB 465 and actually keep our youth safe.

Thank you.

Oliver Bronk
Stevens Point, WI

Members of the Committee,

My name is Emily Smith. I live on Hammersley Rd in Madison, 53711. I oppose AB 465.

I've known and loved many trans people over the course of my life. I first learned about transness in 5th grade when a friend of mine shared that he was a boy and that he would be transitioning to live according to his gender identity. As he experienced gender milestones that were important to him - being called by the name he chose for himself, a lower voice as a result of hormone treatment, his first facial hair - it was abundantly clear to me that these milestones brought both joy and relief. Joy that he could see himself in a body he recognized as his own. Relief that he no longer had to experience that particular aspect of gender dysphoria.

Dysphoria, discrimination, and general lack of acceptance all contribute to trans youth experiencing more mental illness and suicide than their cis peers. The Trevor Project's 2022 Youth Mental Health Survey found that more than 56% of trans and non-binary youth in Wisconsin have seriously considered suicide in the last year. These youth need our acceptance and our care, not to have their bodily autonomy removed and their access to medical care revoked.

I currently teach a class of high school freshmen and sophomores that includes a trans boy. I want him to be able to access the same life saving, gender affirming medical care my childhood friend received. Please do not pass this bill that would eliminate his ability to do so. Please do not remove the bodily autonomy of some of our most vulnerable youth. Please act from a place of care and acceptance.

Thank you for your time.

Dear members of the Assembly Committee on Health, Aging and Long-Term Care,

My name is Rev. Scott Marrese-Wheeler, and I am a resident of McFarland. I've lived in Wisconsin for 29 years. I am also a Presbyterian minister, serving with the people of Oakland Cambridge Presbyterian Church in Cambridge for the past 10 years. In addition, I have been an educator at the McFarland Middle and High School for the past 13 years. My spouse is a Moravian minister in Madison, serving at Common Grace Church on the east side. We have a son who is a senior at UW-Madison. He is in a relationship with a beautiful person, named Gillian. Gillian is non-binary, and transgender. We love them!

As a pastor, an educator and a parent, I am writing to urge you to vote NO on Assembly Bill #465. As a Wisconsinite, a parent and a Christian pastor, I am opposed to this bill for the harm it does to God's own sacred image who our transgender children are created in just as each of us have been. In Genesis 1:26, the writer reminds us that God is non-binary when they write "And God said let 'Us' make humankind in Our own image..." In terms we use today, God is gender fluid. Over the centuries, a Patriarchal society assigned God a sex as male. Those who have prayerful and faithfully studied the sacred texts of Scripture know that this assignment of a "gender" to God has led to oppression, abuse and violence against those who would challenge this misinformed biblical view of Scripture. The passage of Assembly Bill would continue this oppressive and abusive view of God's own sacred image. As pastor and an educator, I have had the honor of experiencing the sacred image of God in and through the students at Indian Mound Middle School and McFarland High School, as well as through the larger Church community.

As a congregation, we invited the Dr. Jennifer Winters and her spouse, Mike Winters along with their two daughters, Kate and Patricia, to church to learn about Transgender Children and faith. One of their daughter is a transgender child. Dr. Winters and Mike Winters love their daughters. Dr. Winters through her medical practice cares for transgender children and youth and their parents. Your bill would seek to abuse both their own child, and those she provides medical care for, while criminalizing her compassion care for those she serves as a physician.

As an educator, I have come to know a number of our students who are non-binary and transgender. One of those students, Alexia, was someone I built a relationship with as teacher over their years from Sixth Grade through High School. Sadly, because of your attempt to further condemn what God has created as sacred and good, Alexia, finding little acceptance, chose to end her life. As a pastor, I was asked to officiate at her funeral. Your bill does not support our transgender youth, but continues to stigmatize and condemn them. As Jesus said in Matthew 25, when you do it to the most vulnerable in our society, you did it to me." Assembly Bill #465 is a mean-spirited, cruel, and abusive bill towards God's own sacred image in our children. It is not pro-life or pro-family. It only contributes the destruction of life and the health and well-being of families.

If passed, this bill will continue to cost lives. At a time when LGBTQ+ youth are already struggling with harassment and discrimination, we should be making it clear that they are sacred human beings, reflecting God's own image. They should be made to be feel safe and welcome in Wisconsin.

As a faith leader, an educator and parent, I don't believe politicians should interfere with personal, private medical

decisions that should only be made between patients, their doctors, and their families.

Again, in the name of God, and for the health of our children, I asked that you to vote NO on Assembly Bill #465

Sincerely,

Rev. Scott Marrese-Wheeler
Pastor of Oakland Cambridge Presbyterian Church 6401 Hidden Farm Road
McFarland, Wisconsin 53558

It is infuriating to see Wisconsin legislators spend time on such bigoted and harmful bills, attacking people who exist outside a socially-constructed gender-binary. There is a crisis in our state around caring for our kids - underinvestment in the childcare sector, in education, in healthcare, in mental health. I cannot fathom the point in wasting time on legislation that deliberately harms some of our most vulnerable kids. This legislation aims to make them unsafe and feel unwelcome; it does active harm. It shows that Wisconsin is not safe for people like my brother, who was born and raised here but did not stay, in part because of legislation like this that intends to make it unsafe for him to exist here.

Spend your time on actual problems - like funding child care and paying educators what they are worth.

Erica J
Madison

To the Wisconsin State Legislature Committee Hearings:

AB 378, 377, and 465 would prevent trans youth from participating in sports and accessing the healthcare they need, things that should be available to everyone. It's unfair to ban these rights on the basis of gender. A 2022 survey found that 85% of trans and nonbinary youth report that facing ongoing political attacks has been detrimental to their mental health, according to the Trevor Project. These youth need support, not attack.

Marie Baker
Dodgeville 53533

Dear Representative Moses and members of the Assembly Committee on Health, Aging, and Long Term Care,

My name is Kate Ullman, I live at 1222 9th Ave W, Ashland, WI. I am writing in strong opposition to AB 465, a bill prohibiting gender affirming care for people under 18.

Freedom is a foundational value in American society, and the freedom to make decisions about medical care in consultation with a doctor is one of the most critical to prevent state overreach into our private lives. Like many of our freedoms, this liberty should not start at age 18 because it should be considered an inalienable right. Prohibiting doctors from providing gender affirming medical care, including hormonal medication, denies young people access to treatments that have a significant impact on their daily life, and are in some cases life-saving. It is critical that we give doctors the latitude they need to fulfill their responsibilities in providing the best care possible to all patients, and for some patients that includes gender affirming care. This bill puts doctors in a terrible position where they are not able to provide the care they know is necessary for their patients.

I am curious to know if members of this committee know any transgender children. I can imagine that if you don't know transgender children you might not fully grasp the gravity of denying them the care they need. I urge you to listen to the voices of transgender youth, their families, and their doctors. Medical care often comes with side effects, costs, and unintended consequences, and doctors must navigate difficult decisions with life-altering consequences with their patients every day. Please do not pass a blanket prohibition for treatment that is absolutely the right choice for some patients. The Republican party has long been a proponent of erring on the side of individual liberty, and non-interference of government in our private lives. Now is the time to reflect on that value and apply it consistently. Do not substitute your judgement for the judgement of children, families, and medical providers.

Sincerely,
Kate Ullman

From: Mary Schulz, 744 E Pacific St, Appleton, WI 54911

To: All committee members for the hearing on AB 465 Trans Medical Care Ban.

I am 100% opposed to this bill.

No one knows better what is best for their personhood than the individual involved. In my opinion, to be against appropriate medical care for trans individuals is cruel and unusual punishment toward persons who have had no control over how they were created.

Sincerely meant,
Mary Schulz

To the members of the Committee on Health, Aging, and Long-term Care:

As a teacher (speaking for myself, not as a representative of my university) who works with young people every day, I strongly oppose any ban on medical care for trans and nonbinary youth. Trans and nonbinary young people have rights to privacy and bodily autonomy and to health care, with the permission of their guardians if they're minors. No one else is harmed by allowing trans and nonbinary young people to receive care that supports their identities and, in many cases, protects them from terrible mental health outcomes including death by suicide. To suggest that this medical care harms the young people being treated goes against all medical evidence and recommendations from more than 30 respected medical associations. (

) What you're proposing here is performative cruelty. Do the right and humane thing and do not pass this ban (AB 465).

Thank you for your time,

Kate Beutner
8020 Hillcrest Dr, Wauwatosa, WI 53213

To Whom It May Concern:

I am writing today to express my disgust and anger towards the GOP Lead Bill that once again is pushing a select few people's message of intolerance and hate on the people of Wisconsin.

This proposed ban takes away the individual's right to make their own medical decisions to affirm who they are. The GOP lawmakers who claim to stand for smaller government and individuals rights are once again forcing their personally held beliefs on others. This bill sponsored by three white cis gendered males who clearly have no understanding of the personal pain and struggle of Transgender youth in their communities or the world have once again decided they know best and are forcing families and individuals to pretend to be something they are not.

This ban on life saving medical care is abhorrent and only sends a message of non-acceptance and hate. Any family going through the courageous decision to allow their child to seek out medically approved and scientifically supported care in order to live their full and authentic life, should be allowed to make that decision for themselves. Current care standards in Wisconsin require a parent or guardian to participate in the decision for gender affirming care, and that decision should only be the responsibility of the parent and minor to decide.

I fear to think what might have happened if my nephew had been denied that care with the support of his parents! Wisconsin do the right thing and stand up for and support all the people of Wisconsin, not just those who fit the GOPs mold of what they think a person is.

Law makers leave the choice where the choice belongs...with the individual and their family!

Chris Berenstern

I oppose Oppose AB 465, AB 377, AB 378.

As an educator in this state, I have seen the extreme mental duress that LGBTQ+ youth navigate as they explore and discover who they are, who their families want them to be, and at times, have to navigate the deeply traumatic times when those two futures are in direct opposition. Adding the government's involvement in limiting medical care and extracurricular choice? That is a dangerous precedent to set - at what point do we let young people, their families, and their providers determine their own futures? I vehemently oppose the Trans Athlete Ban and the Trans Medical Care Ban. This is removing an individual's right to determine their own medical care and life. Wisconsin youth deserve the right to self-determine who they are, and not have the government decide for them based on pseudo science and religious doctrine. How many Wisconsin representatives have attended medical school? How many have science degrees? Why are we spending time limiting the future of our youth and silencing the voice of our Wisconsin?

