CORY TOMCZYK
STATE SENATOR • 29TH SENATE DISTRICT

Assembly Bill 104
Assembly Committee on Health, Aging, and Long-Term Care
March 12, 2025

I am going to begin this testimony by telling you that I am not here to tell **any adult** what he or she should do to his or her own body.

A person who is 18 years of age or older has the ability to get a tattoo, get married, buy a gun, serve his or her country, and the rest of the long list of things we do without receiving permission from someone else. Getting irreversible gender reassignment surgery is another one of those things – as a grown adult, if you choose to go through surgery and hormones to change your gender, that is your right to do. This bill has NOTHING to do with adults and their decision to change their gender. AB 104 simply prohibits procedures that cause permanent damage or sterilization to a person under 18 – a child. If you have kids, think of the things that you as a parent still manage or control in your kids' lives at 17 years old and under. While they may seem like adults, they simply aren't. They still need the mature guidance of a parent or responsible adult to help them navigate life at a young age.

I am not proposing this bill to demonize the trans community. However, when parents allow their children to begin hormone therapy, take puberty blockers, and begin to transition, I believe that is child abuse. We have decided as a society, that when parents are mistreating their children whether that means that they are not being fed, not being sent to school, living in unsanitary conditions, or being put in danger – that the government can intervene and do what is best for that child and his or her wellbeing. This is no different. I believe that if a parent allows or facilitates, then we have the duty to step in and protect that child.

Think back to when you were a kid or when your children were young and prepubescent. Most of us could simply describe this time in our lives or our kids' lives as "weird" and "awkward". Our bodies are changing and we don't exactly feel comfortable in our own skin. Sometimes kids are confused about what their bodies might be telling them. The answer to this is NOT life changing, irreversible drugs and surgeries. The answer is a naturally occurring process called **puberty**! Our bodies go through puberty and change forever in a natural way. After that happens, things begin to make more sense and we are more comfortable in our bodies. Making drastic medical changes before our bodies have the opportunity to develop is dangerous and misguided.

An article by the Journal of the American College of Clinical Pharmacy that was referenced in this bill's cosponsorship memo says, "Puberty-related hormones have wide ranging effects on brain structure, function, and connectivity. Concerns have been raised that hormonal suppression of puberty may permanently alter neurodevelopment."[1] The article also states, "up to 98% of children presenting with gender dysphoria will reconcile their gender identity with their biological sex during puberty." If that percentage is even close to accurate, then this bill is very, very important. Those kids are unfortunately dealing with something that most of us can't comprehend and pumping them full of drugs with plans for surgery cannot be the first option.

It is unfortunate that AB 104 has to be written and discussed. But sadly, there are parents in this state and in this country who are doing their children a disservice and in many cases, causing them irreversible harm because they are unwilling to trust the science and allow their children to mature naturally, allowing them to make these decisions as adults. Even more concerning is that doctors will go along with this and alter these lives forever. It has to stop and with good policy, we can protect a lot of kids.

[1] https://accpjournals.onlinelibrary.wiley.com/doi/full/10.1002/jac5.1691

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SCOTT ALLEN

REPRESENTATIVE • 82ND ASSEMBLY DISTRICT

Testimony in Support of 2025 AB 104
Assembly Committee on Health, Aging, and Long-Term Care
12 March 2025

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

Thank you for the opportunity to testify in support of AB 104, the Help Not Harm Act. This legislation primarily prohibits healthcare providers from performing, facilitating, or referring children under 18 for chemical and surgical gender transition. The scientific evidence does not support it, and children are unable to provide meaningful informed consent.

As a parent first and legislator second, I've watched with growing concern as chemical puberty blockers and physical surgeries have become go-to interventions for young people grappling with gender dysphoria. Today, I want kids across our state to hear this: you are a wonderful part of creation just the way you are, no changes needed. And for parents and legislators, Wisconsin's public health policy should be to offer help, not harm, to children struggling with this issue.

Society has a vested interest in ensuring that physicians practice medicine well. Establishing guardrails in the practice of medicine is nothing new. We've banned harmful procedures such as bloodletting, mercury treatments, lobotomies, and drilling holes in skulls to release evil spirits. Experimental medical practices that are ineffective and cause lifelong harm should not be conducted on patients, particularly minors. Chemical and surgical transitioning of children fall into all of those categories.

Healthcare on this topic is going the same route as opiate overuse and prescribing human growth hormones to achieve a socially acceptable height. Some of the most highly-respected nations for healthcare have changed course over the last few years. Finland, Sweden, Norway, the United Kingdom, Denmark, France, Luxembourg, and Belgium have all trended away from permitting surgical and chemical transitioning. Why? Because the science does not support the idea that these interventions help patients.

This is the third time bringing this bill before the legislature. One repeated argument is that the legislature shouldn't get between doctors and patients. Another version of the same statement is that the legislature would be attempting to judge how to best care for patients, even against the best science. But what studies? Children's Hospital of Wisconsin told me that they provide surgeries for children and assured me that they adhere to rigorous scientific standards. I asked them to send me the best studies that justify medical gender transition. To date, I have only received three. Each had a small number of participants and tracked them no further than two years after the gender transition. This is insufficient scientific evidence. In four years of searching for scientific research to support transitioning children, no individual or organization has been able to provide any.

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In the interest of transparency, my office has put together all the research and analysis we have conducted and printed it off in these two binders. These are all double-sided pages. For the sake of the environment, we are happy to make it available to you in electronic format. The research that supposedly shows support is deeply flawed. For example, one letter from the American Medical Association cited several different studies. However, our analysis demonstrated deep methodological problems such as an inability to determine causality, selection bias, lack of control groups, self-reported data, confounding variables that are not controlled, publication bias, and low statistical power.

The lack of high-quality studies could be explained simply: there are none. The World Professional Association for Transgender Health (WPATH) is considered the foremost authority in transgender health care. They supposedly review the scientific literature and create Standards of Care (SOC), including for surgical and chemical interventions on minors. "Standard of care" is a legal and ethical concept that refers to the level of skill, knowledge, and caution that a healthcare professional or other reasonably prudent healthcare professional is expected to exercise in a particular situation. No fewer than 15 organizations rely on WPATH's research, including medical associations (e.g., AMA, APA, Endocrine Society), regional affiliates (e.g., EPATH, AusPATH), healthcare providers (e.g., NHS Scotland, Mount Sinai), and advocacy groups (e.g., GLAAD, Mermaids). Their reliance ranges from direct adoption of SOC to using WPATH as a reference point for policy and practice.

But in 2024, leaked documents and videos of virtual meetings revealed that this organization lacks any scientific credibility. The report "The WPATH Files," released by the nonprofit organization Environmental Progress, demonstrated that "WPATH does not meet the standards of evidence-based medicine." I've asked that this report be entered into the record.

The WPATH Files are revealing. They dismantle various arguments from advocates of transitioning children. The group discusses transitions for individuals with multiple comorbidities such as autism, eating disorders, and dissociative identity disorder. They recognize that social transitioning, puberty blockers, and cross-sex hormones are a one-way path to surgical transition. They understand that these interventions do not prevent suicide or reduce the risk of suicide.

The U.S. Medicare and Medicaid Services performed its own meta-analysis of 33 different peer-reviewed studies. In August 2016, they stated:

> 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" [Gender Reassignment Surgery].

This meta-analysis conducted during the Obama Administration concluded that the best evidence did not indicate positive outcomes to support gender transition. Similarly, researchers in several other countries, including Sweden, Finland, England, Denmark, Norway, Australia, and New Zealand, reached the same conclusion. If you hear 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.

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."

This is the essence of the problem that Help Not Harm seeks to address. The adage is "First, do no harm." But "gender-affirming care" turns the practice of medicine on its head; instead of asking whether an intervention works to improve mental health, it's demanded that opponents demonstrate that it harms. As Dr. Garofalo said, we do not have all the answers - so 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?

The WPATH Files mentioned earlier also demonstrate another concerning aspect of chemical and surgical transitioning for children. Children cannot give meaningful informed consent. Informed consent is a process where a healthcare provider informs a patient about their condition, procedures that fix the problem, and alternatives. This includes informing patients about risks. The patient or their caregiver should provide written approval of the procedure. But, as the WPATH Files reveal, "limited or nonexistent sexual experiences make it impossible for [children] to grasp the magnitude of what they are forfeiting." This is all to satisfy a patient's subjective sense of self.

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.

With the advancement of brain science, we now understand why. The prefrontal cortex isn't fully developed until around the age of 25, and this region of the brain is responsible for long-term, logical decision-making. Young people tend to 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 one 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?

Today, you may hear from individuals testifying that patients are often pressured down this path to transition using scare tactics. Parents are given an ultimatum such as, "You can either have a living son or a dead daughter." This is designed to overcome objections and rational thought for life and circumvent the very essence of informed consent.

Additionally, you'll hear from medical experts and survivors of the transition industry about options other than transitioning—options that help children remain whole until adulthood when they can make a fully informed decision about their future.

"Help Not Harm" isn't about denying care—it's about demanding better. Therapy, support, and time have helped countless young people navigate identity struggles without drugs that alter their bodies forever. Studies show most kids with gender dysphoria grow out of it by adulthood if left to mature naturally. Yet today, we're fast-tracking them to chemical puberty blockers, and then surgical transition, often under pressure from well-meaning but misguided adults.

Critics have labeled this legislation as fearmongering, hateful, anti-trans, and even genocidal. I view it as accountability. We owe our children policies grounded in evidence, not speculation. Side effects such as brittle bones, stunted brains, lost fertility, loss of normal sexual function, and fragile hearts cannot be reversed with a press release, a lawsuit, or an apology before Congress—they are burdens that children bear for life. "Help Not Harm" advocates for no more. It's a call to safeguard the vulnerable, prioritize evidence, and ensure every child has the opportunity to grow up whole. I urge my colleagues to stand with me in choosing children and sound science over passing trends and welcome any questions you may have.

March 11, 2025

My journey through gender-affirming therapy began with hope but ended in pain, regret, and a hard-earned clarity I feel compelled to share. In Neenah, Wisconsin, in 2000, I underwent male-to-female surgery—specifically a penile inversion—to create what was supposed to be a new beginning. But almost immediately, the reality of that choice hit me hard. After the surgery, I experienced significant bleeding from the man-made female cavity. The medical team tried to stop it by packing the newly created space with gauze, but the bleeding persisted. They placed a sandbag on my lower abdomen, hoping the pressure would help, and eventually I needed a blood transfusion and blood plasma to stabilize me. Finally, the bleeding stopped, but that was only the beginning of my struggles.

To maintain the size and depth of this man-made pocket, I had to dilate regularly. It was a grueling process, and more often than not, dilation caused more bleeding. Exhausted and desperate for relief, I stopped dilating altogether. Without that maintenance, the cavity closed up—a physical reminder that my body wasn't aligning with the promises I'd been sold.

Transitioning was supposed to fix my internal turmoil, but it didn't. The physiological problems I'd hoped to escape remained, unresolved and heavy. Worse, new issues emerged. I developed gallbladder sludge, a condition so severe that I had to have my gallbladder removed. I later learned—through my own research and conversations with another detransitioner who'd faced the same fate—that there's a link between high doses of estrogen and gallbladder problems, like gallstone formation. It's a connection I wish I'd known about sooner, and one I rarely hear discussed.

Seven years after transitioning and living as a woman, I made the decision to detransition. That process brought me to therapy, where I finally began to unravel the truth. My therapist told me something that shook me to my core: I should never have been diagnosed as transgender. The root of my confusion lay in significant childhood traumas—wounds that had been overlooked in affirming my transition. I had spent over $100,000 to become someone I thought I needed to be, enduring surgeries and years of struggle, only to realize I'd been misdirected. The affirmation I received didn't heal me; it delayed the real work I needed to do on my mental health.

As part of detransitioning, I underwent a phalloplasty to reclaim my male identity. The surgery was excruciating, and the results were horrific—far from the restoration I'd hoped for. Still, it gave me the documentation I needed to change the gender marker on my legal documents back to male. It was a bittersweet victory, a bureaucratic correction that couldn't erase the scars—physical or emotional.

Looking back, my heart breaks for the children caught in this cycle. My experience, and the stories I've heard from other detransitioners, point to a common thread: childhood trauma often lies at the heart of gender confusion. I've lived the consequences of a system that pushed me toward medical transition instead of addressing those root causes. I beg you—help the children, don't harm them. Offer them mental health support to navigate their confusion, not irreversible procedures that may leave them broken, like me. The links I've found between estrogen therapy and issues like gallbladder sludge only deepen my urgency. These are real risks, and they deserve to be part of the conversation.

This is my story—not just a warning, but a plea. Please end the chemical and surgical transitions of children who cannot understand the lifelong consequences of attempting to transition.

Respectfully,

Billy Burleigh 11-Mar-2025

Billy Burleigh
Twin Falls, Idaho

Dear Committee Members, thank you for your time,

I am a former "trans" kid.

As a child I was insistent, persistent, and consistent that I was a boy.

I have no doubt that if the option to take puberty-blockers and cross-sex hormones had been available, I would have done everything I could to obtain them, including threatening suicide especially if I had others encouraging me to threaten suicide as children are today.

In the short-term I likely would have felt better.

Testosterone is a controlled substance. Like other controlled substances, it has high risks to health and well-being and has the potential for both addiction and abuse. Testosterone makes almost anyone who takes it initially feels a sense of euphoria. If I had taken it as a child it would have allowed me to completely dissociate from myself as a girl and create a new persona, someone who could pretend that the horrible trauma that triggered my gender dysphoria didn't happen to me.

When I first started taking it, it would have boosted my confidence and increased my energy and most importantly, I would have felt safer.
If I took testosterone, it would have been so much easier to pretend that I was not the little girl who was brutally sexually assaulted. A little girl who became convinced at the moment of the assault that I was not safe being a girl. That the only way I could keep it from happening again was by becoming a boy.

Despite feeling better in the short term, in the long term taking testosterone would have been profoundly damaging, potentially even more damaging than the sexual assault. I can't imagine the impact of being told by teachers, doctors, and other adults that I was born in the wrong body. That I was inherently flawed.

It would have reinforced all the mistaken beliefs I had that caused me to develop gender dysphoria in the first place:

That being a girl was bad.

That it was my fault that those men hurt me.

That my body was a mistake.

That it was too dangerous be a girl.

If I had been medically transitioned, I wouldn't have gotten the help I needed to work through my self-hatred and shame.
I never would have realized that my transgender identity was a coping mechanism.

I am so thankful that my school psychologist put me on a healing path.

I am grateful to other therapists who helped me understand that my transgender identity was a result of the sexual assault not because I was born in the wrong body.

I shudder to think at what my life would be like if I'd been encouraged to believe that I was a boy.

I would have lived my life hating myself.

Puberty blockers would have retarded my growth and development.

Cross-sex hormones would have caused my otherwise healthy body to become dysfunctional.

The combination of both puberty blockers and cross-sex hormones would have left me sterile.

Children who says they feel better because of puberty blockers and cross-sex hormones are likely telling the truth.

In the short term, these interventions allow children to avoid the difficulties they are facing, whether that be grappling with internalized homophobia, struggling with autism, or trying to recover from a significant trauma.

We should not be giving children controlled substances in order to make them feel better.

It is a horrible disservice to encouraging them to dissociate, to run away from their feelings, to run away from themselves and to take a drug that in the short term will help them to feel better by numbing their feelings but in the long term, permanently damage their bodies and in the long term, prevent them from getting

the help that they need to understand the difficult feelings that they're having in the first place.

It is natural for children to do what they can to shut down difficult feelings which is why we work hard to stop children from using drugs and alcohol.

We know that encouraging children to run away from their pain and struggles is not the solution even if it makes them feel better in the short term.

It is our job as adults to give children the message that no matter how intense and difficult their feelings are, they can work through them without dissociating from themselves to become a different person.

Because of loving, caring, and supportive therapists and teachers, I got the care I so desperately needed to process what happened to me.

Transgender activists often discount my story, saying I was never really transgender. They are right. I wasn't. And that is the point.

Even though I was insistent, consistent, and persistent about being a boy, I wasn't a boy. Yet gender doctors admit that the only diagnostic criteria used to determine if a child should get puberty blockers, cross-sex hormones, and surgeries is if the child is insistent, consistent, and persistent with gender confusion. It only takes one story like mine to show they are wrong. To show that children develop gender dysphoric feelings not because of being born in the wrong body, but as a coping mechanism.

The belief that a child can somehow be born in the wrong is a mystical view, not a medical view.

I have great respect for doctors. However, they have gotten it wrong in the past.

We are still suffering from the consequences of the opioid epidemic, where doctors were told by pharmaceutical companies that treating pain with dangerous and addictive opioids was safe and effective.

How many thousands of people died because doctors were following guidelines for pain management written by those who were profiting from the sale of opioids?

How many people have wrestled with serious addictions after well-meaning doctors prescribed medications that they had been told were safe and effective only to find out later that they were misled by pharmaceutical companies willing to put dollars ahead of human lives?

The so called "treatments" for gender dysphoria that are being championed by activists will go down in history as being far worse than the opioid crisis unless regulation are passed to protect children from these experimental and harmful interventions.

The only treatment proven to help manage and resolve gender dysphoria is therapy combined with allowing children to naturally progress through puberty naturally.

Children struggling with confusion about their identity need love and support.

My teacher and therapist gave me the gift of time to heal and I am so incredibly grateful.

All children who are struggling with gender dysphoria deserve the same gift.

Thank you,
Erin Everitt
advocatesprotectingchildren@gmail.com

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.

Affidavit of Jamie Reed

Jamie Reed, being sworn, states:

1. I am an adult, I am under no mental incapacity or disability, and I know that the facts set forth in this affidavit are true because I have personal knowledge of them.

2. I hold a Bachelors of Arts in Cultural Anthropology from the University of Missouri St. Louis and a Master's of Science in Clinical Research Management from Washington University.

3. I have been working at Washington University for seven years. Initially at Washington University, I worked with HIV-positive patients, caring for many transgender individuals.

4. From 2018 until November 2022, I worked as a case manager at the Washington University Pediatric Transgender Center ("the Center") at St. Louis Children's Hospital. My duties included meeting with patients two to three days a week and completing the screening triage intake of patients who were referred to the Center.

5. I was offered and accepted the job as case manager for the Center because I had experience and expertise in working with transgender individuals and pediatric populations.

6. I took the job because I support trans rights and firmly believed I would be able to provide good care for children at the Center who are appropriate candidates to be receiving medical transition. Instead, I witnessed the Center cause permanent harm to many of the patients.

7. During my time at the Center, I personally witnessed Center healthcare providers lie to the public and to parents of patients about the treatment, or lack of treatment, and the effects of treatment provided to children at the Center. I witnessed staff at the Center provide puberty blockers and cross-sex hormones to children without complete informed parental consent and without an appropriate or accurate assessment of the needs of the child. I witnessed children experience shocking injuries from the medication the Center prescribed. And I saw the Center make no attempt or effort to track adverse outcomes of patients after they left the Center.

8. I raised concerns internally for years. But the doctors at the Center told me to stop raising these concerns. Last fall, the Center and the University Administration told me to "get with the program or get out." Because the Center was unwilling to make any changes in response to my concerns, I left the Center in November 2022 and accepted employment elsewhere within Washington University.

The Center Misleads the Public and Parents About What Care it Provides

9. The Center tells the public and parents that it provides multidisciplinary care. The Center says that you can come to the clinic and get transition hormones, if that is needed, but you can also get psychological and psychiatric care.

10. That is not true. The Center says that it has four practice areas: Endocrinology, Adolescent Medicine, Psychiatry, and Psychology. But the Center placed such strict limits on Psychiatry and Psychology that I was almost never allowed to schedule patients for those practices. Those practices were advertised as available, but most of the time they were not in fact available. Even when psychology was available, it was only to write

a letter of support for the medical transition treatments and never for ongoing therapy. And psychiatry was allowed, but only on an extremely limited basis.

11. Instead, I was required to schedule children for Endocrinology or Adolescent Medicine. Rather than provide psychiatric or psychological therapy, these practices (Endocrinology and Adolescent Medicine) would medically transition patients' gender. Endocrinology would prescribe puberty blockers and cross-sex hormones. Adolescent Medicine, which was for children after puberty, prescribed cross-sex hormones. Children were sent to one practice or the other based on their age and stage of puberty or prepuberty. There was no continuing or ongoing mental health evaluation or treatment required or provided by the Center for patients.

12. The Center also claims that it is a multidisciplinary team approach. The benefit of that approach is supposed to be that patients and their parents can feel more confident that all aspects of their care options have been considered and that their treatment plan has the input of all of the team. This Center did have members who would advocate for different options for the patients with concerning gender histories, concerning comorbidities, and attempt to raise the serious concerns regarding patient care. Patients and their parents, however, were never informed that the team did not have consensus on the treatment. The staff members on the team that were not universally in support of immediate cross sex hormones were not supported and were told to stop questioning the prevailing narrative of immediate cross sex hormones for all by the prescribing physicians. The administration at the university did not actively support the multidisciplinary model of care and did not provide any oversight, and instead the administration told those raising

concerns and questions to stop raising them. The public has been led to believe that a 'team' has considered their child's care and that the 'team' had ruled it best for the cross sex hormones to be initiated, but the public was not told the truth.

13. Medical transition practice for children and adolescents is based on a study from the Netherlands. That study, the "Dutch study," excluded participants who presented underlying mental health issues.

14. But nearly all children who came to the Center here presented with very serious mental health problems. Despite claiming to be a place where children could receive multidisciplinary care, the Center would not treat these mental health issues. Instead, children were automatically given puberty blockers or cross-sex hormones even though the Dutch study excluded persons experiencing mental health issues.

15. One patient came to the Center identifying as a "communist, attack helicopter, human, female, maybe non binary." The child was in very poor mental health and early on reported that they had no idea their gender identity. Rather than treat the child for their serious mental health problems, the Center put the child on cross-sex hormones and ignored the child's obvious mental health problems. The child subsequently reported that their mental health actually was worsening once they started the cross-sex hormones.

16. Most children who come into the Center were assigned female at birth. Nearly all of them have serious comorbidities including, autism, ADHD, depression, anxiety, PTSD, trauma histories, OCD, and serious eating disorders. Rather than treat these conditions, the doctors prescribe puberty blockers or cross-sex hormones. Some examples include:

a. Patient was in a residential sex offender treatment facility in state custody. Patient had previously sexually abused animals and had stated when they were released that they would do so again. There were questions about consistency of gender history. The Center did not treat this underlying condition, but instead started the patient on hormones.

b. Patient who has severe Obsessive Compulsive Disorder and had threatened to self-harm their genitals. The Patient did not have a trans or other incongruent gender identity. The patient was placed on hormones not even to treat any gender dysphoria but to chemically reduce libido and sexual arousal.

c. Patient had history of sexual abuse and notified the psychologist of this. It was even documented in the letter of support that the patient had concerns about the changes that testosterone would cause to their genitals. Instead of treating the underlying trauma the patient was started on testosterone.

d. Patient had serious mental health concerns and was prescribed mental health medications directly before being prescribed hormones, yet didn't take the mental health medications. Nevertheless, the patient was placed on hormones.

e. Patient had significant autism with unrealistic expectations, struggled to answer questions, and wanted questions to be provided ahead of time. Yet the patient was started on feminizing hormones.

f. Patient had a mental health history that included being violent. In addition, the parent was forcing the patient to cross dress. The patient was put on feminizing hormones.

17. These serious comorbidities were not treated by the Center, and doctors would prescribe puberty blockers or cross-sex hormones while patients were struggling with these comorbidities.

18. The psychiatry services were limited and could only serve patients who were 'not too severe,' which meant that many patients were being sent to the already overburdened emergency rooms for suicidal ideations, for self-harm, and for inpatient eating disorder treatment.

19. Many patients had depression and anxiety symptoms before starting cross sex hormones but it was only after starting these medications that they became more severe and required starting mental health medications. Many patients were also suspected of having autism and were not even required to be formally assessed for this condition before starting cross sex hormones.

20. Toward the end of my time at the Center, it became clear that many children coming to the Center had gender identities that were likely the result of social contagion. When I first started in 2018, the Center would receive between 5 and 10 calls a month. By the time I left, that number was more than 40 calls a month.

21. Social media is at least partly responsible for this large increase in children seeking gender transition treatment from the Center. Many children themselves would say that

they learned of their gender identities from TikTok. Children would arrive at the Center identifying not only as transgender, but also as having tic disorders (Tourette Syndrome) or multiple personality disorders (dissociative identity disorder). Doctors at the Center would ignore and dismiss as social contagion the claims about the tics and multiple personalities; but then those doctors would uncritically accept the children's statements about gender identity and place these children on puberty blockers and cross-sex hormones.

22. In one case, a child came into the Center identifying as "blind," even though the child could in fact see (after vision tests were performed). The child also identified as transgender. The Center dismissed the child's assertion about blindness as a somatization disorder but uncritically accepted the child's statement about gender and prescribed that child with drugs for medical transition without confirming the length or persistence of the condition. No concurrent mental health care was provided.

23. The Center tells the public and parents of patients that the point of puberty blockers is to give children time to figure out their gender identity. But the Center does not use puberty blockers for this purpose. Instead, the Center uses puberty blockers just until children are old enough to be put on cross-sex hormones. Doctors at the Center *always* prescribe cross-sex hormones for children who have been taking puberty blockers.

24. The Center also tells parents, children, and the public that puberty blockers are fully reversible. They are not. In children going through normal puberty, puberty blockers do

lasting damage. They cause children to go through menopause early, they reduce bone density, and they worsen mental health.

25. Doctors at the Center also have publicly claimed that they do not do any gender transition surgeries on minors. For example, last year Dr. Lewis and Dr. Garwood told the Missouri legislature, "at no point are surgeries on the table for anyone under 18" and also, "surgeries are not an option for anyone under 18 years of age." This was a lie. The Center regularly refers minors for gender transition surgery. The Center routinely gives out the names and contact information of surgeons to those under the age of 18. At least one gender transition surgery was performed by Dr. Allison Snyder-Warwick at St. Louis Children's Hospital in the last few years.

26. During medical visits with patients, I have personally heard providers report that they examined results of gender transition surgeries on minors. This includes examining the scar tissue and healing of sutures of breast surgeries.

27. At one point, Dr Chris Lewis and Dr Sarah Garwood reported that the Endocrine division leadership didn't want us referring minors for surgery. Yet, the Center continued referring minors for surgery. We claimed that the referrals were only "for educational purposes" for when children turned 18. But these referrals were in fact referrals. And patients we referred did in fact obtain transition surgeries as minors.

The Center Does Not Assess Children or Obtain Consent Before Placing them on Puberty Blockers and Hormones

28. The Center has four criteria that must be met before a child is placed on puberty blockers or cross-sex hormones. Although these criteria are supposed to enable the doctors to make case-by-case decisions, in practice everybody who meets these minimum criteria are prescribed cross-sex hormones or puberty blockers.

(1) Age

29. First, the child must be at a certain age or stage of puberty. Puberty stages are measured according to the Tanner Stage system.

30. The World Professional Association for Transgender Health ("WPATH") is an organization that drafts what it believes to be the best medical standard of care. WPATH is controversial. It is considered an activist organization, and its standards of care (or "guidelines") are much more lenient than the standards of care created by other organizations.

31. During the time, I was at the clinic, the WPATH Standard of Care Version 7 stated that children be at least 16 years old to start using cross-sex hormones. The Center deviated even from this most lenient standard and routinely prescribed cross-sex hormones to children as young as 13.

(2) Therapist Letter

32. The second criteria for a person to receive puberty blockers or cross-sex hormones is that the child have a letter of referral from a therapist. This requirement is supposed to ensure that two independent professional clinicians agree that medical transition is appropriate

before a child is given medication that causes irreversible change. But nothing about this process at the Center involved independent judgment.

33. The Center steered children toward therapists that the Center knew would refer these children back to the Center with a letter supporting medical transition. The Center had a list of therapists we would send children to, and a therapist could be on that list only if the Center "knew they would say yes" to medical transition. The Center had two in-house psychologists. They were Dr. Alex Maixner and Dr. Sarah Girresch-Ward as well as several outside therapists. Nobody on our list was required to be licensed in psychology or psychiatry.

34. If we did not receive a letter from an outside therapist that would let us prescribe puberty blockers or cross-sex hormones, we would then just send the patient to the in-house therapists: Dr. Alex Maixner and Dr. Sarah Girresch-Ward.

35. We also instructed the therapists what to say in their letters to us. I was instructed to draft and send language to the therapists for them to use in letters they then sent to us, and most therapists on the list had a template letter drafted by the Center that they could fill out to return to the Center.

36. The WPATH guidelines require a full psychological assessment of the child before recommending puberty blockers or cross-sex hormones. A full assessment typically requires 10 to 12 hours of time with the child. Therapists on the Center's list would send us letters after just 1-2 hours with a patient.

(3) Consent

37. The third criteria was parental consent. The Center routinely issued puberty blockers or cross-sex hormones without parental consent.

38. Doctors at the Center routinely pressured parents into "consenting" by pushing those parents, threatening them, and bullying them.

39. A common tactic was for doctors to tell the parent of a child assigned female at birth, "You can either have a living son or a dead daughter." The clinicians would tell parents of a child assigned male at birth, "You can either have a living daughter or dead son." The clinicians would say this to parents in front of their children. That introduced the idea of suicide to the children. The suicide assertion was also based on false statistics. The clinicians would also malign any parent that was not on board with medicalizing their children. They would speak disparaging of those parents.

40. I was present during the visits with many parents when this happened.

41. Parents would come into the Center wanting to discuss research and ask questions. The clinicians would dismiss the research that the parents had found and speak down to the parents.

42. When parents suggested that they wanted only therapy treatment, not cross-sex hormones or puberty blockers, doctors treated those parents as if the parents were abusive, uneducated, and willing to harm their own children.

43. These assertions about abuse and suicide were used as tools to stop parents from asking questions and to pressure parents into consenting.

44. The Center has a team culture of supporting the affirming parent and maligning the non-affirming parent.

45. Parents routinely said they felt they were being pressured to consent. Often parents would give "consent" but say they were only doing so because "you guys are going to do this anyway."

46. The Center was also intentionally blind about who had legal authority to consent. I wanted the Center to ask parents before the first visits about and request copies of custody agreements because custody agreements often spell out who among divorced parents must consent to medical procedures. I was told not to ask for custody agreements because "if we have the custody agreement, we have to follow it."

47. At one point, a child's father said no to cross-sex hormones. The child later arrived with an adult male (step parent) who said the child could receive cross-sex hormones. The Center did not check to see if this adult male was a legal parent or guardian who had any legal right to consent to treatment.

48. Other centers who prescribe cross-sex hormones and puberty blockers require parents to issue written consent. Several times, I asked the doctors to require written consent. They repeatedly refused. The entire time I worked there the Center had no written informed consent, and none that was provided to or signed by patients.

49. On several occasions, the doctors have continued prescribing medical transition even when a parent stated that they were revoking consent.

50. Before placing children on cross-sex hormones or puberty blockers, the Center also did not inform parents or children of the very serious side effects.

51. Doctors know that cross-sex hormones (immediately after puberty blockers) make children permanently sterile. The doctors did not share this information with parents or children.

52. For example, the Center nurse and I expressed concerns about a patient's intellectual function and ability to provide informed consent. The patient had a history of attending a school district for special education needs, couldn't identify where they lived, and couldn't explain what kind of legal documents (ID) they had. Our concerns were dismissed by the provider, and hormones were given. Patient then stated in a follow up appointment that they wanted to potentially have biological children and had not been seen by the fertility department. When the nurse and I asked the Center provider if they had covered the fertility questions, the Center provider became livid and adamantly disagreed that treatment could "potentially render the patient sterile."

53. Doctors knew that many of our former patients had stopped taking cross-sex hormones and were detransitioning. Doctors did not share this information with parents or children.

(4) Clinical Visit

54. The fourth criteria for prescribing cross-sex hormones or puberty blockers is that the child must have a one-hour consultation with Endocrinology or Adolescent Medicine.

55. This is little more than a box-checking exercise. One hour is not sufficient time to fully assess these children. I witnessed doctors on several occasions' mention that they did not have time in the meeting to discuss everything they wanted to discuss. The Center decided to give these children cross-sex hormones and puberty blockers anyway.

56. The WPATH standard of care in effect when I was at the Center required a full assessment of a child's situation. That typically cannot be done in less than 10 or 12 hours. The Center ignored this standard and gave children puberty blockers and cross-sex hormones after just two 1-hour visits (one with a therapist and one with a doctor at the Center).

Cross-Sex Hormones and Puberty Blockers Are Automatic

57. The Center tells the public and parents that it makes individualized decisions. That is not true. Doctors at the Center believe that every child who meets four basic criteria—age or puberty stage, therapist letter, parental consent, and a one-hour visit with a doctor—is a good candidate for irreversible medical intervention. When a child meets these four simple criteria, the doctors always decide to move forward with puberty blockers or cross-sex hormones. There were no objective medical test or criteria or individualized assessments.

58. The doctors do this even though many children coming to the Center are either experiencing social contagion or have very serious mental health issues that should be addressed first. The standard of care in studies says a center should resolve mental health

issues before sending children through medical transition. The Center is not following that standard.

59. Children come into the clinic using pronouns of inanimate objects like "mushroom," "rock," or "helicopter." Children come into the clinic saying they want hormones because they do not want to be gay. Children come in changing their identities on a day-to-day basis. Children come in under clear pressure by a parent to identify in a way inconsistent with the child's actual identity. In all these cases, the doctors decide to issue puberty blockers or cross-sex hormones.

60. In one case where a girl was placed on cross-sex hormones, I found out later that the girl desired cross-sex hormones only because she wanted to avoid becoming pregnant. There was no need for this girl to be prescribed cross-sex hormones. What she needed was basic sex education and maybe contraception. An adequate assessment before prescribing hormones would have revealed this fact. But because the doctors automatically prescribe cross-sex hormones or puberty blockers for children meeting the bare minimum criteria, this girl was unnecessarily placed on drugs that cause irreversible change to the body.

61. On another occasion, a patient had their breasts removed. Although the patient had turned 18, this surgery was performed at St. Louis Children's Hospital. Three months later, the patient contacted the surgeon and asked for their breasts to be "put back on." Had a requisite and adequate assessment been performed before the procedure, the doctors could have prevented this patient from undergoing irreversible surgical change.

62. In July 2022, the FDA issued a "black box warning" for puberty blockers, the strictest kind of warning the FDA can give a medication. It issued the warning following evidence in patients of brain swelling and loss of vision. Despite this warning, doctors at the Center continued their automatic practice of giving kids these drugs.

63. In more than four years working at the clinic, I witnessed only two examples of the doctors deciding not to prescribe cross-sex hormones or puberty blockers for a child who met the four basic criteria. Both cases involved patients with severe developmental delays. And in one of those cases, the doctors in fact said that they would prescribe cross-sex hormones or puberty blockers. The only reason the doctor did not prescribe those medications was that the parents would not agree to monitor administration of the medication.

64. In hundreds of other cases, Center doctors automatically issued puberty blockers or cross-sex hormones without considering the child's individual circumstances or mental health.

65. In one case, a psychiatrist called the Center's endocrinologist and explained that a child, who had already tried to commit suicide by threatening to jump off a roof, should not be given cross-sex hormones because the child was struggling with serious mental health issues. I witnessed the endocrinologist yell at the psychiatrist on the phone and speak down to this provider.

66. Because I was concerned that the doctors were giving cross-sex hormones and puberty blockers to children who should not be on them, I created a "red flag" list of children

where other staff and I had concerns. The doctors told me I had to stop raising these concerns. I was not allowed to maintain the red flag list after that.

67. During the time I was creating the red flag list, noting my concern that these children were not good candidates for permanent, irreversible medication treatment, the doctors would simply send these children to our in-house therapists. Those therapists would inevitably provide letters to the doctors, and then the doctors would say there can't be any concern over these children because another therapist was fine with prescribing puberty blockers or cross-sex hormones.

Children Are Experiencing Serious Harm, and the Center Will Not Do Any Follow Up

68. It is my professional opinion that cross-sex hormones and puberty blockers should only be used where the benefits outweigh the harms. These drugs have imposed and are imposing serious harms on the children who have been patients at the Center.

69. The doctors at the Center tell the public and tell parents of patients that puberty blockers are fully reversible. They really are not. They do lasting damage to the body.

70. I have seen puberty blockers worsen the mental health outcomes of children. Children who have not contemplated suicide before being put on puberty blockers have attempted suicide after. Puberty blockers force children to go through premature menopause. Puberty blockers decrease bone density.

71. Cross-sex hormones (after puberty blockers) in almost all cases will permanently sterilize children. Children on cross-sex hormones also experience substantial gain in blood

pressure, cholesterol, and weight. All of these have significant negative health effects. One patient started hormones and took one dose and then started having symptoms that they believed was indicative of a blood clot.

72. Children who take testosterone as a cross-sex hormone experience severe atrophy of vaginal tissue. One patient on cross-sex hormones called the Center after having sexual intercourse. The patient experienced vaginal lacerations so severe that the patient bled through a pad, through pants, and through a towel wrapped around their waist, and had to have the vaginal lacerations surgically treated in St. Louis Children's Hospital emergency room.

73. Most patients who have taken cross-sex hormones have experienced near-constant abdominal pain.

74. One doctor at the Center, Dr. Chris Lewis, is giving patients a drug called Bicalutamide. The drug has a legitimate use for treating pancreatic cancer, but it has a side effect of causing breasts to grow, and it can poison the liver. There are no clinical studies for using this drug for gender transitions, and there are no established standards of care for using this drug.

75. Because of these risks and the lack of scientific studies, other centers that do gender transitions will not use Bicalutamide. The adult center affiliated with Washington University will not use this medication for this reason. But the Center treating children does.

76. I know of at least one patient at the Center who was advised by the renal department to stop taking Bicalutamide because the child was experiencing liver damage. The child's parent reported this to the Center through the patient's online self-reporting medical chart (MyChart). The parent said they were not the type to sue, but "this could be a huge PR problem for you."

77. I have heard from patients given testosterone that their clitorises have grown so large that they now constantly chafe against the child's pants, causing them pain when they walk.

78. Despite telling the public and parents that the Center offers multidisciplinary, complete care, the Center makes no attempt to provide care after prescribing cross-sex hormones or puberty blockers. The Center does not provide mental health care or refer children for mental health care even though nearly all children who come to the Center are experiencing serious mental health issues. The Center does not require children to continue with mental health care after they prescribe cross-sex hormones or puberty blockers and even continues those medications when the patients directly report worsening mental health after initiating those medications. Some additional examples to those discussed above include:

a. Patient was on hormones and had decompensating mental health, outlandish name changes, self-diagnosis of multiple personalities (DID). The patient was continued on hormones.

b. Patient believed that they were being poisoned by the testosterone and stopped for a period. They had significant serious mental health issues, but were put back on testosterone.

c. Patient was brought to the Center at the age of 17 by a man who was not related to them yet with whom the patient had been living. They were started on hormones as soon as they turned 18. Patient's mental health subsequently got worse and it was disclosed in an Emergency Department visit that the man that had brought them to the clinic had been sexually and physically abusing them. The medical transition treatment was not stopped and the Center provider did not require trauma therapy, mental health care or an assessment.

d. Patient was in residential facility, in foster care. We convinced the staff that it was ok for patient to start testosterone. Patient ran away numerous times from facility and was having unprotected intercourse while on testosterone (which causes birth defects). The patient was continued on the testosterone.

e. Patient admits that they were started on testosterone when they were very young- age 11- and only because they were moving to a state (Florida) that the parent was concerned wouldn't prescribe later. Patient has desisted in male identity to a vague non binary with their own self-diagnosis of autism. Patient has changed their name numerous times and is clearly struggling with thoughts about desistence, even saying they wanted breast development. The Center continued the testosterone.

f. Patient who was on hormones was being evaluated for OCD and having somatization disorder with 'seizure' activity. Patient was kept on hormones.

g. Patient who was on hormones stopped taking their schizophrenia medications without consulting a doctor. Patient was continued on hormones.

h. Patient changed to non-binary identity, then changed preferred name and stated that their identity was shifting day to day. Patient was continued on hormones.

79. The Center also refuses to track complications and adverse events among its patients. There is no standard protocol for tracking patients who have received treatment. And the Center actively avoids trying to learn about these adverse events.

80. On my own initiative, I have tracked some patients on a case-by-case basis, but the Center discouraged me from doing so. I wanted to track the number of our patients who detransition. I wanted to track the number of our patients who have attempted suicide or committed suicide. The Center would not make either of these tracking systems a priority.

81. It is my belief that the Center does not track these outcomes because they do not want to have to report them to new patients and because they do not want to discontinue cross-sex hormone prescriptions. The Center never discontinues cross-sex hormones, no matter the outcome.

82. In just a two-year period from 2020 to 2022, the Center initiated medical transition for more than 600 children. About 74% of these children were assigned female at birth. These procedures were paid for mostly by private insurance, but during this time, it is my understanding that the Center also billed the cost for these procedures to state and federal publicly funded insurance programs.

83. I have personally witnessed staff say they were uncomfortable with how the Center has told them they have to code bills sent to publicly funded insurance programs. I have witnessed staff directly ask the providers for clarification on billing questions and have providers dismiss the concerns and work to have the patients have this care covered as the priority.

84. I have personally witnessed staff report that they were aware that patients had been coded incorrectly (coding for precocious puberty for puberty blockers when the child does not in fact have that condition).

85. Based on my observation that the Center has prescribed puberty blockers or cross-sex hormones hundreds of times where they should not have, the Center is billing private and public insurance for unnecessary procedures.

86. Even when it is clear that the cross-sex hormones or puberty blockers are harming the child, the Center continues that treatment and continues billing public and private insurance.

Jamie Reed

2/7/2023

Date

State of Missouri)
)
City of St. Louis)

On this day, Jamie Reed personally appeared before me, a notary public in Missouri. I know her to be the individual who signed this document, and she acknowledged to me that she signed it for the purposes stated in it.

Notary Public

2/7/2023

Date

KATIE R. KEEVEN
Notary Public, Notary Seal
State of Missouri
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PLEASE OPPOSE GENDER-AFFIRMING HEALTH CARE FOR MINORS
Testimony of Dr. Andre Van Mol, MD

Gender-affirming healthcare (GAHC) imperils already at-risk gender dysphoric youth with experimental and unproven hormonal and surgical gender procedures, which medicalize prematurely and permanently. Transition procedures are not proven effective, not proven safe, do not reduce suicides, and are not the standard of care for gender dysphoria. Comprehensive literature reviews are driving an international pushback against GAHC in favor of intensive psychological evaluation and support, and the lawsuits over the harms of transition affirming interventions have begun.

THE GOVERNMENTS AND MEDICAL/ACADEMIC INSTITUTIONS OF THE UK,[1] [2] [3] [4] SWEDEN,[5] [6] [7] FINLAND,[8] and DENMARK[9] HAVE REJECTED prioritizing gender transition in favor of emphasizing extended mental health evaluation and support.

- The UK closed the world's largest pediatric gender clinic, NHS's Tavistock Gender Identity Development Service,[10] per findings of the Cass Review Interim Report.[11]
- Comprehensive literature reviews done in the UK,[12] [13] [14] [15] Sweden,[16] [17] Finland,[18] and Germany[19] show GAHC is out of step with the evidence base for gender dysphoric youth.

DESISTANCE IS THE NORM FOR MINORS WITH TRANS-IDENTIFICATION, resolving on its own for an average of 85% by adulthood, unless it is affirmed.[20] [21] [22] [23] [24] Why permanently medicalize a child for a condition that usually goes away?[25] [26] [27]

DECADES of Studies Confirm that GENDER DYSPHORIA CARRIES THE OVERWHELMING LIKELIHOOD OF UNDERLYING MENTAL HEALTH PROBLEMS, ADVERSE CHILDHOOD EXPERIENCES/TRAUMAS, FAMILY ISSUES, and impressively higher rates of neurodevelopmental issues like **AUTISM SPECTRUM DISORDER**, all of which usually PREDATE the onset of gender dysphoria.[28] [29] [30] [31] [32] [33]

- Withers 2020, "trans-identification and its associated medical treatment can constitute an attempt to evade experiences of psychological distress."[34]
- These call for mental health intervention, not gender transition procedures.

THE MEDICAL LITERATURE IS CLEAR: DO NOT PREMATURELY AFFIRM.

- *APA Handbook on Sexuality and Psychology*: "Premature labeling of gender identity should be avoided."[35] "This approach runs the risk of neglecting individual problems the child might be experiencing ..."[36]
- 2020 Nordic J of Psychiatry: "An adolescent's gender identity concerns must not become a reason for failure to address all her/his other relevant problems in the usual way."[37]

Gender-affirming healthcare (GAHC) is Not the "Standard of Care" for Gender Dysphoria.

- So-called gender affirming care guidelines ultimately derive from non-scientific, non-medical activist groups like WPATH (World Professional Association for Transgender Health) whose SOC 7 was rated by a 2021 BMJ first of its kind "systematic review and quality assessment" with a quality score of zero out of six.[38] It contains no comprehensive literature review. Just calling them "Standards of Care" does not make them so. The latest SOC 8 version removes age restrictions for medical and surgical interventions.[39] [40]
- The 2017 Endocrine Society Guidelines, the first from a medical organization, specifies this disclaimer on p. 3895: "The guidelines cannot guarantee any specific outcome, nor do they establish a standard of care." The 2021 BMJ review gave these guidelines a quality score of one out of six. GTPs are not the standard of care.
- The American Academy of Pediatrics' policy was discredited by Dr. James Cantor in a 2019 review as "a systematic exclusion and misrepresentation of entire literatures," misrepresenting references that actually contradicted their transition policy and advised watchful waiting, and omitting the fact of desistance over puberty being the norm for gender dysphoria in minors, among other serious flaws.[41]

MINORS CANNOT GIVE TRULY INFORMED CONSENT.[42]

- Children have developing and immature brains; their minds change often; they are prone to risk taking and vulnerable to peer-pressure; and they don't grasp long-term consequences.[43] [44] [45] [46]
- A UK High Court in Bell vs. Tavistock (2020) specified, "There is no age appropriate way to explain to many of these children what losing their fertility or full sexual function may mean to them in later years."[47]

PUBERTY BLOCKING AGENTS [PBA] chemically castrate at the level of the brain.[48]

- PBAs risk infertility by blocking the maturation of sperm and eggs.[49] Following them with cross-sex hormones assures sterility.[50] [51]
- PBAs compromise bone mineral density at what should be the period of peak increase.[52]
- PBAs hinder brain development and compromise sexual function.
- The US FDA added a warning for pseudotumor cerebri (idiopathic intracranial hypertension) July 2022.[53]
- Self-harm does not improve on PBAs.[54] [55]
- PBAs are not proven fully reversible, and long-term complications are known.[56]

AS FOR CROSS-SEX HORMONES [57] [58] [59] [60] [61] [62] [63]

- Estrogen use in male biology strongly increases the risks of blood clots, heart attacks, strokes, breast cancer, insulin resistance and more. Risk increases with length of use.[64]
- Testosterone use in female biology strongly increases the risks heart attacks, strokes, breast and uterine cancer, hypertension, severe acne and more.
- A 2019 international panel of endocrinology organizations concluded[65] "...the only evidence-based indication for testosterone therapy for women is for the treatment of HSDD [Hypoactive sexual desire disorder]." They gave no exceptions for "any other symptom or clinical condition, or for disease prevention," and observed "The safety of long-term testosterone therapy has not been established."

MANY REGRET TRANSITION. Many claim their **consent lacked information on transition procedures' known risks and available alternatives**.[66]

- Studies downplaying rates of regret consistently show high rates of loss to follow up (20-60%) and set unreasonably strict definitions for regret. (D'Angelo, 2018)..."[67]
- Regret rates comes from gender clinics, precisely where regretters say they avoid.[68]

PRO-TRANSITION STUDIES COMMONLY SHARE THE SAME FATAL FLAWS.
"Limitations of the existing transgender literature include general lack of randomized prospective trial design, small sample size, recruitment bias, short study duration, high subject dropout rates, and reliance on "expert" opinion." Pediatric endocrinologist and academic Paul Hruz, MD.[69]

THE SUICIDE REDUCTION CLAIMS OF TRANSITION ARE MYTHS, used as emotional blackmail.

- Many parents of gender confused youth report being frightened by mental health and medical officials with shock questions like, "Do you want a live son or a dead daughter?" or "Would you rather be planning a transition or a funeral?"
- But GAHC is not proven to reduce suicides. In fact, the best studies show worsening of long term mental health for many.
- Bailey and Blanchard: "There is no persuasive evidence that gender transition reduces gender dysphoric children's likelihood of killing themselves.[70]
- 2024 USA study, "Gender-affirming surgery is significantly associated with elevated suicide attempt risks," 12-fold over general population, 4.7-fold over vasectomy or tubal ligation.[71]
- A 2011 Swedish study of all their 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.[72]
- A 2020 study by Bränström and Pachankis, claiming to be the first total population study of 9.7 million Swedish residents, ultimately showed neither "gender-affirming hormone treatment" nor "gender-affirming surgery" improved the mental health benchmarks.[73] [74]
- A 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.[75]
- There is no one reason for suicide. The U.S. CDC/MMWR "Suicide Contagion and the Reporting of Suicide" warned against "Presenting simplistic representations of suicide. Suicide is never the result of a single factor or event, but rather results from a complex interaction of many factors and usually involves a history of psychosocial problems."[76]
- About 96% of US adolescents attempting suicide demonstrate at least one mental illness.[77]
- 90% of adults and adolescents who completed suicide had unresolved mental disorders .[78]

Non-Discriminatory. Refusing to provide gender transition procedures (GAHC) is, in fact, non-discriminatory and appropriate both professionally and scientifically.

- GAHC has not been proven safe, effective, or of more benefit than harm.
- Physicians take an oath to do no harm, and GAHC is documented to lead to much harm.
- Withholding unproven interventions is non-discriminatory.
- There are mental health alternatives to GAHC which are at least as effective and without the harms of hormonal and surgical interventions.

The chemical sterilization and surgical mutilation of otherwise healthy young bodies is not health care. [79] [80] [81] **Gender-affirming health care is being rejected by nations formerly leading it. GAHC is unproven child experimentation masquerading as better, and refusing GAHC is non-discriminatory. Minors should be protected from it.**

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Thank you for your time, heart for our youth, your willingness to act in their best interests, and commitment to serve our society well.

My name is Dr. Karl Benzio. I have a medical degree and am a board certified psychiatrist.

Medical and cofounder of the residential mental health facility Honey Lake Clinic, Medical Director AACC, CMDA sexuality and gender task force member.

The great philosopher Voltaire warned: When people believe absurdities, they will commit atrocities.

As a 35 years practicing board certified psychiatrist, directing adolescent programs is one of my specialties. We always knew gender confusion/dysphoria/dissonance/evasion was a manifestation of deeper psychological struggles regarding sense of self, identity, meaning, purpose, or value. These struggles usually emerge from dysfunctional or misinterpreted relational dynamics with parents, siblings, and peers, being victims of abuse or early sexualization as minors, or having compromised social skills as in autism or developmental disorders.

For many, these struggles resolved when puberty hit. But for those that didn't, or in other cases where significant disruption, distress, or obsessing occurred, the standard of care was a thorough psychological/psychiatric evaluation to diagnose the underlying psychiatric issues, followed by individual, and usually family treatment, preferably for at least 9-18 months. This treatment was delivered by trained, licensed psychotherapists or psychiatrists, as we have expertise in helping patients remedy the internal unconscious struggles, caused by stored misinformation and distorted beliefs either inappropriately taught or from their misinterpretations, which precipitate their gender confusion and dissonance. Psychiatric evaluation and care is paramount and necessary because gender confusion is not a biological issue, it's a psychological one.

For many, these struggles resolved when puberty hit. But for those that didn't, or in other cases where significant disruption, distress, or obsessing occurred, the standard of care was psychological or psychiatric evaluation to diagnose the underlying issues, followed by individual and/or family treatment, often for at least 9-18 months. This treatment was delivered by trained, licensed psychotherapists or psychiatrists, as we have expertise in helping patients remedy the internal unconscious struggles, stored misinformation, and distorted beliefs from their misinterpretations, which precipitate their gender confusion and dissonance. Psychiatric evaluation and care is paramount and necessary because gender confusion or dissonance is not a biological issue, it's a psychological one.

Gender Affirming Therapy, GAT, ignores the truth that underlying psychological issues cause Gender confusion/dissonance/evasion, thus skipping the psychiatric evaluation and treatment process, and instead, push full bore into permanent and damaging chemical and surgical harm. Europe implemented GAT a number of years ago. Patients and clinicians realized the underlying psychological issues were not only ignored, but actually worsened by the infusion of unhealthy levels of chemicals into their brain. They also realized they are even more different, broken, and defective after the failed and harmful chemical and surgical interventions than they were before GAT. On top of the psychological worsening, the unnecessary levels of hormones and surgeries to healthy organs burdens them with many lifelong medical problems and dangers (see my other attached article – Psychiatric Insights for Treating Detransitioners) As a result, many patients are detransitioning while suing their surgeons and physicians who not only allowed these atrocities to occur, but never gave them informed consent of the huge downside of GAT, while ignoring the benefits and safety of psychotherapy. England, Finland, Denmark and Sweden have reversed their positions, recanting their support of GAT, and advocating for the more successful standard of care - psychiatric evaluation, proper diagnosis of the underlying psychological issues, and then the appropriate treatment.

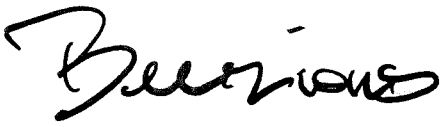
As a healthcare professional, I'm saddened by the ongoing suffering caused by GAT. I desire for all children to find healing. Please join us in stopping the belief in absurd GAT policies and malpractice, and let's get back to gender confusion treatment standards based on sound science, common sense, and the truth so we can protect kids from atrocities inflicted on their mind, body, and spirit.

The absurdity is ignoring psychiatric science and common sense. The malpractice of infusing chemicals into a child's brain that weren't genetically designed to handle them, and even worse, mutilating their healthy bodies, are the atrocities we are pleading should stop.

As a healthcare professional, I'm saddened by the ongoing suffering caused by GAT. I desire for all children to find deep psychospiritual healing so they can attain their full God-given potential when they are properly assessed and treated for the underlying psychiatric struggles regarding sense of self, identity, purpose, meaning, and value.

Please join us in stopping the belief in absurd GAT policies and malpractice, and let's get back to basing gender confusion and dissonance treatment standards on sound science, common sense, and the truth so we can protect kids from atrocities inflicted on their mind, body, and spirit.

by HIS grace,



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Transgender Research:
Five Things Every Parent and Policy-Maker Should Know©

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READING ONLY THE BLUE TEXT PROVIDES AN EXECUTIVE SUMMARY OF THIS DOCUMENT

The past 10 years have seen an exponential rise in the occurrence of gender confusion or gender dysphoria (also called transgender or gender non-conforming identity)* among young people worldwide, especially among teenage girls. The distress of these young people is real, and the causes of this unprecedented trend are unclear, raising difficult questions about compassionate, ethical, and effective ways to respond. Experts disagree, with some recommending watchful waiting plus counseling and some asserting that cross-sex medical procedures are necessary in order to prevent suicide. The U.S. federal policy of the current administration, which endorses "early gender affirming care" for "children and adolescents" (HHS, 2022), is considered controversial by many. And the dramatic rise in use of cross-sex hormones and surgery for youth has been the focus of heated debate, causing uncertainty in patients, parents, physicians, and policy-makers as to what is best. Below is a compilation of research on five key questions about these issues, shared in the hope of helping gender-confused young people receive the best care.

1. What does research show about the benefits/harms of cross-sex medical procedures for minors?

Research does not support medical intervention for gender-confused minors. **Scientifically reliable evidence has not shown that cross-sex medical procedures are beneficial to children or adolescents. Rather, there is reliable evidence of significant risk. Consequently, a growing number of scientific agencies do not recommend such treatments. Instead, they recommend mental health support and watchful waiting for gender-confused youth.**

Summary of Evidence:

Numerous scientific agencies, in the U.S. and Europe, do not recommend medical "transition" for minor youth because the research evidence claiming to show positive effects from cross-sex hormones or surgery is scientifically inadequate. Many studies are flawed and not reliable. Their limitations include lack of comparison groups, small sample sizes, nongeneralizable study populations, short follow-up times, and high numbers lost to follow-up. However, reliable studies have shown harmful effects. "Watchful waiting," is the option recommended by a number of scientific agencies. It means deferring gender transition procedures for gender-confused minors for an extended time during which mental health services can be received and a natural desistance or persistence process can occur.

Highlights from Published Research (studies are listed by first author and year):

Sweden National Board of Health & Welfare (NBHW), 2022; Sweden Systematic Review, Ludvigsson, 2023

- "For adolescents...the NBHW deems that the risks of puberty suppressing treatment...and gender-affirming hormonal treatment currently outweigh the possible benefits...based on...continued lack of reliable scientific evidence concerning the efficacy and the safety of both treatments" (2022). "Long-term effects of hormone therapy on psychosocial health [of minor children] are unknown. [Puberty blockers] should be considered experimental treatment...rather than standard procedure" (2023).

Norway Healthcare Investigation Board (UKOM), 2023

- "Research-based knowledge for gender-affirming treatment (hormonal and surgical) is deficient and the long-term effects are little known ... UKOM recommends that puberty delaying treatment (puberty blockers) and hormonal and surgical gender confirmation treatment for children and young people are defined as experimental treatment," and not considered to be the standard of care.

England, National Health Service (NHS)/The Cass Evidence Review, 2022, 2024

- Said "psychological support" and "a watchful approach" are generally recommended instead of "social transition" and there is "a lack of high-quality research assessing the outcomes of hormone interventions in adolescents ...and [little] long-term follow-up. No conclusions can be drawn about the effect on...psychosocial health..."

British Medical Journal (BMJ): *Evidence Review*, Heneghan, 2019; *Investigation*, Block, 2023

- "Puberty blockers are being used in the context of profound scientific ignorance...treatments for under 18 gender dysphoric children and adolescents remain largely experimental. There are a large number of unanswered questions that include ... long term effects on mental health, quality of life, bone mineral density, osteoporosis and cognition...The current evidence base does not support informed decision making and safe practice in children."
- There appears to be a lack of credible scientific evidence undergirding endorsements of medical gender transition for minors by the American Academy of Pediatrics, the Endocrine Society, and WPATH.

Finland Board for Selection of Choices for Health Care (PALKO / COHERE Finland), 2020

- "The first-line treatment for gender dysphoria [in minors] is psychosocial support and, as necessary, psychotherapy and treatment of possible comorbid psychiatric disorders."
- "The reliability of the existing studies with no control groups is highly uncertain ... no decisions should be made that can permanently alter a still-maturing minor's mental and physical development ... gender reassignment of minors is an experimental practice...no irreversible treatment should be initiated."

U.S. Medicare National Coverage Analysis (NCA) – Decision Memo, 2016

- "Based on an extensive assessment of the clinical evidence...there is not enough high-quality evidence to determine whether gender reassignment surgery improves health outcomes..."

U.S. Food & Drug Administration (FDA), 2022

- The FDA added a warning to the labeling for puberty blocking hormones (GnRH agonists): "to monitor patients taking GnRH agonists for signs and symptoms of pseudotumor cerebri, including headache, papilledema, blurred or loss of vision, diplopia, pain behind the eye or pain with eye movement, tinnitus, dizziness and nausea."

American College of Pediatricians, 2024

- "[We] call upon the medical professional organizations of the United States...to follow the science and their European professional colleagues and immediately stop the promotion of social affirmation, puberty blockers, cross-sex hormones and surgeries for children and adolescents who experience distress over their biological sex."

Hruz, 2020; GRADE Rating System

"Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria."

- "Nearly all of the recommendations made by the Endocrine Society were based upon "low" or "very low" quality evidence [according to the G.R.A.D.E. rating system]... The limitations of the published studies in...transgender medicine are many. They include a general lack of randomized controlled trial design, small sample sizes, high potential for recruitment bias, ...nongeneralizable population groups, relatively short follow-up, [and] high numbers of patients lost to follow-up... The only data that reached the level of "moderate" quality were related to adverse [i.e., harmful] medical outcomes...risks include low bone density, altered adult height, and impaired spatial memory (de Vries et al. 2011; Hough et al. 2017)."
- The G.R.A.D.E. rating system is the most widely adopted tool for grading the quality of [research] evidence.

de Vries, 2014

This is an example of a weak study that has been widely cited as evidence that cross-sex hormones are beneficial to youth.

- It had no control group, used a non-representative sample, had an inadequate sample size (only 32 patients for mental health outcomes with key results based on subgroups as small as 15) and error in a key outcome measure.
- Thus, questionable results of 15-32 patients have been widely used to justify giving cross-sex hormones to minors.

Chen, 2023

One of the most recent studies claiming positive impact on youth by cross-sex hormones raises issues of research quality:

- The study had a recruited sample; with no control/comparison group it was not able to test causal impact.
- There was no control for the documented receipt of psychotherapy and psychotropic medication by trans patients.
- The study Abstract did not report that there was no improvement in mental health (life satisfaction, depression, anxiety) for biological males (i.e., "designated male at birth") who took cross-sex hormones, but only for females.
- With 65% of the analytic sample biological females, it likely enabled the study to show significant improvement in mental health for the "full sample" due to this imbalance by sex, even though there was no improvement for males.
- The study reported 2 patient suicides (a high rate) but not the hormones' impact on suicidality, a serious oversight.

van der Loos, 2023

This study is an example of a trend in trans research where claims in the Abstract do not always match up with study data.

- The Abstract states "a substantial number of adolescents did not start [hormone] treatment." Yet the data show 2 of 3 patients who initiated treatment after age 10 (the vast majority of patients since 2012) did start puberty blockers.
- The Abstract claims the low de-transitioning by those on puberty blockers gives "support for medical [transition]," despite the study's admission: "one cannot exclude the possibility that starting GnRHa in itself makes adolescents more likely to continue medical transition." This view, that puberty blockers actually interfere with the natural high desistance rate for childhood gender dysphoria, is supported by several other studies (see section 3, below).
- With no measures of mental health effects, the study provides no support for medical transition on these grounds.

Levine, 2022

- "In the context of providing puberty blockers and cross-sex hormones, the [G.R.A.D.E.] designation of 'very low certainty' signals that the body of evidence asserting the benefits of these interventions is highly unreliable...there is a high likelihood that the patients will not experience the [claimed] effects (Balshem et al., 2011)."
- "In contrast, several negative effects are quite certain. For example, puberty blockade followed by cross-sex hormones leads to infertility and sterility (Laidlaw, Van Meter, Hruz, Van Mol, & Malone, 2019). Surgeries to remove breasts or sex organs are irreversible. Other health risks includ[e] risks to bone and cardiovascular health."

Alzahrani, 2019; Nota, 2019; Getahun, 2018

- At least three studies suggest that transgender adults who have received cross-sex hormone treatment have significantly elevated rates of acute cardiovascular events (such as blood clots, heart attacks and strokes).

Dreher, 2018

- A meta-analysis of 13 studies found that 1 in 3 male-to-female transitioners who had vaginoplasty surgery experienced significant post-surgery medical problems.

Turner, 2022

An investigation of England's Gender Identity Development Service (GIDS) for *The Times Magazine* found:

- "A barely pubescent child prescribed [puberty] blockers who goes on to take cross-sex hormones—as almost every patient does—will be infertile and unable to orgasm."
- Transgender lobby groups influenced GIDS in favor of medical transition of children, despite scientific evidence.
- The National Health Service decided to close the GIDS clinic for concerns about patient safety (Glebova, 2022).

Cantor, 2019

- "As I read the works on which the [American Academy of Pediatrics (AAP)] based their policy [endorsing only gender affirmation], I was...alarmed: These documents simply did not say what AAP claimed they did. In fact, the references that AAP cited as the basis of their policy instead outright contradicted that policy, repeatedly endorsing watchful waiting."

The Society for Evidence-Based Gender Medicine, 2022

- A review of the cited scientific support for the U.S. Department of Health & Human Services recent policy statement that "For transgender and nonbinary children and adolescents, early gender affirming care is crucial to overall health and well-being" (HHS Office of Population Affairs, 2022) found misstatements of study findings, use of one flawed study as evidence for major claims, misrepresentation of treatment "reversibility," lack of evidence for the claims made, a failure to discuss the well-documented risks, and no presentation of alternatives.

2. What does research on medical gender transition tell us about preventing suicide in trans youth?

Medical transition procedures have not been shown to reduce transgender suicide. In fact, there is some evidence that medical transition may increase suicide risk in gender-confused teens.

Summary of Evidence:

The "transition or suicide" claim—that parents must choose between a "live trans son or a dead daughter" (or vice-versa)—is not supported by scientific evidence. Widely cited studies claiming that suicidality in gender-confused youth is reduced by cross-sex hormonal and surgical interventions have been found to have significant flaws and therefore cannot be relied on. Scientifically sound research shows either no reduction or in some instances an increase in transgender suicidality after the receipt of cross-sex medical procedures.

Highlights from Published Research:

Dhejne, 2011

A Swedish study recognized as a landmark 30-year longitudinal study of life after transgender surgery found that...

- Ten years after sex reassignment surgery, the transgender patients were 19 times more likely to die from suicide than the typical Swedish population, after accounting for differences in individual mental illness before surgery.
- Transitioning "male-to-female [is] at higher risk for suicide attempts after sex reassignment" than female-to-male.
- The study authors concluded: "...surgery and hormonal therapy...is apparently not sufficient to remedy the high rates of [mental illness] and mortality found among transsexual persons... Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism..."

Heylens, 2014

- Although the study reported a reduction in patients' psychological distress, there was no reduction in suicide attempts at any step in the process of cross-sex medical intervention.

Bauer, 2015

- Although there was a decrease in "suicidal thoughts" after cross-sex hormonal intervention, among those who did have suicidal thoughts, cross-sex medical treatment was associated with a three-fold increase in suicide attempts

Adams, 2017

A meta-analysis of 42 studies of suicidality in transgender adults reported...

- Suicidal thoughts appeared to increase after medical transition and suicide attempts did not appear to decrease.

Branstrom, 2020b

A 10-year study on the impact of cross-sex surgery on mental health, had to retract its original claims and acknowledge:

- "...the results demonstrated no [positive effects] of surgery in relation to subsequent mood or anxiety disorder-related health care visits or prescriptions or hospitalizations following suicide attempts," for transgender patients.

Wiepjes, 2020

- "An important finding was that the incidence for observed suicide deaths was almost equally distributed over the different stages of treatment" (i.e., the suicide rate was roughly the same before and after cross-sex surgery).

Turban, 2020

A weak study widely cited as showing that puberty blockers reduce suicidality, actually obscured contradictory findings:

- The study had a correlational research design (not able to test causality) and a non-representative sample.
- The study Abstract (summary) reported that puberty blockers had reduced Suicidal Thoughts in adolescents, but the author failed to include in the Abstract that there was no reduction in the more serious measures of suicidality: Suicide Attempts, Lifetime Suicide Attempts, and Suicide Attempts Resulting in Hospitalization—all key findings.
- The study results suggest that recent suicide attempts may have increased after puberty blockers, although not significant due to small numbers. And 75% of those who received puberty blockers still had suicidal thoughts.

Carmichael, 2021

- A recent study, seeking to replicate an early weaker study that said puberty blockers improved mental health in transgender youth (deVries, 2011), found puberty blockers had no positive effect on mental health or suicidality.

Dallas, 2021

- California state health records show that suicide attempts increased two-fold after vaginoplasty surgery for adults undergoing male-to-female medical transition, that is, they doubled within 2 years post-surgery.

Turban, 2022

A study often named as showing cross-sex hormones during adolescence reduce suicidality in transgender adults, obscured contradictory findings and seemed to downplay evidence suggesting increased suicidality for 16-17-year-old patients:

- Study weaknesses included: a cross-sectional research design, non-representative sample, inadequate controls for pre-existing mental health, and conflating the effects of two very different hormones (testosterone and estrogen).
- The study Abstract reported a reduction in Suicidal Thoughts for those starting cross-sex hormones by age 17 as evidence of "favorable outcomes" from this treatment. But there was no reduction in the more serious measures of suicidality—Suicidal Thoughts with Plan, Suicide Attempt, or Suicide Attempt requiring Hospitalization—related to the use of cross-sex hormones at any age. As in his previous study (Turban, 2020), the author failed to include these important contradictory findings in the Abstract, where key results/non-results are typically reported.
- Adults who received hormones at 16-17 years old were twice as likely to report a "past-year suicide attempt requiring inpatient hospitalization" (aOR=2.2, $p<.01$). But by setting the cut-off for statistical significance much higher than is standard in empirical research (i.e., at $p<.001$ instead of $p<.05$—a debatable Bonferroni correction) the study avoided reporting a significant increase in suicide attempts related to hormone therapy in adolescence.

Biggs, 2022a

Another analysis of the same dataset used in Turban, 2022 (above entry), by a different researcher, found...

- Use of cross-sex hormones was related to a significant increase in suicidality for biological males receiving estrogen—increases in Suicidal Thoughts with Plan, Suicide Attempt, and Suicide Attempt Requiring Hospitalization (a roughly two-fold increase)—when biological males and females were analyzed separately.
- Receiving puberty blockers in adolescence was not related to a reduction in any measure of suicidality.

Tordoff, 2022; Reddit 2022

This questionable study is purported to show that cross-sex hormones reduced depression and suicidality in 57 adolescents:

- However, the study did not find any significant reduction in these rates from baseline to the 12-month follow-up; they remained high, at 56% depressed and 37% with suicidal thoughts, after 12 months of hormonal treatment.
- The hormonal "reductions" were claimed because the rates did not *increase* as they did for the group not receiving hormones, averaged over the 12-month follow-up. But unlike the hormone group, this group had 80% drop out of the study, reducing it to only 7 youth. Such high differential attrition and small 'n,' along with the lack of control for the confounding impact of anti-depressant medication, raise questions about the validity of study conclusions.
- These non-confirmatory findings were only reported in the online study Supplement, not the study article.

Biggs, 2022b

Longitudinal analysis of patient records from the world's largest clinic for transgender youth:

- There was no difference in the suicide rate for those who had not yet received treatment and those who had received treatment (puberty blockers and/or cross-sex hormones).
- "It is irresponsible to exaggerate the prevalence of suicide... Data from the world's largest clinic for transgender youth, accumulated over an 11-year period, [found that] ... The proportion of individual patients who died by suicide was 0.03% [or 3 out of 10,000], which is orders of magnitude smaller than the proportion of transgender adolescents who report attempting suicide when surveyed." Thus, actual deaths were much rarer than perceived.

Levine, 2022

- "The 'transition or die' narrative, whereby parents are told that their only choice is between a "live trans daughter or a dead son" (or vice-versa), is both factually inaccurate and ethically wrong."

Ruuska, 2024

- In a study of Finland's national health register, cross-sex medical treatment did not reduce suicide for trans youth.

3. Is gender dysphoria in children a permanent condition, one that requires medical intervention?

Research shows childhood gender dysphoria usually dissipates on its own by young adulthood if "transition" is not encouraged. Thus, the risks of cross-sex medical intervention are eliminated.

Summary of Evidence:

There is strong evidence showing that a majority of children (between 60% and 90%) who experience gender dysphoria tend to resolve their gender identity confusion and accept their biological sex by the time they reach young adulthood, that is, if they are not subjected to "social transition" or cross-sex medical intervention. For those who are the subject of transition efforts, the large majority appear likely to persist in a "trans" identity. (Social transition refers to name/pronoun change, cross-sex dressing and reinforcement of a transgender identity for children by adults.)

Highlights from Published Research:

Ristori & Steensma, 2016

- A review of 10 studies measuring the persistence of childhood gender dysphoria found that, by the follow-up time in adolescence or young adulthood, 2% to 39% of cases had persisted in gender dysphoria or transgender identity, resulting in an average of 85% who identified with their biological sex at that point.

Zucker, 2018

- Results of four studies: "Among children meeting the diagnostic criteria for "Gender Dysphoria" ...67% were no longer gender-dysphoric as adults; the rate of natural resolution for gender dysphoria was 93% for children whose gender dysphoria was significant but [did not reach a medical] diagnosis" (as quoted by Levine, 2022).

Singh, 2021

- 88% of boys with childhood gender dysphoria did not identify as transgender by young adulthood.

Bachmann, 2024; Rawee, 2024

- Two longitudinal studies of large population-based samples in Germany and the Netherlands both found that 64% of those with gender dysphoria as young adolescents were no longer gender-dysphoric as young adults.