I'm not sure why our representatives feel the need to engage in viral, outrage-based political theatre when Wisconsinites are struggling under the weight of so much already.

Forward -

Emily Erler
HS English Teacher
Milwaukee WI

To the Committee on Health, Aging and Long-Term Care:

Please vote No on AB 465, the Transgender Medical Care Ban. This inhumane proposed ban must never become law. Politicians should not be involved in any way with medical decisions that are between patients, their doctors and family members.

Denying gender affirming care to transgender youth is a form of political violence. The attacks nationwide have led to transgender youth facing barriers to access medical care of any kind. Pushing hateful bills like this and trying to take away someone's medical care with having no idea the negative harm the proposed ban would cause is reckless and inhumane.

All gender affirming care is age appropriate and supported by every major medical organization. For young minors, it is entirely social, such as hairstyle and clothing changes. A team of doctors and medical professionals make decisions with the youth and their parents. Everyone on those teams are the best qualified to make those decisions, not politicians.

Here is accurate information on gender affirming care from the Human Rights Campaign:
<https://www.hrc.org/resources/get-the-facts-on-gender-affirming-care>

"Gender-affirming care, sometimes referred to as transition-related care, is life-saving healthcare for transgender people of all ages. It is not a single category of services but instead is a range of services, including mental health care, medical care, and social services. At all ages, clear, well-established, evidence-based standards of care exist for who can access what form of gender affirming care, and when they are eligible to receive it.

Gender -affirming care is medically necessary for the well-being of many transgender and non-binary people who experience symptoms of gender dysphoria, or distress that results from having one's gender identity not match their sex assigned at birth. Gender-affirming care helps transgender and non-binary people live openly and authentically as their true selves. Just like any other form of healthcare, it also helps transgender and non-binary people live safe and healthy lives.

Gender affirming care is always delivered in age-appropriate, evidence-based ways, and decisions to provide care are made in consultation with doctors and parents. Collectively representing more than 1.3 million doctors across the United States, every major medical and mental health organization — including the American Medical Association, the American Academy of Pediatrics, and the American Psychological Association — recognizes that it is medically necessary to support people in affirming their gender identity."

I am LGBTQ and Autistic, and I can tell you with every fiber of my being that no one knows who I am better than me. These kids know who they are better than anyone, so I implore you to believe them, their parents and their doctors. Furthermore, the proposed bill is nothing more than an attempt to discriminate. See these kids for the beautiful, blossoming flowers that they are, and see that they need access to gender affirming care to grow. They need access to this care as much as a type 2 diabetic needs daily insulin - access to gender affirming care is life saving. Without this care, trans and non-binary youth would be at increased risk of suicide: Denying healthcare to transgender youth can be life-threatening. Research shows it contributes to depression, isolation, eating disorders, self-harm, and suicide. On the contrary, transgender youth whose families support their gender identity have a 52% decrease in suicidal thoughts, a 48% decrease in suicide attempts, and significant increases in self-esteem.

Also, take note of this: The vast majority of Americans — 7 in 10 — think that politicians are not informed enough about abortion and gender-affirming care to create fair policies. According to new polling, released this month by The 19th and SurveyMonkey, Americans would prefer that politicians either protect transgender people or not focus on transgender issues at all. Only 17% of Americans, and only 29% of Republicans, say politicians should focus on restricting gender-affirming care.

In conclusion, please do not pass this ban. Please stop attacking and denigrating our kids. Stop attacking doctors from providing the care they are expertly trained to provide. Stop attacking parents for loving their kids. See the real lives that are being upended by your actions.

Chris Heizer
2215 Folsom Street Apt 230
Eau Claire, WI 54703

Assembly Committee on Health, Aging and Long-Term Care

Dear Representative Moses and Members of the Assembly Committee on Health, Aging and Long-Term Care:

I write to express my opposition to AB 465. This bill targets a very small but vulnerable group of Wisconsin citizens: intersex* and transgender people under the age of 18 years. Legislating permissible vs not permissible health care is extremely concerning because of the medical complexity involved in determining sex and gender, and helping families understand and navigate challenging situations.

I am a proud graduate of the University of Wisconsin Medical School and did my residency training in the UW Department of Pediatrics. Wisconsin is fortunate to have several nationally recognized Pediatric Endocrinology clinics, and pediatricians across the state can access these specialists and refer patients for advanced care when questions about gender arise. Care includes genetic testing, hormone studies, and detailed mental health screening for all ages. Care provided by these specialty clinics is among the best in the nation. If this bill passes, physicians trained in the most accepted care for their patients would put their license to practice at risk by referring patients to these clinics, and presumably to similar clinics out-of-state.

Legislative restriction of necessary medical care in our state will hurt patients, hurt families, and result in a two-tier system where only those who can afford to seek care (or move) elsewhere are allowed to have a choice. Doctors seeking to provide complete care may leave our state, depriving our citizens of their expertise.

Thank you for seeking public input and please reject taking further steps to bring this bill to a vote.

Sincerely,

Anne Schuette MD

410 Waldo Blvd.

Manitowoc WI 54220

*I consider intersex people to be affected by this bill, even with the provisions included, because if mis-gendered at birth these children and their families will also have to go through more trauma and confusion than they already are subjected to.

I am the parent of a transgender child, whom I love and support. I am also a recently retired chaplain. I speak today in support of my child and all of us who need healthcare. I find no justice and no mercy in these proposals to deprive some in our state of healthcare they need. In particular, due to hatred in society, my child has at times been suicidal. If you are a parent, or if you know any children at all, imagine how devastating this is. There is no reason except hatred for you to try and take needed healthcare from my kid. All in our state and country should be getting the healthcare they need, and for many, need to survive. So I ask you to oppose AB 377, 378, 465. And oppose SB 479&480.

Lissa Field
1533 N Hall Ave
Appleton WI 54911

Assembly Committee on Health, Aging, and Long-term Care

Dear Representatives:

I am the grandfather of a 7 year old transgender girl. She told us she was trans when she was three. (Of course she didn't use those words, but when a boy says repeatedly "I'm a girl" through words and actions, the message is clear.) Despite what ideologues and haters may tell you, her being trans is not a "choice" and no one "groomed" her to adopt a "lifestyle."

Life would be difficult for my granddaughter even if society were completely supportive of her being trans. She is in a body that doesn't match how she feels, at the most fundamental level, about herself. Imagine what it feels like to hear your four year old say, "I wish I didn't have a penis." Her gender identity is no more of a "choice" for her than whether she has brown hair or is right-handed. How I wish she were not trans, because then she would feel so much better about herself!

But she is, and I love her and support her.

She will need, in time, puberty blocking drugs so that her voice and body do not irrevocably change into a man's before she is old enough to make informed decisions about what she wants to do with her body so that it better matches who she is. And she will need hormone therapy her whole life in order just to be the person she really is, whether or not she eventually decides to have any gender-affirming surgeries. Does this sound like fun? Does this sound like the life anyone would choose, or would choose for their child? No, but we support it because we love our granddaughter and, given the shocking suicide numbers among the trans population, it is literally a matter of life or death.

AB 465 would immeasurably harm my granddaughter. What is the word to describe a powerful person who victimizes a small, powerless child already struggling with circumstances that she didn't choose? The word "bully" comes to mind. What are the words to describe someone who victimizes such a child for political gain? The words "cynical opportunist" come to mind. But I'm hoping none of that describes Members of the Wisconsin Assembly. I'm hoping the word "uninformed" better describes you, and that listening to trans people and their family members who love them will result in your withdrawing support for AB 465.

This is not about politics for me. This is about my grandchild, and others like her. If you harm her, or others like her, I will never, ever forgive you or forget what this Assembly has done.

David Siegler
700 Chapple Av.
Ashland WI
715-209-5701

Dear lawmakers:

A transgender ban is hazardous for your health.

Sincerely,

Russell J. Novkov

I'm writing to register my outrage on the medical care ban for trans youth. This is a decision that should be left in the hands of the trans youth, parents and medical providers. The Wisconsin government has no right nor no need to be involved. This should be an individual right.
It is outrageous for the government to even think about stopping this type of medical care.

Lynn Havemann

Dear Legislators,

I am reaching out to you as a local Wisconsin clergy, to urge you to be in opposition of **AB 465, AB 377, and AB 378. The anti-trans bills contribute to a culture of hate and prejudice, which puts these already very vulnerable youth at risk. My heart breaks knowing how much it hurts the youth in my community just knowing there are some individuals and groups proposing laws to make it harder for them to exist.**

I urge you to contribute to a culture of safety and peace for children and youth everywhere by opposing AB 465, AB 377, and AB 378.

Blessings,

**The Rev. Dr. Julia Burkey
Senior Pastor of Orchard Ridge United Church of Christ, Madison, WI**

Dear Committee on Health, Aging and Long-term Care,

My spouse, Jane, and I will celebrate 36 years together next week - we are proudly members of the whole LGBT community and as your constituents we urge you to 100% oppose AB 465.

This bill is offensive, immoral, and unacceptable and we oppose it 100%.

I urge you to stop playing political games with transgender youth. Respect the private lives of all Wisconsinites. Stop attempting to restrict our ability to access life saving health care. I urge you to stand up for trans and non-binary youth and to defend our right to privacy.

Thank you.

Jo Haberman
W4490 State Road 35
Maiden Rock
54750

To WI State Legislators:

Your plan to ban affirming, life-saving medical care for Trans children and adults in our state of Wisconsin (AB 465) is wrong-minded, cruel, and harmful to constituents.

Because you are making this state unsafe for vulnerable citizens, I will not speak directly nor specifically about the MANY Trans people I know. I can say that you are causing additional pain, suffering and fear for people already suffering: This is in direct opposition to caring for your state constituents.

Any citizen with health care insurance ought to be able to use that insurance to access all of the health care needed by the policy holder and their family members covered by the policy.

PARENTS, in conjunction with medical professionals, have the right to decide what is best for their minor-age children, including gender-affirming treatment and surgery. This is not a decision for State government.

Your plan to remove and contain what can be covered by healthcare in Wisconsin is gross overreach and shows how the Republican Party in Wisconsin has embraced Hard Right political views that impinge on citizens' right to live freely and with liberty. You are acting in service to your own quest for power and not in the best interest of your constituents.

I do NOT support AB465.

Monica Walk
165 15th St
Fond du Lac, WI 54935

Hello,

My name is Delany Zimmer and I am a City of Madison resident and LGBTQ+ ally.

I would like to state my formal opposition to Assembly Bill 465, the ban on trans medical care for youth.

This bill is not based on science or fact, but fear and prejudice. Extensive studies have found that gender-affirming care benefits not only an individual's physical health, but also benefits their mental health. When youth have access to gender affirming care, they are 60% less likely to suffer from moderate or severe depression and 73% less likely to have thoughts of self-harm or suicide. A ban on gender affirming care would be a mental health CRISIS.

Gender affirming care is basic healthcare and everyone deserves to have their basic human needs met. This ban would only further vilify and discriminate against an already vulnerable community.

Trans people are people. They just want to live in a world where they can be who they want and access basic medical care needs.

Politicians have no place in decisions regarding private medical conversations. These decisions must be made between a patient and a doctor.

I beg you, please voice your strong opposition to this bill.

Sincerely,
Delany Zimmer (she/her/hers)
Madison, WI 53703

Attention Assembly Committee on Health, Aging, and Long-Term Care regarding
Assembly Bill 465:

I am writing to express my opposition to this bill. I am a licensed mental health therapist who has worked in the field of mental health for over 20 years. This bill does harm to our children, families, and our citizens. This bill is not based on firm scientific understanding and a consensus of healthcare professionals. Banning transgender children from receiving affirmative health care in my opinion qualifies as illegal emotional abuse as defined by Wisconsin state statute 46.90 (1)(cm). It is unethical and potentially illegal to deny medical care that has been determined to be an evidence based treatment for an individual's mental health well being when that individual has been shown to suffer extreme mental health anguish requiring medical intervention. Both the American Medical Association and the American Academy of Pediatrics oppose this bill. Medical professionals not politicians should be guiding and determining legislation that relates to the physical and mental well being of our children.

Thank you for hearing my concerns.

Amy Plum

Oconomowoc, WI 53066

To the Members of the AB 465 Committee:

- This is one of the most extreme political attacks on transgender people in recent memory. Not only does it display a fundamental lack of understanding of transgender children it appears to criminalize best-practice medical care for transgender children which is backed by the American Academy of Pediatrics, the American Medical Association, and other leading medical authorities.
- Medical decisions are best left to the patients, their families, and their healthcare providers in accordance with medical best practices. Politicians shouldn't interfere in these decisions.
- Best practice medical care for transgender youth simply delays puberty until young people are old enough to make their own decisions about their lived gender. This bill aims to take away their choices and tries to prevent them from having the chance to live as the gender they know they are inside.
- Being a kid is hard enough. We don't need politicians making it even harder for kids who are transgender, denying them best-practice medical care, and singling them out for increased bullying and harassment.
- Research shows that transgender youth whose families support their gender identity have a 52% decrease in suicidal thoughts, a 48% decrease in suicide attempts, and a significant increase in self-esteem and general health.
- According to the Trevor Project's 2020 National Youth Survey on LGBTQ+ mental health, 40% of LGBTQ youth seriously considered attempting suicide in the past 12 months, with more than half of trans and nonbinary youth having considered it. This is a crisis that will only be exacerbated by efforts to take away healthcare options for young people.
- Putting these restrictions in state statute would have a chilling effect and prevent our state from recruiting and retaining medical professionals, who would most certainly hesitate to live and work in such a hostile environment.

Erin Fischer
DeForest, WI 53532

I am the parent of a cisgender daughter and ally. I strongly oppose this ban. Let the medical experts decide what is best for a child. There's multiple studies showing trans kids are at greater risk for mental health issues and suicide. We need to support them every chance we can. Let trans kids alone!

Molly Schuman

Dear members of the Assembly Committee on Health, Aging, and Long-term Care,

My name is Sarah and I am a resident of Madison. I've lived in Wisconsin for 35 years and have raised my family and built a career in Madison.

I am writing to urge you to vote NO on Assembly Bill #465. As a Wisconsinite, I am opposed to this bill because everybody deserves the right to autonomy over their own body and healthcare with patient decisions being made regarding medical care by doctors and families, not restricted by politics. Trans youth medical care is not only necessary for longevity and well-being, it is SUICIDE PREVENTION. Please, vote no to help our children not only survive, but more importantly - thrive and prosper..

If passed, this bill will cost lives. At a time when LGBTQ+ youth are already struggling with harassment and discrimination, we should be making it clear that they are safe and welcome in Wisconsin.

I don't believe politicians should interfere with personal, private medical decisions that should only be made between patients, their doctors, and their families.

Sincerely,
Sarah Warner
Madison, Wis., 53711

I am a WI citizen residing in Washburn. Instead of revoking the licenses of an MD who provides gender affirming medical care to a person under 18 the state should put it efforts into attracting qualified specialists who can provide the care needed for them... It is not your job to dictate a person's gender. You decided your own; they decide their's. It is your job to see they get the quality care they need.

Ursula Martin
Washburn, WI

Dear members of the Assembly Committee on Health, Aging, and Long-term Care,

My name is Drew Silver, and I am a resident of Madison. I've lived in Wisconsin for 9 years, am a graduate of the University of Wisconsin-Madison, and a parent of 3 children in the public school system in Madison.

I am writing to urge you to vote NO on Assembly Bill #465. As a Wisconsinite, I am opposed to this bill because our children and families deserve the right to bodily autonomy, and making their own healthcare decisions alongside their healthcare providers, not politicians. As the mother of a transgender daughter, it is essential to her well being, both physical and mental, to access gender affirming care. Her father and I have been working with therapists, pediatricians, endocrinologists, adolescent healthcare providers, occupational therapists, teachers, and our daughter to create plans that meet her needs as a transgender child. The idea that the state would take away my rights as a parent to support my child and pursue healthcare choices that have been approved by multiple national health organizations is outrageous.

If passed, this bill will cost lives. At a time when LGBTQ+ youth are already struggling with harassment and discrimination, we should be making it clear that they are safe and welcome in Wisconsin.

I don't believe politicians should interfere with personal, private medical decisions that should only be made between patients, their doctors, and their families.

Sincerely,

Drew Silver

Madison, 53714

Drew Silver
352.665.1886

she/her/hers

My name is Kora,

I'm one of the handful of organizers for Oshkosh Pride 2023 and for 2024. AB 377 and 378 are discriminatory bills that are damaging and harmful and full of hate toward trans youth, targeting Trans women, and young adults that simply want to live their authentic selves and enjoy the sports they play.

Restricting Trans individuals from being their authentic selves and living their truth will only further damage and bring harm to their lives, including risk ending them. Trans individuals are far less likely to commit suicide when they are able to live in an environment that affirms who they are and supports them.

AB 465 is a gross invasion of privacy between a Trans youth and their doctor as well as a discriminatory restriction of access to healthcare. Healthcare is a human right. Trans affirming healthcare is healthcare. I, myself, am living proof that Trans affirming healthcare saves lives. I am happier and healthier thanks to the Trans affirming care I receive in Wisconsin.

DO NOT follow blindly the trend that your party is setting in other states. Stop being cowards, and fight for the lives that you represent in this state. Supporters of this bill will end up on the wrong side of history as Trans youth deserve to live their lives freely as their true selves, supported and unrestricted.

Be on the side of actual freedom and love and support, so that Trans youth may thrive in this state and bring about progress around us.

I hope these words reach you and that your hearts and minds open up to supporting progress.

Thank you,
Ms Kora Novy

As a physician, I rely on high quality evidence and scientific rigor to help me understand how to best support my patients' health. One bill proposed in the Wisconsin Senate will actively restrict my patients' ability to receive gender affirming care (**Assembly Bill 465**), in direct opposition to guidelines from the American Academy of Pediatrics and the American Psychiatric Association. Without the ability to receive appropriate gender affirming medical care, more patients will experience severe dysphoria, and be at risk of loss of life. In addition, **Assembly Bills 377 and 378** will ostracize an already marginalized community of young people, leading to worse mental health and safety.

Please oppose:

1. **Assembly Bill 378** College Athlete Ban
2. **Assembly Bill 377** K-12 Athlete Ban
3. **Assembly Bill 465** Medical Care Ban

Re: Assembly Bill 465: Criminalizing physicians for providing best medical care is reprehensible. To pass this bill would actively harm the ability of people in your district to obtain appropriate medical care and integration into their communities, putting lives and health at risk.

Re: Assembly Bills 377 and 378: These bills would effectively "other" children and young adults who already struggle to find safe spaces in their communities. I cannot overemphasize the harm this will create for the mental health of this population, who already struggles with higher rates of depression, anxiety, and suicide than cisgender youth.

It has been exhausting over many years to see so many legislators in Wisconsin disregard all evidence-based medicine and expert opinion regarding multiple health related topics to pass bills that hinder my ability to care for my patients. My patients and I are relying on you to stand up for best practice medical care. It will save children's lives.

Dr. Siobhan Wilson, MD, PhD
Middleton, WI 53562

Hello

To the committee regarding AB 465, I would address the following message. My name is Luke. I have lived in the state of Wisconsin for my entire life. I have also known, for my entire life, that I was not like all the other boys I grew up with. Even as a young child, decades before I had heard the words "transgender" or "designated sex" for the first time, I would sneak into my family's storage closet to try on dresses that had been otherwise discarded. I would cry as I was made to have my hair cut short. All my life I was told that my feelings about who I was were nothing more than a phase, that I would grow out of it. The idea that I could be trans, much less that such a thing would be good or even acceptable were hidden from me by a society which had no intention of accepting someone who refused to quietly accept the role I was given. For many years I thought that I was broken. That there must be something wrong with me, some deviation of my brain that made me unacceptable as a human. I tried desperately to become the man that every authority figure in my life told me I should be. I consider myself lucky to have survived this time of my life. I was suicidal and depressed for years. These feelings only grew stronger the more I tried to conform to the male identity I'd been assigned. I had nobody I could talk to about these problems, as any such concerns were dismissed out of hand in the best case. Or taken as sinful, sexual perversions in the worst case.

After I was able to break free from the repression of my teenage years, as I learned more about the beautiful diversity of this world, I came to understand that I was transgender too. That my identity was valid and good. I am transfeminine, and proud of it. Being able to socially transition, to wear gender affirming clothing and hairstyles, and to be accepted by my peers for who I was, drove away my suicidality. But being able to pursue medical transition made me excited to live. I am able, now, to look into my future and see a version of myself that is truly happy with herself.