Steensma, 2013; Olson, 2022

- Social transitioning disrupts the natural desistance process. The vast majority of children who experience it persist in a transgender identity; without it, the large majority (7/10) will no longer be gender dysphoric by adulthood.

de Vries, 2011; van der Loos, 2022

- Instead of providing youth "time to make a decision," puberty blockers funnel nearly all who receive them into an irreversible path of cross-sex hormones (where negative side-effects include infertility, see Cheng, et al., 2019).

Boyd, 2022; Roberts, 2022

- Between 20% to 30% of young patients discontinued cross-sex hormone treatments in 4 years, suggesting that a sizable number of those undergoing medical transition procedures change their mind within a few years.

4. Can young people be influenced to identify as transgender, or is it all biologically determined?

The dramatic rise in gender dysphoria in the past decade is likely influenced by non-biological factors. Social, cultural, and psychological factors appear capable of influencing a young person toward transgender identity.

Summary of Evidence:

Genetic studies show gender identity development is a complex process with bio-psycho-social components. Recent unprecedented increases in transgender identity worldwide, and a reversal in the male-to-female ratio, suggest the influence of non-biological factors. Young people appear susceptible to social, educational, and cultural influences.

Highlights from Published Research:

Heylans, 2012
A systematic review of research on identical twins and gender dysphoria…

- Concluded that the 39% concordance rate for transgender identity in identical twins (i.e., where both were transgender) was "consistent with a genetic influence…although shared and nonshared environmental factors cannot be ruled out… [Gender identity development] is a complex process of biopsychosocial components."
- This suggests "a role for genetic factors" as well as a significant role played by social/environmental factors.
- The study found the influence of social factors was greater for biological females than males.

Jones, 2021; Williams Institute, 2022

- In the U.S., the percent of Generation Z adults (born 1997 – 2002) who identify as transgender has increased by 800% over Generation X (born 1965 – 1980). Now, 1.4% of U.S. teens (300,000 youth) say they are transgender.

The Economist, 2020; Turner, 2022

- Between 2010 and 2020, the number of teenage girls in Great Britain referred for gender dysphoria (GD) went up more than 4000%, while girls under age 12 saw only small increases. Rates for teenage boys also increased, but much less than for girls, with similarly small increases for boys under 12. In Sweden, GD in teen girls rose 1500%.
- This pattern suggests that the explosive increase in GD for teen girls (not occurring in preteens or boys) may be due to social influence, i.e., transgender identity promotion, rather than merely an increase in public acceptance.

Zucker, 2019; Littman, 2018 & 2019

- There has been a recent dramatic reversal in the male-to-female ratio of transgender youth, with biological females now far out-numbering males (the previous consistent ratio of 2:1 has changed to a ratio ranging from 1:2 to 1:7).

Downey, 2022; Mason, 2022

- A popular researcher advocating for the use of puberty blockers in children claims to have shown that social influence is not a cause of the recent worldwide explosion in rates of gender dysphoria. However, his research has been criticized for its use of an invalid survey measure, for using only U.S. data, and for a conflict of interest.

Becerra-Culqui, 2018; Figueredo, 2020

- Up to 70% of gender-confused youth have mental health issues: depression, autism, ADHD, anorexia, abuse, etc.

5. What does research tell us about teaching sex education and gender ideology to young children?

Teaching about sexuality, transgender identity, and sexual orientation in early elementary school has not been shown by scientific research to be beneficial, nor has it been tested for harmful effects.

Summary of Evidence:

A recent review did not show sound scientific evidence to back up the claim that teaching sex education to young children in early elementary school, including content about transgender ideology and homosexuality, is beneficial to them or reduces rates of child sex abuse. It is also did not test whether it is harmful. And the research did not show reliable evidence that sex education classes which teach these topics to older youth produce any psychosocial benefit.

Highlights from Published Research

Goldfarb & Lieberman, 2021; critique of Goldfarb & Lieberman by Ericksen & Weed, 2023
Contrary to its claims, a wide-ranging review of research on school-based sex education in the U.S. and internationally…

- Showed no credible scientific evidence that sexuality education is beneficial to children in early elementary school or that it reduces child sex abuse. Child sex abuse prevention classes show some benefits but not actual reductions.
- Found no scientifically credible research demonstrating that teaching young children about transgender ideology or homosexuality in early elementary school is beneficial to them. No sound research studies were found on this question, or that tested possible negative impacts. Thus, it is unknown whether such teaching is harmful.
- Cited studies to show that teaching about gender ideology and homosexuality in older grades was beneficial, but the studies were not scientifically capable of testing this impact and also showed conflicting results.

*GLOSSARY of TERMS

For the purposes of this paper, we used the following definitions:

Gender Dysphoria: A diagnostic term for a person experiencing profound discomfort with their biological/natal sex.
Gender Confusion: A nonclinical term that refers to a person's feeling of not identifying with his or her biological sex.
Transgender: This refers to a person whose declared gender identity does not match that person's biological sex at birth.
Gender Non-Conforming: This term refers to a person whose behavior and/or appearance does not conform to prevailing cultural and social expectations about what is appropriate for their biological sex at birth.

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IRE is a nonprofit research agency that has been studying risk behavior prevention programs for more than 30 years, including sex education in schools, involving more than 100 evaluation studies and 900,000 teens, with studies in 30 U.S. states (many federally-funded) and three international countries. IRE has been an invited consultant at the U.S. House of Representatives and Senate, The White House, U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention, and state legislatures. IRE research has been presented in recent years at the National Academies of Sciences, the United Nations Civil Societies Conference, and HHS, and published in peer-reviewed journals, including *The American Journal of Preventive Medicine*, *The American Journal of Health Behavior*, and *Issues in Law Medicine*.

Contact: Dr. Stan E. Weed at *weedstan@aol.com*
Access this document at: *https://institute-research.com/pdf/Transgender_Research--5_Questions_for_Parents_%26_Policymakers_%28IRE%209-26-22%29.pdf*

Biological Integrity

Integrating the Mind and Body

Top Studies on the Science Against Transgender Interventions

March 2024

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.
- 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 2024 study of the Finnish Nationwide Cohort of gender-referred adolescents examines the impact of psychiatric morbidity on mortality to find:
    - All-cause mortality was the same between gender-referred adolescents and the control group.
    - Proportion of suicides among gender-referred adolescents was higher than in the control group.
    - When history of psychiatric treatment was controlled for, there was no mortality difference between the groups, suicide or all-cause. The authors conclude that gender dysphoria "does not appear to be predictive of all-cause or suicide mortality."

Ruuska S, Tuisku K, Holttinen T, et al. All-Cause and Suicide Mortalities Among Adolescents and Young Adults who Contacted Specialised Gender Identity Services in Finland in 1996-2019. BMJ Ment Health. 2024;27:e300940. https://doi.org/10.1136/bmjment-2023-300940

- 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, Työläjärvi 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%).
  - 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%).
  - 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.

Kozlowska 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

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.""
  - 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"
- Michael Biggs (2022) The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence, Journal of Sex & Marital Therapy, DOI: 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:
    - 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/
    - 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/
    - This lead to the closure of the world's largest pediatric gender clinic, NHS GIDS.

A project of the American College of Pediatricians

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Biological Integrity
Integrating the Mind and Body

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.

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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.

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

[5]https://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

A project of The American College of Pediatricians

[8] https://dailycaller.com/2023/03/10/norway-health-care-system-transgender-gender-affirming-care-evidence-baed/

Feeling: opportunity
Premise: straight doctor talk

Wisconsin Assembly: Committee on Health, Aging and Long-Term Care
"gender transition medical intervention"
Testimony Wisconsin 2025 AB-104. 5 minutes (650 words) 999

INTRO 108

Mr. Chairman and members of the committee, thank you for allowing me to testify in favor of AB-104.

My name is Dr. Travis Morrell. I'm a Senior Fellow at Do No Harm.

This bill would protect your most vulnerable kids by letting them grow to adulthood without permanent harm to their body with what the bill calls "gender transition medical intervention."

This is a major problem in Wisconsin. Insurance data shows 44 hospitals throughout the state are harming children—kids under 17 1/2 years old.

What does this bill actually protect kids from?

Put simply, two things: surgery and medications meant to permanently change a child's body.
(0:33)

2. SURGERY 187

For surgery, the bill prohibits permanently sterilizing vulnerable children by removing their ovaries, uterus, testicles, or penis. Though rare, Reuters News reports these surgeries happen to minors, and its happened on reality TV to 17-year-old Jazz Jennings. You should protect your kids from surgical sterilization.

The most common gender surgery done on minors though, is mastectomy. At least 7000 American girls under 18 had complete breast removal in the past five years. About 100 were under 12 1/2.

I know of one young woman who recently had a baby after having her breasts removed for gender transition that she later regretted. She's very happy with the cute little baby. But when surgery is done for this purpose, milk glands can be left behind that do not attach to the skin via ducts. So when the baby was born, parts of her breasts became painfully engorged with milk, but there was no way to empty them and release her pain. It was a bitter reminder of the medical harm she experienced.

If she chooses to have another child, she will have the same pain again each time.
(1:25)

3. Puberty Blockers 192

This bill also prohibits puberty blockers. Blockers are used to stop development of sex traits, like genitals and breasts. That's why this is done as soon as puberty starts: age 8 to 13.

Transition activists admit that boys whose genital growth is blocked at a young age, if kept on meds to adulthood—they are unaware of any such patients ever having an orgasm. In their life. Ever.

But puberty blockers don't just work on part of the body. Puberty is a healthy period of growth for the whole body.

You already know some side effects of blocking hormones if you've gone through menopause. 12-year-olds can have hot flashes, get irritable and weepy.

Because puberty blockers starve the developing brain of needed hormones, some studies show kids on blockers losing IQ points. A 2024 review of the best data we have, found no evidence that this brain loss recovers when the meds are stopped. When the activists says puberty blockers are just a pause, ask about the 20-year-old men with 1-inch penises who will never have an orgasm, much less have kids; and the kids whose brains may be permanently stunted.
(2:24)

4. Cross-sex hormones. 136

This bill also prohibits cross-sex hormones.

Opponents admit hormones cause lasting body changes, because the entire point is to permanently change the body to look more like the other sex.

Some women later regret predictable side effects: male pattern baldness or a permanent beard, vaginal bleeding, intense vaginal itching, or painful intercourse. By as young as 18, many have the urinary and bowel issues more common to elderly women. We love our grandmas, but our grandmas don't wish these problems on their granddaughters.

For boys, estrogen increases the risk of testicular cancer.

Both sexes get fertility damage.

Remember, these decisions are being made for kids not only before they ever had sex, but sometimes before their bodies were capable of doing it. Doctors are taking away their car keys before they even get their drivers license.
(3:09)

5 Evidence 179

Despite these harms, does gender transition help kids somehow?

With research, you may have noticed that a study can prove anything—one comes out saying coffee is bad for you, and then a year later, it's lifesaving. To combat this confusion in gender medicine, instead of getting lost staring at one tree, doctors study the whole forest with what's called a systematic review.

Six of these reviews done in the UK failed to find evidence that this helps or that it's safe. Same with two out of Canada.

Six studies out of Johns Hopkins University, well… I don't know what all they found, because, The Economist reported, the leading gender medicine organization funded the project, and after they saw the results—stopped most of the results from seeing the light of day. We can bet the data didn't help their case.

In fact, the highest level evidence is so bad for gender medicine, their own lawyers admitted at the Supreme Court that it does NOT decrease suicide—the main argument supporters use to blackmail parents into these dangerous interventions.
(4:04)

6 Confusion: 169

For all these reasons, mainstream medical organizations around the world—some that used to encourage gender transition—now urge safety. If opponents say all medical societies believe in gender transition, ask them about Finland, Sweden, Norway, Alberta Canada, Chile, England, Scotland, Wales, Northern Ireland, and Queensland Australia. Each of these stopped giving these drugs to minors, at least outside of experiments. Many never even considered surgery for kids.

The President of the prestigious American Society of Plastic Surgery—a group we look to on these surgeries—said last fall, "Currently, ASPS doesn't think that gender-affirming care for adolescents is appropriate." He went on to compare pediatric gender medicine to the Tuskegee experiments.

Even though some adults have failed to take responsibility, your children are depending on you to use your own good judgment to protect them.

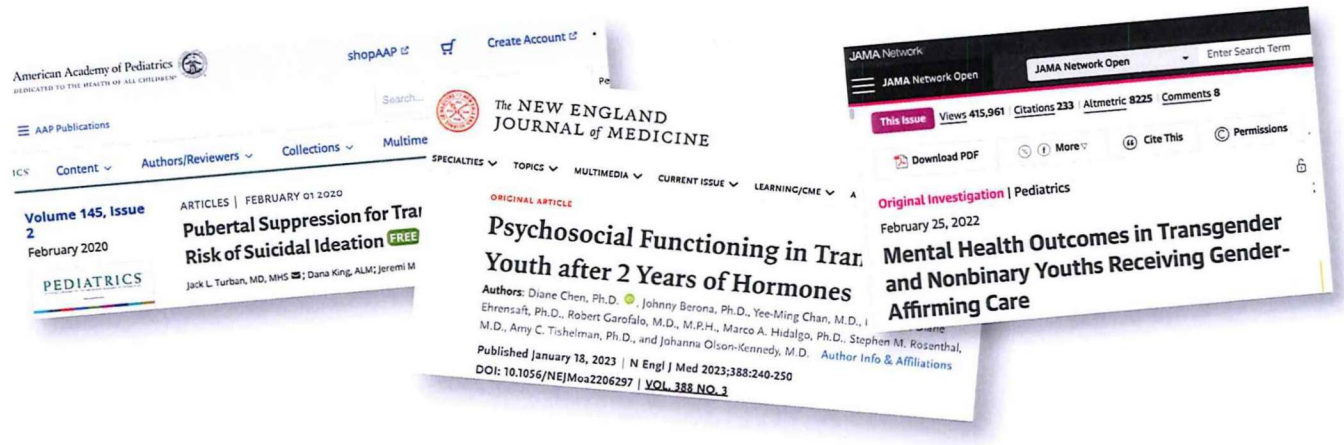
I urge you to take today's opportunity to protect Wisconsin youth and vote yes on AB-104.

I'll happily answer questions, including about regret rates and the suicide lie.

Thank you for your time.
(5:05)

Do No Harm

MAJOR PEDIATRIC GENDER STUDIES, MAJOR FLAWS



Research on pediatric gender medicine is highly politicized and rife with methodological limitations or outright malfeasance. It is for precisely this reason that the Cass Review of pediatric gender services in the United Kingdom concluded that the research base is of "poor quality."

Many of the problems with the evidence base pertain to issues of **internal validity**, or how well a study justifies a cause-and-effect claim. Recurring problems include the absence of a control group, an inability to isolate the effect of hormonal treatment from concurrent psychotherapy, and unreliable survey data.

There are also concerns pertaining to **external validity**, or the generalizability of findings with small samples to some larger population. Much of the "evidence" on pediatric gender medicine comes from Europe, where the guardrails for accessing treatment are considerably higher than they are in the United States (e.g. patients must have a long history of dysphoria and must receive psychotherapy alongside hormonal treatment).

Moreover, a significant amount of the literature features data that predates a recent acceleration in the diagnosis and treatment of gender dysphoria.

Study #1: CHEN ET AL. (2023). PSYCHOSOCIAL FUNCTIONING IN TRANSGENDER YOUTH AFTER 2 YEARS OF HORMONES. *THE NEW ENGLAND JOURNAL OF MEDICINE*, 388(3), 240-250.

What it's used to show: Receipt of cross-sex hormones improves psychosocial functioning among minors.

Flaws:

- **Internal validity:** There is no comparison group. The researchers simply survey mental health through the course of treatment. Mental health naturally fluctuates, so without a comparison group it's impossible to infer whether these changes are related to the treatments.
- **Internal validity:** The "improvements" observed over two years are of dubious clinical significance.
- **Internal validity:** For reasons never explained, the researchers do not display a multitude of mental health measures that were collected for the study.

- **Internal validity:** The researchers gloss over the fact that 2 of 315 participants committed suicide.
- **External validity:** Benefits were limited to natal females, which raises the concern that benefits are attributable to the antidepressant effects of testosterone.
- **Internal validity:** The data is "winsorized," a statistical technique in which extreme values are pulled toward the center. It's unclear whether their results are sensitive to this decision.

Study #2: TURBAN ET AL. (2020). PUBERTAL SUPPRESSION FOR TRANSGENDER YOUTH AND RISK OF SUICIDAL IDEATION. *PEDIATRICS*, 145(2).

What it's used to show: Children who received puberty blockers are less likely to experience suicidal ideation as adults.

Flaws:

- **Internal validity:** Data is taken from a 2015 survey that is completely unreliable. For example, most respondents who claimed they took blockers reported starting after age 18, which does not happen. Researchers claim they fix this problem by removing those people from the analysis, but it's very unlikely that those were the only individuals providing incorrect answers.
- **Internal validity:** The researchers survey respondents who claim they received blockers going back to 1998. But with few exceptions, blockers didn't become available as a treatment for gender dysphoria in the United States until the Endocrine Society endorsed them in 2009.
- **Internal validity:** Patients with the most severe mental health conditions would have been restricted from receiving blockers, so it's likely that the group that received blockers had better mental health at baseline.
- **External validity:** The 2015 survey was not a random or representative sample, but one collected through advocacy organizations. Compared to the general population of gender-distressed youth, the population captured in this survey is more politically active and plausibly aware that their responses will be used for political advocacy.

Study #3: TORDOFF ET AL. (2022). MENTAL HEALTH OUTCOMES IN TRANSGENDER AND NONBINARY YOUTHS RECEIVING GENDER-AFFIRMING CARE. *JAMA NETWORK OPEN*, 5(2).

What it's used to show: Receipt of blockers and hormones is associated with lower odds of suicidality and depression among minors.

Flaws:

- **Internal validity:** Mental health does not improve in the group that received blockers and hormones.

- **Internal validity:** The asserted evidence of benefit is that mental health deteriorates in the control group that sought but did not receive treatment. The implication is that the treatment group would have had the same experience in the absence of treatment. However, access to treatment isn't random but determined by mental fitness. It's plausible that the treatment group had a better mental health trajectory even in the absence of treatment.
- **Internal validity:** There is enormous attrition in the comparison group such that only six of the original 92 are included in the study at the end. This attrition reflects some combination of entering the treatment group (because their mental health was assessed as adequate) or leaving the gender clinic. The few who remained are not representative of the original control group.
- **External validity:** The follow-up from baseline (pre-treatment) was only one year.

Study #4: TURBAN ET AL. (2022). ACCESS TO GENDER-AFFIRMING HORMONES DURING ADOLESCENCE AND MENTAL HEALTH OUTCOMES AMONG TRANSGENDER ADULTS. *PLOS ONE*, 17(1).

What it's used to show: Receipt of gender-affirming hormones is associated with a lower incidence of suicidality.

Flaws:

- **Internal validity:** Data is taken from a 2015 survey that is completely unreliable. For example, most respondents who claimed they took blockers reported starting after age 18, which does not happen. Researchers claim they fix this problem by removing those people from the analysis, but it's very unlikely that those were the only individuals providing incorrect answers.
- **Internal validity:** An attempt to replicate the results of this study discovered glaring, basic errors in the analysis.
- **External validity:** The 2015 survey was not a random or representative sample, but one collected through advocacy organizations. Compared to the general population of gender distressed youth, the population captured in this survey is more politically active and plausibly aware that their responses will be used for political advocacy.
- **Internal validity:** Results suggest that those who received hormones engaged in less suicidal ideation over the past year. However, the results also show that those who claim to have received hormones before age 18 were far more likely than those who didn't to report a past-year suicide attempt requiring hospitalization. The authors make this finding disappear by setting a threshold of statistical significance which is highly unconventional in this type of research.
- **External validity:** The replication attempt of this study discovered that natal males who received hormones experienced a higher probability of planning, attempting, and being hospitalized for suicide. Benefits were limited to natal females, which raises the concern that benefits are attributable to the antidepressant effects of testosterone.

Study #5: DE VRIES ET AL., (2014). YOUNG ADULT PSYCHOLOGICAL OUTCOME AFTER PUBERTY SUPPRESSION AND GENDER REASSIGNMENT. *PEDIATRICS*, 134(4), 696-704.

What it's used to show: Behavioral and emotional problems and depressive symptoms decreased after the initiation of puberty blockers.

Flaws:

- **Internal validity:** Patients received traditional psychotherapy alongside puberty blockers. It is entirely unclear which treatments led to changes in mental health.
- **Internal validity:** There is no comparison group. The researchers simply survey minors about their mental health before and after starting puberty blockers. But mental health naturally fluctuates, so without a comparison group it's impossible to infer whether these changes are related to the initiation of puberty blockers.
- **External validity:** Participants were all from the Netherlands, where receipt of puberty blockers requires early-onset gender dysphoria that persists into adolescence. In many American clinics, puberty blockers are prescribed to kids with a more recent onset of gender distress.
- **External validity:** Participants received puberty blockers between 2000 and 2008, more than a decade before the exponential growth in the diagnosis and treatment of gender dysphoria among American adolescents. In other words, the minors who participated in this study were likely not as steered by social contagion, the dynamic in which minors become more likely to identify as transgender due to positive affirmation among peers, both in person and online.

Study #6: DE VRIES ET AL. (2011). PUBERTY SUPPRESSION IN ADOLESCENTS WITH GENDER IDENTITY DISORDER: A FOLLOW-UP STUDY. *J SEX MED*, 8(8), 2276-2283.

What it's used to show: Mental health improves among minors as they receive a course of treatment that entails puberty blockers, cross sex hormones, and surgery.

Flaws:

- **Internal validity:** Patients received traditional psychotherapy alongside puberty blockers. It is entirely unclear which treatments led to changes in mental health.
- **Internal validity:** There is no comparison group. The researchers simply survey minors about their mental health before and after starting puberty blockers. But mental health naturally fluctuates, so without a comparison group it's impossible to infer whether these changes are related to the initiation of puberty blockers.
- **Internal validity:** Patients selected for treatment were those with the best mental health.
- **External validity:** Participants were all from the Netherlands, where receipt of puberty blockers requires early-onset gender dysphoria that persists into adolescence. In many American states, puberty blockers are prescribed without such a long observation period.

- **External validity:** Data comes from 2000-2008, more than a decade before the exponential growth in the diagnosis and treatment of gender dysphoria among American adolescents. In other words, the minors who participated in this study were likely not as steered by social contagion.
- **Internal validity:** The researchers captured several measures of mental health. Nearly half of those measured showed no statistically significant improvements. Improvements in the minors that did improve were very modest.
- **Internal validity:** The sample consists of the first 70 children on puberty blockers approved for cross-sex hormones. Their timelier approval would have been based in part on better mental health and raises the possibility that their mental health would have improved even in the absence of hormonal intervention."

Study #7: COSTA ET AL. (2015). PSYCHOLOGICAL SUPPORT, PUBERTY SUPPRESSION, AND PSYCHOSOCIAL FUNCTIONING IN ADOLESCENTS WITH GENDER DYSPHORIA. *J SEX MED*, 12(11), 2206-2214.

What it's used to show: Daily life for minors (sometimes referred to as "global functioning") improves after initiation of puberty blockers.

Flaws:

- **Internal validity:** Patients received psychotherapy as part of their treatment. So not only is it unclear to what extent changes in mental health result from the treatment, it's unclear what the treatment itself is.
- **External validity:** Data comes from 2010-2014, before the meteoric growth in the diagnosis and treatment of gender dysphoria among American adolescents. In other words, they were probably not steered by social contagion.
- **External validity:** Participants were from the United Kingdom. There, unlike here, access to so-called "gender-affirming care" requires early-onset gender dysphoria that persists into adolescence.
- **Internal validity:** One group received "immediate" puberty blockers, and one group was "delayed" until after the study if their psychosocial issues were more profound. The "immediate group" experienced the same rate of improvement in global functioning in the first six months when they only received psychotherapy as in the following 12 months when they received both psychotherapy and puberty blockers. In other words, the improvements appear to be because of psychotherapy, not blockers.
- **Internal validity:** The "immediate group" that received blockers during the trial period ended up with global functioning scores that were not statistically significantly different from the "delayed" group, who never received blockers during the study.

Study #8: GREEN ET AL. (2022). ASSOCIATION OF GENDER-AFFIRMING HORMONE THERAPY WITH DEPRESSION, THOUGHTS OF SUICIDE, AND ATTEMPTED SUICIDE AMONG TRANSGENDER AND NONBINARY YOUTH. *JOURNAL OF ADOLESCENT HEALTH*, 70(4), 643-649.

What it's used to show: Receipt of gender-affirming hormones is associated with lower odds of recent depression.

Flaws:

- **Internal validity:** The study provides a snapshot measure of mental health among those who received cross-sex hormones compared to those who wished to receive them but did not. Patients with the most severe mental health conditions would have been restricted from receiving hormones, so it's likely that the group that received them had better mental health at baseline.
- **Internal validity:** The researchers do not clarify how long respondents have been in receipt of cross-sex hormones.

Study #9: KUPER ET AL. (2020). BODY DISSATISFACTION AND MENTAL HEALTH OUTCOMES OF YOUTH ON GENDER-AFFIRMING HORMONE THERAPY. *PEDIATRICS*, 145(4).

What it's used to show: Receipt of blockers and hormones is associated with improvements in body dissatisfaction, depression, and anxiety.

Flaws:

- **Internal validity:** There is no comparison group. The researchers simply survey mental health before and after starting puberty blockers and/or cross sex hormones. Mental health naturally fluctuates, so without a comparison group it's impossible to infer whether these changes are related to the treatment.
- **Internal validity:** Measures of "body dissatisfaction" improve for the group that only receives puberty blockers. But blockers only prevent puberty from progressing and do not reverse it. That this group experiences improvement is suggestive of a placebo effect.
- **External validity:** The follow-up from baseline (pre-treatment) was, on average, only 15 months.
- **Internal validity:** Changes in depressive symptoms were measured by self-report and by clinicians. While there is improvement in the self-report measure, the clinician report does not change from baseline to follow-up. It's plausible that patients seek to validate the efficacy of the treatments and consciously or unconsciously misrepresent their true feelings.

Study #10: ALLEN ET AL. (2019). WELL-BEING AND SUICIDALITY AMONG TRANSGENDER YOUTH AFTER GENDER-AFFIRMING HORMONES. *CLINICAL PRACTICE IN PEDIATRIC PSYCHOLOGY*, 7(3), 302-311.

What it's used to show: Levels of suicidality decrease, while general well-being increases, among adolescents diagnosed with gender dysphoria after receiving hormone treatments.

Flaws:

- **Internal validity:** There is no comparison group. The researchers simply survey mental health before and after starting hormone therapy. Mental health naturally fluctuates, so without a comparison group it's impossible to infer whether these changes are related to the initiation of hormone therapy.
- **External validity:** Short follow-up (participants answered surveys, on average, after only 349 days of treatment).

Study #11: ACHILLE ET AL. (2020). LONGITUDINAL IMPACT OF GENDER-AFFIRMING ENDOCRINE INTERVENTION ON THE MENTAL HEALTH AND WELL-BEING OF TRANSGENDER YOUTHS: PRELIMINARY RESULTS. *INTERNATIONAL JOURNAL OF PEDIATRIC ENDOCRINOLOGY*, 2020:8.

What it's used to show: Receipt of puberty blockers and hormones is associated with reduced depression.

Flaws:

- **Internal validity:** The change in "quality of life" survey scores was not statistically significant
- **Internal validity:** Among natal females, changes in depression were not statistically significant.
- **External validity:** There is a big change in depression scores between the time before starting treatment and when participants are initially surveyed after starting treatment. However, changes largely level off between the second check and a later check, suggesting that the initial euphoria associated with receiving treatment wanes over time (a fact that highlights why the short time horizons in other studies are so problematic).

Study #12: VAN DER MIESEN ET AL. (2020). PSYCHOLOGICAL FUNCTIONING IN TRANSGENDER ADOLESCENTS BEFORE AND AFTER GENDER-AFFIRMATIVE CARE COMPARED WITH CISGENDER GENERAL POPULATION PEERS. *THE JOURNAL OF ADOLESCENT HEALTH*, 66(6), 699-704.

What it's used to show: Kids who receive puberty blockers have better psychological measures compared to kids referred to the clinic who haven't yet started blockers.

Flaws:

- **Internal validity:** Patients received psychotherapy as part of their treatment. It's not possible to disentangle the effect of the blockers from the effect of psychotherapy.
- **External validity:** The sample comes from the Netherlands. There, unlike here, receipt of hormone therapy requires early-onset gender dysphoria that persists into adolescence.

- **Internal validity:** The Dutch Protocol requires clinicians to rule out severe psychological comorbidities before beginning treatment. So the overall better psychological functioning of the group that received blockers compared to the referral group that hopes to receive treatment reflects, at least in part, that the former group was well enough to receive treatment.
- **Internal validity:** The study provides results from one snapshot in time. It's not clear whether the group that received blockers improved from before treatment.

Study #13: KALTIALA ET AL. (2020). ADOLESCENT DEVELOPMENT AND PSYCHOSOCIAL FUNCTIONING AFTER STARTING CROSS-SEX HORMONES FOR GENDER DYSPHORIA. *NORDIC JOURNAL OF PSYCHIATRY*, 74(3), 213-219.

What it's used to show: Patient need for psychiatric treatment for depression, anxiety, and suicidality decreases after initiation of cross-sex hormones.

Flaws:

- **Internal validity:** There is no comparison group. The researchers simply survey mental health before and after starting hormone therapy. Mental health naturally fluctuates, so without a comparison group it's impossible to infer whether these changes are related to the initiation of hormone therapy.
- **External validity:** The sample comes from Finland. There, unlike here, receipt of hormone therapy requires early-onset gender dysphoria that persists into adolescence.
- **External validity:** "The follow-up period was approximately only a year, which inhibits drawing conclusions on long-term outcomes."

Study #14: DE LARA ET AL. (2020). PSYCHOSOCIAL ASSESSMENT IN TRANSGENDER ADOLESCENTS. *ANALES DE PEDIATRIA*, 93(1), 41-48.

What it's used to show: Levels of depression, anxiety, and dysphoria decrease after initiating cross-sex hormones.

Flaws:

- **External validity:** Participants were required to have an "absence of psychiatric comorbidity that could affect the experience of gender dysphoria" and must demonstrate ability to understand the risks and benefits associated with hormone therapy. These requirements are not observed by the "affirmative model" used in the United States.
- **External validity:** Short follow-up (participants answered surveys only one year after starting hormone treatment).

ENDNOTES

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

To: Assembly Committee on Health, Aging and Long Term Care
From: Senator Mark Spreitzer, Chair of the Wisconsin Legislative LGBTQ+ Caucus
RE: Assembly Bill 104
Date: March 12, 2025

Chair Moses and committee members:

As chair of the Wisconsin Legislative LGBTQ+ Caucus, I am submitting written testimony on behalf of caucus members in opposition to 2025 Assembly Bill 104, which would block access to medically-necessary gender-affirming care for minors. We ask that this testimony be shared with all members of the committee, and be entered into the committee record for this bill.

Gender-affirming care reduces gender dysphoria – the clinically-significant psychological distress that results when one's gender identity does not match their sex assigned at birth – and helps people live healthy and authentic lives. Gender-affirming care for minors includes a range of services for nonbinary and transgender people, including medications to delay puberty, gender-affirming hormones, and support for socially transitioning. These services are provided as medical care with the guidance and involvement of family members after extensive evaluation of a young person and their medical needs. This medical care gives young Wisconsinites the ability to delay puberty and take the time they need to better understand themselves, be thoughtful about their next steps, and have those important conversations as a family. When minors receive the medical care they need, they are able to thrive and have healthy, happy childhoods that set them up for success.

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 104 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 medication to delay puberty and hormone therapy had 60% lower odds of moderate or severe depression and 73% lower odds of suicidality, according to a 2022 study published in JAMA Network Open. If this bill were to become law, it would force youth whose doctors have already prescribed medication to delay puberty with their family's support to stop that treatment and go through puberty contrary to their gender identity - despite in some cases having already socially transitioned and living as their authentic selves in everyday life. A cruel and irreversible decision of this Legislature would take away their control over their body and their

WISCONSIN LEGISLATURE
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future, causing permanent physical changes and intense psychological harm. 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.

Every major American 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, and the American Psychological Association – attests that **gender-affirming care is safe, medically necessary, and saves lives.**

Although this bill will not become law in our state, its reintroduction alone is harmful. A recent national survey by the Trevor Project found that 91% of LGBTQ+ young people in Wisconsin reported that recent politics negatively impacted their well-being. In addition, 40% of LGBTQ+ young people and 45% of transgender and nonbinary young people reported that they or their family considered leaving Wisconsin for another state because of LGBTQ+ politics and laws.

I understand that you have already scheduled AB 104 for a vote before holding this hearing. Nevertheless, on behalf of the LGBTQ+ Caucus, I ask that you remove AB 104 from your agenda tomorrow. If you choose not to, we ask that all members vote no on AB 104, and vote against it again if it ever comes to the floor. This bill is deeply harmful, unnecessary, and dangerous. I hope that you will join the Legislative LGBTQ+ Caucus and people across Wisconsin in telling transgender and nonbinary youth in our state that they are seen, they are loved, and that they belong here in Wisconsin.

Sincerely,

Mark Spreitzer

Mark Spreitzer
Chair, Wisconsin LGBTQ+ Caucus
State Senator, 15th Senate District

WISCONSIN STATE SENATOR
MELISSA RATCLIFF
16TH SENATE DISTRICT

To: Assembly Committee on Health, Aging, and Long-Term Care
From: Senator Melissa Ratcliff
Re: Assembly Bill 104
Date: March 12, 2025

Good afternoon Chair Moses, Ranking Member Subeck, and members of the Assembly Committee on Health, aging, and Long Term Care.

Of all the bills targeting transgender and nonbinary youth, this bill, which would deny lifesaving medical care to young people, is the cruelest.

AB 104 deeply saddens me. The rights, dignity, health and future of transgender youth has affected me and my family in one of the most profound ways any issue can… the life of my child. My son is transgender. When my son came to me and told me, it was ***not*** something that I expected. However, I knew that how I responded in that moment would shape the course of our relationship for the rest of his life; and for mine. Thankfully, I found the right words: I told him that I loved him and I trusted him and that we would navigate this journey together; and we have.

I am grateful Wisconsin was a State where we could access the gender affirming care he needed and deserved. And I believe that all families and kids should have that access. He would not be the thriving adult he is today without having the access to the care that allowed him to live his life as his authentic self.

Why we would want to take away a parent's ability to provide their children with lifesaving care and also restrict their ability to access information to help their child be healthy and happy is beyond me. While this legislation would have affected my family, this isn't just a "me" issue, or a "my family" issue, or a "just the people in my district" issue. During the past week alone, we have heard from so many people - about 14 hours of public testimony - about legislation targeting transgender and nonbinary youth.

The vast majority of the people who spoke, spoke against these bills. They told heart wrenching stories of adversity and doubt. They told inspirational stories of triumph and acceptance. They shared how they found the strength to get through difficult moments. They showed courage and grace. Despite the fact that these bills seek to erase and deny their existence, they showed us what love looks like.

Gender affirming care is about allowing a child to have the world see them as they see and know themselves when they look in a mirror. This ban is not about loving or respecting a child or their parent's rights. It's about making sure that a child and their parents cannot access the care that could quite possibly save that child's life. It is about forcing a child to conform to an outdated notion of societal norms.

Transgender and nonbinary youth have increased risks for suicide. As we see with these bills, they face discrimination and harassment. They are subject to a unique kind of stress: being rejected because of who they are. Imagine having to show up to the Capitol – to the place where laws protecting you are supposed to be made – where people who are supposedly elected to represent you are working -- but instead you have to show up to fight for your very right to exist as a person.

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WISCONSIN STATE SENATOR
MELISSA RATCLIFF
16TH SENATE DISTRICT

Bills like these are so harmful. Governor Evers will veto them as he has done before. But the message they send to transgender youth is awful, full of hate, devastating and *dangerous*: You are not welcome or accepted.

I am here, as are so many others, to send a different message. And we will prevail. The need for gender affirming care is an issue that affects people, families and youth from all across Wisconsin. Transgender people live in areas represented by Republicans and Democrats. They live in rural areas, in cities, and in suburbs. This cynical crusade against the transgender and nonbinary community is a crusade against Wisconsin families; like mine.

It is very difficult as a mom to tell the story so publicly of her child's vulnerability knowing there is such hatred for him being himself; but I must. I would never change how my family moved forward after my son told me his gender identity because it has helped make him an exceptional adult who is thriving and who is comfortable in his skin. My son has taught me so much. This is not my story. It's my son's story, and the fact that he gives me permission to tell this very personal coming out story is a privilege and an honor.