This is the joy you wish to steal away from transgender youth. With this bill you would mandate that all transgender people endure the same period of self loathing that I lived through, all while continuing to allow intersex people with gender-ambivalent bodies to be subjected by their parents to potentially harmful, body altering procedures. While allowing cisgender youth to pursue the same types of gender affirming procedures denied to transgender peers.

Make no mistake, if this bill is passed into law, it will cause the suicide of many transgender youths. Their blood will be on your hands. Gender affirming medical procedures have been proven time and again by countless medical studies to significantly improve the lives of transgender people. To reduce depression and anxiety and the risk of suicide. Every major medical organization agrees that the benefits far outway the risks. With this bill you would impose your own bigoted worldview in between doctors and families. You would deny medical workers the ability to provide lifesaving care to trans youth.

This bill disgusts me. Do not allow it to pass into law. I beg you to listen to the voices of transgender people, their families, their doctors and mental health professionals. Every meaningful voice speaking on the matter is asking you to vote against this and similar provisions. I am begging you to do the same. Please.

Luke Eisner
11010 W Glendale Ave. Wauwatosa WI

To the members of the Committee on Health, Aging and Long Term Care:

I strongly opposed any medical care ban for minors, proposed bill AB 465. I additionally do not support AB 378 and AB 377, but I will focus on our families story that mostly pertains to the Medical Care Ban.

My youngest child was a delight from the moment she was born. Always happy, always excited for a new adventure and the funniest kid I had ever met. She kept me on my toes from day one, and was a delight to everyone who met her. When she became a teenager I watched her change. She became moody and sad, she didn't tell jokes, she stayed in her room more. One day she told me she was having suicidal thoughts.

As a parent I can't even begin to tell you how awful this time in our lives was. I worried daily, I couldn't sleep, I missed work when she couldn't go to school because I was afraid to leave her alone. We got a counselor right away, and went to see her pediatrician for medication, which helped a little. The immediate suicidal thoughts were replaced with self harm which was so scary. But suicidal episodes would pop up here and there, and I never would know when. The fear of losing my child was worse than anything else I have encountered as a parent.

You see my daughter was born a he. When she was in high school she started to realize she didn't feel like a boy, she wasn't interested in the same things as her older brothers or the kids in her class. She liked pretty clothes and wanted to grow her hair long. When the depression started to fade she started to realize what was making her feel this way. When she came out she chose the girl name we had originally picked out and the relief she felt after starting to live her life as our daughter was noticeable. She was happier and she started to tell jokes again. We found a new counselor for her and started the process of hormone therapy.

The difference after starting hormones in her was life changing. She is now living her life as her true self. She's confident and happy and is now an adult making her way in the world. She will do great things as she gets older and gets a job and contributes to society, but she almost didn't make it to adulthood. Hormone therapy literally saved her life. Having accepting parents who got her the help she needed saved her life. Having one accepting adult can reduce the risk of suicide among LGBTQ young people by 40%. Being able to access gender-affirming care is associated with much better mental health outcomes including a reduced risk of suicide and depression, here is [the link to the peer-reviewed study](#).

At the end of the day, the medical care my husband and I got for our daughter was a decision that only my daughter, our parents and our doctors should make. It's not anyone else's business or decision. Certainly not the decision of another parent who wouldn't support their child under these same circumstances, or a politician who is supposed to protect and serve everyone in their community, even transkids. Any type a ban would infringe on parental rights, and quite frankly harm transkids. I urge you to stop focusing on issues that would harm our kids, and focus on issues that would help them, like free school lunch, affordable childcare and healthcare.

Thank you

Jennifer Cook
14999 222nd Ave
Bloomer, WI 54724

I hope this message finds you well. I am writing to express my strong opposition to the proposed ban on gender-affirming healthcare in our state. As a mother of a transgender child, a therapist specializing in LGBTQ+ mental health, and an advocate for equal healthcare access, I believe it is crucial to prioritize the well-being and rights of transgender individuals in Wisconsin.

Gender-affirming healthcare is a lifeline for transgender people, especially individuals like my clients. Denying them access to essential medical care, such as hormone therapy or gender-affirming surgeries, would not only be discriminatory but also detrimental to their mental and physical health. Studies have consistently shown that gender-affirming care significantly reduces the risk of depression, anxiety, and suicide among transgender individuals.

Furthermore, as a therapist who has witnessed the positive impact of gender-affirming healthcare on my clients, I can attest to the importance of allowing medical professionals to provide evidence-based care tailored to each individual's unique needs. Banning these treatments would not only infringe on the doctor-patient relationship but also hinder our state's ability to provide comprehensive healthcare for all and support our state motto of "Forward." Banning gender-affirming care would be a huge step backward.

It is crucial to emphasize that gender-affirming care is not only about medical procedures; it's about affirming someone's identity and promoting a sense of dignity, respect, and self-acceptance. Denying transgender people the right to access the care they need sends a harmful message that their identities are not valid or deserving of support.

I urge you to reconsider this proposed ban and, instead, support policies that prioritize the health and well-being of all Wisconsin residents, regardless of their gender identity. Let us stand together as a state that values diversity, inclusivity, and the fundamental right to healthcare.

Thank you for your time and consideration. I hope that you will make the right choice in supporting gender-affirming healthcare and ensuring a brighter, more equitable future for all.

Sincerely,

Liz Lincoln Steiner
333 N 72nd St
Milwaukee, WI 53213

Liz Steiner, MSW, APSW
she/her/hers
Psychotherapist
Nova Mental Health Services, LLC
4465 N. Oakland Ave. Suite 360
Shorewood, WI 53211

Dear colleagues, friends, legislators,

I am writing to offer a testimony in opposition to bills 377, 378, and 465.

These bills are harmful and discriminatory and exist for no reason other than to cause pain and hurt. There is no evidence that allowing trans kids to participate in sports is harmful to anyone. However, there are mountains of evidence that show that trans kids experience much higher rates of mental health crises. Participation in athletics is such an important way of building, confidence, social connections, and a healthy relationship with one's body. These are things that all kids, and perhaps, especially trans kids, need for healthy growth and development. To ban participation is to actively choose to hurt young people when they are most in need of support and affirmation.

I am also opposed to bill 465, which prohibits medical intervention for gender transition for people under 18. I am shocked and horrified that the legislature would choose to intervene in the lives and decisions of individual families in this way. How could members of the Wisconsin state assembly possibly know more about the best choices for a young person? Then they themselves and their families could? It is not the role of the assembly to make such decisions.

All three of these bills actively seek to do harm to young people. The role of the legislature should be to positively support the growth of individuals and communities in Wisconsin, not harm those same people. I strongly oppose all three of these bills.

Jessica Courtier
3837 Dennett Dr
Madison WI 53714

Good morning,

I am writing with regards to AB 465, a proposed bill that would ban gender-affirming medical care for transgender people under the age of 18 in Wisconsin. Banning safe, age-appropriate methods of treating gender dysphoria in children will only prohibit doctors from administering scientifically-proven care to a vulnerable group. Furthermore, I have no doubt this bill will set a disturbing precedent for more restrictions to be placed on adults seeking gender-affirming care.

Don't let fearmongering and lies work their way into our state capitol. Protect transgender youth in Wisconsin and stop this unfair bill!

Sincerely,

Lysander Rau
he/him/his

Testimony for Assembly Bill 465

Dear Legislators,

I am writing to you about Assembly Bill 465.

My name is Lynette Miller and my address is 1808 Van Hise Avenue, Madison WI 53726.

I know a number of people who are LGBTQ+ and who suffer with the crises of determining why they don't feel they are part of the norm. Several youth I have known have gone to the extreme decision to end their lives.

My daughter received her medical degree and then went to Columbia University in New York City to receive her psychiatry degree. She studied with a psychiatrist professor who works with people from all over the world whose sexual identities are non-binary. Doctors with this training are prepared to help young people struggling with their sexual identity.

Legislators who are not trained in this way are not prepared to make decisions about young people's sexual identities. In writing bills like Assembly Bill 465 you are making life decisions impossible for young people struggling with their sexual identity and also for doctors who are working to help young people and their families make the best medical and psychological decisions about their sexuality.

I ask that you vote against the passage of Assembly Bill 465.

Thank you for your careful consideration of letting youth, parents and medical personnel make their own very personal decisions.

Sincerely, Lynette Miller

Committee Body,

I am writing as a parent of a creative, kind, advanced learner, cello-playing, Trans fifth grader.

I invite you to please listen to families, medical professionals, and the community when they say to take your time on this decision, whether to ban medical procedures and support for trans and non-binary youth.

We parents do not take or make these decisions lately. We invite you to take them seriously as well and not just listen to one side of this situation.

Thank you,

Eric Theis
Madison, WI 53714

AB-465 (healthcare bill)

Dear committee,

My name is Eli Rittenhouse, I use he/they pronouns.

As a transgender Wisconsinite, I need to vocally oppose this bill. Gender affirming care saved my life and the lives of so many people I love. This bill will put actual lives at risk in our state: specifically, the lives of trans youth, who already face a whole host of challenges as a result of simply existing as themselves.

Criminalizing providing healthcare for trans youth is inhumane, dehumanizing, and will put trans youth at immense risk. Trans people deserve equal rights and autonomy in healthcare. These are important decisions to be made between a medical provider, a parent or guardian, and a patient— we don't need lawmakers to chime in.

Please protect trans lives by opposing AB-465!

Thank you,

Eli Rittenhouse
910 N Garfield Dr
Janesville WI 53546

To the 2023 Assembly Committee on Health, Aging and Long-Term Care

My name is Valerie Haupt

I live at 1332 Mica Road, Apt 9, Madison, WI, 53719

Assembly Bill 465 is another attempt by the government to intervene in medical decisions they don't fully understand.

The procedures outlined in Section 1 as gender transition medical intervention are considered best practice procedures as outlined in WPATH, the World Professional Association for Transgender Health, and endorsed by every major medical association in America. (Their recommendations and findings can be found at <https://www.wpath.org/publications/soc>)

Those best practices involve many concerned parties - the parents, the patient, and an entire medical team - and they weigh all of the options before steps are taken. No one is seeking this care and receiving a surgery the same day.

Gender affirming surgeries, when undertaken, have a less than 1% regret rate, a rate far lower than pretty much any other category of surgery documented.

And honestly, receiving any kind of affirming care, let alone surgeries, doesn't happen very frequently at all, because the amount of luck that enough cis people will actually listen to those trans kids trying to explain who they actually are is immense. They need to accept themselves, hope their parents will listen, hope that care is available and affordable, hope that the medical professionals they have access to will listen, etc.

Imagine going through all those painful slow steps, only to be told that a group of politicians thinks they know your life and situation better than you and your care team does, and you're denied that care.

Please do not pass this bill. Thank you.

From: **Kaitlyn Garfoot** <kaitlyngarfoot@gmail.com>

Date: Tue, Oct 3, 2023 at 9:33 PM

Subject: Opposed of AB 465

To: <testimony@fairwisconsin.com>

My name is Kaitlyn Luther at 442 W Selden St, Columbus, WI 53925 and I oppose of the bill AB 465 Medical Care Ban. I think every and ALL medical care should be available no matter the situation or the person. And all matters of medical care should be left between patient and doctor. The government should not have any say whatsoever.

Be the change,
-Kaitlyn

Dear members of the Assembly Committee on Health, Aging, and Long-term Care:

My name is AJ Hardie and I am a resident of Madison, WI. I've lived in Wisconsin for 11 years, and I am a proud transgender person.

I am writing to urge you to vote NO on AB465, banning gender affirming care for people under age 18 in our state. You will hear and read a lot of testimony from transgender people like myself talking about how gender affirming care saved our lives and recounting our lives at their lowest points in an effort to build understanding and empathy for our community.

I want to make something absolutely clear - none of us owes you a recounting of the darkest, most challenging times in our lives for us to be seen as valid people deserving of autonomy, respect, and basic decency from our peers. As neighbors, community members, family, friends, we should all treat each other with the same inherent human dignity and respect. We do not owe you our trauma in order for our existence to be seen as valid.

I came out as an adult, at age 30, and doing so quite literally saved my life. Growing up, I was always seen as "one of the guys," and when I hit puberty and my body started to change, I was devastated. I wanted to grow up to be like my dad and brother, I wanted to shave, I wanted to fish, I wanted to be a scout and learn survival skills. Being forced to go through the wrong puberty, to grow into the wrong body, caused irreparable harm to my spirit and I am still dealing with the physical consequences of going through the wrong puberty to this day.

I mourn the childhood that I could've had if I had known, if my parents had known anything about the transgender community. Transgender youth deserve to grow up happy, to have a childhood, and to get to grow up as themselves.

Transgender people deserve the same rights as our cisgender (non-transgender) peers. Transgender youth need support and affirmation to grow into transgender adults with higher quality of life.

Gender affirming care looks different for every transgender person, it is a personal process and decisions are made in consultation with professionals who follow recommendations by national and international groups of physicians, psychologists, and other healthcare professionals. Young transgender people should be able to make decisions about their healthcare in consultation with their families and trained healthcare professionals.

And trans people are tired. We are a small percentage of the U.S. population and yet we've become a tool for politicians who want to polarize and divide people. It's hurting us as individuals, it's making our lives more difficult, and it has to stop. We just want to live our lives as we see fit - without the government telling us who we have to be.

Sincerely,

AJ Hardie
Madison, WI

From: **Nicole Schmidt** <nicoleschmidt22@gmail.com>

Date: Tue, Oct 3, 2023 at 8:34 PM

Subject: AB 465

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

To the committee for the hearing on AB 465,

As a voting Wisconsin resident with 2 young children of my own, who has mentored dozens of others through my involvement in church youth organizations, there is nothing more critical for us to protect for the future of America than their access to the life-saving health care that this bill is trying to prohibit. I implore you to think about the lives you will put at stake if this bill passes.

Mental health for transgender youth is at risk with merely the introduction and dangerous rhetoric of this bill and the passage would guarantee the senseless and avoidable death of children who feel attacked, unwelcome and unsafe for merely being who they know that they are. The passage of this bill would not “

stop children from making "life-altering" decisions “ as the bill’s co-sponsor Sen. Duey Stroebel (R-Saukville) has said -

instead it would cause those life-altering decisions as trans youth would be at risk for higher rates of depression and suicide because of these attacks on them by irresponsible lawmakers like Sen. Stroebel.

The decision to seek medical care for a minor child should be at the sole discretion of the guardians and the health care providers who are experts in their fields. They understand best what each individual child needs and should be free to practice that free of the threat this bill would impose.

Please vote no on AB 465 and protect the trans youth of Wisconsin.

Thank you,
Nicole Schmidt

2000 W Barley Way
Appleton WI

From: **Kelly Henning** <kelly.m.henning@gmail.com>

Date: Tue, Oct 3, 2023 at 9:46 PM

Subject: Testimony

To: testimony@fairwisconsin.com <testimony@fairwisconsin.com>

I address the Assembly Committee in regards to the trans medical ban 465,

My name is Kelly Henning. I am an educator, wife, mother, and advocate. Through education and life experience, I have learned so much about what it means for someone to be transgender. There are transgender people in my life, who I love dearly, who have and continue to suffer greatly as a result of limited if not any medical care or support, including therapy, in their early years. Having those resources in childhood would have made a significant improvement in their mental health, wellbeing, and overall quality of life. They would have avoided having to undergo surgeries, including Facial Feminization Surgery, along with a lifetime of debilitating dysphoria and depression. Gender Affirming Care is the effective treatment route recommended by many associations including the American Pediatric Association, the American Medical Association, and the American Psychiatric Association. We must continue to allow practitioners to provide care in the best interest of the patients.

The United States of America takes pride in many qualities and values- including freedom. According to the Declaration of Independence, "... life, liberty, and the pursuit of happiness..." are unalienable rights of the citizens of the United States. The proposed legislation AB 465 inhibits those rights. It also increases the likelihood of those who undergo gender dysphoria to experience harmful and suicidal ideologies and actions.

Gender-Affirming care has saved lives. It will continue to do so long as we continue to permit treatment for those who need it. Mental health and hormone therapy gives the young people the opportunity to delay certain irreversible changes to allow them to decide on a course of action once they reach adulthood.

Thank you for taking the time to consider all of the factors as you deliberate on how to best represent each and every child in Wisconsin. Including every child experiencing gender dysphoria who has received life-saving therapy and treatment. Every child hoping and praying they can continue to live their life in a way that aligns with who they are. Their health and future is in your hands.

Thank you,
Kelly Henning
S76W19806 Sunny Hill Dr.
Muskego, WI 53150

Committee on Health, aging, and long term care:

I am writing to express my opposition to AB465.

Each family should have the ability to navigate their specific situation and determine what the appropriate or preferred care for their child should be. The medical system is extremely complicated, expensive and has limitations based on instance coverages. Families are already forced to navigate these challenges when trying to make care decisions.

There are multiple hurdles, roadblocks, and guidelines to work through when making this decision. But it is completely unfair, unnecessary, and harmful to codify such severe prohibitions. Additionally

The language in this bill is so broad it will create confusion for doctors and medical professionals on what actions they can legally take.

I oppose AB465

Thank you
Melinda Knuth
Madison WI 53716

From: **Rika Wiemer** <ewiemer@wi.rr.com>

Date: Tue, Oct 3, 2023 at 8:34 PM

Subject: AB465 written testimony

To: <testimony@fairwisconsin.com>

My name is Eyrekr Rika Wiemer. I live in Waukesha WI. My husband & I raised our child here who is now living in Minnesota.

When he came out as transgender 10 years ago I was so frightened by how my life would change and my lack of control over any of it. I worried what ppl would say about me as a parent, worried he would kill himself while we tried to wrap our heads around this, worried I was not strong enough. I questioned why this was happening to us. Why would God do this when we did everything right? He was a planned baby, we were Christians, I volunteered in his classroom & at school functions. I even taught Sunday school for years. None of that protected or prepared us. For 3 years prior, we watched this sweet happy kid slowly turn isolated & sad, wanting to die rather than live as his assigned gender.

The only thing I could do once my ego was completely empty, was arm myself with knowledge. And we took it all in: TedTalks, and YouTube, and counselors, and so many different doctors, and books, research papers, studies, and history lessons. We drank in all the knowledge available. My husband shared with me that only a very small percentage of ppl change their minds after coming out, even kids. And he kept pushing me to see what was in front of us, despite my fear. We needed to save our kid. There was no other option.

Then, being me, I dug my heels in and project managed our journey, for 3 more years. None of it was easy, not a single moment. The process is made purposely expensive & hard to navigate & humiliating & utterly exhausting. And this is my perspective. Can you imagine how my kid felt? Countless appointments and follow-up blood work to monitor his levels. Therapy & diagnosis before any consideration of treatment. Adjustments when needed always necessitated trips to Children's Hospital nearby.

Comparatively speaking though, we had it easy. We have a loving, supportive home, schools were supportive, we had money for transition expenses. We had insurance for therapy & doctor appointments. We could pay for his care out of pocket when insurance didn't cover it. Which begs the question of the necessity of a ban on transition related care if my insurance provides coverage. I have rights as a parent to seek care & treatment for my child, especially when there is no cost or detriment to others.

The vast majority of folks do not have these privileges however. Multiply my experience by the thousands of other families and kids going through this, then add the magnitude of disparities in access to supportive services & financial means. You get a better picture of the community, and our daily dismay. I understand that is the real purpose of these bills, to ensure this community doesn't feel welcome.

To me, these headlines, these bills, are nothing more than hyperbolic arguments meant to willfully distort or outright lie about the transgender experience, biology, science, and history. The rights & dignities of the transgender (or intersex) person is deemed less valuable because of some perceived cisgender inequities. It trivializes the people I love to their genitalia. It trivializes & discounts the difficulties of my family's journey. And the underlying current is that cisgender people are more deserving of privilege because they have the right genitalia.

In seeking knowledge over the years, I dug into history and found correlation. We annihilate what we fear, that which is different or challenges our own perceived 'special' class. Jew, Japanese, Black, Indigenous, Disabled, Gay, Muslim, Immigrant, and now Transgender. We hide our fear behind feigned outrage, casting the others as dangerous, unclean, deviant, ready to rape our women, steal our daughters, molest them in bathrooms. Under the guise of "safety" or religion, Blacks couldn't use the same bathrooms as Whites. Japanese were dangerous enough to warrant internment camps after Pearl Harbor. Forced conversion therapy for gays. All horrible examples of rhetoric turned violent, inflicted upon the marginalized. History goes on and on and on, repeating the same tune.

I carry all of this with me, every day. When my child came out, I was changed irrevocably. I am convicted by my compassion for this community and by extension, other marginalized communities.