For him, and for the transgender and nonbinary community all across this State, I will never stop fighting for the rights, love, support, and care every Wisconsinite should be entitled to.

Thank you.

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Bills like these are so harmful. Governor Evers will veto them as he has done before. But the message they send to transgender youth is awful, full of hate, devastating and *dangerous*: You are not welcome or accepted.

I am here, as are so many others, to send a different message. And we will prevail. The need for gender affirming care is an issue that affects people, families and youth from all across Wisconsin. Transgender people live in areas represented by Republicans and Democrats. They live in rural areas, in cities, and in suburbs. This cynical crusade against the transgender and nonbinary community is a crusade against Wisconsin families; like mine.

It is very difficult as a mom to tell the story so publicly of her child's vulnerability knowing there is such hatred for him being himself; but I must. I would never change how my family moved forward after my son told me his gender identity because it has helped make him an exceptional adult who is thriving and who is comfortable in his skin. My son has taught me so much. This is not my story. It's my son's story, and the fact that he gives me permission to tell this very personal coming out story is a privilege and an honor.

For him, and for the transgender and nonbinary community all across this State, I will never stop fighting for the rights, love, support, and care every Wisconsinite should be entitled to.

Thank you.

Room 5 South, State Capitol P.O. Box 7882 Madison, WI 53707 | (608) 266-9170 | Sen.Ratcliff@legis.wisconsin.gov
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WISCONSIN STATE SENATOR
MELISSA RATCLIFF
16TH SENATE DISTRICT

To: Assembly Committee on Health, Aging, and Long-Term Care
From: Senator Melissa Ratcliff
Re: Assembly Bill 104
Date: March 12, 2025

Good afternoon Chair Moses, Ranking Member Subeck, and members of the Assembly Committee on Health, aging, and Long Term Care.

Of all the bills targeting transgender and nonbinary youth, this bill, which would deny lifesaving medical care to young people, is the cruelest.

AB 104 deeply saddens me. The rights, dignity, health and future of transgender youth has affected me and my family in one of the most profound ways any issue can… the life of my child. My son is transgender. When my son came to me and told me, it was ***not*** something that I expected. However, I knew that how I responded in that moment would shape the course of our relationship for the rest of his life; and for mine. Thankfully, I found the right words: I told him that I loved him and I trusted him and that we would navigate this journey together; and we have.

I am grateful Wisconsin was a State where we could access the gender affirming care he needed and deserved. And I believe that all families and kids should have that access. He would not be the thriving adult he is today without having the access to the care that allowed him to live his life as his authentic self.

Why we would want to take away a parent's ability to provide their children with lifesaving care and also restrict their ability to access information to help their child be healthy and happy is beyond me. While this legislation would have affected my family, this isn't just a "me" issue, or a "my family" issue, or a "just the people in my district" issue. During the past week alone, we have heard from so many people - about 14 hours of public testimony - about legislation targeting transgender and nonbinary youth.

The vast majority of the people who spoke, spoke against these bills. They told heart wrenching stories of adversity and doubt. They told inspirational stories of triumph and acceptance. They shared how they found the strength to get through difficult moments. They showed courage and grace. Despite the fact that these bills seek to erase and deny their existence, they showed us what love looks like.

Gender affirming care is about allowing a child to have the world see them as they see and know themselves when they look in a mirror. This ban is not about loving or respecting a child or their parent's rights. It's about making sure that a child and their parents cannot access the care that could quite possibly save that child's life. It is about forcing a child to conform to an outdated notion of societal norms.

Transgender and nonbinary youth have increased risks for suicide. As we see with these bills, they face discrimination and harassment. They are subject to a unique kind of stress: being rejected because of who they are. Imagine having to show up to the Capitol – to the place where laws protecting you are supposed to be made – where people who are supposedly elected to represent you are working -- but instead you have to show up to fight for your very right to exist as a person.

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Good morning, everyone. My name is Scarlett Johnson, and I am here representing Moms for Liberty to express my support for AB 104, the Help Not Harm Bill.

As a woman and a mother, I have dedicated my life to championing the values that fortify our families and uplift our communities. There are certain principles and universal truths that have guided my life, instilled in me by my parents, grandparents, and those before them; they are more than just political viewpoints—they are the very foundation on which I was raised. I remember my grandmother would tell me, "When you know better, you do better." And so today, at this moment, at this pivotal time in our nation's history, I am here to say to my elected representatives and to the medical community: it is time to DO BETTER.

There are universal truths, and the fact that there are two and only two biological sexes, as defined by human science, nature, and tradition, is one of them. Yet, we find ourselves in a moment where ideology is being prioritized over biology, where politics is masquerading as science, and where our children—the most vulnerable among us—are being subjected to experimental treatments under the guise of care. This is not progress; it is reckless. And as a mother, I cannot stand by and watch as our children are put at risk. These risks are real, and they're being imposed on developing bodies with little long-term data to justify them.

The Help Not Harm Bill seeks to protect our children by banning so-called "gender-affirming care" for minors—specifically puberty blockers and cross-sex hormones. Let me be clear: these interventions are not benign or reversible as some claim.

**A 2020 UK NICE review called the evidence for these treatments "very low" quality, highlighting major gaps in safety and efficacy. If the science isn't settled, why are we experimenting on our kids?*

Puberty blockers, often marketed as a "pause button," can alter a child's life forever. They interfere with a critical developmental stage when bones strengthen and brains mature. These interventions are not harmless, they carry serious risks.

Studies have shown they can lead to decreased bone density, potential impacts on brain development, and even infertility. Cross-sex hormones, which introduce unnatural levels of testosterone or estrogen into a child's body, can increase the risk of cardiovascular issues, blood clots, cancers, and other long-term health complications. Their long-term effects can be devastating, altering a child's life in ways that cannot be undone. Puberty blockers halt critical growth, and a 2023 systematic review from the

UK's National Health Service *found they may reduce bone density, risking osteoporosis by young adulthood.*

The Karolinska Institute in Sweden: puberty blockers can lead to decreased bone density, increasing the risk of osteoporosis later in life.

Research from 2021 suggests they may impair brain development, potentially affecting memory and emotional regulation well into adulthood. Most alarmingly, when followed by cross-sex hormones, blockers often cause permanent infertility—a choice kids can't fully grasp at 12 or 14, robbing them of future families.

The truth is, we simply do not have enough long-term data to fully understand the consequences of these interventions on developing bodies. And yet, these treatments are being pushed on children—children who are too young to fully grasp the lifelong implications of these decisions. As parents, we know that children go through phases. They question, they explore, they grapple with their identities—it's a natural part of growing up. But instead of giving them the space to navigate these feelings with love, guidance, and mental health support, we are allowing activist-driven agendas to rush them into irreversible medical interventions. This isn't compassion; it's coercion. We should be helping our children feel comfortable in their own skin, not encouraging them to reject their biological reality based on a politically charged ideology that lacks scientific grounding.

Gender ideology, as it is being taught and promoted, is not rooted in science—it is rooted in politics. The idea that a child can simply "choose" their gender ignores the immutable truths of biology. It dismisses the fact that our chromosomes, our DNA, our very cells are coded as male or female from the moment of conception. Science tells us that sex is binary; it is not a spectrum, nor is it a social construct. And while we must always treat every individual with dignity and respect, we cannot allow ideology to override reason—especially when it comes to the health and well-being of our children.

There are also concerns about impacts on cognitive development—**research published in Frontiers in Human Neuroscience in 2020 suggests that blocking puberty may affect brain maturation, potentially leading to deficits in executive functioning, like decision-making and impulse control.** And perhaps most alarmingly, when followed by cross-sex hormones, puberty blockers can lead to sterility—robbing children of the chance to have biological children before they're old enough to understand what that means.

Cross-sex hormones bring even more dangers. For girls taking testosterone, there's an increased risk of irreversible liver damage and heart disease decades later. For boys on estrogen, blood clots and strokes become real threats, **with a 2022 study showing elevated cardiovascular risks persisting into adulthood and *a 2021 American College of Cardiology study found transgender individuals on hormones had double the cardiovascular event rate of their peers.*** *These are not theoretical risks—they are real, and they are being imposed on children whose bodies are still developing, children who cannot fully comprehend the lifelong consequences of these interventions.*

Beyond the physical toll, the mental and emotional costs are staggering:

2024 Swedish study found no significant reduction in suicide rates among youth after hormonal treatments, challenging claims of universal mental health benefits. Rising numbers of detransitioners—young adults grappling with sterility, chronic health issues, and regret—highlight the permanence of these decisions.

2023 Finnish health report noted that many who undergo these treatments as minors later report feeling misled by a system that rushed them into life-altering choices without sufficient evidence of long-term safety.

The Help Not Harm Bill is a stand for truth, for science, and for the protection of our children. It says we will not allow them to be guinea pigs in a social experiment driven by ideology. It says we will prioritize their long-term health over short-term cultural pressures. It says we will do better—because we know better.

I urge each of you to support AB 104. Let us send a clear message that Wisconsin stands for the safety of our children, and for the integrity of science. Let us protect our kids from harm and give them the chance to grow up whole, healthy, and grounded in truth. Together, we can ensure the next generation inherits a future where their well-being comes first—not ideology, not politics, but their health and happiness.

Additional Notes:

So-called "gender-affirming surgery" could lead to potentially dangerous mental health effects, a new study has found. Transgender individuals face "heightened psychological distress," including depression, anxiety and suicidal ideation, "partly due to stigma and lack of gender affirmation," as stated in the study, which was published in The Journal of Sexual Medicine. Researchers from the University of Texas set out to determine the mental health impacts from transgender people who underwent "gender-affirming surgery."

GENDER DYSPHORIA AND EATING DISORDERS HAVE SKYROCKETED SINCE PANDEMIC, REPORT REVEALS: 'RIPPLE EFFECTS'

The study focused on 107,583 patients 18 and over with gender dysphoria, some who underwent surgery and others who did not. They determined rates of depression, anxiety, suicidal ideation and substance-use disorders were "significantly higher" among those who underwent surgery, assessed two years later.

Males with surgery had depression rates of 25% compared to males without surgery (11.5%). Anxiety rates among that group were 12.8% compared to 2.6%.
The same differences were seen among females, as those with surgery had 22.9% depression rates compared to 14.6% in the non-surgical group.

Females who underwent surgery also had anxiety rates of 10.5% compared to 7.1% without surgery. Surgeries that aimed to "feminize individuals" showed "particularly high" rates of depression and substance abuse two years after the procedures, the study found. "Findings suggest the necessity for gender-sensitive mental health support following gender-affirming surgery to address post-surgical psychological risks," the researchers wrote.

'Not a cure-all'

Jonathan Alpert, a Manhattan-based psychotherapist and author, said the study findings highlight the "often overlooked" psychological risks that accompany gender-affirming surgery. "While these surgeries can be critical in helping individuals align their physical appearance with their gender identity, they are not a cure-all for the mental health challenges many transgender individuals face," Alpert, who was not involved in the study, told Fox News Digital.

"These findings suggest that surgery alone doesn't eliminate the complex psychological burdens that stem from societal stigma and personal struggles with identity,In fact, taking a scalpel to treat a psychological disorder can sometimes lead to more issues, as the study results are elucidating."

Florida neurosurgeon Dr. Brett Osborn, who also was not part of the study, agreed that "surgery is no guarantee of happiness.We're often told that gender-affirming surgery is essential for alleviating gender dysphoria — but what happens when the euphoria fades?"

"The key question remains: Is the surgery itself causing distress, or are preexisting mental health issues driving people toward it? Correlation or causation? No one knows."

Potential causes of gender dysphoria

A 2022 study showed that around 1.4 million American adults identify as transgender and about 0.6% of all American adults experience gender dysphoria. "The dramatic upward trend of gender dysphoria among young people in recent years should raise serious questions about the role of cultural and social influences," Alpert said.

"While increased awareness has made it easier for some children to express their struggles, we cannot ignore the possibility that social contagion, along with peer influence and social media, may be contributing to this surge."

Both experts caution against rushing into surgery or other irreversible decisions. Teens who are being treated for gender dysphoria should be "properly supported and treated with compassion" without being pressured into making "life-altering" medical decisions, Alpert advised.

"You don't amputate a limb because of temporary pain, and you certainly don't permanently alter your body without exhausting every other option first."

Osborn also stressed the need for comprehensive psychological evaluations, especially for those with preexisting mental health challenges. Mental health support, lifestyle modifications and counseling should all take precedence before surgery, not after, he said.

"You don't amputate a limb because of temporary pain, and you certainly don't permanently alter your body without exhausting every other option first," he said. Osborn expressed the same cautions about hormone therapy — "we're talking about irreversible changes that demand lifelong management."

"This isn't about politics and ideology — it's about health, longevity, and making sure people don't undergo drastic, life-altering procedures only to regret them," he said. "That said, to a great degree, the burden is on us physicians who took an oath to first do no harm." Mark Trammell, executive director of The Center for American Liberty, which provides legal representation to people who are de-transitioning after trans surgeries, provided the below statement to Fox News Digital.

"Surgery alone doesn't eliminate the complex psychological burdens that stem from societal stigma and personal struggles with identity."

"The findings of this study should serve as a wake-up call. But for the young detransitioners we represent in lawsuits against gender clinics, these statistics are their lived reality, their so-called 'gender-affirming care' did not alleviate their distress — it created new mental health struggles and, for many, introduced suicidal thoughts for the first time. This is why we are fighting to hold those responsible accountable."

Good morning, everyone. My name is Scarlett Johnson, and I am here representing Moms for Liberty to express my support for AB 104, the Help Not Harm Bill.

As a woman and a mother, I have dedicated my life to championing the values that fortify our families and uplift our communities. There are certain principles and universal truths that have guided my life, instilled in me by my parents, grandparents, and those before them; they are more than just political viewpoints—they are the very foundation on which I was raised. I remember my grandmother would tell me, "When you know better, you do better." And so today, at this moment, at this pivotal time in our nation's history, I am here to say to my elected representatives and to the medical community: it is time to DO BETTER.

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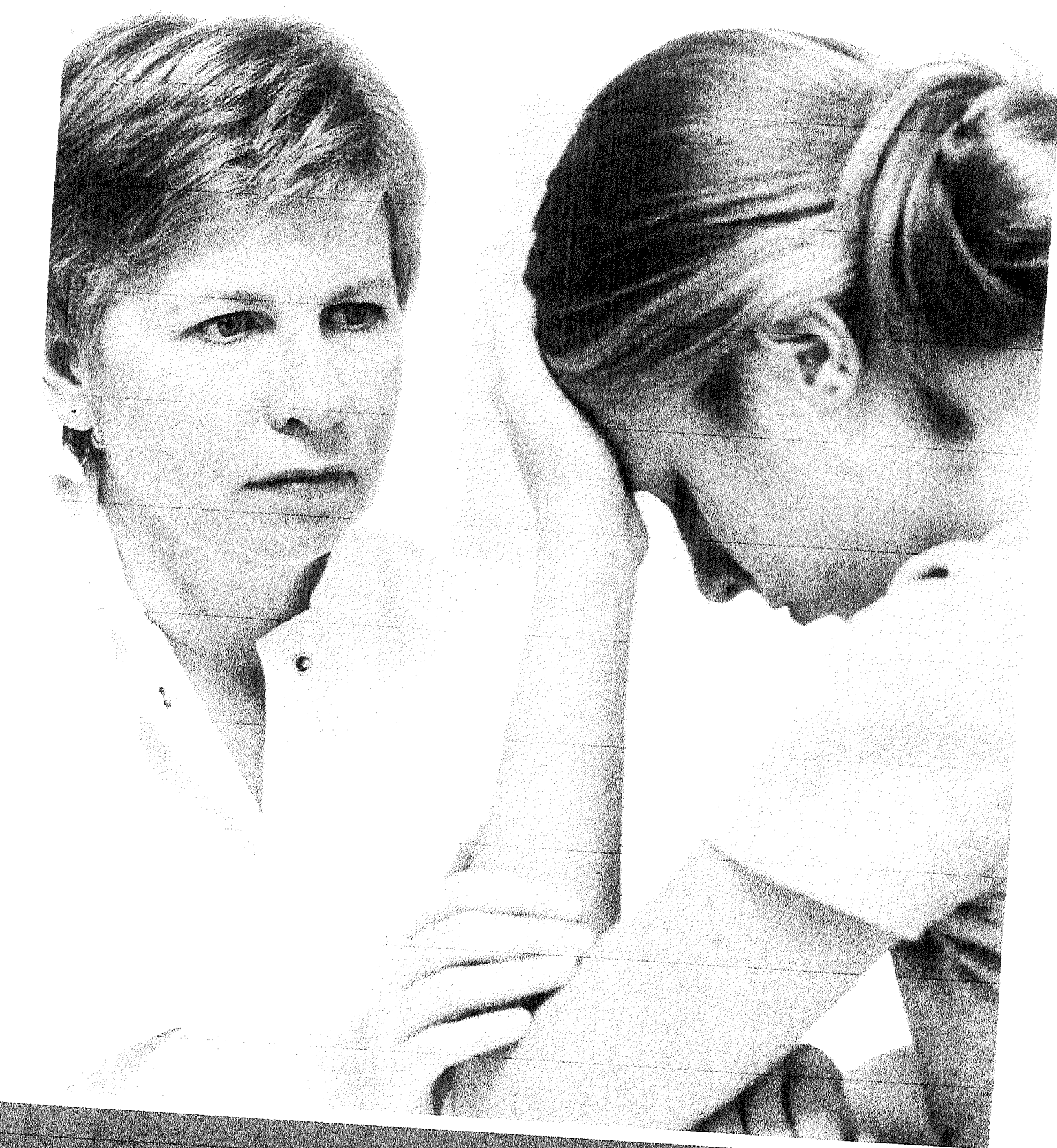
The Help Not Harm Bill seeks to protect our children by banning so-called "gender-affirming care" for minors—specifically puberty blockers and cross-sex hormones. These interventions are not benign or reversible. They carry serious medical risks that can change a child's life forever. Puberty blockers interfere with bone growth and brain development. Studies from 2017 show they reduce bone density, risking osteoporosis. Research from 2020 suggests they may hinder decision-making skills. And when paired with cross-sex hormones, they often cause infertility—a choice kids can't fully understand.

Cross-sex hormones add more dangers. For girls on testosterone, risks include liver damage and heart disease. For boys on estrogen, blood clots and strokes are concerns. A 2021 study found double the cardiovascular events in those on hormones. These risks are real, yet we lack long-term data to justify them. A 2020 UK review called the evidence for these treatments "very low" quality. If the science isn't settled, why are we experimenting on our kids?

The Help Not Harm Bill is a stand for truth, for science, and for the protection of our children. It says we will not allow them to be guinea pigs in a social experiment driven by ideology. It says we will prioritize their long-term health over short-term cultural pressures. It says we will do better—because we *know* better.

I urge each of you to support AB 104. Let us send a clear message that Wisconsin stands for the safety of our children, for the integrity of science, and for the timeless values that have guided us for generations. Let us protect our kids from harm and give them the chance to grow up whole, healthy, and grounded in truth. Together, we can ensure the next generation inherits a future where their well-being comes first—not ideology, not politics, but their health and happiness.

Thank you.



The Myth About Suicide and Gender Dysphoric Children

Why would parents allow a gender-confused child to undergo these dangerous medical interventions? In many cases the answer is untruths and emotional blackmail. "If you don't let me do this, I'll kill myself," they hear from their child. The threat of suicide is then reinforced by members of the transgender industry: "Would you rather have a live son or a dead daughter?"

This latter from health professionals is deeply troubling. In no other medical or psychological condition is a suicidal patient – let alone a child – expected and allowed to dictate treatment. Children are cognitively immature to begin with; their thinking is further impaired when suicidal. This is gross medical negligence.

The suicide of anyone, especially a young person, is a tragedy, and all suicide threats should be taken seriously. However, the occurrence of completed suicide among trans-identified youth is rare and comparable to that of other at-risk groups of youth, such as those with anorexia and autism.[1] More importantly, there is no long-term evidence that puberty blockers, cross-sex hormones or "transition" surgeries prevent suicide. On the contrary, the best long-term research shows that *individuals who do go through medical transition kill themselves at a rate 19 times greater than the general population.*

What's the scientific bottom line?

Swedish child and adolescent psychiatrist Sven Roman (who is no conservative) sums up the research: "***There is currently no scientific support for gender-corrective treatment to reduce the risk of suicide***."[2]

Psychologists Dr. Michael Bailey (Northwestern University) and Dr. Ray Blanchard (University of Toronto) agree: "***[T]he best scientific evidence suggests that gender transition is not necessary to prevent suicide. . . . There is no persuasive evidence that gender transition reduces gender dysphoric children's likelihood of killing themselves***."[3]

LET'S LOOK AT THE EVIDENCE:

1 **Suicide risk among trans-identified youth is less than or comparable to that of other at-risk groups of youth.**[4]

a. Being trans-identified increases suicide risk by a factor of 13
b. Anorexia increases risk by a factor of 18-31
c. Depression multiplies it by a factor of 20
d. Autism raises the risk by a factor of 8

2 **Children with gender dysphoria often also have depression, anorexia, autism, and other psychological conditions predisposing them to suicide.**[5] Suicide among trans-identified youth may be due to the dysphoria, but maybe not – it could stem from the other psychological conditions or a combination of both.

3 **Prevention of suicide for trans-identified youth is the same as for other youth: talk therapy and FDA-approved psychiatric medications.**[6] As reported by the American Foundation for Suicide Prevention, "Ninety percent of people who die by suicide have an underlying — and potentially treatable — mental health condition."[7] One study found that 96% of U.S. adolescents who attempt suicide suffer from at least one mental illness.[8] *There is no evidence trans-identified children who commit suicide are any different.*

4 **The most up-to-date research shows the effectiveness of psychotherapy for resolving gender dysphoria in children and adolescents.**[9] A 2019 study confirms the findings of 16 studies dated 1969-2012, all showing that psychotherapy can be highly effective in treating underlying causes of gender incongruence such that trans-identifying patients embrace their biological sex.[10]

5 **Puberty blockers actually cause depression and other emotional disturbances related to suicide.**[11] Discussing an experimental trial of puberty-blockers in the U.K., Oxford University Professor Michael Biggs wrote, "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 that girls experienced more behavioral and emotional problems and expressed greater dissatisfaction with their body—so puberty blockers exacerbated gender dysphoria."[12]

6 **Cross-sex hormones (testosterone for women; estrogen for men) may disrupt mental health.** Women who identify as men are given enough testosterone to raise their levels 10-40 times above the female reference range. Past studies have documented multiple psychiatric problems with similar high doses of anabolic steroids like testosterone such that 23% of subjects met DSM criteria for a major mood syndrome such as mania, hypomania, and major depression, and 3.4-12% developed psychotic symptoms.[13] Estrogen also impacts mood in complex ways. Post menopausal women treated with estrogen often experience severe anxiety despite being placed on physiologic doses of the hormone.[14] Men who identify as women are given supraphysiologic doses of estrogen; theoretically, this has the potential to worsen both depression and anxiety.

7 **The most reliable research shows that in the long run, medical transition does not reduce and may even exacerbate the psychological distress that could lead to suicide.** "The two largest and most complete studies (one from the Netherlands and one from Sweden), which show significantly elevated rates of completed suicides among gender-dysphoric individuals, both studied adults who had already transitioned to imitation of the opposite sex."[15] These studies thus support the conclusion that transitioning does not reduce the risk of suicide and may even increase it. Transitioning merely masks the underlying psychological problems that are producing the dysphoria – it treats the symptoms rather than the disease.

8 **Suicide is prone to social contagion, meaning the more it occurs and is talked about, the more likely vulnerable kids will kill themselves.**[16] One medical researcher (an epidemiologist who himself transitioned to feminized male until he detransitioned after 13 years) calls out the manipulative use of the suicide threat to bully parents and legislators:

"The trans industry's insistence and hype that [trans-identified adolescents] are constantly on the brink of transphobia-related suicide at rates that far exceed those of other highly relevant populations is a shameful social engineering strategy to keep society's focus preferentially on transgenderism – perhaps to cast themselves as visionary pioneers in the field. . . . trans activist adults and some clinicians effectively threaten suicide on behalf of the young people. They do this to socially-engineer, manipulate and intimidate non-industry doctors, politicians, community leaders and families of [these adolescents]. They are well aware of the emotional responses they will get with this rhetoric."[17]

9 **Trans-identified teens may be encouraged, by social media and members of the transgender industry, to threaten suicide if their parents resist medical transition.** Psychotherapist Dr. Wallace Wong offered such advice during a presentation in Canada: ""So what you need is, you know what? Pull a stunt. Suicide, every time, [then] they will give you what you need." Wong added that trans-identified kids "learn that. They learn it very fast."[18]

BUT WHAT ABOUT STUDIES SUPPOSEDLY SHOWING THAT MEDICAL INTERVENTIONS ARE MORE EFFECTIVE THAN PSYCHOTHERAPY IN REDUCING SUICIDE ATTEMPTS?

1 ***Medical professionals who engage in statistical research have identified multiple problems with studies purporting to reach these conclusions.*** These problems include unreliable sampling, manipulated numbers, and admitted political intent.[19]

- A report co-authored by the American Foundation for Suicide Prevention (Haas et al. 2004), which claimed that 41% of gender-dysphoric individuals have attempted suicide, was based on flawed data.[20]

- Along with two other studies that found a suicide-attempt rate of around 40%, the Haas study used "convenience sampling," which statisticians agree cannot be used to draw conclusions about the general population.[21]

- The *Haas* authors admitted the 41% number may have been significantly inflated because only one question, without clarifying questions, was asked about the issue.

- The authors further admitted "the survey did not directly explore mental health status and history, which have been identified as important risk factors for both attempted and completed suicide in the general population." In other words, the study provided no reliable information about whether suicide attempts were caused by gender dysphoria or by other mental health issues, which are extremely common among dysphoric individuals.

- The study did not determine if the claimed suicide attempts occurred *before* or *after* seeking medical transition services.

- The study found that for female respondents, "being stealth" or successfully "passing" as male did not alleviate the tendency to self-harm. The study therefore offered no reason to conclude that undergoing medical transition will resolve the distress that leads to suicide attempts.

- As one analyst of the study concluded, "***Given the flawed data available to us, the leap in logic to assume the only viable choice is to medically transition or die ought to shame any provider, researcher, or journalist worth their salt***. The [study] data, if looked at honestly, should instead spur providers to offer effective psychological health evaluation and treatment for both young people and their families, and the least invasive intervention possible."[22]

- The Williams Institute, which also produced and promoted the Haas report, was contracted by the state of California to use appropriate survey methods and found the

trans-identified suicide attempt rate was 22%.[23] That is comparable to rates for people with psychological illness and general LGB-identification.[24]

2 The conclusions of a recent study -- supposedly finding that surgical "gender affirmation treatment" reduces psychological distress—have been shown to be unsupported by the data. Dr. Mark Regnerus observed that these conclusions signal "an abandonment of scientific rigor and reason in favor of ***complicity with activist groups seeking to normalize infertility-inducing and permanently disfiguring surgeries. . . . Clinicians are being bullied into writing a radical prescription based on fear, not on sensible conclusions from empirical data***."[25]

3 Similar studies from the U.K. have been debunked for similar reasons. One widely touted study supposedly found a 48% rate of attempted suicide in young people with "gender issues" – but it turned out that this "study" was based on only 27 patients.[26]

4 Psychologist Dr. James Cantor found that t***he American Academy of Pediatrics (AAP) misrepresented large numbers of studies to justify its claim that medical transition is necessary to prevent suicide***.[27]

AREN'T TRANS-IDENTIFIED TEENS LIKELY TO COMMIT SUICIDE BECAUSE OF THE STIGMA THAT SOCIETY PUTS ON THEM? RESEARCH DOES NOT SUPPORT THAT CLAIM.

- A 2014 Australian study reported that a leading reason for suicide among "LGBTI" individuals was stress from romantic partners rather than societal rejection.[28]

- ***A 2014 study by Hatzenbuehler, et al., claimed an average life expectancy reduction of 12 years for sexual minorities living in areas with suspected prominent anti-gay sentiment.***[29] ***But this study was so thoroughly debunked by the scientific community that the medical journal eventually retracted it***: "Re-analysis confirmed that the original finding was erroneous and the authors wish to fully retract their original study accordingly." Nevertheless, citations of Hatzenbuehler's false conclusions persist, including in Supreme Court briefs.

- An exhaustive review of all the research on this topic by psychiatrist Dr. Paul McHugh and epidemiologist Dr. Lawrence Mayer reached this conclusion: "***[I]t is impossible to prove through these studies that stigma leads to poor mental health, as opposed to, for example, poor mental health leading people to report higher levels of stigma, or a third factor being responsible for both poor mental health and higher levels of stigma***."[30]

- Even without these studies, the argument that "stigma" drives trans-identified youth to suicide simply doesn't make sense. Epidemiologist Hacsi Horvath points out that the suicide rates for such adolescents were significantly lower in 1950, "when gender roles, sex-specific dress codes, laws regulating sexuality and other aspects of social control were much more rigidly 'enforced'" than they are now.[31] If social rejection didn't cause suicide then, why would a much diminished level of social rejection cause suicide now?

State law should encourage the use of psychotherapy to help young people explore and resolve the underlying causes of the psychological rejection of their body and avoid a lifetime of expensive, radical, painful, sterilizing, dangerous, and potentially deadly interventions.

Citations:

1) https://www.transgendertrend.com/suicide-by-trans-identified-children-in-england-and-wales/; https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/

2) https://twitter.com/will_malone/status/1187082564458160131

3) https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/;

4) https://www.transgendertrend.com/suicide-by-trans-identified-children-in-england-and-wales/; https://4thwavenow.com/2018/12/19/the-theatre-of-the-body-a-detransitioned-epidemiologist-examines-suicidality-affirmation-and-transgender-identity/

5) https://www.tandfonline.com/doi/abs/10.1080/0092623X.2016.1232325; https://www.acpeds.org/the-college-speaks/position-statements/gender-dysphoria-in-children

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hild & Parental Rights

Transgender Interventions Harm Children

No Evidence that Transgender Interventions are Safe for Children

There is not a single long-term study to demonstrate the safety or efficacy of puberty blockers, cross-sex hormones and surgeries for transgender-believing youth. This means that youth transition is experimental, and therefore, parents cannot provide informed consent, nor can minors provide assent for these interventions. Moreover, the best long-term evidence we have among adults shows that medical intervention fails to reduce suicide.

Puberty blockers may cause mental illness

Puberty blockers may actually cause depression and other emotional disturbances related to suicide. In fact, the package insert for Lupron, the number one prescribed puberty blocker in America, lists "emotional instability" as a side effect and warns prescribers to "Monitor for development or worsening of psychiatric symptoms during treatment." Similarly, discussing an experimental trial of puberty blockers in the U.K., Oxford University Professor Michael Biggs wrote, "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."

Puberty blockers may cause permanent physical harm

Temporary use of Lupron has also been associated with and may be the cause of many serious permanent side effects including osteoporosis, mood disorders, seizures, cognitive impairment and, when combined with cross-sex hormones, sterility.

Cross-sex hormones (testosterone for women; estrogen for men) may disrupt mental health

Women who identify as men are given enough testosterone to raise their levels 10-40 times above the female reference range. Past studies have documented multiple psychiatric problems with similar high doses of anabolic steroids like testosterone such that 23% of subjects met DSM criteria for a major mood syndrome such as mania, hypomania, and major depression, and 3.4-12% developed psychotic symptoms. Estrogen also impacts mood in complex ways. Post menopausal women treated with estrogen often experience severe anxiety despite being placed on physiologic doses of the hormone. Men who identify as women are given supraphysiologic doses of estrogen; theoretically, this has the potential to worsen both depression and anxiety.

Other health risks are correlated with puberty blockers and cross-sex hormones

Temporary use of puberty blocker Lupron has also been associated with and may be the cause of many serious permanent side effects including osteoporosis, mood disorders, seizures, cognitive impairment and, when combined with cross-sex hormones, sterility. In addition to the harm from Lupron, cross-sex hormones put youth at an increased risk of heart attacks, stroke, diabetes, blood clots and cancers across their lifespan. Add to this the fact that physically healthy transgender-believing girls are being given double mastectomies at 13 and hysterectomies at 16, while their male counterparts are referred for surgical castration and penectomies at 16 and 17, respectively, and it becomes clear that affirming transition in children is about mutilating and sterilizing emotionally troubled youth.

Transgender interventions for children are experimental and dangerous

Many medical organizations around the world, including the Australian College of Physicians, the Royal College of General Practitioners in the United

Kingdom, and the Swedish National Council for Medical Ethics have characterized these interventions in children as experimental and dangerous. World renowned Swedish psychiatrist Dr. Christopher Gillberg has said that pediatric transition is "possibly one of the greatest scandals in medical history" and called for "an immediate moratorium on the use of puberty blocker drugs because of their unknown long-term effects."

Deconstructing Transgender Pediatrics

There is not a single long term study to demonstrate the safety or efficacy of puberty blockers, cross-sex hormones and surgeries for transgender-believing youth.

Read More

The Myth About Suicide and Gender Dysphoric Children

A Look at the Evidence

"There is currently no scientific support for gender-corrective treatment to reduce the risk of suicide."

Share on Facebook and Twitter.

Laura Ackmann, Moms for Liberty – Winnebago County

Moms4libertywinnebago@gmail.com

Hello – Thank you for allowing me to speak today regarding Assembly Bill ~~465~~ 104

As a parent and/or grandparent one of our primary responsibilities is to ensure the safety and wellbeing of our family – along with many other responsibilities of being a parent. The trend of using affirmative care for gender dysphoria or gender transition is irresponsible of our schools and medical professions.

There is not a single long-term study to demonstrate the safety or efficacy of puberty blockers, cross-sex hormones and surgeries for transgender believing youth. This means that youth transition is experimental.

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.

Ricks of Puberty Blockers: There are a number of studies that indicate using puberty blockers for gender dysphoric children is unsafe.

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 puberty development should they wish to desist; that amount of normal puberty

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 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.

Many medical organizations around the world, including the Australian College of Physicians, the Royal College of General Practitioners in the UK and the Swedish National Council for Medical Ethics have characterized transgender interventions in children as experimental and dangerous.

I have had the opportunity to speak with several detransitioners, and I have watched several youtube videos of detransitioners, and a common thread is they believe they were too young to make this type of decision and they did not fully understand the short and long term impacts of these treatments. One detransitioner shared with me that she is part of a social group with over 55,000 detransitioners. Many try to minimize that there are only a few detransitioners but there are many out there suffering with regrets.

I support this bill protecting children under 18 and want to thank the assembly for pursuing this for the parents and children in Wisconsin.

AB 104: Testimony—Paul Young M.D. MA-Bioethics; March 12, 2025

Intro: Members of the Committee, thank you for the opportunity to speak in favor of AB104—Help Not Harm Act. I am Dr. Paul Young. I am a board certified pediatrician who has had the privilege of caring for children for over 36 years, most of it in our wonderful State of Wisconsin. I hold a master's degree in Bioethics, and currently serve as one of two Wisconsin State Directors for the American Academy of Medical Ethics.

My support for the bill is based on the fact that so-called "medical transition therapy" for minors is therapeutically inappropriate, unsafe, and worse, ineffective. It violates basic medical ethics.