I will not acquiesce. This proposed bill is based on lies. And I will fight for every family who cannot bring their voice to this committee.

Emile Gunovich
4325 De Volis Pkwy
Madison, WI 53711

7407066551
October 3, 2023

Dear Representative Moses and Rozar and the Wisconsin Assembly Committee on Health,
Aging and Long-Term Care,

As a public health epidemiologist with over a decade of experience in promoting equitable access to health I am writing to urge you to **oppose Assembly Bill 465** which aims to prevent Wisconsin youth from accessing gender affirming care.

Bills such as AB 465 are just one part of a larger movement designed to effectively eradicate and promote the genocide of trans and gender diverse people within the United States. Gender-affirming care is a critical component of ensuring the health and well-being of transgender and gender-diverse youth, and it plays a crucial role in fostering an inclusive and supportive society.

First and foremost, it is essential to acknowledge that gender dysphoria can have profound effects on the mental health of young individuals. Access to gender-affirming care, including counseling, hormone therapy, and other medical interventions, is proven to be an effective means of alleviating the distress associated with gender dysphoria. Numerous studies have shown that when transgender youth receive appropriate care, their mental health outcomes significantly improve, leading to a better overall quality of life.

Research supported by the US Department of Health and Human Services Office of Population Affairs states that gender-affirming care improves the mental health and overall well-being of gender diverse children and adolescents. Because gender-affirming care encompasses many facets of healthcare needs and support, it has been shown to increase positive outcomes for transgender and nonbinary children and adolescents. Gender-affirming care is patient-centered and treats individuals holistically, aligning their outward, physical traits with their gender identity.

Gender diverse adolescents face significant health disparities compared to their cisgender peers. Transgender and gender nonbinary adolescents are at increased risk for mental health issues, substance use, and suicide. Denying transgender and gender-diverse youth access to gender-affirming care can have severe consequences, including increased rates of depression, anxiety, and suicidal ideation. As responsible members of society, it is our duty to prioritize the health and well-being of all individuals, irrespective of their gender identity. The Trevor Project's 2021 National Survey on LGBTQ Youth Mental Health found that 52 percent of LGBTQ youth seriously considered attempting suicide in the past year.

In conclusion, I urge you to oppose AB 465 which prohibits health care providers from engaging in youth gender affirming care.

Thank you for your time and consideration. I trust that you will make decisions that prioritize the health and rights of transgender and gender-diverse youth.

Sincerely,
Emile Gunovich, MPH
4325 De Volis Pkwy
Madison, WI 53711

Dear Committee on Health, Aging, and Long-term Care,

My name is Allison Lindsay, I live at 1111 E Johnson St, Madison, WI 53703. I'm writing in regards to the anti-LGBTQ+ bill currently being discussed. I want to make clear that I DO NOT support these bills in any way, and find them inhumane. I AM in FULL SUPPORT of ALL humans having the right to privacy, bodily autonomy, the right to play organized sports with the gender they identify with, and the freedom to access healthcare. Most importantly, I absolutely believe this IS a MUST for trans and non-binary youth. PLEASE DO NOT ALLOW THESE BANS TO HAPPEN!!!

Sincerely,
Allie Lindsay

Dear Assembly Members on the Committee on Health, Aging and Long-term Care

I am writing in opposition to Assembly Bill 465

This is already a vulnerable group of children. Gender dysphoria is real and there is ample evidence that shows that gender affirming care literally saves lives. Families and their physicians are in the best position to determine what is best for their transgender children. The State of Wisconsin shouldn't interfere with that.

Please don't vote this out of committee. These kids aren't hurting anyone. Let's not hurt them.

Thank you for your time and consideration.

Sincerely,
Alex Habriga
Fitchburg, WI 53575

To the Committee on Health, Aging and Long-term Care,

I am disgusted that the transgender hysteria sweeping the red states has been introduced in our Wisconsin legislature. Medical professionals know that nature has many variations and that strictly male and strictly female genders are not absolutes. Gender is a spectrum.

It is upsetting that Republicans see fit to "protect children" from irreversible procedures (that are not performed on children), and also from the hormone therapies that have saved lives by preventing child suicides.

Politicians have no business making medical decisions for anyone, but most especially not for children they do not know, nor do they have any interest in hearing from. This is not how caring people treat children, or anyone. What they are proposing has the potential to single out already at risk children for exposure, bullying, and emotional harm. They are not protecting anyone. They are playing to the extreme base they hope will keep them in power, knowing full well that this will get a lot of publicity, but will be summarily vetoed by Governor Evers. It is nothing but theater, gross, vicious, abusive theater with the potential of causing existential harm to children.

This weaponization of state government against children, their families, and their doctors is appalling. Please educate yourselves on the well-documented mental health realities of gender dysphoria, and leave these families alone.

Stop wasting tax dollars on these private, personal family medical issues, and focus on the ones that will have the most benefit for Wisconsin citizens, like alleviating the dearth of quality healthcare, rehab / nursing home care regulations to protect patients, disability accessibility, and programs to help the elderly stay self-sufficient as long as possible.

Sincerely,

Christine Morrissey
1102 N Union St
Appleton WI, 54911

From: **Shelly Sabourin** <srsabourin@gmail.com>
Date: Tue, Oct 3, 2023 at 8:33 PM
Subject: Testimony for Bill AB 465 Medical Care Ban
To: <testimony@fairwisconsin.com>

My name is Shelly Sabourin and I am a concerned Wisconsin citizen, nurse and mother of four children of which one is my transgender son. I am providing written testimony on how the continued attacks on transgender in Wisconsin continue to limit the rights and opportunities for my son that all others are afforded. He should have the opportunity to have equal rights and be who he is without the interference of politicians making decisions about his rights to healthcare and medical care that is a basic right afforded to all individuals. No physician or nurse who provides gender-affirming care should face the possibility of jail time or losing their medical license for allowing young people and their families to make the personal medical decisions that are right for them.

My son continually lives in fear of others finding out that he is a transgender man for fear of being brutally hurt or murdered simply because of who he is. Ever since he came out to me as transgender at the age of 18, I have fought tirelessly for him to find the appropriate medical care to meet his personal needs. We would have to travel hundreds of miles and spent countless money out of pocket of which often we could not afford to make sure he was getting the appropriate care he needed and deserved. No one should have to suffer and deal with this.

This proposed legislation for the AB 465 Medical Care Ban is cruel and will cause harm to my son and countless others in getting the gender-affirming care they need to thrive and be a citizen of our state and nation. My son deserves equal rights as the rest of us are afforded without interference and decision making of our politicians who have zero business in dictating rules around medical care of individuals.

Fellow colleagues in nursing and physicians I have worked with, work in fear of facing penalties, jail time and being stripped of a license they worked years for and still continue to pay student loans on only for politicians who want to exercise and instill fear and power over others instead of doing the right thing and providing the support for all individuals including our LGBTQ and trans communities the medical care they so deeply need and deserve. My son faces significant challenges daily with his mental health and it is a direct correlation to politicians that continue to lack knowledge and are afraid to stand up to being bullied into making laws that harm people. I took an oath as a nurse just as physicians do to do no harm.

I urge you to think of my son and his family he now has, a beautiful wife and child that he can continue to live his authentic life and be a productive citizen of this state versus throwing him into a fire of fear and brutality for which support of this bill will cause.

I urge you to OPPOSE the Trans Medical Care Ban which will deny life saving care to my son and countless other trans youth.

Thank you for your time and consideration and for hearing my story about my son,

Shelly Sabourin
608-963-8079

My name is Sharon Cook. I am a resident of District Three, a mother, and an active voter. I am writing to ask you to please oppose Assembly Bill AB 465.

I am deeply concerned by the intense focus on defining and controlling sex and gender in the public sphere. I am horrified at the insistence that our state representatives think they have a better understanding of the needs of a child than the parents and community who know that child best.

This bill is hurtful. As a pastor, I had the great blessing to work with children and youth. In 10 years of working in congregations, and 8 years of overseeing summer camps, I was fortunate enough to care for youth who are transgender.

Transgender kids who had the support of their families found ways to thrive. They shared the same struggles of other teenagers, but essentially found a way to grow into healthy, productive adults.

Transgender kids who lacked support from their families struggled. I watched students develop eating disorders, self-harm, and suicidal ideation. I saw students abuse alcohol and other drugs. I watched them give up on their dreams to attend college or do anything meaningful with their lives.

Most tragically, I worked with one student who was not even able to talk about his gender and sexuality with his parents. Outwardly, he seemed like the perfect student. Straight As, many friends, lots of extra-curricular activities, the first one to volunteer to help. And that was part of why it was so painful when as a 16-year-old, he took his own life. We were all shocked. We were all devastated.

Because as difficult as life is when you are transgender, it is harder still when you can't be yourself. When the world has so convinced you that you are subhuman that you actually believe it.

This bill is unbelievably harmful. You may not know kids who are transgender. But I do. And I know that receiving care – physical care, psychological care, emotional care – is what makes a difference for these kids. It is literally the difference between life and death.

Please. For all of our kids. For their very lives. Please oppose Assembly Bill AB 465.

Sharon Cook

Dear Wisconsin State Legislature, specifically the committee holding hearings about AB 465:

My name is Katrina Gonzales and I live in Wauwatosa, WI 53226. I am **opposed to** the bill AB 465 because trans people have the same rights as every other person. Do not pass this bill.

From: **Kären Miskimen** <rusticcrumbmsn@gmail.com>

Date: Wed, Oct 4, 2023 at 1:26 PM

Subject: Opposition to AB 377, AB 378 & AB 465

To: <testimony@fairwisconsin.com>

I want to register my disgust at the WI Republican Party for proposing these cruel bills, which are truly awful, and threaten those trans folx who are wanting to live. According to the US Constitution, all of us are created equal, endowed with "unalienable Rights to Life, Liberty and the pursuit of Happiness". Trans lives are human lives, and deserve the same rights, protections and privileges of any of us.

Enough of this "divide and conquer" nonsense. We are not falling for it. We stand by and with and among our trans sisters, brothers, and kinfolk.