1) Sex is a biological genetic reality incapable of alteration. Gender is an internal psychological awareness of our sexuality which can differ from our biology resulting in a mental state known as gender dysphoria (GD). (1) Gender dysphoria is subject to change. Let me be clear, NO ONE IS BORN IN THE "WRONG BODY." Studies bear this out, as cross-gender identity in younger children resolves in over 85% cases after puberty.(2,3) The APA acknowledges this fact and advises against any rush to diagnosis. (1*,4-6) This gender self-perception is also subject to social influence, particularly in teens. (9,14) This is evident as there has been an up to 5000% increase in gender dysphoria cases, mostly with no prior history of cross-sex identity. These cases have a rapid onset, particularly girls, often preceded or associated in 70-80% of cases with depression, anxiety, or neurodevelopmental conditions like autism or ADHD. (7-11) The newly appearing gender dysphoria appears to be more of a symptom than a cause in these cases. Risk of suicidal thinking and behavior is increased in these children, as would be anticipated in those experiencing these co-occurring psychiatric conditions. They are often victims of abuse and trauma.(12,13) It is clearly not genetic. It is apparent that social media, peer, and environmental influences play a significant role.(9,14) Prior research showed that good supportive psychotherapy redirecting children into their natural biology, while addressing underlying mental, emotional, and family difficulties, was over 80% effective in resolving gender identity conflicts.(3,15-17) This was particularly true the earlier therapy was undertaken. Sadly, this has been mischaracterized as conversion therapy, being attacked in a mistaken attempt at advocacy.(18)

2) Medical transition therapy for gender dysphoria is a group of progressively invasive interventions proposed to resolve gender dysphoria completely, reduce associated mental illness, and prevent suicide. These are offered ON DEMAND based on the child's request. (18) These treatments cause permanent effects, even if they are stopped later. Once even social transition is adopted, it is almost certain the patient will progress down the pathway that may include so-called "puberty blockers" in children as young as 8, then cross-sex hormones as young as 10 or 11, and permanent surgical interventions like a mastectomy as young as 12-16. Reversibility through social transition or "puberty blockade," or so called "buying time," has been shown repeatedly to be a fallacy. Engaging in a medicalized approach creates a self fulfilling prophecy 98% of the time.(16,19) Medical transition has many serious side effects. Puberty blockade is associated with significant permanent bone mineral loss, lack of development of the testes and ovaries with associated infertility, and high risks of IQ loss with memory or learning problems due to impact on the developing brain.(20) Cross-sex hormones are associated with permanent body changes of the opposite sex (which do not resolve when stopped), along with an increased risk of heart attack, stroke, blood clots, liver injury, permanently damaged or lost fertility, and psychiatric symptoms of mood changes, aggression, violence, sexual dysfunction.(21) Surgery comes with a wide range of obviously irretrievable losses (mastectomy, removal of ovaries, testes,

uterus, penis) along with extensive side effects from any of these procedures.(21) All done on healthy bodies with a gender identity that is subject to change!

3) Worse, there is absolutely no good evidence medical transition therapy works at all. Reviews of thousands of children over 15 years in the UK, Sweden, Norway, Denmark, France, and Germany have shown absolutely NO benefit in resolving suicide risk, dysphoria, or mental disorders.(22-27) All of these nations are now restricting or halting their treatment of minors with medical therapy in favor of treating the underlying psychological issues of which the GD was a symptom. Great Britain's 2024 Cass study, in particular, pointed out the lack of good outcomes or reliable research worldwide. US research has also failed repeatedly to show consistent, long term positive effect. (26-31,37) Similar adult studies from Sweden and the US show not only a lack of benefit, but increase in mental health problems and suicide as high as 19 fold. (27,29,31,37)

4) Gender dysphoria "treatments" are not undertaken for to repair or restore the body. They are cosmetic, used to solidify an unstable social identity. Children have great difficulty visualizing the future well, more so if they are mentally unwell. Every teen is subject to a variety of social influences and prone to change their thinking and desires over time. Ethically, neither the patient nor their families are in the position to fully consent for interventions which can result in sterility and serious, potentially life-ending side effects, with no ability to understand what the child would want in the future.(32) This is evidenced by the fact that there is an ever increasing number of "de-transitioners,"now as much as 13%, who are re-orienting to their natural biology, often with much regret.(33-36)

5) The goal of good medical care is always to provide compassionate, least harmful, evidence based and scientifically sound treatment grounded in reality. Gender medical transition is none of things. Out of a mistaken sense of compassion, it attempts to support a self-identity with no basis in reality. It offers cosmetic support at a terrible price, and no real long term benefit.

For these reasons, I believe this must be stopped and stopped now, before more lives are damaged forever. I truly encourage you to pass this legislation.

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TESTIMONY IN SUPPORT OF ASSEMBLY BILL 104
ASSEMBLY COMMITTEE ON HEALTH, AGING, AND LONG-TERM CARE
WEDNESDAY, MARCH, 12, 2025

Thank you, Chairman Moses and committee members, for the opportunity to testify on Assembly Bill 104. I am Sam Krebs, Legislative and Policy Director for Wisconsin Family Action. Wisconsin Family Action supports Assembly Bill 104 which is appropriately named the Help Not Harm bill which will protect children and all minors from controversial drugs and surgery.

Affirming a mistaken identity—through new names, pronouns, hormones, or surgery—is not loving or compassionate. True love seeks the authentic good, which means confronting reality, not supporting falsehoods. Medical interventions like "gender-affirming care" use harmful means to promote untruths, especially when applied to children. While kids with gender dysphoria deserve kindness and respect, they need guidance to embrace the truth of their bodies, not harmful experiments like puberty blockers. In the interest of protecting their well-being, we must help them address underlying issues, such as trauma or societal pressures, and reject ideologies that distort reality.

Allowing doctors to give developing youth puberty blockers, cross sex-hormones, and even perform surgeries violates the first duty of medicine: do no harm. Attempts to change an individual's biological sex are not safe, not medically necessary, and do not save lives.

First, gender affirming care is not safe.

There is growing body of evidence that puberty blockers and cross-sex hormones, come at a high risk for long term, and often irreversible harm. For lack of time, I am only able to mention a few of these risks, but I would like to note that there are many more than the few I am able to mention now.

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, increased risk for various forms of cancer such as thyroid and testicular cancer, coronary artery disease including heart attacks, Type 2 diabetes, and more.

Second, gender affirming care is not medically necessary.

Especially for children diagnosed with gender dysphoria, studies have shown that 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.

It is well accepted that children have much to learn and are naturally incapable of making certain decisions especially in regards to understanding long term cause and effect. In so many of these cases, we already know that good parenting and watchful waiting is all that is necessary not radical and experimental interventions.

Third, gender affirming care puts lives at risk.

While we recognize the real psychological pain from gender dysphoria, studies demonstrate little psychological relief from cross-sex hormone treatment or surgery.[1]

Parents and public policy makers have been presented with a false dichotomy of either moving forward with gender transition or risk having their child commit suicide. Sadly, there is a growing body of research which points to worse outcomes like higher rates of suicidal ideation and suicide attempts after the experimental interventions.

I hope that by passing this bill Wisconsin can refocus its attention on therapies that will help children accept and embrace their bodies. Dr. Ryan Anderson puts it rather plainly, "Rather than attempting to do the impossible—"reassigning" bodies to line up with misguided thoughts and feelings—we should at least attempt what is possible: helping people to align their thoughts and feelings with reality, including the reality of the body."[2]

Wisconsin Family Action urges passage of AB 104. Thank you.

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[1] England's National Health Service disallowed puberty blockers for children following a four-year review conducted by independent researcher Dr. Hilary Cass, who wrote in her report that "for most young people, a medical pathway will not be the best way to manage their gender-related distress."

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Testimony in Favor of AB104

Jeannette Cooper
Partners for Ethical Care

Honorable Chair and Members of the Committee:

My name is Jeannette Cooper, and I am here on behalf of Partners for Ethical Care. I had prepared testimony for today, but just this morning a mother in our group posted the following, which I've asked to read with her permission.

"What if we created a book? We could call it "Another Perspective" or something way more creative. I've wanted so badly to let others know that we exist in large numbers, thousands of us, and we also want to talk about it. For years we were relegated to a secret group on Facebook where parents and loved ones could talk about concerns without being bullied and called "transphobic." We wanted to know the risks of these medicines being prescribed. Mainstream media and now-questionable organizations encouraged "transition" with talk of puberty blockers and how they are reversible, and that not providing the universal treatment for self-declared trans, gender dysphoric, or non-binary will lead to suicide in children–without having any evidence of this being the case. We were aware of the exact opposite happening, as the suicide rate has not shown a single drop after "gender-affirming care."

Many of us knew for a fact that their child or teen, as they both overwhelmingly tend to do, was influenced by peers. I asked my child early on how she realized that she was "trans," in a loving way, because this is my precious daughter. She said a friend told her she herself was trans, and my daughter related to what her friend said. Her and every other child are still being bombarded with all things trans. It's a really cool idea to a lot of teens in their online gaming groups, and I could list countless other ways it's been in their faces.

Professionals practice the pseudo-science of "we affirm everyone" and pretend trauma response, social contagion, and the pernicious influences of social media and mass media have no bearing. So many of us don't believe it is a safe identity to encourage all kids to explore, and we have had to say "enough is enough." No, grown men do not belong in chat groups with children. Grown women don't either. Extensive research undeniably indicates that teenagers are more susceptible to all three influences I mentioned: peers, social media, and adults who insert themselves as trusted figures. There are many ways this is being not just "accepted or tolerated" which I believe is reasonable, but completely encouraged. If you don't buy into the idea of "gender identity," you're a bigot.

I don't buy the idea that my child's self-diagnosed mental illness will be treated by making her look as masculine as aesthetically possible with medicine that significantly changes her vulnerable body's appearance, and if I am called transphobic for it, I will accept the label. The reality of the aftermath of these procedures are only told by those who were once confused, but made their way out with few, if any, of their underlying mental, physical, and social issues resolved. These are the detransitioners.

My child is autistic, as I observe at least half of our members' children are, if not more. She has a full vocabulary of every "microlabel" out there. These kids squeeze themselves into this tight box that leaves no room for learning, growing, or enduring life-changing experiences. There's a labeled excuse for everything they cannot do. This pseduo-trans universe opened up new ideas of how to escape the reality of growing up, ideas that are celebrated. For a kid who lost her friends during Covid, this is attractive.

Everything we've been taught and inherently know as the right thing, has been villainized: We treat others as we want to be treated. Judge not by the color of one's skin but by the content of their character. The absolute truth is the highest level of integrity. Beauty is skin deep. Plastic surgery is wasteful and vain outside of restoring body parts that have been damaged.

I am willing to tell my story, and that of anyone who also feels the need to show others the ugly side of this, and it's important enough that the inevitable bullying and rage from others will not dissuade me. The right time to speak the truth is right now. Let me know your thoughts. There are so many of us."

Thank you for listening to the testimony of this mother. I am honored to read it on her behalf, and on behalf of over 4000 parents in our group.

My name is Sue Neeley (she/her), and I am a resident of Evansville, WI. I've lived in Wisconsin for my entire life and my children were born in Wisconsin and are being raised right here in Wisconsin. I represent GSAFE as their Director of Family Engagement and Advocacy.

I am testifying today to urge you to vote NO on AB 104. As a Wisconsinite, I am opposed to these bills because our trans youth have every right to live and be. They have the right to be their whole authentic selves just as much as their cisgender peers. The fact that this bill is only banning gender affirming care for trans youth, is proof enough that this is discriminatory. For example, you're telling a trans child they will not be able to use hormone blockers when needed, but a cis child will still be able to use hormone blockers when needed. Another example, you're telling a trans child they will not be able to receive hormone therapy when needed, but a cis child will still be able to receive hormone therapy when needed. Let's just take a moment to *REALLY* think about that.

I would also like to bring to your attention some results from the Trevor Project's surveys. If you're not familiar with the Trevor Project, they are a non-profit organization focused on suicide prevention among LQBTQ youth. In other words, focused on saving the very lives that you are putting in danger with the existence of these very bills. In 2024, they surveyed more than 18,000 LGBTQ young people ages 13-24 across the U.S. Here are some of their survey results:

- 39% of LGBTQ young people seriously considered attempting suicide in the past year - and young people who are transgender, non-binary, and/or people of color reported higher rates than their peers.
    - 46% of the transgender and nonbinary young people seriously considered attempting suicide in the past year.
    - *Reminder, these are the people these bills are targeting.
- 90% of Queer and Trans young people said their well-being was negatively impacted due to recent politics.
- Affirming gender identity among transgender and nonbinary young people is consistently associated with lower rates of attempting suicide.
- When asking LGBTQ young people to describe what a world would look like where all LGBTQ people are accepted, these were some of their answers:
    - Safe

- Better
- Happier
- Beautiful
- Wonderful
- Peaceful
- Perfect
- Amazing
- Normal
- Free
- Comfortable
- Basic human rights
- Can be who they want to be
- People are able to express themselves
- No one has to worry about coming out

Is this *not* what we want for our young people of Wisconsin?

If passed, these bills *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 truly believe politicians should *NOT* interfere with personal, private medical decisions that should only be made between patients, their doctors, and their families. I strongly encourage you to vote no on AB 104. Vote no to harming our Wisconsin trans and nonbinary youth of Wisconsin. Vote no to being the reason a young trans or nonbinary person seriously considers attempting to die by suicide. Vote no to being the reason a young trans or nonbinary person *does* attempt to die by suicide. Vote no to being the reason a young trans or nonbinary person dies by suicide.

Sue Neeley
Evansville, WI 53536

To the Members of the Assembly Committee on Education,

I am here to speak in opposition of Assembling Bill 104 from both a personal and professional perspective. On the professional side, I am an associate professor of human development and family studies at UW-Madison and have a PhD in Developmental Psychology. From this lens, I would like to speak to the science of gender. Bills such as this one, and the many others like them, fail to acknowledge the scientific consensus that sex and gender are different constructs, and that both exist along a spectrum. In addition to major medical organizations, my own professional organization, the American Psychological Association, issued a policy in February 2024 stating that *gender diversity is present throughout the lifespan and has been present throughout history (Gill-Peterson, 2018; Hunt, 2016; Stryker, 2017).* Examples of the supporting biological science include, but are not limited to, (1) chromosome variations that undermine attempts to argue for sex essentialism based the presence of XX or XY sex chromosomes (e.g., having an extra X or extra Y, Turner syndrome characterized by having just one X sex chromosome); (2) conditions that influence the uptake of sex hormones (e.g., congenital adrenal hyperplasia, androgen insensitivity syndrome); and (3) natural variations in sex hormones present in the prenatal environment and within individuals. All of these things represent natural variations that are in direct contrast with the idea that gender identity should be based on a strict gender binary based on the body parts one is born with.

The APA policy goes on to note that *State bans on gender-affirming care disrupt not only the role of providers in offering evidence-based care but also obstruct patient and parental rights in shared decision-making (Clark & Virani, 2021).* My specific area of expertise lies in parent-child relationships, parents' emotional experiences, and interventions that support parents in having difficult conversations with their young children. From that lens, I can emphatically say that parents should have the right to support their children in receiving evidence-based, life saving health care. And I know that many of you believe in parental rights as well. In fact, the proposed bill AB103 was focused on preserving parents' rights to know and approve of the name and pronouns their children use in schools. If parents deserve to be part of their children's decision making, then this bill would strip those rights away. Taking away those rights is telling parents that they do not and cannot know what is best for their children, even in consultation with medical professionals.

On the personal side, I am also a concerned parent. A few months ago, our child, who was assigned male at birth, told us clearly and with absolute certainty that she is, in fact, a girl. Despite knowing that children can accurately label their own gender by their third birthday (and me being an expert in child development!), this came as a huge surprise. And despite what many people believe, we have not forced any gender ideology on our child. We have simply listened to her. And from the first day of sharing this with us many months ago, she has not wavered. Our daughter now lives her best life wearing dresses, growing out her hair, and being called "she". The joy on this child's face when someone calls her a girl is impossible to deny. Yet, I look toward her future and I fear the extremely high rates of depression, anxiety, and suicide attempts among transgender youth (Abreu et al., 2022a; Abreu et al., 2022b; Hughes et al., 2021; Kidd et al., 2021), and I fear that what the APA statement so clearly outlines is true – *the imposition of such bans poses a direct threat to the mental health and emotional well-being of transgender, gender diverse, and nonbinary youth,* including my own child.

To us, and to our family, this is not about ideology or politics. It is about life and death. I know that everyone in this room wants what is best for children and wants them to have access to long and healthy lives. Please protect our children and do not approve this bill.

Sincerely,
Dr. Margaret L. Kerr
Madison, WI 53717

To: The Assembly Committee on Health, Aging, and Long-Term Care
From: Rev. Mallory Yanchus, Madison, WI 53703
Date: March 12, 2025
Re: Testimony in opposition to AB104

Good afternoon. I am Rev. Mallory Yanchus. I serve at First United Methodist Church, just a block from here. My ministry is primarily with children, youth, young adults, and their families. In my pastoral ministry, it is my privilege to be in community with trans minors who are navigating with their families and medical professionals how to be themselves in ways that affirm their gender. Seeing these folks proudly be who they are is a beautiful example of how God's love emanates through them, and how our community of faith is called to love, support, and to cheer them on.

I am here to oppose AB104. As clergy, it is my moral call to ensure God's love is seen and felt by all people, to communicate that God affirms and celebrates who every person is. This bill is doing the opposite- it is attacking the transgender community, causing immense harm.

In my United Methodist tradition, we have three simple rules that come from our founder, John Wesley: do no harm, do good, and stay in love with God. This bill causes direct harm to transgender people seeking healthcare that affirms who they are. It causes harm to families who want to support and care for their children. It causes harm to the medical community, preventing them from practicing medicine out of their expansive expertise and professional best practices.

It causes harm to the entire transgender community, by promoting hate and harm instead of love and care.

Our faith calls us to goodness in the world and to attend to God's will- to love ALL people. Opposing AB104 is an act of goodness and love for all of God's people. I urge you to oppose this bill.

Thank you for your time.

WISCONSIN COUNCIL
OF CHURCHES
COURAGE. JUSTICE. HOLY IMAGINATION.

To: Members of the Assembly Committee Health, Aging and Long-Term Care
From: Rev. Breanna Illéné, Director of Ecumenical Innovation and Justice Initiatives, Wisconsin Council of Churches
Date: March 12, 2025
Re: Testimony in opposition to Assembly Bill 104

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 23 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 justice for Wisconsin's most vulnerable residents and the flourishing of our communities.

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 name the violence present in AB 104 and ask you to stop causing harm to vulnerable individuals.

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.

Our faith teaches that God is relentless in pursuit of well-being for the world and its inhabitants. Access to health care that provides for the whole of the person is a matter of simple justice. This access should be free from stigma and discrimination. Denying transgender adolescents access to affirming medical care is an act of violence. Our colleagues in the medical and mental health fields have shared with us their perspectives on the risks of withholding affirming care. Pastors, too, see the wreckage when such care is refused.

We affirm from a spiritual and moral perspective: doctors need to be free to provide life-saving care. As Christians, we are called to facilitate communities of well-being, and public policy that does not harm. We seek the common good. In this spirit of love and accountability, we ask this body to reject AB 104 on its merits.

Thank you for your time.

Testimony of Dan York in Opposition to AB 104

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

My name is Dan York and have lived most of my life in Wisconsin -- a Madison resident since 1985. I'm here to express my strong opposition to the proposed bill, AB 104, which would ban gender-affirming care for minors.

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 and their medical teams. 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 experience.

Respectfully submitted,

Dan York, Madison, WI 53714

Amy Richards
Wisconsin Resident

March 12, 2025

TO: Members of the 2025 Assembly Committee on Health, Aging and Long-Term Care
RE: AB 104

This bill should really be titled "Help Not Harm – Protecting children from chemical and surgical mutilation."

Notice the difference a few words can make? If all the conversations around this topic defied the rules set by the trans lobby, we would not even have to be here today. Let's have the courage to call it what it is and act accordingly for the sake of truth and children. According to Marriam Webster, the definition of mutilation is "destroying, removing or severely damaging a limb or other body part of a person." If Marriam Webster is credible, then logic concludes that any drug or scalpel that destroys the healthy functioning of a child's body as he or she were born, must be just that—mutilation.

Before I chose to focus on nurturing my children, I enjoyed a career as a communications consultant. I'm fascinated by the power of words. Words, particularly when repeated, have great power to connect and influence, to inspire and motivate, to stick in people's minds, to incite action or shame into inaction—even to blur the once clear lines between right and wrong.

In the case of child mutilation, the tender-sounding words of "gender affirming care" are used to lie about what is really occurring until parents are emotionally blackmailed and polite society is afraid to call it what it truly is. Throughout history, the careful selection and words has shaped reality, silenced truth and granted power to those history deems purely evil.

Stalin said, "Ideas are more powerful than guns. We would not let our enemies have guns. Why should we let them have ideas?" Those who define and control the words, the language, control the ideas. The trans lobby has successfully planted and grown the seeds of "gender affirming care" to the point of good people standing silently by while parents are manipulated, children are mutilated and healthcare systems are enriched.

Hitler explained, "Make the lie big. Make it simple. Keep saying it, and eventually people will believe it." I can't think of a bigger lie than telling children they are in the wrong body, that boys

can be girls and girls can be boys and perhaps not either. It defies all fact and logic, yet, under the propaganda of "gender affirming care," most people are scared to speak objective truth.

Hitler also said, "When we have won the war, who will question our methods." I am here to question the methods of a profit machine that preys upon children not able to consent to being lifelong patients. I implore you to act upon what your constituents already know, even if they feel too bullied to say it outside the safety of the voting booth. "Gender affirming care" is not humane or healthy. Young people who are already hurting are being used as a sustained profit stream for those sworn to "to do harm."

Have the courage to speak the truth to Wisconsin's children. Don't "affirm their gender," affirm their worth.

They are beautifully and wonderfully made.
Their lives are precious.
They have purpose and potential that they will continue to discover their entire lives—this is just the beginning.
They are one-of-a kind and more important than any one label.
They are perfect just as they are.
They are worth protecting.

Call "gender affirming care" what it is—emotional blackmail used to manipulate all of us. Call out the blood money of the "experts" who are nowhere to be found when a de-transitioner seeks help.

Stand up against the propaganda of child mutilation. Stand up for Wisconsin's precious children by supporting this bill.

Thank you.

Amy Richards

Amy Richards

fair Wisconsin
P.O. Box 2102, Madison, WI 53701-2102
(608) 441-0143 | www.fairwisconsin.com

Good afternoon to the Assembly Committee on Health, Aging, and Long-term Care. I am Abigail Swetz, and I am the executive director of Fair Wisconsin, Wisconsin's only statewide LGBTQ+ civil rights and political advocacy organization. I am here today to speak in opposition to Assembly Bill 104, but I'm not here to speak only to the members of this committee. I am here to support our trans kids and their families, because they are who most need to hear the voices of all of us who care enough about their well-being to oppose this dangerous bill. And so my testimony is directed to the trans kids of Wisconsin and their families.

Dear Trans Kids,

There are so many of us in this state who love you exactly as you are and exactly as you are becoming. We know your health care is medically-necessary because we know *you* are necessary. Treatment for gender dysphoria is medically-necessary because, when your gender dysphoria is treated, you experience less psychological distress and your mental health drastically improves with rates of depression, anxiety, and suicidality going down significantly. Providing you with high-quality health care is how we ensure you thrive and make it possible for you to live in a body that feels like home. This state is a better place because you are in it and because you have the opportunity to thrive.

Your journey is your own, and your medical care is designed to honor it as you move towards thriving. Your doctors tailor your highly-individualized care to your needs, just as all doctors do to treat every type of medical condition. There is no one-size-fits-all approach for anything in medicine, including health care for trans youth, and that is precisely why a ban on medically-necessary, individualized health care is so dangerous.

Speaking to your parents and families for a moment, you are all on a journey, too. Thank you for being on it, for loving your kid, for wanting the best for them. You've been to the doctor's appointments. You know that your kid will be able to access different age-appropriate interventions as they grow up. I know you just want them to grow up - to grow into happy, healthy adults. You love them at all ages, so you want their care to be the best it can be at every age. You trust your doctors. They know the standards of care that have been rigorously researched and well-established by international experts and supported by every major professional medical association in our country and beyond. You respect the science because you respect your kid's needs.

I'm not trans, and I also know that I do not need to understand every detail and nuance of a kid's identity to believe you when you say you know who you are and you know what you need. You are being perpetually put in a position of having to defend your own existence and the value of your own lives. You deserve better. I respect your right to the freedom to live as you want to live. I hope this committee and this legislature can, too.

Love,
Abby (and so many others)

To this esteemed committee, you must stop debating the humanity, validity, even the existence of these children. You must stop doubting the love and care their families hold for them. You must guarantee their medically-necessary, individualized, age-appropriate, high-quality, respectful care. The struggles trans kids and their families face are not a self-fulfilling prophecy. They are created by society, and today, they are created by you. It does not have to be this way.

Vote *no* on AB 104, and never bring it back. Thank you.

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WISCONSIN CATHOLIC CONFERENCE

TO: Representative Clint Moses, Chair
Members, Assembly Committee on Health, Aging, and Long-Term Care

FROM: David Earleywine, Associate Director

DATE: March 12, 2025

RE: Support for Assembly Bill 104, Prohibiting Gender Transitioning of Minors

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The Wisconsin Catholic Conference (WCC), the public policy voice of Wisconsin's Catholic bishops, thanks you for the opportunity to testify in support of Assembly Bill 104, the "Help Not Harm Act," which prohibits puberty suppressants, cross-sex hormones, and gender transition surgery for minors struggling with gender dysphoria.

As Catholics, we believe that every human being is made in the image and likeness of God and is deserving of dignity, respect, and compassion. We recognize the anguish of children as they wrestle with severe gender dysphoria, as well as their parents. They are members of our families and communities and often suffer in silence. We must treat all people with love and respect and accompany them with compassion and truth.

We support this bill because science tells us that human beings have bodies that are biologically and genetically either male or female, down to the cellular level. Sexual development disorders do occur, but these are extremely rare and do not undermine the biological distinction between male and female.

We support this bill because gender transitioning of children upends the natural development of the human person and sends the message that some bodies are mistakes that can be manipulated at will.

It is understandable that some parents agree to these interventions when they are told by medical professionals that transition is the only way to prevent their child from committing self-harm or suicide. We do not fault these parents for doing so. But the pressure put on parents needs to be called out. No one is served when fears, threats, and intimidations are inflicted on vulnerable children and families.

Of course, we can and should invest in mental health resources and reach out to those among us who are struggling, especially those considering self-harm or suicide. We are called to walk with people and accompany them with compassion and truth rather than upend the natural functioning of the human body.

It is possible to help children without resorting to sometimes irreversible hormonal and surgical interventions that can render them sterile, reduce their bone density, remove healthy parts of their body, and cause further physical and psychological damage.

Most children experience some level of confusion and dislike for their bodies. However, in the absence of hormonal and surgical interventions, and with proper support, the majority of children with gender dysphoria will grow to accept their bodies as they are.

You will hear from medical professionals today that surgical and hormonal interventions are safe and save lives. However, there are no long-term studies that show this. In 2022, Reuters reported that, "Ever since the first clinic to offer gender care to minors in the United States opened in Boston 15 years ago, none of the leading providers have published any systematic, long-term studies tracking outcomes for all patients."[1]

What we do know is that cross-sex hormones are not approved by the Federal Drug Administration for use in children.

What we do know is that European countries that once were at the forefront of gender transitioning for children have now scaled back in the face of adverse outcomes and criticisms that their earlier interventions were rushed.[2]

We know that the human brain is not fully developed until a person reaches his or her late twenties.

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[1] Reuters, *Why Detransitioners Are Crucial to the Science of Gender Care* (Dec. 12, 2022) https://www.reuters.com/investigates/special-report/usa-transyouth-outcomes.

[2] In 2022, the United Kingdom's National Health Service announced plans to close the U.K.'s predominant gender clinic, in part because of allegations that it pushed large numbers of children into medical gender transition procedures. See Jasmine Andersson and Andre Rhoden-Paul, "NHS to close Tavistock child gender identity clinic," BBC News (Jul. 28, 2022) https://www.bbc.com/news/uk-62335665. Also in 2022, Sweden's National Board of Health and Welfare updated its guidelines for the treatment of gender dysphoria in minors, moving away from hormone and puberty suppressing treatments for several reasons: "[T]he continued lack of reliable scientific evidence concerning the efficacy and the safety of both treatments [2], the new knowledge that detransition occurs among young adults [3], and the uncertainty that follows from the yet unexplained increase in the number of care seekers, an increase particularly large among adolescents registered as females at birth [4]." See National Board of Health and Welfare, "Care of children and adolescents with gender dysphoria," https://files.static-nzz.ch/2022/12/29/9a063296-b0a9-4e4d-a18f-110269f5e550.pdf. And that same year, France's National Academy of Medicine similarly advised "great medical caution" regarding transitioning children: "Although, in France, the use of hormone blockers or hormones of the opposite sex is possible with parental authorization at any age, the greatest reserve is required in their use, given the side effects such as impact on growth, bone fragility, risk of sterility, emotional and intellectual consequences and, for girls, symptoms reminiscent of menopause." See National Academy of Medicine, "Medicine and gender transidentity in children and adolescents," (Feb. 25, 2022) https://www.academie-medecine.fr/wp-content/uploads/2022/03/22.2.25-Communique-PCRA-19-Gender-identity-ENG.pdf. Most recently, in 2024, Dr. Hilary Cass submitted her final report and recommendations on gender identity services for children and young people to England's National Health Service (NHS). Her report concluded that "While a considerable amount of research has been published in this field, systematic evidence reviews demonstrated the poor quality of the published studies, meaning there is not a reliable evidence base upon which to make clinical decisions, or for children and their families to make informed choices." Her recommendations are that clinicians proceed with extreme caution when working with youth who experience gender dysphoria. See "Cass Review: Independent review of gender identity services for children and young people," (April 2024) https://cass.independent-review.uk/home/publications/final-report.

In the face of all these facts, it therefore makes no sense to support or encourage youth to undergo such radical procedures.

Some will argue that children's bodily autonomy must be upheld at all costs. Where does this stop? Many children do not want to go to school or listen to their parents and teachers. Some desire to use illegal drugs or engage in other risky behaviors. It is the responsibility of adults to love and guide them during these challenging years so that they do not cause possibly irreversible damage to their minds and bodies.

At the very time all of us are becoming more aware of the man-made toxins that degrade our natural environment and physical bodies, it is deeply disturbing that certain pharmaceutical companies and medical professions are pushing drastic, artificial, and sometimes irreversible interventions on children.

So too, as we are realizing the harmful effects of social media on children, it is alarming to watch online influencers, social media companies, and other corporations creating and profiting off children's confusion about their bodies.

Children's bodies should be off limits to medical experimentation and social manipulation.

Guardrails, such as Assembly Bill 104, are needed so that children experiencing gender dysphoria are given the time, space, and support they need to mature naturally into adulthood. We urge you to support this bill so that alternative approaches to alleviating suffering in children can be found.

Thank you.

Dear Members of the Committee overseeing AB104,

I feel this bill is anti-American, but before I explain why, I ask you to hear my personal testimony. My name is Darcy, and I have known I was a boy since preschool, long before I knew the word "transgender," let alone what it meant. In fact, it would be over a decade before I even heard the word at all.

The first time I distinctly remember feeling that "gender disconnect" was when I came home from preschool and told my mom I had a crush on a girl in my class. My mother, a devout Christian missionary, told me only boys have crushes on girls and that I couldn't because I was a girl. Without hesitation, I told her that was fine, I would just be a boy. She got mad, said that's not how it works, and we didn't talk about it again until high school. But I never stopped feeling like I was bad at being a girl. I just didn't have the words to explain why. Growing up in a conservative Christian homeschool household wasn't exactly conducive to learning about LGBTQ topics. I didn't even hear the word "transgender" until I was 15. When I did, I looked it up, and I wept with self-recognition. Finally, I saw myself. I wasn't a defective girl, just a transgender boy. I was so relieved.

I begged my parents to call me a masculine name and let me wear a binder for my chest. Instead, they had a therapist tell me in detail how masculinizing hormones would make me repulsive to future romantic partners or a spouse, make my body ugly, and leave me socially isolated. I didn't even bother bringing up puberty blockers. Despite their efforts to suppress my "transgender feelings," my dysphoria became unbearable and spiraled into an eating disorder as I tried to flatten my chest to look more masculine, something common among transmasculine teens. This nearly killed me and left me with lasting organ damage.

Access to gender-affirming care in the form of a binder, puberty blockers, and social support like affirming therapy would have been life-changing. Not irreversible surgeries, not invasive hormones, just the same puberty blockers prescribed to cisgender children for conditions like endometriosis, cancer, and precocious puberty, along with shapewear.

Now, at 28, I have been on testosterone for just over three years, and it is, by far, the single best joy-per-dollar investment I make each month. It is the least regrettable decision I have ever made. I feel more at home in my body than I ever have, and I delight in finally feeling like myself.

I am devastated that I lived for so long without this feeling when I could have had access to things like puberty blockers, which studies have repeatedly demonstrated are safe. Please do not rob Wisconsin's transgender children of the joy of seeing themselves. Trans lives are sacred. Trans children must be fiercely defended and deserve your courage.

I wanted to end this by urging your empathy, but I can't, because this bill is fundamentally anti-American and presented in bad faith. The gender-affirming care being banned here is still available to every other child in Wisconsin. That is not freedom for all. This bill will not protect children. It will embolden bigots and fascists. I implore you, do not let Wisconsin kneel to fascism. Fight for freedom. Fight for patriotism. It's your duty, as elected officials.

Signed,

Darcy Burrow
March 12, 2025
Madison, WI, 53713

3/12/2025 2:00 PM
Madison, Wisconsin Capitol Building
AB104

Kyira Romero
Madison, 53703

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

My name is Kyira Romero. I have lived in Madison for the past seven years. I am here to provide testimony opposing Assembly Bill 104, which would ban gender-affirming care for our trans youth.

As an educator, I have seen how important it is for youth to feel safe and supported to learn and feel a sense of belonging. I value advocating for students in any way that I can, and this bill will harm trans youth.

Medical care should be between caregivers, youth, and their doctors. Gender affirming care is critical and life-saving for transgender youth. Trans youth have disproportionately felt the pressure of the world with anti trans bills and anti trans rhetoric, and this has negative impacts on their mental health.

Data coming from the Trevor Project reported that "94% of LGBTQ young people reported that recent politics negatively impacted their mental health, and 86% of transgender and nonbinary youth say recent debates about state laws restricting the rights of transgender people have negatively impacted their mental health. A majority of those trans youth (55%) said it impacted their mental health "very negatively." Additionally, 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 (The Trevor Project).

Trans people exist and will continue to exist. I envision a world where trans folx will be able to lead happy, healthy lives and where trans youth lives and rights are not debated. As one of your constituents, I ask you to vote against Assembly Bill 104.

Thank you for your time.

Whitney Anderson, 600 S Brearly St. Madison, WI 53703
3/12/2025 2:00PM
Madison, Wisconsin Capitol Building
Bill AB104 Testifying

Hello, good day. I am here today in opposition of the AB104 bill to ban gender-affirming care for youth. As an educator, coach, and advisor, I have seen a positive impact on youth in my life who have been granted the human right to adequate healthcare.

The Trevor Project estimates that more than 1.8 million LGBTQ+ youth seriously consider suicide each year in the United States alone. That is one attempted suicide every 45 seconds. It is also proven that youth who lived in an accepting community and had access to LGBTQ-affirming schools reported significantly lower rates of attempting suicide (The Trevor Project).

In my experience as a teacher, when students are safe to be themselves, that alone saves lives. By voting no to bills that harm trans-youth, we protect kids. I am here on behalf of Wisconsin youth. In my classroom I have first hand encounters with the benefits of students having access to gender-affirming healthcare.

The data proves there is a clear discrepancy and gender-expansive and transgender youth are disproportionately negatively impacted by health-related topics. The passing of this bill would furthermore negatively affect our youth.

I am hopeful and optimistic that the committee will vote according to their knowledge and understanding of the importance of gender-affirming healthcare, including mental health services for Wisconsin youth. Please tap into your empathy, consideration, and care for our next generation.

Thank you.

Let's look closer at our communities, Dane County, specifically. In 2024, 24,4717th-12th grade students completed the Dane County Youth Assessment Survey issued by the Dane County Department of Human Services. The 2024 survey was administered to students across 17 public school districts. The assessment data shows that 70% of gender-expansive students reported having feelings of anxiety "often or always," only 43% for females and 21% for males. When asked about depression for gender-expansive students, rates of experiencing depression were 60% (DCYA, 2024).

" - 43.8% of high school females and 21.3% of high school males report having these feelings of anxiety often or always. Anxiety among females is down from 2021 (53.8%), after of 15 years of increases. Anxiety among males in nearly the same as 2021 (23.4%).
- For gender expansive students, anxiety levels remain very high but slightly lower for 2024 (70.5%) compared to 2021 (75.9%)."

Members of the Assembly-

My name is Kayla. I am 37 years old; every one of those years I have called WI home. I am an educator, a registered voter- a neighbor, a wife, a daughter- most importantly- A MOTHER. I am here to FIERCELY OPPOSE AB104.

Truth be told; I am angry. I am angry that I need to be here today. No one in this room should have to be here fighting for the validity of BASIC HUMAN RIGHTS.

I shouldn't have to be here today telling you vulnerable and wildly personal details of my son's life in hopes that you will change your minds. No one in this room should be sitting here before you desperately trying to convince you that trans people are HUMAN, and that your unnecessary bills are KILLING THEM. Yet- here we are: trying to defuse this manufactured, inhumane war on the trans community.

My son is nearly 13. He has known who he was since Kindergarten. I recently overheard him telling his story and these words stuck out to me- he said, "I have vivid memories sitting next to my friends asking them, Don't you ever wish that you were a boy? They ALL said no. Every. Time." He further explained: "I didn't even know that what I was feeling was normal like there was a word for it... I was just.... Trapped."

That's really all I need to say. TRAPPED. At 5 years old his body was not his own and he was TRAPPED. And just like that- for the rest of his life, he will be required to prove himself to the medical community in ways that a cis person would NEVER have to. So I say to you: The government- STAY OUT OF IT.

AMERICAN CIVIL LIBERTIES UNION
Wisconsin

207 East Buffalo Street, Ste 325
Milwaukee, WI 53202
(414) 272-4032
aclu-wi.org

March 12, 2025

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

The American Civil Liberties Union of Wisconsin appreciates the opportunity to provide testimony in opposition to Assembly Bill 104.

Bills like AB-104 are part of a nationwide coordinated effort to deny transgender people their freedom, safety, and dignity. Anyone paying attention can see that the ultimate goal of legislation like this is to erase and exclude transgender people from participation in all aspects of public life. In just the first few months of 2025, over 500 anti-LGBTQ bills have been introduced in statehouses across the country.[1] **To be clear, transgender people have always existed and they always will. School board members, state legislators, and the President of the United States do not get to decide that they don't.**

Patients and their doctors should be trusted to make private medical decisions, not politicians. Every family should have the freedom to love and support their child, transgender or not. Trans youth who are affirmed in their gender by their families do better in school, feel safer in their communities, establish healthy relationships with their parents and peers, and are better equipped to plan for their future. In contrast, denying them this support increases their likelihood of dropping out of school, increases their risk for substance use, worsens symptoms of depression and anxiety, and gravely increases their risk for suicide.

AB-104 places politicians' feelings and unsubstantiated fears above the advice of medical professionals, and strips families of their ability to make informed healthcare decisions. That is why every major medical association—including the American Medical Association,[2] the American Academy of Pediatrics,[3] and the American Academy of Child and Adolescent Psychiatry[4]—opposes bills like AB 104 and instead support access to the healthcare this bill seeks to ban. In fact, the American Medical Association said legislation such as AB 104 "represents a dangerous governmental intrusion into the practice of medicine" and that such bills "will be detrimental to the health of transgender children across the country."[5]

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[1] "Mapping Attacks on LGBTQ Rights in U.S. State Legislatures," ACLU (March 5, 2025), https://www.aclu.org/legislative-attacks-on-lgbtq-rights-2025.

[2] ee, e.g., AMA reinforces opposition to restrictions on transgender medical care, THE AMERICAN MEDICAL ASSOCIATION (June 15, 2021), https://www.ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictionstransgender-medical-care

[3] Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents, THE AMERICAN ACADEMY OF PEDIATRICS (Oct. 1, 2018) (reaffirmed Aug. 2023), https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Supportfor?autologincheck=redirected

[4] AACAP Statement Responding to Efforts to Ban Evidence-Based Care for Transgender and Gender Diverse Youth, AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY (Nov. 8, 2019), https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_EvidenceBased_Care_for_Transgender_and_Gender_Diverse.aspx

[5] *AMA reinforces opposition to restrictions on transgender medical care*, THE AMERICAN MEDICAL ASSOCIATION (June 15, 2021), https://www.ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictionstransgender-medical-care

In addition to opposition from leaders in the medical community stating these bills are harmful and an invasion into ethical medical practice, there is also a strong risk that these bills illegally discriminate against trans people and violate federal Constitutional rights. Importantly, the United States Supreme Court heard argument in *United States v. Skrmetti*[6] in December 2024 directly on point to this issue—Tennessee passed a categorial ban on gender-affirming medical care similar to AB 104, and that law was challenged as unconstitutional discrimination based on transgender status and sex. The Supreme Court is poised to rule in *Skrmetti*—and thus, on the constitutionality of similar bans like AB 104—in the coming months.

We all want what's best for our children, and families with transgender youth are no different. No parent should be denied the freedom to help their transgender youth access the care that is right for them. **Every state should be a safe place to raise every family.**

We urge you to oppose Assembly Bill 104.

[6] *See United States v. Skrmetti*, 144 S. Ct. 2679, 219 L. Ed. 2d 1297 (June 24, 2024).

I come here again as a parent to speak to this committee. Last year, I was angry that I had to take time off of work to justify a medically necessary and private decision to lawmakers. This year, I'm still angry—but increasingly alarmed that the authors of this bill are trying to limit healthcare in our state. Once again, people in this room have chosen to harm children to raise funds from the ghouls and goblins that are funding right wing extremism in this country. And once again you are focused on fighting culture wars instead of the important issues facing Wisonsinites.

The private choice of gender-affirming healthcare is not the transition we should be discussing. We should be talking about the Republican Party's transition—from one of fiscal responsibility and family values to one of hatred, bigotry, and government overreach. One of folks who believe in science to those who deny science. I wish you cared more that your party transitioned from saluting our flag, to flashing sieg heils at rallies. The truth is, today's Republican Party doesn't care about children, science, or anything but money and power.

We're here because the authors of this bill care more about keeping the pipeline open for billionaire donations than about the harm they cause transgender and nonbinary children. Republicans seem all too willing to hurt people to serve their financial masters. We're here because some of you lack the spine to stand up to Christian nationalism, white supremacists, and techno-fascists threatening our democracy. Some of you may actually agree with those people. Shame on you too.

It seems you are all happy to waste our time and tax dollars on this harmful bill. All the science shows that gender-affirming care creates healthy, happy adults. But Republican lawmakers no longer care about science—they're part of a party that rejects it.

We'll hear from well-funded people in support of this bill who claim to care about children, despite the scientific evidence that a bill like this would harm all trans kids—groups like the Catholic Church, which has paid millions to compensate families for the damage caused by it's pedophilic priests. We'll hear from Moms for Liberty, who profit by meddling in other families' lives, dictating what our kids learn and now trying to dictate what medical care they receive.

Let's not do this again. Let's put to bed the silly notion that you know better how to care for our children than we do, and that we should trust you rather than the doctors who have dedicated their lives to helping children. Shame on everyone who votes for this bill, because you have sold your souls to the ghouls who aim to destroy our democracy.

Cory Neeley

Evansville, Wisconsin

Testimony in Support of AB 104 (Help Not Harm)
March 12th, 2025

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

I'm proud to be here in support of AB104, the Help Not Harm Act, a bill that will protect children from undergoing debilitating procedures that do nothing to address the source of their ailments, preexisting conditions, or comorbidities.

Minors are not prepared to make life-altering decisions; that's why we don't even allow them to get a tattoo unsupervised. A child undergoing the discomfort of puberty will not have the presence of mind to understand the full consequences of chemically altering that process, especially since our own scientists have yet to issue a comprehensive and cohesive study on the subject.

There is no medical gold standard for prescribing puberty blockers, hormone treatments, and surgeries to 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, "...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)

And according to research by Dr. James Cantor, up to 90% of children who suffer from gender dysphoria resolve those feelings by the time they reach adulthood.

What *can* be shown concretely are the many negative and painful side effects resulting from transition practices. Puberty blockers like Lupron cause 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 who experienced leaking wounds years after the surgery took place.

Adding to the negative physical outcomes, there is the mental health crisis too. Risk of suicide is a constant threat used to pressure parents into transitioning their child, but a recent study from Texas University showed *worse mental health outcomes and higher suicidality rates* in patients who transitioned. Gender dysphoric males saw their rate of depression more than double after transition surgery when compared to their non-surgically transitioned peers, and their anxiety skyrocketed nearly 5 times higher. Another report from 2023 showed that transitioned adults were ***19 times more likely*** than the control to commit suicide, with that number escalating for transitioned females to ***40 times that of their peers***.

Many experiencing gender dysphoria 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 not just from their parents and loved ones, but from their legislature.

Wisconsin would not be an outlier in recognizing the need for these medical protections for children. 26 other states have already passed similar laws, we've seen 33 nations across 4 continents ban these procedures for children outright, 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 104. Thank you.

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. It is disheartening and shameful that a bill such as this is being raised again. I will provide similar testimony as I did in October 2023 when I spoke against a similar gender-affirming health care ban for minors at a hearing held by this committee. Here we are again. Optimistically, one would hope that these bills stem from ignorance and misunderstanding. The fact that this bill is back, despite nearly 2 years having passed during which the sponsors could have listened and learned how safe and essential this care is tells you it is out of hate, discrimination, and opportunistic politics that a marginalized group of people are being targeted.

I urge you to oppose Assembly Bill 104. My middle child is transgender, and she is thankfully 20 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 individual patients themselves and their families. We, your constituents, are not political fodder. This bill would cause irreversible harm. If you do not understand this, I implore you to listen and be guided by the medical professionals and people receiving this care. Proponents of this bill encourages transgender youth to wait until they are adults to seek care. Puberty, however, does not wait until 18. There is no universal age at which individuals experience puberty, and it doesn't magically wait until 18. Puberty blockers are necessary medical care for minors who are transgender. Denying this care would force transgender youth to experience puberty that does not align with their identity, causing irreversible effects.

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 on AB104.

Sincerely,

Lori Severson

Madison, WI 53711

Committee Members,

My name is Alex Hatheway, and I am a resident of Madison. I've lived in Wisconsin for 12 years and my children go to Madison schools where I am an educator. Thank you for this opportunity to share my testimony in opposition to Assembly Bill 104.

I am a curious person, and as trans rights became more prominent following the legalization of gay marriage, I approached trans issues with curiosity and empathy. I watched Youtube videos of young people who had recently transitioned. I was struck by their earnestness and moved by their joy in beginning a new stage in life as their true selves. Unfortunately, I was struck harder by what I saw in the comments of each of these videos: a torrent of hate against people who weren't hurting anyone. These hateful comments ranged from accusations of degeneracy to calling for executions of trans people. I was shocked by what I saw – and I know trans people have to deal with worse. That's all it took for me to see that trans people were not the problem – the hate was. The hate – and anything that feeds it and emboldens it – has to be stopped.

That is why I ask you to withdraw this bill from consideration. The text of the bill does not mention its intent, so I am going to assume that its authors do not hate trans people and are acting in good faith to protect what they see as the interests of children. However, regardless of the bill's intent, it is being considered in an environment of hostility toward the trans community, so I urge you to consider this bill's supposed benefits in relation to the harms.

Consider that LGBTQ+ people are increasingly seeing their lives classified as obscene. According to the American Library Association there has been an explosion in book ban attempts. In 2023, there were over 4,000 attempted book bans in the USA. 47% of those titles were challenged for having LGBTQ+ themes.

Consider that recently trans people have had their lives upended because their passports have been withheld, disrupting essential travel.

Consider that because of their marginalized status, trans individuals are 25 times more likely to experience abuse and assault and suicide (scientific american).

Consider that trans people are targets of hate crimes. In 2023 the FBI recorded over 2,800 hate crimes against trans people, or about 23% of all hate crimes in total that year. The crime rate against trans people has increased even as the overall crime rate has dropped.

Murders of trans people doubled between 2017 and 2021 (FBI in Human Rights Campaign).

Consider that newer hate groups like the Proud Boys as well as established ones like the KKK target trans people often using the pretext that trans people are "groomers". Ask yourselves if this bill could embolden them. Consider also that accusing a vulnerable minority group of preying on children has a long, dark historical precedent.

Finally, consider that hearings such as these could have adverse mental health effects on the trans community as the Texas Tribune reports.

With all that said, let us weigh everything I just said against how this bill benefits children, and. . . . . I do not see that it does in any way. According to Harvard University, one of the problems the bill seeks to solve, simply does not exist. Gender affirming surgeries for minors hardly ever happen, and when they do, they are for breast reductions for cis gender males. The other problem isn't even a problem. Puberty blockers and gender affirming hormones lead to better outcomes for trans youth.

With all that taken into consideration, I ask you to treat hate as the problem and not trans healthcare. If your concern for hypothetical harm that could be done to children outweighs what I and others have said and you pass this bill, I ask you, since you are not hateful people, what you will do about the hate and violence against trans people in this country. Will you denounce it, or will you wash your hands of whatever happens after this bill passes?

Women's Declaration International

Testimony of Kerri Bruss
Before the House Health, Aging and Long-Term Care Committee
AB 104

SUPPORT

March 11, 2025

Thank you for allowing me to testify regarding AB 104. My name is Kerri Bruss, and I live 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, based on the Declaration on Women's Sex-Based Rights ("the Declaration"). Women's Declaration International USA, Inc. (WDI USA) is its U.S. chapter. Our opposition to this bill is based on Article 9 of the Declaration. Article 9 reaffirms the need for the protection of the rights of the child, specifically opposing harmful medical procedures intended to disguise sex.

AB 104 would prohibit "gender transition procedures" on minors, allow parents to withhold consent to such procedures, and more. (Such treatments are more realistically described as medical procedures aimed at disguising a minor's sex.)

It has been well established that the vast majority of children will outgrow discomfort with their sex if allowed to go through puberty. Most of these children tend to become lesbian or gay adults. A 2021 study using the largest sample to date of boys clinic-referred for gender dysphoria showed that 88% desisted by their early 20s; this is consistent with the outcomes of previous studies on desistance. It is our view that the health and well-being of children are best served by grounding them in the reality of their sexed bodies and not interfering with their right to parental guidance and the requirement of parental consent concerning pharmaceutical and surgical interventions on kids' healthy bodies that will affect them irreversibly for life.

The adverse effects of Lupron, a so-called "puberty blocker" often used to delay or prevent puberty, include seizures, bone loss, and mood disorders. Adverse effects of cross-sex hormones include heart disease, cardiovascular damage, and deep vein clots. There is no credible evidence showing a link between such medical interventions and a reduction in suicidal ideation; and the leaked WPATH files reveal the casual and cynical malpractice behind the widespread use of medical procedures aimed at disguising people's sex.

Given the serious adverse consequences of medical procedures aimed at disguising sex, no such procedures should be performed on minors anywhere. I urge you to support this bill.

Kerri Bruss
Signatory, Declaration on Women's Sex-Based Rights

Extreme gender ideology drives the United States to provide transgender medical care to younger children, while Europe goes a safer and more scientific route.

Do No Harm

BACKGROUNDER

The belief that biological sex and gender are socially constructed has made its way into American classrooms,[1] courtrooms,[2] bathrooms,[3] and boardrooms.[4] The mainstreaming of this belief system has coincided with a substantial increase in the number of children receiving transgender medical care. Between 2017 and 2021, the number of children known to be on puberty blockers or cross-sex hormones more than doubled.[5]

Skeptics have raised the alarm, pointing out that the surge in sex reassignment interventions (i.e., puberty blockers, cross-sex hormones, and sex reassignment surgeries) might be explained, at least in part, by social contagion. According to this argument, the increase in interventions for adolescents is caused not by an authentic increase in the incidence of gender incongruence but by the spread of gender ideology across all facets of American life. This concern is exacerbated by the degree to which the medical establishment allows such ideology to compete with or even usurp the scientific method as a guide to research and medical practice.[6]

The American approach to transgender medical treatment for children is known as "gender affirmation," which assumes that gender incongruence can manifest as early as age four and that questioning a minor's gender self-definition is harmful and unethical. The American Academy of Pediatrics has embraced an affirm-only/affirm-early policy since 2018,[7] and most states abide by its guidance despite withering medical and scientific criticism. Gender-affirming care remains the standard across most of the United States.

Yet Northern and Western Europe, which share the United States' broad support for transgenderism, reject the gender-affirming care model for children. In fact, several countries, including the United Kingdom, Sweden, and Finland, have explicitly abandoned it in recent years in part due to fear that medical intervention has become overprescribed (studies show that only 12% to 27% of cases of childhood gender dysphoria persist into adulthood).[8] In a sharp departure from the gender affirmation model employed in the United States, these countries now discourage automatic deference to a child's self-declarations on the grounds that the risks outweigh the benefits, while also calling for months-long psychotherapy sessions to address co-occurring mental health problems. Notably, in the United Kingdom, the Cass Review attributed the lack of safeguards for children at the largest pediatric gender center to the "affirmative model," which "originated in the USA."[9]

The different approaches between the United States and Western and Northern Europe lead to a concerning reality: In the U.S., much younger patients are eligible for invasive surgeries and/or potentially irreversible and medically harmful dispensation of puberty blockers and cross-sex hormones.

This report identifies the different legal requirements for gender change-related treatments and actions between the U.S. and Western and Northern European countries. Most information contains references with web links to original sourcing. Some information was procured through consultation with local experts, often though not exclusively an individual affiliated with a gender clinic. In the interest of their privacy, their identities are kept anonymous.

Overall, our policy review reveals the United States is the most permissive country when it comes to the legal and medical gender transition of children. Only France comes close, yet unlike the U.S., France's medical authorities have recognized the uncertainties involved in transgender medical care for children and have urged "great caution" in its use.

Given the growing body of evidence and the European consensus, which is grounded in medical science and common sense, the United States should reconsider the gender-affirming care model to protect the youngest and most vulnerable patients.

LEGAL REQUIREMENTS TO CHANGE GENDER

CONTEXT: *Many countries now allow individuals to change the gender listed for them on government-issued documents. The requirements imposed for civil registries to recognize individuals as belonging to a gender other than their biological sex sheds light on the degree to which gender affirmation is established in law.*

COUNTRY	REQUIREMENT
United States	Requirements vary from state to state, with the option not available in some. Birth certificate changes are prohibited in Montana, Oklahoma, Tennessee, and West Virginia.[10] Driver's license changes are permitted in all states, but requirements vary. In Massachusetts, for example, a gender change on a driver's license is a matter of self-determination.[11] Tennessee, however, requires "a statement from the attending physician that necessary medical procedures to accomplish the change in gender are complete."[12] U.S. State Department and Social Security Administration documents (i.e., passports and Social Security records) allow for self-determination.[13]
Belgium	Gender-changes in the civil registry are self-determined.[14]
Denmark	Gender changes in the civil registry are self-determined.[15]
Iceland	Gender changes in the civil registry are self-determined.[16]
Ireland	Gender changes in civil registry are self-determined.[17]
Finland	An applicant must have "medical expert evidence of being transsexual" and have "undergone sterilization or is for other reasons infertile."[18]
France	Individuals wishing to change their gender in the civil registry must prove that they socially live as the other gender. Evidence may include family testimonies, photographs, and medical certificates. One piece of evidence is not enough.[19]
Luxembourg	"The applicant must demonstrate, by producing sufficient evidence, that the gender status currently recorded in the civil register does not reflect their gender identity. Such evidence may include: The fact that the person's gender expression matches the gender being applied for; The fact that the person is identified by their family, friends and professional or other personal entourage as the gender being applied for; The fact that the person has previously obtained a change in first name to match the gender being applied for."[20]
Netherlands	The government requires a statement from a doctor, psychologist, or psychotherapist which affirms "that you (the applicant) have declared to this expert that you have the permanent conviction that you belong to another gender than stated on your birth certificate. And that you understand the repercussions of your decision to change your gender identification."[21]
Norway	Gender changes in civil registry are self-determined.[22]
Sweden	Changes require a medical diagnosis of transsexualism. Moreover, "anyone who wants to change their legal gender ... must have been in contact with a gender clinic for at least two years before an application can be sent to the Legal Council."[23]
United Kingdom	Applicants must have a diagnosis of gender dysphoria from a doctor, live as "affirmed" gender for at least 2 years, and intend to live in that gender for the rest of one's life. The requirement that one have a dysphoria diagnosis can be waived if the applicant has been living in their affirmed gender for at least 6 years and had gender affirmation surgery. [24]

MINIMUM AGE TO CHANGE GENDER IN CIVIL REGISTRY

CONTEXT: *Some countries allow individuals to change their gender identity on government-issued documents. But not all of them let minors do this, and practices vary across the countries that permit it.*

COUNTRY	REQUIREMENT
United States	The United States has a piecemeal approach, as both states and the federal government are custodians of civil registration. There is no minimum age for changing gender on passports[25] or in Social Security Administration (SSA) documentation.[26] For minors, changes to either require the consent of both parents. Some states, including New York, California, Colorado, Connecticut, New Jersey, Pennsylvania, and Washington, permit minors to change their birth certificate gender markers with parental consent.[27]
Belgium	Minors aged 16 or 17 must obtain parental consent and consultation with a psychiatrist.[28]
Denmark	The limit is currently 18, though in 2022, the government proposed removing age limits and requiring consent for those under the age of 15.[29]
Iceland	Iceland has no age restrictions, though individuals younger than 18 need parental consent.[30]
Ireland	An individual who is 16 or 17 must have parental consent, approval from a medical practitioner, and an application to the High Court, otherwise, the requirement is 18 years of age.[31]
Finland	The minimum age requirement is 18.[32]
France	The minimum age requirement is 18.[33]
Luxembourg	There is no age limit. For youth under age 5, applications are sent to the Ministry of Justice. For youth over age 5, applications are sent to the "competent district court." Parental consent is required until age 18.[34]
Netherlands	The minimum age requirement is 16.[35]
Norway	Changes are possible, with parental consent, from age 6. Without parental consent, a person must wait until age 16.[36]
Sweden	The minimum age requirement is 18, though there is ongoing debate about lowering it to 16.[37]
United Kingdom	There is no age minimum, though parental consent is required up until age 18.[38]

LEGAL GENDER OTHER THAN MALE OR FEMALE

CONTEXT: *Some countries recognize a gender other than male or female, thereby tacitly endorsing the idea that gender and sex are social constructs.*

COUNTRY	REQUIREMENT
United States	Twenty-two states as well as the District of Columbia allow individuals to place an X (rather than an M or F) on a driver's license; 16 states plus D.C. allow it on birth certificates. Passports offer an X gender option.[39]
Belgium	The government only recognizes male and female, though pending rule changes would remove gender altogether from identity cards.[40]
Denmark	Denmark allows an X marker on IDs, but the civil registry is binary. [41]
Iceland	Government allows for third gender and/or nonbinary designations.[42]
Ireland	Ireland allows a third option on passports but not in the civil registry.[43]
Finland	Male and female are the only recognized genders.[44]
France	Male and female are the only recognized genders.[45]
Luxembourg	Male and female are the only recognized genders.[46]
Netherlands	Gender neutral designation on official documents is possible, but only through request to a district court.[47]
Norway	The X designation is not allowed, though as of August, 2022 it was under consideration.[48]
Sweden	Male and female are the only recognized genders.[49]
United Kingdom	Male and female are the only recognized genders.[50]

NOTABLE REQUIREMENTS FOR MEDICAL TRANSITION

CONTEXT: *Recognizing that gender-affirming care is largely irreversible and that only 12% to 27% of cases of childhood gender dysphoria persist into adulthood,[51] countries impose various barriers to medical intervention. These barriers are intended to screen out cases that are unlikely to persist or in which mental distress would not be improved through gender-affirming care.*

COUNTRY	REQUIREMENT
United States	Diagnosis of dysphoria is required for insurance purposes, but an individual paying out of pocket could medically transition without such a diagnosis.[52] A diagnosis is typically, though not exclusively, made by a psychologist or psychiatrist. Testosterone is a controlled substance, so depending on state law there are restrictions on which practitioners can prescribe it. Clinics that use WPATH guidance impose few or no other limitations to receiving hormonal or physical treatment. For example, the transgender clinic at the University of California San Francisco advises that "Medical providers who feel comfortable making an assessment and diagnosis of gender dysmorphia, as well as assessing for capacity to provide informed consent (able to understand risks, benefits, alternatives, unknowns, limitations, risks of no treatment) are able to initiate gender affirming hormones without a prior assessment or referral from a mental health provider... Prescribing gender affirming hormones is well within the scope of a range of medical providers, including primary care physicians, obstetricians-gynecologists, and endocrinologists, advanced practice nurses, and physician assistants. Depending on the practice setting and jurisdiction, other providers with prescriptive rights (naturopathic providers, nurse midwives) may also be appropriate to prescribe and manage this care."[53]
Belgium	Those seeking gender-affirming healthcare must have a referral letter from a psychologist, psychiatrist, or sexologist before they can receive care from an endocrinologist.[54]
Denmark	Treatment requires diagnosis of dysphoria and treatment by an interdisciplinary team. "When carrying out gender reassignment treatment – as well as in the evaluation hereof – the team must have relevant medical specialist qualifications including obstetrician-gynecologists or endocrinologists (medical specialist doctor in internal medicine in the field of endocrinology). ... In relation to the investigation and treatment of gender identity for individuals under the age of 18, the team must be comprised of relevant medical specialists qualified in pediatrics (pediatric endocrinology, growth, and reproduction) as well as in child and adolescent psychiatry."[55]
Iceland	Individuals who want hormone treatment are observed for at least 6 months to ensure that they are psychiatrically fit to receive treatment.[56]
Ireland	Individual seeking gender-affirming surgery or hormones must receive a dysphoria diagnosis and live full time as their preferred gender identity for a significant period of time. An individual seeking sex-reassignment surgery must obtain the approval of a psychiatrist or psychologist.[57]
Finland	The dysphoria of a minor seeking hormone treatment must be deemed "severe" and "permanent." Prescription of puberty blockers or cross-sex hormones to minors requires that no contraindications to early treatment are identified.[58]
France	An endocrinologist or general practitioner can prescribe hormones, but surgery requires consent from the national health insurance fund, an endocrinologist, and a surgeon.[59]
Luxembourg	A psychiatrist must diagnose an individual with transgenderism and rule out other potential pathologies for that individual to receive gender-affirming care. An individual must be seen by a psychiatrist for at least one year before qualifying for surgery.[60]

NOTABLE REQUIREMENTS FOR MEDICAL TRANSITION

COUNTRY	REQUIREMENT
Netherlands	Puberty suppression requires a diagnosis of gender identity disorder, persistent dysphoria since childhood, and no "serious comorbid psychiatric disorders that may interfere with diagnostic assessment."[61]
Norway	If diagnosed with transsexualism, the patient undergoes a "real-life experience" for a minimum of 12 months, during which the person lives in accordance with their gender identity. After the real-life experience, and endocrine and other metabolic examinations, hormones are prescribed. Patients are assessed for surgery after 1–3 years of hormone therapy.[62]
Sweden	Requires diagnosis of gender dysphoria (DSM-5) and treatment from an interdisciplinary medical team. The key prerequisite for hormonal treatment of youth is the prepubertal onset of gender dysphoria that is long-lasting (a 5-year minimum is mentioned), persists into adolescence, and causes clear suffering.[63]
United Kingdom	Surgery requires having socially transitioned at least 12 months before the procedure. Puberty blockers and hormonal treatments require assessment from a multi-disciplinary team "over a period of time" and recommendation from two specialists involved in the client's care, including a consultant endocrinologist and a senior psychosocial clinician.[64]

MINIMUM AGE FOR PUBERTY BLOCKERS

CONTEXT: *Puberty blockers suppress the release of sex hormones so that gender-questioning youth do not sexually develop in a way that diverges from their gender identity. For gender-questioning youth young enough to receive them (they are not administered to individuals who have reached full sexual maturation), puberty blockers are the first medical intervention administered. Blockers are known to decrease bone density[65] and contribute to infertility when administered alongside cross-sex hormones.[66] They may also inhibit cognitive development.[67]*

COUNTRY	REQUIREMENT
United States	Some states restrict minor access to puberty blockers, and lawmakers in others seek such restrictions.[68] The most permissive states do not impose restrictions, and blockers can be administered from the earliest stages of puberty. According to The New York Times, "Many physicians in the United States and elsewhere are prescribing blockers to patients at the first stage of puberty — as early as age 8."[69] In most states, puberty blockers cannot be administered before age 18 without parental consent. Oregon is a notable exception: Children are legally entitled to receive puberty blockers from age 15 and up, and they receive Medicaid assistance in doing so.[70]
Belgium	Puberty blocks are available with parental consent from Tanner Stage II and without parental consent at age 18.[71]
Denmark	Puberty blockers can be prescribed from age 12 with parental consent[72] and from age 15 without parental consent.[73]
Iceland	There is no minimum age for puberty blockers with parental consent, so minimum age is a matter of clinical judgement. Adolescents 15 and younger must obtain parental consent, though they can appeal to the ombudsman for children and receive government permission to bypass parental consent.[74]
Ireland	Available "under 16 years old" with consent, and from 16 without consent.[75]
Finland	Available from "about age 13" with parental consent, and from 18 without consent.[76]
France	In theory, puberty blockers could be prescribed for minors at any age, though in practice it is not done until Tanner Stage II.[77] Blockers are available without consent from age 18.[78]
Luxembourg	No official guidance exists. In practice, adolescents almost always receive blockers in a neighboring country.[79]
Netherlands	According to protocol, blockers are available from age 12 without consent,[80] though younger cases have been recorded. Blockers are available without consent from age 16.[81]
Norway	Puberty blockers are available with consent once physiological signs of puberty manifest.[82] The are available without consent from age 16.[83]
Sweden	Puberty blockers can be prescribed from age 12 with parental consent and from 18 without consent.[84]
United Kingdom	Blockers are available from the earliest stages of puberty, with or without parental consent.[85] Instances of children under 16 receiving blockers without consent are reportedly rare.[86]

MINIMUM AGE FOR CROSS-SEX HORMONES

CONTEXT: *Medical intervention can include cross-sex hormone therapy, whereby sex hormones (estrogen or testosterone) are administered to alter a person's secondary sex characteristics to better align with their gender identity. Observational analysis indicates that biological males who receive hormone therapy might be at elevated risk for cardiovascular problems.*[87] *Some changes that hormones manifest are irreversible.*[88]

COUNTRY	REQUIREMENT
United States	Some states restrict minors' access to gender-affirming hormone treatment, and lawmakers in other states are considering restrictions. In some states, the practice has been documented with parental consent in children under the age of 13.[89] Oregon is the most permissive state, with individuals able to access cross-sex hormones from age 15 without consent and with Medicaid assistance.[90]
Belgium	Cross-sex hormone are available from age 16 with consent[91] or 18 without consent.[92]
Denmark	Available from age 16 with or without parental consent.[93]
Iceland	Available from age 16 with or without parental consent.[94]
Ireland	Available from age 16 with or without parental consent.[95]
Finland	Available from age 16 with consent[96] or 18 without consent.[97]
France	There are no age restrictions on the use of cross-sex hormones, but clinicians generally will not administer them before Tanner Stage II.[98] Use of hormones under age 18 requires parental consent.[99]
Luxembourg	No official guidance exists. Patients almost always receive hormones in a neighboring country.
Netherlands	Cross-sex hormones are available from age 16 with or without consent, though younger cases have been documented in adolescents with consent.[100]
Norway	Available from age 16 with or without consent.[101] However, consent is required for individuals 16-18 if the treatment is considered irreversible.[102]
Sweden	Available from age 16 with consent.[103] Available from age 16 without consent so long as the individual is deemed sufficiently mature.[104]
United Kingdom	Age 16 regardless of consent, but individuals must have been receiving puberty blockers for at least one year.[105]

MINIMUM AGE FOR SEX-REASSIGNMENT SURGERY

CONTEXT: *For some gender-questioning individuals, intervention culminates with sex-affirming surgeries, including mastectomy (breast removal), hysterectomy (uterus removal), vaginoplasty (vagina creation), and phalloplasty (penis creation). These dramatic physical alterations are largely irreversible.*

COUNTRY	REQUIREMENT
United States	Some states restrict minors' access to sex reassignment surgery, and lawmakers in other states are considering it. The World Professional Association for Transgender Health issued more liberal guidance in June 2022, which recommends some surgeries from the age of 15.[106] "Gender-affirming" mastectomy has been performed on children as young as 12.[107]
Belgium	Sex-reassignment surgery is not performed before age 18.[108] Parental consent is not a factor since surgery is not performed on individuals under the age of consent.
Denmark	Not performed before age 18.[109] Parental consent is not a factor since surgery is not performed on individuals under the age of consent.
Iceland	Not performed before age 16.[110] Parental consent is not a factor since surgery is not performed on individuals under the age of consent.
Ireland	Officially, sex-reassignment surgery is not performed before age 16. In practice, it not available until 16.5, as individuals must receive cross-sex hormones for at least six months beforehand. Parental consent is not a factor since surgery is not performed on individuals under the age of consent.
Finland	Not performed before age 18.[111] Parental consent is not a factor since surgery is not performed on individuals under the age of consent.
France	Theoretically permissible from age 14, but researchers say that to their knowledge, torsoplasties are the only surgeries that have been performed on trans youth.[112] Without parental consent, surgery is not available until age 18.
Luxembourg	Sex-reassignment surgery is not available before age 18. Parental consent is not a factor since surgery is not performed on individuals under the age of consent.[113]
Netherlands	Mastectomies are available from age 16, and all other procedures from age 18. Parental consent is not a factor since surgery is not performed on individuals under the age of consent.[114]
Norway	Mastectomies are performed from age 16 with consent.[115] All other procedures are unavailable until age 18.[116]
Sweden	Not performed before age 18. Parental consent is not a factor since surgery is not performed on individuals under the age of consent.[117]
United Kingdom	Not performed before age 18. Parental consent is not a factor since surgery is not performed on individuals under the age of consent.[118]

NUMBER OF YOUTH GENDER CLINICS

CONTEXT: *Some countries relegate the assessment and treatment of minors with gender dysphoria to a handful of clinics or even one. These clinics are not immune from problems—the lone pediatric gender clinic in the United Kingdom is being shuttered because of unsafe practices—but centralizing care has the benefit of greater oversight and accountability.*

COUNTRY	REQUIREMENT
United States	More than 60 pediatric gender clinics and 300 clinics provide hormonal interventions to minors.[119]
Belgium	There are two facilities in the country where patients can be reimbursed for puberty blockers or sessions with a psychologist, which are required for anyone seeking blockers.[120]
Denmark	Hormone therapy is administered to individuals of any age at one of three locations. These clinics are responsible for assessment and coordination of treatment.[121]
Iceland	The assessment and treatment for minors is administered through one hospital.[122]
Ireland	The assessment and treatment for individuals of all ages is administered through one hospital.[123]
Finland	The assessment and treatment for individuals of all ages is administered through two hospitals.[124]
France	Care is decentralized. Any doctor can prescribe treatment for medical transition.[125]
Luxembourg	There is one gender clinic in the country, though treatment is more commonly sought abroad.[126]
Netherlands	One clinic provides sex reassignment interventions to 95% of the population.[127]
Norway	Assessment and treatment for individuals of all ages is administered through one hospital.[128]
Sweden	Assessment and treatment for individuals of all ages is administered through four hospitals. Three of the four hospitals provide surgery.[129]
United Kingdom	Care for adolescents has been exclusively handled at the Tavistock clinic, which is scheduled to close in 2023 after a review deemed it unsafe.[130] Once it closes, assessment and treatment for adolescents will be handled through two clinics.[131]

NOTABLE CHANGES IN PROTOCOLS FOR TREATING MINORS

CONTEXT: *The concern that children are too quickly referred for gender-affirming medical treatment has arisen in several European countries. Given questions about the wisdom and judgement of children to make life-altering and permanent decisions about their health, officials have revised policies and guidance about gender-affirming care.*

COUNTRY	REQUIREMENT
United States	No major medical organization has reversed its guidance.[132] Some states, however, have issued their own guidance to prohibit minors' access to sex reassignment interventions. For example, treatment is banned in Florida following November 2022 guidance issued by the Florida Board of Medicine and the Florida Board of Osteopathic Medicine.[133]
Belgium	No changes[134]
Denmark	No changes[135]
Iceland	No changes[136]
Ireland	No changes yet, but the adult national gender service is urging the Department of Health to drop its support for the World Professional Association for Transgender Health (WPATH) model, noting that a "significant number" of patients who have graduated from the youth to the adult gender service are autistic and exhibit "unclear gender identity."[137]
Finland	In 2020, the Finnish Health Authority (PALKO/COHERE) "deviated from WPATH's 'Standards of Care 7' by issuing new guidelines that state that psychotherapy, rather than puberty blockers and cross-sex hormones, should be the first-line treatment for gender-dysphoric youth. This change occurred following a systematic evidence review, which found the body of evidence for pediatric transition inconclusive."[138]
France	"The National Academy of Medicine in France has issued a press release in which it cautions medical practitioners that the growing cases of transgender identity in young people are often socially-mediated and that great caution in treatment is needed. The Academy draws attention to the fact that hormonal and surgical treatments carry health risks and have permanent effects, and that it is not possible to distinguish a durable trans identity from a passing phase of an adolescent's development."[139]
Luxembourg	No changes[140]
Netherlands	No changes[141]
Norway	No changes[142]
Sweden	In December 2022 the Swedish National Board of Health and Welfare published updated guidance that urges greater caution in administering hormonal treatments or sex reassignment surgeries to minors. Such treatments should only be administered to minors in "exceptional" cases and must be tracked for research purposes. Insufficient evidence, an unexplained increase in dysphoria diagnosis among girls ages 13-17, and occurrences of detransition are specifically cited as reasons for greater caution.[143]
United Kingdom	An official review from the former president of the Royal College of Pediatrics and Child Health deemed the Tavistock youth gender clinic "not a safe or viable long-term option" for children. The National Health Service has begun to implement several notable changes, including: the start of closing the Tavistock youth gender clinic; repudiating the affirmation model in favor of one that treats claims of dysphoria with greater skepticism and uses psychotherapy as the first intervention; discouraging the use of social transition in prepubescent children; limiting the use of puberty blockers to formal research settings; clarifying that a true multidisciplinary team is comprised not only of "'gender dysphoria specialists,' but also of experts in pediatrics, autism, neurodisability and mental health, to enable holistic support and appropriate care for gender dysphoric youth."[144]

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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:	March 12, 2025
Re:	Assembly Bill 104
Position:	Oppose

The Wisconsin Coalition Against Sexual Assault (WCASA) appreciates the opportunity to offer this written testimony for your consideration. WCASA is a 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 104 not only represents yet another attack on transgender youth, 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. Additionally, LGBTQ+ people are often discriminated against for not conforming to traditional norms of masculinity and femininity. AB 104 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 shows that transgender youth whose families support their gender identity have a 52% decrease in suicidal thoughts, 46% decrease in suicide attempts, and significant increases in overall health.[1]

[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 104 also compounds the discrimination transgender people already experience in their daily lives. For example, transgender people experience higher rates of bullying, anxiety, and depression[2], 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 months[3]. 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] Finally, transgender people are also disproportionately impacted by sexual violence, as nearly half of all transgender adults report experiencing sexual assault[5]. 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/expression[6].