Try instead to submit some meaningful gun regulation, a real threat to all of us! Or designate funds for schools, municipalities, and community centers. Or create housing for those who can't afford their home. Or build roads, bridges and other infrastructure. Do something constructive with your time and energy. In partnership,

Kären Miskimen

Put your "car in" gear

608-617-5909 (talk/text)

K09L06M04@gmail.com

Minnie on Facebook

Rustic Crumb flourshares

*Unless someone like you
cares a whole awful lot,
nothing is going to get better.
It's not.*

Dr. Seuss



Rachel Rovinsky
Regarding Wisconsin Legislature
October 3rd, 2023

I am writing to oppose Assembly Bill 465 (Trans youth healthcare ban).

I am a trans graduate student studying biology at UW-Madison, and a Wisconsin resident, voter, and taxpayer. I want trans kids to be able to get the healthcare they need to survive and thrive. We know that suicide rates among trans kids are higher than that of their cis peers, and we know that access to gender-affirming care reduces these rates. Based on actions that other states have taken to take away trans people's rights, we know that this bill only serves as a stepping stone for banning trans healthcare altogether, which is in direct opposition to scientific literature and the most recent WPATH standards of care.

This is not based on science and sense, but fear and prejudice. Numerous peer reviewed studies have shown the life-saving effects of trans healthcare, and attempts to ban this healthcare are only going to hurt children and their families.

Thank you for reading my testimony, and I hope you consider opposing Assembly Bill 465.



Thank you,
Rachel Rovinsky

Dear members of the Assembly Committee on Health, Aging, and Long Term Care,

My name is Brigid Moran, and I am a resident of Dane County. I've lived in Wisconsin for #8 years.

I am writing to urge you to vote NO on Assembly Bill #A465. As a Wisconsinite, I am opposed to this bill because proper health care is suicide prevention. A staggering 82% of transgender individuals have considered killing themselves, and 40% have attempted suicide, and that suicidality is highest among transgender youth, I am asking that you do not institutionalize this harmful prejudice in Wisconsin. This ban will cost lives in our community.

At a time when LGBTQ+ youth are already struggling with harassment and discrimination, we should be making it clear that they are safe and welcome in Wisconsin.

I don't believe politicians should interfere with personal, private medical decisions that should only be made between patients, their doctors, and their families.

Sincerely,

Brigid Moran

Dane County

October 4, 2023

Dear members of the Assembly Committee on Health, Aging, and Long-term Care:

My name is Andrew Wetzel, and I am a resident of Madison. With my wife Nicole, I am the father of five children now aged 17 - 26, and I have lived in Wisconsin for twenty years.

I am writing to urge you to vote NO on Assembly Bill #AB465. I am opposed to this bill because access to gender affirming care saved my own child's life, and I know that it will do so for other Wisconsin children and adults.

As an Evangelical homeschooling family, we rely on experts of integrity to help us learn together about the complex, amazing world around us. After our child came out to us in early high school, it was the careful, patient guidance of professional therapists and doctors and the gender affirming care we pursued according to established medical standards that allowed us to see our daughter live and thrive through high school and college.

If passed, AB465 will cost the lives and harm the families of Wisconsin young people like my daughter. We should be making LGBTQ+ youth and adults feel safe and welcome in Wisconsin. We should be supporting their lives, liberty, and happiness by listening to their voices and the guidance of medical professionals, rather than legislating barriers to care based on fear and misinformation.

The careful, deliberate medical decisions we made with our transgender daughter were complex, personal, and private — decisions that can and should be made by patients, their doctors, and their families, not by politicians or legislation. Please show your respect and care for Wisconsin youth and families by opposing Assembly Bill #AB465.

Sincerely,

Andrew L. Wetzel
Madison, Wisconsin 53714

Hello,

My name is Mia Scott. I am a Senior at the University of Wisconsin - Stevens Point. I have a 3.6 GPA and have made the Dean's List. I strongly oppose all three bills being debated today. I myself am not transgender, but am well-versed on the topic and love my transgender friends and neighbors in the community. Gender-affirming healthcare saves lives - this is documented and proven. Gender-affirming healthcare for those under the age of 18 is not permanent. Child mutilation is simply not happening and has never happened. That is a fact. The misconceptions around transgender healthcare - specifically for transgender youth - are frighteningly overblown and are based on lies.

Thank you,
Mia Scott
she/her/hers
Stevens Point, WI

Dear member of the Committee on Health Aging and Long Term Care,

I am writing today to **voice my strong opposition to AB465**. It saddens me to see such an extreme political attack on transgender people. This demonstrates a lack of understanding of transgender children and the evidence based healthcare that they need and deserve to live healthy and fulfilling lives. Medical decisions should be left to patients with their families and doctors.


Here are some statistics:

- Research shows transgender youth whose families support their gender identity have a 52% decrease in suicidal thoughts, 48% decrease in suicide attempts and significant increase in self-esteem and general health.
- According to the Trevor Project's 2023 National Youth Survey on LGBTQ+ mental health, nearly 1 in 3 LGBTQ+ young people say their mental health was poor most of the time or always due to the anti-LGBTQ+ policies and legislation.

We all want our kids to be healthy and safe. Please reconsider this legislation that will hurt young people.

Thank you,



Lauren Cohen
Verona, WI 53593



Dear members of the Committee,

I am writing to express my opposition to AB 465. Best-practice medical care for transgender youth simply delays puberty until young people are old enough to make their own decision about their lived gender. This bill aims to take away choices from children and their families and goes against recommendations from the American Academy of Pediatrics, the American Medical Association, and other leading medical authorities. This is no place for government overstep; please do not interfere with decisions best left to my family, my child and their doctors.

Sincerely,
Katie Hayden
Madison, WI 53716



From: **Ryder Halverson** <ryder.j.halverson@gmail.com>

Date: Tue, Oct 3, 2023 at 8:31 PM

Subject: written testimony

To: <testimony@fairwisconsin.com>

My name is Ryder Halverson, and I am a transgender 17 year old who identifies as male. I felt compelled to share with you my story. I was meant to have gender-affirming top surgery on June 21st of this year, but about 9 days before I was supposed to have my surgery, I was told the operating room was overbooked. I thought, "Okay. This is disappointing for sure, but I understand." A couple weeks after that, Ollie Heide was delayed surgery, which he and his father went on to report on and interview about. Here's a link with the interview if you want to read it: <https://fox47.com/news/local/ssm-health-discontinues-gender-affirming-surgeries-in-the-madison-area-amid-pressure-from-the-catholic-church>

While we were told the operating room was fully booked, it seems that reporters found out that they were cancelling these surgeries because of their affiliation with the Catholic Church. From the article, "SSM Health did not provide comment when reached with questions. When a reporter called the clinic this week asking for information about gender-affirming surgeries, she was told that the clinic was not taking new patients and was in the process of discontinuing those procedures because of the organization's Catholic affiliation."

For the last 2 years now, I've had ongoing pneumonia, which is currently being investigated further. It is most likely a result of wearing a binder for my chest every day, as this is a temporary solution to affirming my gender through the way I look. Of course, if I was able to have the surgery earlier, I would have. However, this was the time we could fit it in, and it was during the summer, so I wouldn't be missing any more school. (I had missed quite a bit being home with pneumonia.) Now, my surgery is scheduled for November 7th of this year, which is 4 days after my 18th birthday. However, I believe all of my people, the trans youth, no matter sick or not, should have access to receiving the healthcare we all as human beings deserve.

I'm writing to you because you introduced the Transgender Medical Care Ban, and that scares me. (LRB-0191/LRB-4459) Although I know we do not share the same views, I deeply respect your compassion and worry about the consequences of our actions and how some things just can't be reversed. I know that no matter how hard we try, we will never be able to experience the pain others go through, and I hope you see my story.

I cannot be there to attend in person as I am currently sick with pneumonia again.

To all of the members of the committee,

I oppose the AB 465 Medical Care Ban . I am an educator with the Madison Metropolitan School District, a mother of a 5th grader and an advocate for trans youth and people around the country, who are constantly under attack.

Our trans youth deserve access to medical care. Medical decisions are best left to the patients, their families and the health care providers in accordance with best medical practices. Politicians should not interfere with these decisions. As a mom and an educator of our youth, I am writing to oppose this bill and sincerely hope that you do the same.

Sincerely,
Gina Nolan
Cottage Grove WI 53527

- The number of children who identify as transgender doubled between 2017 and 2022, and this trend shows no signs of slowing down. ([Link](#))
- Between 2017 and 2021, the number of teenagers prescribed puberty blockers and cross-sex hormones also doubled (Komodo, [Link](#))
- Between 2011 and 2022 the number of teenagers seeking sex-change treatment in England and Wales rose by around 1,700%. ([Link](#)) Other countries have found similar trends.
- The rise is partly attributable to social influence and peer pressure, either online or in person.
- Young people seeking gender transitions also have extremely high rates of autism, depression, anxiety, eating disorders, and attention-deficit disorders. ([Link](#))
- Activists sometimes claim that no minors are subjected to mutilating sex-change surgeries. This is a lie. Thousands of gender surgeries, including double mastectomies and genital surgeries, were performed on minors in the US between 2016 and 2020 ([Link](#)) The rate has almost certainly increased since then.
- The UW Health system provides minors with puberty blockers (which chemically castrate adolescents), cross-sex hormonal injections, and "chest masculinization surgery," i.e., cosmetic double mastectomies. ([Link](#))

There are no mental health benefits to transition procedures.

- Despite the claims of transgender activists, these procedures have no measurable mental health benefits. The best, largest, and most comprehensive studies find absolutely no benefit to mental health outcomes, from anxiety to depression to suicidal ideation. [Link](#) to one example.
 - The studies the other side cites are very problematic. Many of them explicitly exclude patients who have adverse reactions, or drop out of their hormone regimens. (Some also experience drop-off because the study participants commit suicide or die from genital surgery.) Many of them only study short-term effects, or only measure changes in feelings of gender dysphoria, which obviously decreases somewhat immediately after a procedure. All of this probably isn't worth getting into, but man their science is really terrible.
- In fact, many studies suggest that these procedures potentially cause worse mental health outcomes.
 - "A series of Europe-based systematic reviews of evidence for the benefits and risks of puberty blockers and cross-sex hormones have shown a low certainty of benefits. Specifically, longitudinal data collected and analyzed by public health authorities in Finland, Sweden, the Netherlands and England have concluded that the risk-benefit ratio of youth gender transition ranges from unknown to unfavorable." – Forbes ([Link](#))

There are permanent physical harms.

In many cases, these "treatments" cause permanent infertility.

- Hormone treatments "can permanently alter, in a matter of months, voice depth and facial and body hair growth and, later, other features like breast development." (NYT)
- Risk of cancer, blood clots, and HIV, among other things, all increase.
- Some pretty horrific stuff in this Missouri whistleblower's testimony (full article here). Lots of quotable stuff if you want it. Severe complications, lax psychological assessments, doctors taking a dim view of parents, patients with other severe problems, or who were convinced (due to social contagions) that they had *other* maladies they didn't have (multiple personalities, tic disorders, etc.)

The proposed law would bring Wisconsin in line with public opinion, as well as the growing medical and legal consensus in the US and Europe.

- 22 states have passed bans on sex changes for kids.
- Many medical authorities in Europe – in the UK, France, Finland, Norway, and Sweden, for example – have either sharply restricted sex-change procedures for minors, or have issued extremely strong warnings about their dangers. ([Link](#), [Link](#))
- Polling consistently shows that Americans oppose sex-change procedures for minors, by 20-40 point margins. (e.g. [here](#), [here](#), and [here](#))
- Polls even find that a significant portion of transgender adults oppose children having access to sex-change procedures. (Note: This is 25% with respect to 15-17 year olds getting hormone treatments, and 31% for 10-14 year olds getting puberty-blockers. Possibly not worth including.)
- Minors in Wisconsin are not legally able to get a tattoo, with or without parental consent. Tattoos are not nearly as life-altering or dangerous as sex changes.

30yr Swedish follow-up study comparing medically transitioned individuals to their cisgender peers:

- Suicide rate of transitioners was 19x higher
- And it was 40x higher for female-to-male transitioners

(which is extremely concerning given that the trend has switched to predominantly female-to-male)

How cruel this bill would be. We should be trying to think of legislation that makes Trans youth feel more included. I often found childhood to be frightening, and I cannot imagine the pain this bill would cause.

My name is Corinne Kuenzi, I am in 5th grade at Lincoln Elementary in Madison, Wisconsin. My sister is Transgender and I am here to support her and all transgender kids in Wisconsin by asking you to vote NO on the Assembly Bill 465.

I am a Junior Girl Scout. Girl Scouts promise to make the world a better place. That's your job too. This bill does not make the world a better place! This bill stops transgender kids, like my awesome sibling Nikki, from getting the health care that they need.

I was taught to ask myself these questions before I say something: Is it true? is it kind? is it necessary? and is it helpful? This bill is none of those things.

All kids deserve to get the health care that they need.

Thank you.

I am julez. I am 16 years old and trans. I started hormone therapy at 14 and ever since then have been a better me, i have been able to feel more confident and comfortable in my skin. My mental health have been improving due to the fact I'm allowed to be me. I wish and hope and pray that I will be able to me without feeling alienated and having to go to different states. Please don't ban us were just humans.

Thank you, from julez

To whom it may concern,

I have never written a testimony before, and I am unsure of the correct way to do so. However I am writing to say I OPPOSE the trans youth medical ban. I am a Wisconsin resident, but more importantly, I am a mother of a transgender child. My five year old child has been living freely and unapologetically as herself for a year now, but we knew who she was since she could talk and tell us repeatedly that she is a girl! She never wanted to play with boy toys, never wanted to wear boy clothes. Despite our many efforts of her wearing boy clothes to match her identical twin brother, she'd remove them as soon as she was safe at home, and immediately put on dresses. She loves mermaids, princesses, the color pink, and absolutely loves to put on makeup. My daughter is only five, but someday she will be a teenager, and she will NEED medical care for trans youth. She will most likely decide to go on blockers, so she doesn't go through puberty. I can only imagine how negatively it would affect her if she had to grow facial hair, and develop a masculine body and voice. This would be absolutely devastating to her, and detrimental to her mental health. Research clearly shows that denying gender affirming healthcare to trans youth puts them at risk of depression, self harm, isolation, eating disorders, and suicide.

I am here as a mother pleading for the rights of my child, the same rights that every other person is afforded.

Thank you for taking the time to read this. My voice is only one of many, many parents fighting for their children. Please do the right thing and make gender affirming medical care safe and legal for all transgender youth in the state of Wisconsin.

Sincerely,
Anna Soerens

Dear members of the Committee on Health, Aging and Long-Term Care---

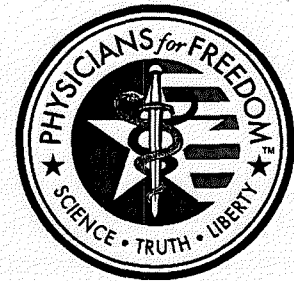
I am emphatically opposed to AB465 - the Transgender Medical Care Ban for Humans under the age of 18. I have a transgender son. He is everything to me, I love him to the end of the universe and back again. He was not indoctrinated. No one at school or anywhere else pressured him and attempted to influence him into changing genders. My son started feeling very uncomfortable in his skin 5 years ago. He could not place it. It was hard for him to explain or describe what exactly was wrong. We sought help, but to no avail. He felt so bad that he attempted suicide multiple times. One of those times, I discovered him well into the act. Have you ever held your child's head hoping beyond hope that he will take another breath? I have. We finally discovered that our son had gender dysmorphia. This was only after looking at anything and everything that could be making him feel this way. He has since transitioned and has had FABULOUS help from medical care providers in Madison. He is ABSOLUTELY THRIVING now including having a 4.0 GPA in HS and having a job where he is adored. Without the medical care that was provided and is continued to be provided from providers who CARE ABOUT TRANSGENDER YOUTH, I am positive my son would be dead.

To the Committee members who support this and/or introduced this bill -- What you are doing by even introducing this bill is harming, alienating and shaming children. You are the ones who should be ashamed. Look at the data, the statistics. People are NOT doing this for fun. Do you think my son wanted this? The ridicule? The shame? The guilt? NO. This is just what happened. Protect Transgender Youth! Encourage humans to be who they want to be! Quit being so simple-minded! Quit hating humans that are different from you! To all the committee members who are already opposed -- thank you for standing up to this demonization of children!

Sincerely,
Dan Sodemann
3902 Cosgrove Drive
Madison, WI

My name is Luka Hein. I am not only someone who went through the gender affirming care system as a minor but as a victim of these medical practices. I was a young teenager with a history of mental health issues who had been groomed and preyed upon online, and as a result fell into a spiral of hatred towards both myself and my body. 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. 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 parents were baited with the threat of me committing suicide if they didn't go along with everything, despite the fact I have always maintained I was never suicidal, they were told would you rather have a dead daughter or a living son. These are not the words of a medical professional, but of an activist. I was just a teenager who needed actual help, not surgery. I needed that chance to grow up safe and whole, but it was taken away from me in the name of gender affirming care. I will have to live with this forever, and so will the many others like me who are stepping forward as being harmed by these practices. Children cannot consent to being a lifelong medical patient, puberty and growing up aren't diseases that need to be fixed with surgery and medicine. Children deserve to know that their body isn't something needing to be fixed, they deserve to grow up whole.

Daniel G. Koster, MD, President
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3 October 2023

Committee on Colleges and Universities, AB 465
12:00 PM Wednesday, October 4, 2023

I am Dr. Daniel Koster, President of Physicians for Freedom. I submit these written remarks along with those of four of our members because our patient responsibilities prevent us from speaking in person.

To many people, it is absurd or unbelievable even to debate questions like whether males can truly become females, or compete in sports with the opposite sex after transitioning. The universal truth of sex differences set at conception and guiding development of every cell, organ and human (not to mention all animals and plants!) seems too obvious even to question. We see with our own eyes the frustration and unfairness of elite women swimmers losing to Lia (nee Will) Thomas. We see the barbarity and pain of biological males sending female opponents to the hospital in contact sports, or even volleyball. Yet we see so called experts, and media, and some fellow citizens nodding along approvingly, apparently unaware of the madness of it. Out of compassion and a decent desire to be good and fair, we question ourselves. We ask, "What have I missed? What do I have wrong?" And we keep silent.

To figure it out, we turn to experts. PFF and others with expertise are eager to provide all the information we can. Not here, as time does not allow, but here we do assert:

- that advocates of "gender affirming care" -- including authorities like the AMA, American Academy of Pediatrics, American Psychological Association -- are wrong;
- that gender is "assigned at birth" is wrong;
- that adults help kids by encouraging them to question their sex is wrong;
- that parents endanger their kids' by questioning transition is wrong;
- that males who transitioned can safely and fairly compete with female athletes is wrong;
- that children in pain and confusion are capable of making the best lifelong decisions -
- decisions which forever mutilate and sterilize them -- is wrong.

Physicians for Freedom promotes fact-based, rational and respectful debate to achieve mutual understanding, responsible self-government, peace and liberty.

As I said, we seek factual, rational and respectful debate (PFF's mission, by the way) on these critical issues. Take us up on that offer!

Until then, trust yourself. Trust your own eyes, your own experience. Trust your gut. Trust your kind and loving heart. And do not be silent! Speak out with other loving, compassionate parents and friends. Share opinions, ask questions in good faith. Do not allow political agendas, greed and lies to harm our children. They are depending on us to speak out for the truth.

Sincerely,

Daniel G. Koster, MD

Dr. Scott Weslow, MD, Treasurer
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3 October 2023

Committee on Colleges and Universities, AB 465
12:00 PM Wednesday, October 4, 2023

We all learned as children that there are two genders, male and female. This was confirmed to all my physician colleagues and me in medical school. No scientific discovery since then has changed this fact.

Individuals can see themselves as a different sex than their birth sex, but given that every single cell in their body is that of their birth sex, unfortunately for them, they cannot change their gender – no matter how they dress, what medicines they take, or what surgeries they undergo. So in essence, the term “transgender” is a misnomer.

Therefore, someone can make believe they have changed genders, but to require everyone else to play along with this belief is unscientific and nonsensical. This causes harm to both the “transgender” person and to those forced to accommodate and facilitate the behavior. This is especially true in the private personal setting of a school locker room. This harm has already happened in many locker rooms and restrooms around the country.

Some gender confusion is normal during development, and most even more severe cases resolve without treatment. Support and compassionate direction toward the truth are what these young people need. They do not need encouragement to further indulge in falsehoods. Such encouragement is not compassion at all. On the contrary, it only increases their confusion and suffering, which is cruel.

Let's take care of our precious youth, including both those who are confused about their gender and those who are not.

With respect,

Scott T. Weslow, MD

Physicians for Freedom promotes fact-based, rational and respectful debate to achieve mutual understanding, responsible self-government, peace and liberty.