Additionally, WCASA believes that medical decisions are best left to patients, their families, and health care providers, in accordance with best practice medical care. Politicians should not interfere with those decisions. When lawmakers disregard best practice medical care and limit the ability of healthcare professionals to do their jobs, it's contrary to public health and wellbeing. AB 104 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 104, 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.

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

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[5] Ibid.

[6] Ibid.

KEY POINTS FOR SUPPORTING GENDER-AFIRMING CARE

AND STAYING AWAY FROM BANS (AB104)

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Good afternoon Legislative Members

I am Barbara Murray, a life-long WI State citizen, mother, grandmother, and retired teacher, school counselor, psychotherapist, and consultant – most of my clients were women and school-age children. I gave testimony to juvenile courts and participated in Child Protective Services. I co-formed a GSA at Waukesha West, North & South and PFLAG at a Waukesha Lutheran church in 1999. Imagine the across-the-aisle work I and a small group of other parents accomplished! And yet here we are again.

I am also a dedicated volunteer. I was PTO President in two districts and served on the governor's board for Trauma Informed Care. I was well suited for that board as my colligate research, and life's passion, is focused on neurobiology and neuropsychology. I have been a "Gifted & Talented Divergent Thinker" (school & psychology naming in 1977) and an Independent voter all my life. I have had productive and exasperating experiences with both sides of the isle on a variety of legislative issues, mostly in the 1980's and 1990's. I prefer balanced perspectives; and safe, functional, and lifesaving behaviors.

In packet I have given you there are several pieces of information. They are meant to help you in your considerations and decisions concerning the current topic of Transgender medical care.

Explanations of sex, gender, and sexual orientation; simple, concrete, measurable, and factual. This structure is where the middle is – it's not alternative anything. At this point I

believe it best to stop minimizing science and to stop exponentially expanding micro-naming.

Concerning today is the discussion of eliminating Peer-Concordant Puberty for Transgender children from medical services. Peer-concordant puberty is an essential option for a portion of Transgender children.

"Peer concordant puberty" refers to when an individual's pubertal development aligns with the typical timing and progression of their peers. It's the process of puberty happening at a similar age and pace as their classmates or friends.
Here's a more detailed explanation:
Pubertal Timing: "Pubertal timing" describes how a child's development of pubertal traits (like body hair, growth spurt, voice changes, breast development, and skin changes) compares to their peers.
Peer Concordant Puberty (Normal Puberty): Those who develop at a similar pace to their peers can be considered to have concordant pubertal timing. In other words, the signs of puberty like breast buds, pubic hair, and menses or testicular growth and pubic hair are happening at the same time and in the same sequence as their peers.
Early vs. Late Puberty: If a child develops earlier than their peers, this is considered early pubertal timing, while if development occurs later than the average, it is called late pubertal timing.
Concordance Studies: Research studies often assess pubertal timing by comparing an individual's development to their peers, using scales or self-report measures to determine the extent of development.
Concordance vs. Discordance: Researchers also study concordance or discordance (discrepancy) in sexual maturation stages like pubic hair and genital stage in relation to peer development.
Possible Implications: Early or late pubertal timing can lead to unique social experiences, potentially affecting social dynamics, self-perception, and susceptibility to certain behaviors or outcomes.
Early Puberty: Research has shown that early puberty can lead to earlier engagement in dating and sexual activity, as well as potentially negative social outcomes like peer and adult victimization or negative social reputations.
Delayed Puberty: Delayed puberty, where development begins abnormally late, can also have implications and require evaluation by medical professionals.

That brings us right to Puberty Blockers. Let's start with Early Onset Puberty – puberty blockers are used for children of all genders to delay puberty, so they do not experience puberty too soon increasing the likelihood of negative consequences. This is one developmental choice parents and doctors can make for children, that is safe, functional, and lifesaving. Now to Delayed puberty – children of all genders receive Testosterone injections and Estrogen treatments, so they do not fall behind their peers increasing the likelihood of negative consequences. This is another

developmental choice parents and doctors can make for their children, that is safe, functional, and lifesaving. Again, these options are offered at Gender Clinics to male, female, and transgender children. Because these are safe, functional, and lifesaving. They have been administered for decades, and all are permanently life-changing for children of all genders.

The question seems to be: What if any of this ends up being a regrettable choice? I first ask, are these treatments the only life-changing medical procedures chosen by parents for their children administered by doctors?

In answering this question, let's look at several of the medically safe, functional, and lifesaving things that are offered and given to ALL genders of children as medical treatments. Circumcision, cardiac surgery, organ transplantation, spinal fusion & scoliosis surgery, club foot surgeries, limb lengthening surgery, breast reduction & augmentation, cancer removal, reconstructive surgery for abnormalities and accidents, cleft palate, orthodontic jaw & implant surgeries, colostomy stomas and bags, sinuses and noses...!

Physical, emotional, social, religious, as well as outcome & progress potentialities and projections are considered for all these life-altering surgeries by parents, children, and doctors. The exact same protocols and procedures are used in Transgender Children's medical care.

Let me share one story: A young female born client developed an autoimmune disease at age 4 that attacked her thyroid – Hashimotos Disease. It was not discovered until she was 8 years old. Hashimotos often causes incomplete isosexual precocity. INCOMPLETE development that is consistent with the sex of the individual faster than normal. This COMBINATION (fast, incomplete normal sex growth) historically caused hormonal eunuchs and asexual people – along with giant goiters. The goiters were probably the focus over the no sex and no reproduction.

The autoimmune malfunction effected the organ which effected the brains signals to the rest of the gonadal system which effected the body! Another example how the brain and body are connected! Which is why in neurobiology and neuropsychology we know: gender is different than sexual orientation which is different than sex – because the brain decides the sex in utero and the brain decides the gender and sexual orientation in child development.

Back to the story. Through autoimmune and endocrine system functions and malfunctions, this kid at age 4 started telling her family that she was a boy, as unbeknownst to all of them Hashimotos was taking hold and changing the child's internal sex organs and gender markers. The family heard these statements of the child and took it to be a form of imaginative play. The kid however was persistent and continued to claim she was a boy. At age 8 the pediatrician and parents discovered the child had a goiter. They also came to understand after four years of unchecked Hashimotos this child was also physically changed: hair, sleep, learning, dry skin, and a crenated (grape to raisin) uterus. At this time the parents, after four years of their daughter being adamant that she was a boy, asked the doctor if these things could be related. The doctor said that yes that was a possibility. This doctor was NOT a Gender doctor, this was a specialist endocrinologist. What was clear to everyone was that the child needed thyroid hormone replacement treatment immediately, because if left untreated, premature death was the prognosis. That, and the child's sex did NOT match their gender expression. The child responded to the daily thyroid hormone replacement treatment and never developed thyroid cancer in adolescence which was another real possibility. The family was also referred to the Gender Clinic at Children's Hospital of Wisconsin.

The same care and consideration were given to all the decisions for this child's gender treatment as were for the Hashimotos. The child saw a therapist at that time, both for having a life-long chronic illness and for gender incongruence. The child never developed gender dysphoria because the whole family were open to and supported by medical doctors and professional counseling. The child did not have any behavior problems or mental health diagnosis. The families' questions were answered, and a course of treatment was planned and implemented. The child transitioned with a puberty blocker to delay the early onset of puberty and then began the needed hormone replacement treatment at the same time as their peers. The child never needed any surgery but the hormone blocker. The young man's body and voice and features and stature are all male. He uses a prosthetic penis as any male-born-male would under rare circumstances. The boy is now an adult male, enjoying a happy and healthy male heterosexual life. He did choose to have his crenated internal reproductive organs removed to circumvent any forms of uterine or cervical cancer, and to *uncomplicate his life.*

In follow up, it was noted this person never once waivered in his assertion of his male gender, ever. His family worked hard to understand their child, grieve the losses and celebrate the changes, as well as navigating their own identities and beliefs as parents. They all have no regrets.
What is also interesting is that this family is very close, have pictures of their child's entire life (no one hid them or burned them), and have a deep spirituality. Their son is well adjusted and continues to have no mental health problems. This person also did not state that they felt they had the wrong body. They felt their body had developmental challenges that needed medical attention and medical care to find the appropriate medications and changes. While having a life-long health conditions that will require treatment until death, this young man continues to be upbeat, much like his girlfriend who has Type I diabetes. They are focused on good health and happiness.

This story illustrates those medical treatments between families and doctors, especially in accredited children's clinics and hospitals are critical, safe, functional and lifesaving. It illustrates the YEARS of time taken to make Transgender medical care decisions. Years of decision-making time that are not an option for families making hard decisions for children with cancer or accidents, or even limb extensions. Let's imagine what would have happened to this young man had he NOT been able to access care at Children's Hospital Gender Clinic. Devastating – is the word that comes to mind. Let's imagine what would happen to all parents if we involved ourselves in the life-altering decisions they are tasked to make for their children. Degrading – is the word that comes to mind. Who are we to tell parents how to parent especially for medical treatments? Do we want to take the responsibility over for parents? These choices are for better or for worse, and they belong to the parents and families.

For worse. What about those families and adults who DO regret childhood surgeries. Starting with reasons for Regret: decisional conflict (distress & uncertainty) during the decision-making process, procedural outcomes inconsistent with expectations, surgical consequences (possible risks & unintended or unforeseen consequences), changing of beliefs, death of a child and perceived time lost due to surgical choice, etc. Let's look at percentages: 50-90% of parents regret fixing a male-born-males malformed penis; 28% regret circumcision; 5-10% regret outcomes of jaw surgery; 10-14% regret spinal fusions; in cancer decisions 35% of parents experience heightened regret following treatment decisions and 14-16% of adults who survived childhood cancer report a treatment decision regret *they had no control over* making.

Let's also sidenote another fact, that about 7% of parents regret having children.
The outcomes of childhood Gender Transitioning show adult regret at 1-3%. Those who chose to Detransition as adults cite family pressure and social discrimination, versus the initial medical transition experience as the main factors. Gender Transitioning surgery decisions ALREADY take years to make, using the most required medical and psychological approvals, then any other childhood medical decisions.
So why do these bills keep coming up? In my opinion two distinct reasons. School involvement and the strong parental need to have children develop as planned. School involvement responses in Transgendered student needs followed many good protocols, and a few protocols that were ill advised. The compassionate care for all students LGBT & straight, education on facts and best practice choices concerning healthcare, and action-oriented steps were all great. Anti-bullying measures that were not designed to help children -- seen as so undesirable as to become "untouchables" by some children's families -- to be physically and psychologically accepted in schools were ill-prepared for school climate and safety needs. Also, the protocols for shooter-safety needs have basically turned schools into barely penetrable Forts, practically inaccessible to most parents and almost all forms of volunteers. Add to this that school counselor and social work positions were cut to a bare minimum. This left teachers to do the work of safety specialists and student service needs.
Teachers are trained to teach curriculum, they are NOT trained on how to help students, and their families navigate situations where parents' expectations of their children are contrary to the actual path the child is taking. Be it learning disabilities, health impairments, sports abilities, mental health needs, dysfunctional behavioral choices, offender/target bullying, teen pregnancies, and other situations. Sexual orientation and gender expression/identity are also "big deal" experiences for students and families. Teachers simply are not the professionals to handle these situations. School counselors are trained for these situations. They hold a MS degree and licensure in counseling practices. Counseling practice utilizes parental notification procedures and child endangerment assessments. School counselors also work with district EAP programs and outside counseling and community resources. These are the protocols to help students and their families in school settings.
We all know parental hopes and expectations vs how the kid turns out are time immemorial stories, repeated over and over. Some for the better and some for the worst. Humans also reject their offspring, just like other mammals. What I want to ask is Why the focus on pretending Transgender

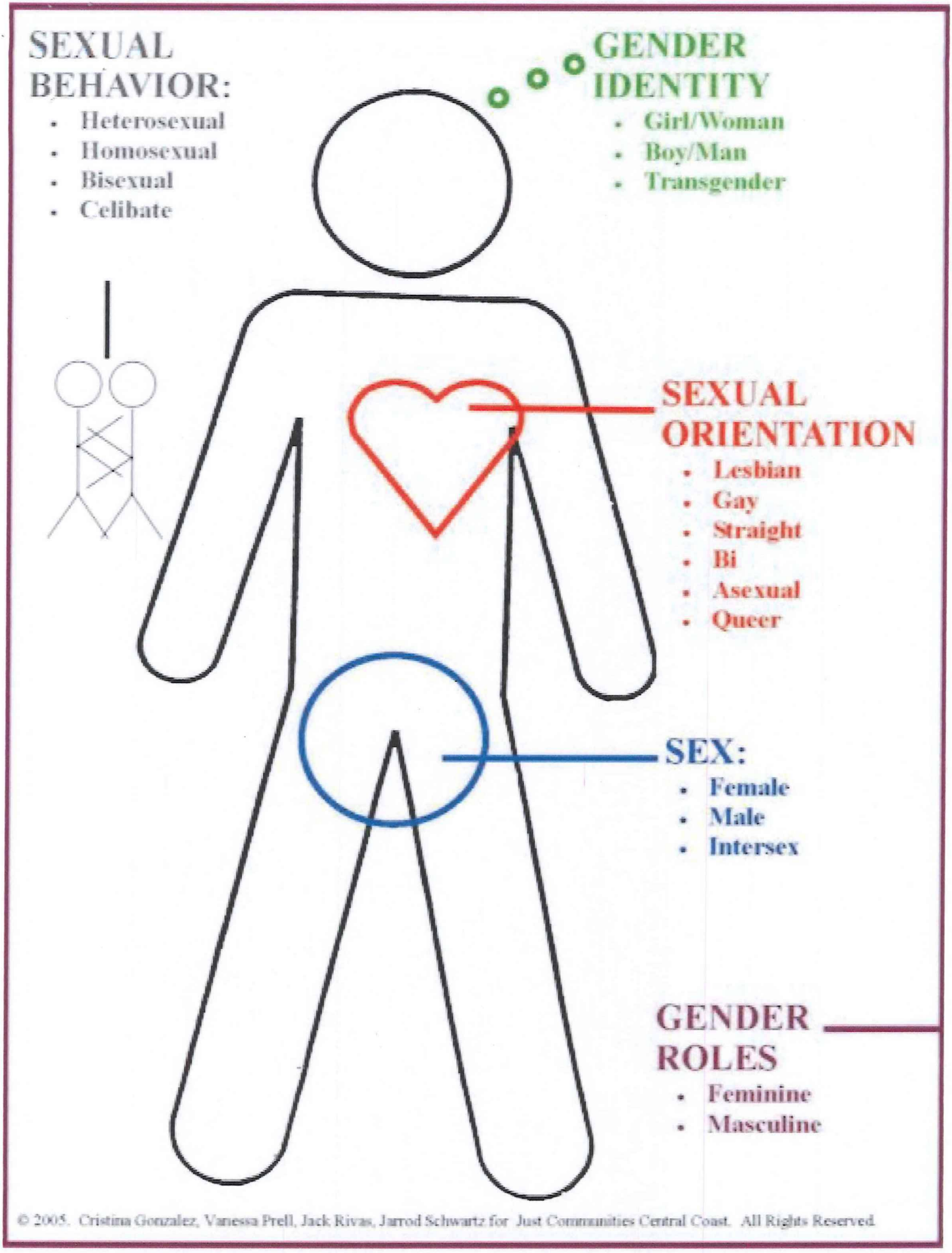
humans are not real? Even talking of eradicating a form of human beings. I must look at, who is the loudest voice today, who has a stake in this Trans discussion. Elon Musk.

Elon purchases most all his children. He uses IVF and sex selection, amongst other selection choices. He breeds his children to specifications. His first purchased and planned parenthood was a set of twins. Twin boys. And then one of the twins turned out to be Transgendered. Elon was furious, he did not get what he paid for. His parental expectations were thwarted. His investment went belly up. Elon has been passionate in his Anti-Trans crusade, proselytizing to everyone about his conversion beliefs ever since. He believes his son was brainwashed and converted to a Trans Lifestyle. A long used, worn out argument parents use about their expectation loss concerning their children for millennia, for everything from Anarchy to Zoroastrianism, with The Gays and The Hippies and The Christians and The Preppy in-between. Elon's exceptionally intelligent daughter has long refuted these claims and initially reached out to her father for education, empathy and conversation. Elon Musk has responded, "The fundamental weakness of Western civilization is empathy... I think you should care about people, but you need to have empathy for, for civilization as a whole, and not commit to a civilizational suicide... Empathy is a bug." I would love to give you a whole packet on neurodivergent thinking and that the autism "spectrum or trait cluster wheel" is actually false and that this form of thinking is in fact multi-dimensional. And bifurcate and deconstruct Elon Musk's thoughts, feeling, and belief trajectories. And that is another entire topic entirely, suffice it to say, he's not as multi-gifted as he perceives his Self to be.

Right now, for these purposes, we must stick to the positive, legal, and moral majority community approach – that we do not exterminate or limit medical care to people we do not like or do not believe in!

What is the Wisconsin State government going to do? I suggest they follow Montana's lead and get off the topic of Transgender people and back to the real needs of all Wisconsin families. The economy, healthcare access & financing, farmers & food supplies, housing, education... – and the duty to protect all State Citizen Wisconsinites from the current expediential Federal insanity!

Thank you.



New German, Swiss, And Austrian Guidelines Recommend Trans Youth Care, Slam Cass Review

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New German, Swiss, And Austria Guidelines Recommend Trans Youth Care, Slam Cass Review

The recommendations, released by the Association of the Scientific Medical Societies in Germany, come at a time when US politicians erroneously claim that Europe is "pulling back" on transgender care.

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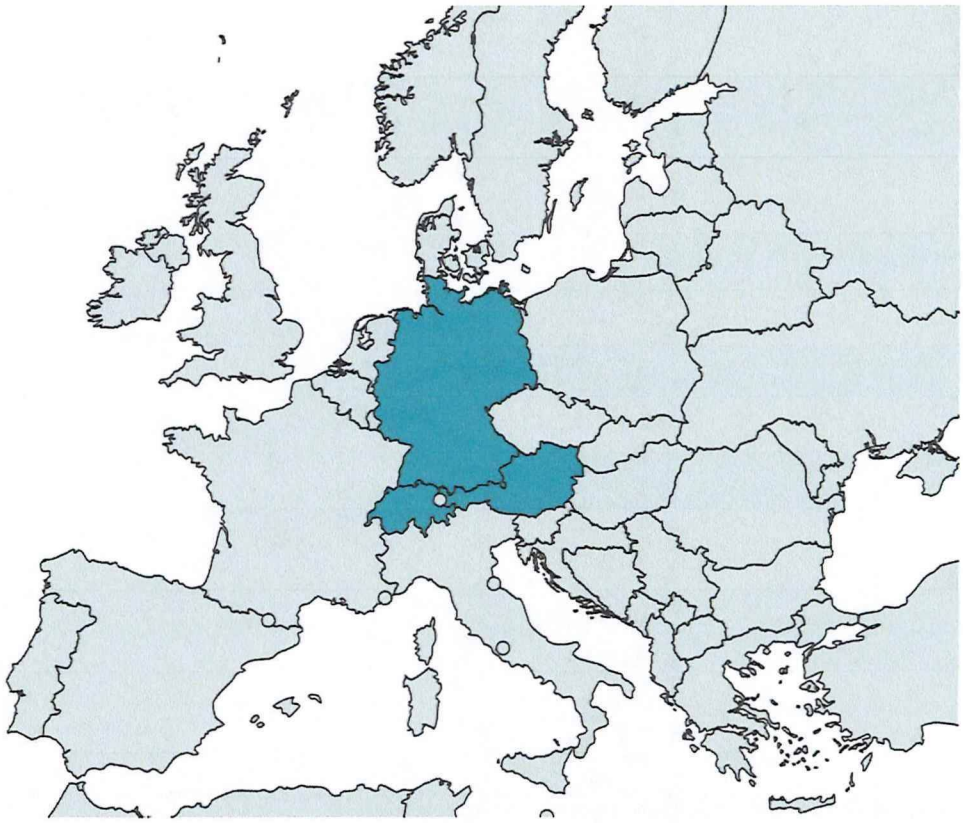

Image via MapChart

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In recent years, U.S. politicians have selectively framed European healthcare policies to justify restrictions on transgender care, seizing on a handful of conservative policies to claim that "Europe is pulling back." The most extreme example, the United Kingdom's Cass Review, has been wielded to justify a near-total ban on puberty blockers and even cited in U.S. Supreme Court arguments. But new medical guidelines from Germany, Austria, and Switzerland tell a different story. These countries have reaffirmed the importance of gender-affirming care for transgender youth and issued sharp critiques of the Cass Review, calling out its severe methodological flaws and misrepresentations.

The guidelines, released Friday in German, span more than 400 pages and represent the collective expertise of 26 medical and psychotherapeutic professional organizations, along with two self-

representation organizations from Germany, Austria, and Switzerland. Their stated goal is "to provide guidance to all professionals in the healthcare system who deal with young transgender and non-binary people for the best possible professionally informed care based on the current state of medical knowledge."

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Transgender medical guidelines and associated medical organizations recommending them.

From the outset, the guidelines explain the importance of gender affirming care, stating that there are “no proven effective treatment

alternative without body-modifying medical measures for a [person with] permanently persistent gender incongruence."

Importantly, the guidelines were developed with those who are experts in the fields of gender affirming care having a voice at the table, unlike the Cass Review: "Current guidelines, which are published by medical societies, were predominantly developed by clinical experts for the field of application and are based on an integrated synthesis of the assessment of available evidence and the broadest possible expert consensus."

The guidelines directly recommend puberty blockers and individualized, prioritized care for transgender youth undergoing physical changes. In the section on puberty blockers, the guidelines state with a strong recommendation: "If, in individual cases, the progressive pubertal maturation development creates a time pressure in which health damage would be expected due to longer waiting times to avert irreversible bodily changes (e.g. male voice change), access to child and adolescent psychiatric or **psychotherapeutic clarification and medical treatment options should be granted as quickly as possible**."

The guidelines also deliver a strong critique of the Cass Review, the report currently being used to justify bans on gender-affirming care in the United Kingdom and leveraged in other countries to further restrictions. German medical societies deem the Cass Review largely inapplicable to their own guidelines due to its numerous methodological shortcomings. One of their sharpest criticisms focuses on the lack of transparency regarding those who advised and produced the review, as well as the limited expertise of those involved.

"Medical professional societies were not recognizably involved in the preparation of the report. A so-called "Assurance Group" was appointed, but it was explicitly not involved in the development of recommendations for the Cass Review. There are reports that an "Advisory Board" was also established. The composition and specific contribution of this "Advisory Board" are not documented (Ruuska et al., 2024; Cass, 2024)," read the guidelines.

They also criticize the Cass Review and NHS's recommendation of

"psychotherapy" for gender dysphoria as without evidence and as potentially harmful: "Psychotherapy is recommended for co-incident disorders, for which there is already an indication due to the co-incident disorder itself. However, it is also recommended or the 'management of [GD] associated distress.' None of the studies included in the review in question were able to show a reduction in gender dysphoria through psychotherapy."

The guidelines are not the only critique of the Cass Review, which has faced intense scrutiny since its release. Members of its advisory board have spoken at conferences organized by anti-LGBTQ+ hate groups, raising concerns about bias. Researchers at the Integrity Project at Yale University swiftly debunked the review, and a growing number of international medical organizations have rejected its findings. This mounting criticism has had legal consequences—just last week, a U.S. judge deemed the Cass Review unworthy of consideration in federal court.

The new German, Austrian, and Swiss guidelines mark a significant advancement for transgender healthcare in those countries, reinforcing a growing trend in Europe toward expanding, not restricting, access to gender-affirming care. They join the ranks of nations like Spain and France, which have taken more progressive stances on transgender rights, including medical care. More importantly, they dismantle the false narrative that Europe is "pulling back" on transgender care. In reality, it is the United States that stands as an outlier, with its regressive policies placing it far to the right of much of the Western world.

Montana

‘Stop these crazy bills’: Republicans join Democrats to defeat anti-trans legislation in Montana

One bill would remove trans children from their parents, and the other would ban drag shows and Pride marches

State representative Zooey Zephyr, right, speaks with her colleague SJ Howell on 27 April 2023 in Helena, Montana. Photograph: Brittany Peterson/AP

Nina Lakhani

Fri 7 Mar 2025 11.43 EST

Republican lawmakers in Montana voted en masse to help defeat two extreme anti-trans bills in an unprecedented move on Thursday, after powerful speeches from two trans representatives imploring them to reject the latest intent to criminalize gender nonconformity.

State representative Zooey Zephyr spoke out against a bill that sought to

ban drag performances and Pride parades in Montana, introduced by a Republican member of of the house who has referred to transgenderism as a "fetish based on crossdressing".

"At its very core, drag is art. It is very beautiful art. It has a deep history in this country, and it is important to my community," said Zephyr. "I am here to stand before the body and say that my life is not a fetish. When I go to walk [my son] to school, that's not a lascivious display. That is not a fetish. That is my family."

State representative Caleb Hinkle introduced the bill after a previous drag ban was struck down by the courts, having been used to stop a Native American transgender woman from giving a history lecture at a library. The new bill would have granted private individuals the right to sue if a public drag show took place.

In an unusual move, a Republican representative, Sherry Essmann, also spoke out against the bill.

"Trust the parents to do what's right, and stop these crazy bills that are a waste of time. They're a waste of energy. We should be working on property tax relief and not doing this sort of business on the floor of this house and having to even talk about this," said Essmann.

The bill was defeated by 55 to 44, after 13 Republicans flipped to support Democrats.

In Montana, the part-time legislature has spent more than half of its days this session pushing such bills through committees and the house floor, with Republicans largely voting in lockstep, according to reporting by Erin Reed, an independent LGBTQ+ journalist who publishes a daily newsletter.

Representative SJ Howell then spoke out against an even more extreme bill that sought to remove transgender children from their parents.

"Every time a child is removed from their family, it's a tragedy. Sometimes a necessary tragedy, but a tragedy nonetheless. This bill does not come close to the seriousness with which those decisions should be contemplated," said Howell.

"Put yourself in the shoes of a [child protective service] worker who is confronted with a young person ... living in a stable home with loving parents, who is supported and has their needs met. And they are supposed to remove that child from their home and put them in the care

Environmental hormones and their effects on gonadal development

- Environmental endocrine disrupting chemicals (EDCs), or environmental hormones, can interfere with gonadal development by disrupting the normal steroid hormone-dependent mechanisms that regulate reproductive function, leading to effects like sex reversal, altered gonadal development, and reproductive health problems.
- Here's a more detailed explanation:
- What are Endocrine Disrupting Chemicals (EDCs)?
- EDCs are synthetic or naturally occurring chemicals that can interfere with the normal functioning of the endocrine system, which is responsible for producing and regulating hormones, including those involved in sexual development and reproduction.
-
- Examples include pesticides, some pharmaceuticals, industrial chemicals, and plasticizers (like BPA and phthalates).
-
- How EDCs Impact Gonadal Development:
- Disruption of Hormone Signaling:
  EDCs can mimic or interfere with the effects of natural hormones (like estrogen and androgens) by binding to hormone receptors, disrupting the normal signaling pathways involved in sexual development and reproductive function.
- Alteration of Gonadal Differentiation:
  EDCs can disrupt the development of gonads (testes or ovaries) during fetal development, leading to:
- Sex Reversal: In some cases, exposure to EDCs can cause a shift in the sex of an individual, leading to the development of characteristics typical of the opposite sex.
-
- Altered Gonadal Development: EDCs can lead to abnormalities in the structure and function of the gonads, potentially resulting in infertility, reduced fertility, or other reproductive problems.
-
- Development of Intersex Conditions:Exposure to EDCs may also lead to the development of intersex conditions, where an individual's sexual characteristics are not clearly either male or female.
-

- Impact on the Hypothalamic-Pituitary-Gonadal (HPG) Axis:
  The HPG axis is a complex system that regulates reproductive function. EDCs can disrupt this axis, leading to:
- Changes in Hormone Levels: EDCs can interfere with the production and release of hormones by the hypothalamus, pituitary gland, and gonads, leading to imbalances in hormone levels.
-
- Delayed or Premature Puberty:Exposure to EDCs during critical developmental periods can affect puberty onset, causing either delayed or premature puberty.
-
- Other Potential Effects:
- Testicular Dysfunction and Infertility in Males: Exposure to EDCs can impair testosterone synthesis and sexual differentiation, leading to adult testis dysfunction and infertility in males.
-
- Altered Female Reproductive Tract Development: Exposure to EDCs during fetal life can disrupt the development of the female reproductive tract, leading to abnormalities in reproductive tract morphology and function.
-
- Effects on Non-Human Species:
  Studies on wildlife have shown similar effects of EDCs on reproductive development and function, including feminization of male fish and altered reproductive cycles in other species.
- Examples of EDCs and their Potential Effects:
- Phthalates:
  Found in plastics and personal care products, phthalates are known to interfere with the normal function of the endocrine system and have been linked to reproductive problems.
- Bisphenol A (BPA):
  Another plastic chemical, BPA has been linked to a variety of reproductive health issues, including increased risk of infertility.
- Pesticides:
  Some pesticides can act as endocrine disruptors, affecting reproductive development and function.

- Pharmaceuticals:
  Certain pharmaceuticals, when present in the environment, can have effects on reproduction.
-

Thank you Chairman Moses and thank you to the Assembly Committee on Health, Aging, and Long-Term Care for receiving my testimony.

My name is Amy Wall. I live in Sun Prairie. I am 52 years old and transgender.

I oppose Assembly Bill 104.

I had suffered from depression since high school through most of my adult life. I've seen lots of therapists and psychiatrists. You name a common SSRI, I've been on it. Prozac, Lexapro, Wellbutrin, Cymbalta. I was even on Lamotrigine for anxiety. Yet, the depression persisted and I thought of suicide from time to time. I hated looking in the mirror. It just felt *wrong,* and I never understood why. I had thoughts from time to time about what it would be like to be a girl, but I ignored them and didn't take them seriously.

Everything changed at age 49 when I discovered I am transgender, and those depressive symptoms were caused by repressed gender dysphoria. I began hormone replacement therapy and began presenting as female full time. Once I was fully out as Amy, I knew the depression medication was no longer necessary, so with my doctor's direction I weaned off of it, and I have not thought about suicide or suffered depression since starting hormones. My family, my friends, and my coworkers all saw the change in me for the better.

It has been *a lot of work* to fight the changes to my body brought on by a testosterone puberty. Changes to behavior patterns and speech brought on by societal influence and vocal cord development. Changes to my walking gait because of how my skeleton formed during puberty. Hair removal that is not only painful but at personal expense and still ongoing.

All of that could be mitigated by allowing young patients the opportunity to start puberty blockers and put the pause button on these effects until the decision is made to continue with hormone therapy. How do you get to decide a young person's identity? Simply because of how their body formed or what a birth certificate says?

If the sponsors actually cared about children, they would allow them to explore their gender identity and take the steps to go down the right path at an early age, before the damage is done by puberty. Transition regret is often cited as a motivation for legislation like this. Yet we only seem to hear from the same select group of detransitioners. Now why is that? Because transition regret is quite rare. A 2023 inquiry into the Transgender Center at the St. Louis Children's hospital found only 16 out of nearly 1,200 patients detransitioned. It's hard to find a medical treatment with a lower failure rate than that.

I am not a researcher. I am a software developer. The fact that I found this so easily shows that the authors of AB104 are not performing their due diligence. Instead, they cite studies that have been debunked or show bias, such as the Cass study, or anything issued by SEGM and similar organizations.

And if a ban like this were to become law, trans kids would be unable to begin their transition until after puberty has already taken effect. And guess what? They will still be transgender, and have to go through similar struggles with their bodies as I have with mine. That doesn't sound like protection. It sounds like torture.

You don't have to do this. You can step back, let doctors make decisions for their patients. You can let people live their lives. You can let this bill die in committee. You don't have to interfere. This is interference into medical decisions that legislators have no business being involved in. Legislation that was written without consulting with the proper medical professionals. Major medical institutions in our country support this treatment, such as the American Medical Association, the American Psychological Association and the American Academy of Pediatrics, and they affirm it is safe, effective and necessary.

The WPATH Files

PSEUDOSCIENTIFIC SURGICAL AND HORMONAL EXPERIMENTS ON CHILDREN, ADOLESCENTS, AND VULNERABLE ADULTS

By Mia Hughes

ENVIRONMENTAL PROGRESS
NATURE, PEACE & FREEDOM FOR ALL

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The World Professional Association for Transgender Health (WPATH) enjoys the reputation of being the leading scientific and medical organization devoted to transgender healthcare. WPATH is globally recognized as being at the forefront of gender medicine.

However, throughout this report, we will show that the opposite is true. Newly released files from WPATH's internal messaging forum, as well as a leaked internal panel discussion, demonstrate that the world-leading transgender healthcare group is neither scientific nor advocating for ethical medical care. These internal communications reveal that WPATH advocates for many arbitrary medical practices, including hormonal and surgical experimentation on minors and vulnerable adults. Its approach to medicine is consumer-driven and pseudoscientific, and its members appear to be engaged in political activism, not science.

While there is a place in medicine for risky experiments, these can only be justified if there is a reliable, objective diagnosis; no other treatment options are available, and if the outcome for a patient or patient group is dire.[1] However, contrary to WPATH's claims, gender medicine does not fall into this category. The psychiatric condition of gender dysphoria is not a fatal illness, and the best available studies show that in the case of minors, with watchful waiting and compassionate support, most will either grow out of it or learn to manage their distress in ways less detrimental to their health.[2,3,4]

As such, this report will prove that sex-trait modification procedures on minors and people with mental health disorders, known as "gender-affirming care," are unethical medical experiments. This experiment causes harm without justification, and its victims are some of society's most vulnerable people. Their injuries are painful and life-altering. WPATH-affiliated healthcare providers advocate for the destruction of healthy reproductive systems, the amputation of healthy breasts, and the surgical removal of healthy genitals as the first and only line of treatment for minors and mentally ill people with gender dysphoria, eschewing any attempt to reconcile the patient with his or her birth sex. This report will show that this is a violation of medical ethics and, as is revealed by its own internal communications, WPATH does not meet the standards of evidence-based medicine. It will further show that the ethical requirement to obtain informed consent is being violated, with members admitting that children and adolescents cannot comprehend the lifelong consequences of sex-trait modification interventions, and in some cases, due to poor health literacy, neither can their parents.

Given the extent of the medical malpractice WPATH endorses, our report will conclude by calling on the U.S. government to oversee a bipartisan national inquiry to investigate how activists with little respect for the Hippocratic Oath could have risen to such prominence as to set the Standards of Care for an entire field of medicine, leading to the medical abuse of minors and vulnerable adults.

1 Earl, J. "Innovative Practice, Clinical Research, and the Ethical Advancement of Medicine." [In eng]. Am J Bioeth 19, no. 6 (Jun 2019): 7-18. https://doi.org/10.1080/15265161.2019.1602175.

2 Singh, D., Bradley, S. J., & Zucker, K. J. (2021). A Follow-Up Study of Boys With Gender Identity Disorder [Original Research]. Frontiers in Psychiatry, 12, 287. https://doi.org/10.3389/fpsyt.2021.632784

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4 Green, R. The Sissy Boy Syndrome the Development of Homosexuality. Yale University Press, 1987. doi:10.2307/j.ctt1ww3v4c. http://www.jstor.org/stable/j.ctt1ww3v4c.

PREFACE TO THE WPATH FILES

By Michael Shellenberger, Founder and President, Environmental Progress

Readers may rightly wonder why an environmental organization is publishing a report on what is known as "gender medicine." The short answer is that we are pro-human environmentalists, and our mission is to incubate ideas, leaders, and movements for nature, peace, and freedom for all. We thus work on a wide range of issues, from climate change to homelessness to freedom of speech, all of which constitute important aspects of our "environment."

The longer answer is that I felt the WPATH Files needed to be analyzed and put in a broader historical context than possible through a series of news articles. I received the WPATH Files from a source or sources who contacted me because they had seen my work on the Twitter Files.

We are releasing all of the unedited files precisely as I received them. Nothing has been removed or added by our team, but we have organized the files to improve accessibility. We have included dates where available in the files. All discussions in the files occurred within the last four years. We are leaving only the names of the president of WPATH, most surgeons, and other prominent members unredacted. While everyone aware of the information revealed by the WPATH Files is, to some extent, responsible, we did not feel that everyone in the conversations needed to be named. The files are preceded by a report that summarizes, analyzes, and draws implications from the information they contain.

The WPATH Files are semi-private conversations inside WPATH's internal online forum for discussing specific medical cases. This forum runs on software provided by DocMatter. I made clear to the source or sources that while I welcomed all or any information they chose to share, I would not and did not solicit or encourage anyone to retrieve any information from WPATH or any other organization. All information came to me unsolicited.

We are well within our legal rights to publish the WPATH Files. Like any publisher, Environmental Progress is governed by what's known as the Pentagon Papers Principle, established by the Supreme Court in 1971. Under the Court's ruling, interpreting the First Amendment to the United States Constitution, Americans can publish information, even if it was obtained illegally, so long as we do not encourage anyone to break the law in obtaining the information.

At a moral level, we feel duty-bound to publish the WPATH Files and do everything within our power to encourage as wide an audience as possible to access them. We believe they show that WPATH is neither a scientific nor medical organization and should not be treated as one.

ACKNOWLEDGMENTS

The author would like to acknowledge, first and foremost, the source or sources of the WPATH Files. They behaved nobly in their effort to protect children and vulnerable adults from harm.

Second, she would like to acknowledge Alex Gutentag and Michael Shellenberger; their contributions to this report went far beyond editing.

Third, she would like to thank Lily Markle and Phoebe Smith for their fact-checking, proofing, and general assistance.

Finally, the author would like to thank the Environmental Progress Board of Directors and financial supporters. Thank you for thinking outside the box of "the environment" to extend your concern to vulnerable people everywhere.

INTRODUCTION

Over the past decade, there has been a huge surge in the number of young people identifying as transgender and being referred to pediatric and adult gender clinics. A thorough analysis of all the possible explanations for this change is beyond the scope of this report, but there are two opposing viewpoints worth describing briefly. On one side, activists argue that the sudden increase is due to shifting societal attitudes and greater acceptance of the transgender community, making it easier for transgender people to come out of the closet and live as their true, authentic selves. On the other side, critics of gender-affirming care for minors favor the rapid-onset gender dysphoria hypothesis, which argues that there is strong peer and online influence as well as maladaptive coping mechanisms involved in the adoption of a transgender identity.

This "social genesis" or "social contagion" argument is supported by the fact that adolescent girls and young women now make up most of the referrals to gender clinics when, in the past, it was predominantly young boys and adult men. Teenage girls and young women have been at the forefront of almost every social contagion in recorded history, including contagions of hysteria, eating disorders, cutting, and dissociative identity disorder. The social contagion argument is also supported by the high prevalence of mental health and neurocognitive disorders among trans-identified youth, and the fact that these problems typically precede the onset of gender issues. Despite receiving criticism from activists, the rapid onset gender dysphoria theory has been endorsed by gender clinicians across the West.[5,6,7]

However, this report does not delve into the cultural factors responsible for the rising numbers. Instead, our focus narrows in on the conduct of WPATH members and the type of medical care the leading transgender health group endorses. The scope of this report is the potential harm inflicted upon adolescents and vulnerable adults within gender-affirming clinics.

WPATH is considered the leading authority on the care and treatment of individuals who have gender dysphoria and/or identify as transgender. WPATH publishes internationally respected Standards of Care, which it claims represent a professional consensus about the psychiatric, psychological, medical, and surgical management of gender dysphoria. Medical and mental health professionals worldwide look to these guidelines as the best available resource to guide them in caring for transgender and gender-diverse patients.

But the WPATH Files show something entirely different. Before discussing what they show, we recommend the reader turn to the files and read them in their entirety. They are complete from what a source or sources provided to us.

Now, we will put the WPATH Files in a wider historical and ethical context.

5 Hutchinson, A., Midgen, M., & Spiliadis, A. (2019). In Support of Research Into Rapid-Onset Gender Dysphoria. Archives of Sexual Behavior, 49. https://doi.org/10.1007/s10508-019-01517-9

6 Kaltiala, R. (2023). 'Gender-Affirming Care Is Dangerous. I Know Because I Helped Pioneer It.'. The Free Press. https://www.thefp.com/p/gender-affirming-care-dangerous-finland-doctor

7 Levine, S. B. (2019). Informed Consent for Transgendered Patients. J Sex Marital Ther, 45(3), 218-229. https://doi.org/10.1080/0092623x.2018.1518885

A BRIEF HISTORY OF TRANSGENDER MEDICINE AND THE EARLY DAYS OF WPATH

The experiment to modify the sex characteristics of people suffering from the psychiatric disorder called gender dysphoria began in the early years of the 20th century with the pioneering work of German sexologist Magnus Hirschfeld. A gay man who engaged in cross-dressing, Hirschfeld coined the term transvestite in his 1910 book *Die Transvestiten* and regarded both homosexuals and transvestites to be "sexual intermediaries."[8, 9]

Hirschfeld oversaw the world's first attempt at "sex-reassignment" surgery performed on Martha/Karl Baer in 1906. While little is known about the precise nature of the surgery because the records were lost during the 1933 Nazi book-burning of Hirschfeld's research,[10, 11] it is believed to have been a metoidioplasty, which is the creation of a pseudo-phallus out of an enlarged clitoris. Baer is thought to have had a disorder of sexual development (DSD) and was reportedly genetically male.[12,13]

In 1919, Hirschfeld opened the Institute for Sexual Science in Berlin, which was a first-of-its-kind clinic providing counseling and treatment for "physical and psychological sexual disorders" as well as, in particular, for "sexual transitions."[14] Notably, Einar Wegener, or Lili Elbe, whose story was popularized in the film *The Danish Girl*, underwent surgical castration in Berlin under Hirschfeld's supervision in 1930.[15, 16] This was the first in a series of surgeries culminating in a womb transplant in 1931. Elbe died of heart failure three months after the final surgery, most likely due to organ rejection.[17,18]

That same year, Dora Richter underwent vaginoplasty, also under the care of Hirschfeld.[19] Erwin Gohrbandt performed Richter's surgery, which is considered the world's first successful male-to-female sex reassignment.[20,21] Gohrbandt then went on to join the Luftwaffe and participated in the hypothermia experiments conducted at Dachau concentration camp.[22]

Despite medical advances such as the development of antibiotics and the ability to create synthetic hormones, interest in sex-reassignment procedures waned over the next couple of decades, only to be rejuvenated in the 1950s with the sensational case of Christine Jorgensen.

On December 1, 1952, the New York Daily News ran a front-page story under the headline "Ex-GI Becomes

8 Matte, N. "International Sexual Reform and Sexology in Europe, 1897–1933." Canadian Bulletin of Medical History 22, no. 2 (2005): 253-70. https://doi.org/10.3138/cbmh.22.2.253.

9 Hill, Darryl B. "Sexuality and Gender in Hirschfeld's Die Transvestiten: A Case of the" Elusive Evidence of the Ordinary"." Journal of the History of Sexuality 14, no. 3 (2005): 316-32. https://muse.jhu.edu/article/195723.

10 "6 May 1933: Looting of the Institute of Sexology." Holocaust Memorial Day Trust, https://www.hmd.org.uk/resource/6-may-1933-looting-of-the-institute-of-sexology/.

11 "Karl M Baer: First Transgender Person to Undergo Female-to-Male (Ftm) Surgery." Let Her Fly, 2022, https://letherfly.org/karl-m-baer-the-first-person-in-the-world-to-undergo-sex-change-surgery/.

12 Funke, J. "The Case of Karl M.[Artha] Baer: Narrating 'Uncertain'sex." In Sex, Gender and Time in Fiction and Culture, 132-53: Springer, 2011.

13 "Recalling the First Sex Change Operation in History: A German-Israeli Insurance Salesman." Haaretz, 2015, https://www.haaretz.com/israel-news/2015-12-05/ty-article/.premium/the-first-sex-change-surgery-in-history/0000017f-f3fd-d5bd-a17f-f7ffa4970000?lts=1698264422989.

14 "The First Institute for Sexual Science (1919-1933)." Magnus-Hirschfeld-Gesellschaft, https://magnus-hirschfeld.de/ausstellungen/institute/.

15 "Publication History." Lili Elbe Digital Archive, http://lilielbe.org/narrative/publicationHistory.html.

16 "Books of the Times; Radical Change and Enduring Love." The New York Times, 2000, https://www.nytimes.com/2000/02/14/books/books-of-the-times-radical-change-and-enduring-love.html.

17 "Lili Elbe (Einar Wegener), 1882-1931." Danmarks Historien, https://danmarkshistorien.dk/vis/materiale/lili-elbe-einar-wegener-1882-1931/

18 "Lili Elbe." Biography 2022, https://www.biography.com/artists/lili-elbe.

19 Hirschfeld, https://www.hirschfeld.in-berlin.de/institut/en/personen/pers_34.html.

20 Abraham, F. "Genital Reassignment on Two Male Transvestites." International Journal of Transgenderism 2 (1998): 223-26. https://editions-ismael.com/wp-content/uploads/2017/10/1931-Felix-Abraham-Genital-Reassignment-on-Two-Male-Transvestites.pdf.

21 "Pioneers of Gender Reassignment Surgery." LGBT Health and Wellbeing, https://www.lgbthealth.org.uk/blog/pioneers-gender-reassignment-surgery/#:~:text=It%20was%20Dora%20Richter%20in,region%20to%20a%20poor%20family.

22 "The Nazi Doctors and the Nuremberg Code." Oxford University Press, 36. http://www.columbia.edu/itc/history/rothman/COL476I1854.pdf.

Blonde Beauty."[23] Jorgensen had traveled to Denmark the year before and, under the care of Dr. Christian Hamburger, underwent a series of surgeries involving castration and the creation of a semblance of external female genitalia.[24,25,26]

In 1953, after returning home to the US, Jorgensen became a patient of Dr. Harry Benjamin, a German endocrinologist with an interest in transsexualism, as it was known at the time.[27] Benjamin's career in medicine had had a disreputable beginning when, in 1913, he arrived in New York as the assistant of a quack peddling "turtle treatment," a fake tuberculosis vaccine.[28] Benjamin had no formal training in sexology, but as a lifelong friend of Hirschfeld, he had a fascination for the subject, and by the 1950s, his practice was almost exclusively focused on transsexualism.[29]

While Jorgensen brought fame and attention to Benjamin's obscure interest in transsexualism, it was another patient who brought the other essential element: money. Reed (Rita) Erickson, a female who transitioned to live as a man, became Benjamin's patient in 1963. Heir to a fortune, Erickson's philanthropic organization, Erickson Educational Foundation (EEF), funded the first three International Symposiums on Gender Identity as well as the newly formed Harry Benjamin Foundation.[30] This enhanced Benjamin's professional status, lending credibility to his sex change experiment. Benjamin coined and popularized the term "transsexual" with his 1966 book, *The Transsexual Phenomenon*.

Another of Erickson's philanthropic endeavors was to fund North America's first gender clinic at Johns Hopkins Hospital in Baltimore.[31] It was at this clinic that Dr. John Money conducted his unethical experiments on children born with disorders of sexual development, the most famous case being that of the Reimer twins. As a baby, David Reimer was the victim of a catastrophic medical accident when the cauterizing equipment malfunctioned during his circumcision, amputating his penis. Money convinced David's parents to raise him as a girl, an experiment that failed[32] and ultimately resulted in David committing suicide at age 38. His twin brother Brian had died two years previously of an overdose.

But Money didn't just experiment on children. During the same period, he attempted to perform sex changes on adults, claiming great success. But when Dr. Paul McHugh became psychiatrist-in-chief at Johns Hopkins in 1975, he commissioned a follow-up study of the adults who had undergone these procedures, which found that while most of the patients claimed to be satisfied and experiencing no regret, there was little change in their psychological functioning. McHugh concluded that Johns Hopkins was, therefore, wasting scientific and technical resources by cooperating with a mental illness rather than trying to study, cure, and prevent it.[33] The clinic was shut down in

23 "Ex Gi Becomes Blonde Beauty." Newspapers by Ancestry, https://www.newspapers.com/article/daily-news-ex-gi-becomes-blonde-beauty/25375703/.

24 Hamburger, C., Sturup, G. K., & Dahl-Iversen, E. "Transvestism; Hormonal, Psychiatric, and Surgical Treatment." [In eng]. J Am Med Assoc 152, no. 5 (May 30 1953): 391-6. https://doi.org/10.1001/jama.1953.03690050015006.

25 "A Gender-Affirming Surgery Gripped America in 1952: 'I Am Your Daughter'." The Washington Post, 2023, https://www.washingtonpost.com/history/2023/06/12/first-transgender-surgery-christine-jorgensen/.

26 Hadjimatheou, C. "Christine Jorgensen: 60 Years of Sex Change Ops." BBC News 30 (2012). https://www.bbc.com/news/magazine-20544095.

27 Schaefer, L. C., & Wheeler, C. C. "Harry Benjamin's First Ten Cases (1938–1953): A Clinical Historical Note." Archives of Sexual Behavior 24, no. 1 (1995/02/01 1995): 73-93. https://doi.org/10.1007/BF01541990.

28 Newspapers by Ancestry, https://www.newspapers.com/article/altoona-tribune/3750641/.

29 "Trans Medical Care at the Office of Dr. Harry Benjamin." NYC LGBT Historic Sites Project, 2023, https://www.nyclgbtsites.org/site/trans-medical-care-at-the-office-of-dr-harry-benjamin/.

30 "Reed Erickson and the Erickson Educational Foundation." University of Victoria, https://www.uvic.ca/transgenderarchives/collections/reed-erickson/index.php.

31 Ibid (n.30)

32 Diamond, M., & Sigmundson, H. K. "Sex Reassignment at Birth: Long-Term Review and Clinical Implications." Archives of Pediatrics & Adolescent Medicine 151, no. 3 (1997): 298-304. https://doi.org/10.1001/archpedi.1997.02170400084015.

33 "Surgical Sex." First Things, 2004, https://www.firstthings.com/article/2004/11/surgical-sex?s=04&fbclid=IwAR2ULl9vuPZZQAjVMDFQub4PZ9S78mVMtDf6ssJoHdl8qRnuJS0myHEVbzA.

1979.

Even Erickson's own story has no happily ever after, lending weight to McHugh's conclusions. After commencing hormonal and surgical sex change interventions under the care of Benjamin, Erickson developed a drug addiction and endured a lifelong battle with substance abuse. What followed was four failed marriages and a life of turmoil. Erickson's EEF folded in 1977, and the Harry Benjamin International Gender Dysphoria Association (HBIGDA) was formed in 1978, which would later become WPATH.

HBIGDA published its first Standards of Care (SOC) in 1979, followed closely by SOC2 in 1980, SOC3 in 1981, and SOC4 in 1990.[34] In its early days, HBIGDA members at least attempted to pursue science and an understanding of this complex psychiatric disorder and the various psychological, hormonal, and surgical interventions available as a form of treatment. But around the late 1990s, the group took a turn.

Dr. Stephen B. Levine was the chair of the SOC5 committee in 1998 and recommended that the guidelines require patients to obtain two letters from mental health professionals before commencing hormones.[35] Dr. Richard Green, HBIGDA president at the time, was unhappy with this requirement and so immediately commissioned SOC6, which was published just three years later and was almost identical but advised only one letter from a mental health professional.[36]

In the intervening years, activists began to overtake HBIGDA, and in 2002, Dr. Levine resigned his membership due to his "regretful conclusion that the organization and its recommendations had become dominated by politics and ideology, rather than by scientific process, as it was years earlier."[37] In 2007, the organization changed its name to the World Professional Association for Transgender Health. This change was significant. At the stroke of a brush, a loose affiliation of people had appointed themselves as the leading international authority on gender medicine.

With the publication of its SOC7 in 2012, the ideological shift identified by Levine was evident. SOC7 recommended puberty blockers as a fully reversible pause for adolescents despite the fact that the experiment was still in its earliest stages and no such conclusion could be drawn. Also, while on the one hand, SOC7 encouraged caution and psychotherapy that affirms the transgender identity, on the other, the guidance endorsed the "informed consent model of care,"[38] which omits the need for psychotherapy and enables healthcare professionals to provide hormones on demand.[39] This came two years after WPATH had issued a statement calling for the "de-psychopathologization of gender variance worldwide," which framed being transgender as a normal, healthy variation of human existence.[40] SOC7 followed on from this, suggesting that any mental health issue in a person identifying as transgender is due to "minority stress," a result of prejudice and discrimination in society.[41]

Then, a year after the publication of SOC7, in line with WPATH, the American Psychiatric Association (APA) released the 5th edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5), in which "gender identity disorder" was renamed "gender

34 "History and Purpose." WPATH, https://www.wpath.org/soc8/history.

35 Levine, S., Brown, G., Coleman, E., Cohen-Kettenis, P., Joris Hage, J., Maasdam, J., Petersen, M., Pfäfflin, F., & Schaefer, L. "The Hbigda Standards of Care for Gender Identity Disorders." Journal of Psychology & Human Sexuality 11 (12/06 1999). https://doi.org/10.1300/J056v11n02_01.

36 O'Malley, S. & Ayad, S. Pioneers Series: We Contain Multitudes with Stephen Levine. Podcast audio. Gender: A Wider Lens Podcast2022. https://gender-a-wider-lens.captivate.fm/episode/60-pioneers-series-we-contain-multitudes-with-stephen-levine, 40:00.

37 "Dekker V Weida, Et. Al." 34-35. https://ahca.myflorida.com/content/download/21427/file/Dekker_v_Weida_Levine_Report.pdf.

38 "Standards of Care-7th Version." WPATH, 35. https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf.

39 Reisner, S. L., Bradford, J., Hopwood, R., Gonzalez, A., Makadon, H., Todisco, D., Cavanaugh, T., et al. "Comprehensive Transgender Healthcare: The Gender Affirming Clinical and Public Health Model of Fenway Health." Journal of Urban Health 92, no. 3 (2015): 584-92. https://doi.org/10.1007/s11524-015-9947-2.

40 "Wpath / Uspath Public Statements." WPATH, 2023, https://www.wpath.org/policies.

41 Ibid (n.38 p.4)

dysphoria." This redefinition shifted the focus of diagnosis from the identity itself to the distress and difficulty in social functioning arising from the incongruity between the mind and body.

In the decade that passed between the publication of SOC7 and SOC8 in 2022, WPATH veered into new terrain. Just two days after SOC8 was published in September 2022, the group hastily removed almost all lower age requirements from the document,[42] in a bid to avoid malpractice lawsuits.[43] SOC8 also contains a chapter on nonbinary medical interventions, which include recommendations on nullification procedures to create a smooth, sexless appearance for people who identify as neither male nor female and penis-preserving vaginoplasties for those patients who desire both sets of genitals.

Of note, an earlier draft of SOC8 had contained a chapter on ethics, but this was cut from the final version. However, it was the inclusion of a whole chapter on eunuch as a valid gender identity, eligible for hormonal and surgical castration, that sent shockwaves through the medical profession and provided the catalyst for the Beyond WPATH declaration, now signed by more than 2,000 concerned individuals, many of whom are clinicians working with gender diverse young people.[44] The declaration states that WPATH has discredited itself with its SOC8 and can no longer be viewed as a trustworthy source of clinical guidance in the field of gender medicine.

At Environmental Progress, we echo this call and go one step further, calling for reputable medical organizations like the American Academy of Pediatrics (AAP), the American Psychiatric Association (APA), and the American Medical Association (AMA) to cut ties with the organization and to abandon its guidelines in favor of ethical, evidence-based medicine.

The author of this report contacted each member who appears in the files and a leaked panel discussion requesting comment. However, despite these efforts, only one member of WPATH responded, and that response contained legal threats. Also, a source or sources shared an internal email showing WPATH advising against replying and informing the recipients that WPATH was seeking legal counsel.

42 "Wpath Explained." Genspect, 2022, https://genspect.org/wpath-explained/.

43 "Wpath Explains Why They Removed Minimum Age Guidelines for Children to Access Transgender Medical Treatments: So Doctors Won't Get Sued." The Daily Wire, 2022, https://www.dailywire.com/news/wpath-explains-why-they-removed-minimum-age-guidelines-for-children-to-access-transgender-medical-treatments-so-doctors-wont-get-sued.

44 "Beyond Wpath." Beyond WPATH, 2022, https://beyondwpath.org/.

WPATH HAS MISLED THE PUBLIC

WPATH advocates for minors to have access to gender-affirming care, which is the treatment pathway involving puberty blockers, cross-sex hormones, and surgeries that are intended to align the young person's body with their self-declared transgender identity. Implicit in this endorsement is the fact that adolescents can sufficiently comprehend the full implications of these treatments, and their parents can provide legal informed consent.

The organization at the forefront of transgender health care claims that clinical guidelines for youth with self-declared transgender identities "support the use of interventions for appropriately assessed minors."[45]

WPATH advises healthcare providers to use the World Health Organization's International Classification of Diseases (ICD-11) classification of "gender incongruence" over the DSM-5's "gender dysphoria." This recommendation is motivated by the fact that the ICD-11 diagnosis is categorized as a "condition related to sexual health" and not a mental disorder, a move intended to destigmatize transgender identities further.

A diagnosis of gender incongruence is even easier to obtain than one of gender dysphoria because all the patient needs to experience is a marked incongruence between their internal sense of self and their biological sex. There is no requirement for the presence of distress as a criterion, meaning a patient's "embodiment goals" can be deemed medically necessary care.

But while WPATH publicly supports minors and their families consenting to these hormonal and surgical treatments based on a nebulous inner sense of self, privately, some members admit that consent is not possible. Behind closed doors, WPATH-affiliated healthcare professionals confess that their practices are based on improvisation, that children cannot comprehend them, and that the consent process is not ethical. Thus, WPATH is dishonest with the public and knowingly operates without transparency.

WPATH Knows Children Do Not Understand the Effects of Hormone Therapy

WPATH's Standards of Care 8 recommends adolescents who have received a diagnosis of "gender incongruence" have access to puberty blockers, cross-sex hormones, and surgeries so long as the young person "demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment."

However, in video footage obtained by Environmental Progress of an internal WPATH panel titled Identity Evolution Workshop held on May 6, 2022, panel members admit to the impossibility of getting proper informed consent for hormonal interventions from their young patients.[46]

During the panel, Dr. Daniel Metzger, a Canadian endocrinologist, discussed the challenges faced when attempting to obtain consent from adolescents seeking this medical treatment. Metzger reminded those assembled that gender doctors are "often explaining these sorts of things to people who haven't even had biology in high school yet," adding that even adult patients often have very little medical understanding of the effects of these interventions.

Metzger describes young patients attempting to pick and choose the physical effects of hormone therapy, with some wanting a deeper voice without facial hair or to take estrogen without developing breasts. This suggests a very poor understanding of the workings of the human body and the treatment pathway on the part of adolescent

45 Leibowitz, S., Green, J., Massey, R., Boleware, A. M., Ehrensaft, D., Francis, W., Keo-Meier, C., et al. "Statement in Response to Calls for Banning Evidence-Based Supportive Health Interventions for Transgender and Gender Diverse Youth." International Journal of Transgender Health 21, no. 1 (2020/01/02 2020): 111-12. https://doi.org/10.1080/15532739.2020.1703652. https://shorturl.at/bDGUZ

46 Massey, R., Berg, D., Ferrando, C., Green, J., & Metzger, D. (2022, May 6th) WPATH GEI Identity Evolution Workshop [internal panel].

patients, something noted by the WPATH expert.

"It's hard to kind of pick and choose the effects that you want," concluded Metzger. "That's something that kids wouldn't normally understand because they haven't had biology yet, but I think a lot of adults as well are hoping to be able to get X without getting Y, and that's not always possible."

Metzger tells his young patients that they might not "be binary, but hormones are binary." He describes having to explain to children and even adults that "you can't get a deeper voice without probably a bit of a beard" and "you can't get estrogen to feel more feminine without some breast development."

There was agreement among the panel of experts about children's inability to comprehend the powerful and life-altering effects of the hormone therapy they are seeking. Another prominent WPATH member, Dianne Berg, a child psychologist and co-author of the child chapter of SOC8, chimed in to say that they wouldn't expect children and young adolescents to grasp the effects of the treatment because it is "out of their developmental range to understand the extent to which some of these medical interventions are impacting them."

The immaturity of these patients was further demonstrated when Berg said, "They'll say they understand, but then they'll say something else that makes you think, oh, they didn't really understand that they are going to have facial hair."

Yet, publicly, WPATH never discusses any of this. On the rare occasion that WPATH makes public statements, sex-trait modification interventions are presented as age-appropriate, essential medical care, and any opposition to such interventions is framed as transphobia.

"Anti-transgender health care legislation is not about protections for children but about eliminating transgender persons on a micro and macro scale," said WPATH President Dr. Marci Bowers in a May 2023 statement opposing US bans on gender-affirming care for minors. "It is a thinly veiled attempt to enforce the notion of a gender binary."[47]

It is the responsibility of parents to provide legal consent before a doctor can block a child's puberty or administer irreversible cross-sex hormones, but during the panel, Berg provides evidence that even some parents do not have sufficient levels of health literacy to comprehend the effects of this treatment protocol, and she admits that current practices are not ethical.

"What really disturbs me is when the parents can't tell me what they need to know about a medical intervention that apparently they signed off for," said Berg. She suggests a solution is to "normalize" that it is okay not to understand right away and to encourage patients to ask questions. That way, gender-affirming healthcare providers can do a "real informed consent process" rather than what is currently happening, which Berg thinks is "not what we need to be doing ethically."

WPATH Knows Children Cannot Consent to Iatrogenic Fertility Loss

Another crucial aspect of the informed consent process that these WPATH members confess is being violated is the issue of allowing minors to consent to a treatment pathway that could result in sterility. WPATH's SOC8 stipulates that doctors must inform the young person about "the potential loss of fertility and available options to preserve fertility." By advocating for adolescents in early puberty to have access to hormonal interventions that could leave them sterile, the world-leading transgender health group is implying that minors have the cognitive capacity to make such a decision about their future.

However, on the inside, prominent WPATH members confess that it is impossible for adolescents to understand the gravity of the decision. Dr. Ren Massey, a psychologist and co-author of the adolescent chapter of the latest

47 "Statement of Opposition to Legislation Banning Access to Gender-Affirming Health Care in the Us." WPATH, 2023, https://www.wpath.org/media/cms/Documents/Public%20Policies/2023/USPATH_WPATH%20Statement%20re_%20GAHC%20march%208%202023.pdf.

standards of care, told the panel that, according to SOC8, "it's encouraged, and ethical, to talk about fertility preservation options," stressing that it is "even important for youth who are going on puberty blockers because many of those youth will go directly onto affirming hormone therapies which will eliminate the development of their gonads producing sperm or eggs," a function that the young patients may desire "if they want to be partners with somebody else later in contributing genetic material for reproduction."

Metzger responded that "it's always a good theory that you talk about fertility preservation with a 14-year-old, but I know I'm talking to a blank wall," adding, "they'd be like, ew, kids, babies, gross."

"Or, the usual answer is, 'I'm just going to adopt.' And then you ask them, well, what does that involve? Like, how much does it cost? 'Oh, I thought you just like went to the orphanage, and they gave you a baby.'"

This remark was met with smiles and nods from the panel. These comments prove that WPATH members are aware that the young patients who will lose their fertility as a consequence of gender-affirming treatments don't yet understand what they are sacrificing. They do not understand how they may come to want biological children of their own one day, nor do they even understand how adoption works or how arduous it can be to conceive a baby via in vitro fertilization.

These private comments are in stark contrast to WPATH's public stance. In a recent statement opposing US bans on sex-trait modification interventions for minors, WPATH said, "the benefits that these medically necessary interventions have for the overwhelming majority of youth … are well-documented. Providers who collaboratively assess youths' understanding of themselves, their gender identity, and their ability to make informed decisions regarding medical/surgical interventions (which are not offered prior to puberty and never without the youth's assent) play a very important role in minimizing future regret." However, WPATH members know this level of understanding is simply not possible, making WPATH's statement dishonest.

What's more, members are aware that there is already research showing significant reproductive regret among a cohort of Dutch patients who were some of the first to undergo early puberty suppression.

Metzger told the panel about data presented by Dutch researchers at a recent meeting of the Pediatric Endocrine Society. "Some of the Dutch researchers gave some data about young adults who had transitioned and [had] reproductive regret, like regret, and it's there," he said, "and I don't think any of that surprises us."

One reason Metzger is not surprised is that he has observed regret in his own patients.

"I think now that I follow a lot of kids into their mid-twenties, I'm like, 'Oh, the dog isn't doing it for you, is it?' They're like, 'No, I just found this wonderful partner, and now want kids' and da da da. So I think, you know, it doesn't surprise me," said Metzger.

In fact, the preliminary findings of the research to which Metzger appears to be referring were presented a few months later at WPATH's International Symposium in Montreal in September 2022.[48] The team of Dutch researchers gave a presentation of the results of the first long-term study of young people who had their puberty suppressed, and as Metzger suggested, the results were far from encouraging.

In a segment titled, Reflecting on the Importance of Family Building and Fertility Preservation, Dr. Joyce Asseler revealed that 27% of the young people who had undergone early puberty suppression followed by cross-sex hormones and surgical removal of the testes or ovaries, now, at an average age of 32, regret sacrificing their fertility, or as the Dutch researchers worded it, "find their infertility troublesome." A further 11% are unsure about

48 Steensma, T. D., de Rooy, F. B. B., van der Meulen, I. S., Asseler, J. D., & van der Miesen, A. I. R. (2022, September 16–20). Transgender Care Over the Years: First Long-Term Follow-Up Studies and Exploration of Sex Ratio in the Amsterdam Child and Adolescent Gender Clinic [Conference presentation].

how they feel about their infertility, and while none opted for fertility preservation in the form of freezing their eggs or sperm before embarking upon medical transition as adolescents, 44% of the natal females and 35% of the natal males would now choose fertility preservation if they could go back in time. The majority, 56%, of study participants either have the desire for children or have already "fulfilled this desire," presumably by adoption.

The 27% regret rate is also very likely an underestimate. Asseler quotes one participant who did not find their infertility "troublesome," who responded, "I can find it troublesome, but it's too little too late. Unfortunately, I can't change it, even if I would like to." Also, like most other studies in this field, this one suffers from a high loss to follow-up, with 50.7% of eligible participants failing to take part, so we cannot know the true regret rate in this cohort of young people.

Berg remarked that the issue of 9-year-olds grappling with understanding lifelong sterility has her "stumped," and Metzger acknowledged that "most of the kids are nowhere in any kind of a brain space to really talk about it in a serious way." This bothers the WPATH expert, who just wants "kids to be happy, happier, in the moment."

While prioritizing the alleviation of a child's distress in the present moment at the cost of their future fertility is deeply misguided, Metzger makes further comments indicating that WPATH's gender-affirming care doesn't even accomplish this dubious goal. Metzger says putting a nine-year-old on puberty blockers before they get to the age of developing their sexual identity "cannot be great," and admits that gender-affirming doctors are "to a degree robbing these kids of that sort of early-to-mid pubertal sexual stuff that's happening with their cisgender peers."

Adolescence is a difficult time for any young person as they yearn for acceptance among their peers. Erik Erikson, a child psychoanalyst, stated that the primary goal of adolescence is to establish identity.[49] He viewed adolescence as a time of confusion and experimentation. Building on Erikson's work, Canadian developmental psychologist James Marcia coined the term "identity moratorium," describing the stage of adolescence as an exploration rather than a time for a young person to commit to any single cause or identity.[50]

Identity development during this crucial phase relies heavily on social interactions, and the experience of isolation and loneliness is especially distressing for a young person still finding their way in the world. Therefore, Metzger's comments show that WPATH is knowingly promoting a medical treatment that might exacerbate an adolescent's social challenges rather than alleviate them, meaning this medical intervention, which comes at such an enormous cost, fails even to achieve Metzger's misguided aim of making kids "happier in the moment."

What's more, a thread in WPATH's internal messaging forum provides proof that some adolescents with developmental delays are being put on puberty blockers. A physician-assistant and professor at Yale School of Medicine posted in the group asking for advice about a developmentally delayed 13-year-old who was already on puberty blockers but may not reach the "emotional and cognitive developmental bar set by [SOC8] within the typical adolescent time frame if at all" to give cognitive consent to cross-sex hormones. The Yale professor and practicing clinician wanted to know when it would be ethical to allow the young patient to progress to "gender-affirming hormone therapy."

A psychiatrist from Nova Scotia replied that the "guiding principle would be weighing [the] harm of acting vs not acting." This WPATH member defined "harm" as halting puberty suppression and advised that puberty blockers cannot be continued indefinitely without a sex steroid hormone as well. A Pennsylvania therapist replied saying, "[k]ids with intellectual disabilities are able to consent to other surgeries," and wondered if there was

49 Erikson, E. H. (1968). Identity: youth and crisis. Norton & Co.

50 Kroger, J., & Marcia, J. (2011). The Identity Statuses: Origins, Meanings, and Interpretations. In (pp. 31-53). https://doi.org/10.1007/978-1-4419-7988-9_2

important context missing from the original post.

An activist and law professor at the University of Alberta shared a paper to help the Yale professor solve this ethical conundrum. "Regardless of patients' capacity, there is usually nobody better positioned to make medical decisions that go to the heart of a patient's identity than the patients themselves," says the paper, adding that because "gender uniquely pertains to personal identity and self-realisation, parents…are rarely better positioned to make complex medical decisions."[51]

Because parents are usually "cisgender," meaning not transgender, they "rarely have an intimate appreciation of transness or gender dysphoria, and never have an intimate appreciation of the patient's gender subjectivity," reads the paper. By contrast, patients, even developmentally delayed adolescents, have an "intimate understanding of their own gender subjectivity" and will almost always have a "substantial, although limited, appreciation" of the risk of harm and infertility.

Therefore, according to this logic, minors who identify as transgender, even those with severe mental health issues or developmental delays, can "appreciate both sides of the equation," meaning they are better positioned than their parents to make complex medical decisions that will have life-long consequences.

This political activist, who has no medical training, is a frequent contributor to the conversations inside the WPATH forum. However, this opinion is, in fact, in line with WPATH's official stance on allowing adolescents with developmental delays to give cognitive consent to experimental sex-trait modification interventions. In a 2022 public statement, WPATH called delaying or withholding puberty blockers and cross-sex hormones from adolescents with coexisting autism, other developmental differences, or mental health problems "inequitable, discriminatory, and misguided."[52]

Robbing adolescents of their developing sexual identities poses another problem for the panel of WPATH experts. As Metzger notes, this cohort's sexual urges are suppressed, meaning they are not "learning how to masturbate." However, these same healthcare providers are tasked with discussing fertility preservation options with their patients who are not developmentally equipped to understand the process. In the case of natal males, the freezing of sperm requires that the adolescent has reached this crucial developmental stage. Especially for boys, the logic of early intervention dictates that puberty be suppressed as soon as possible, meaning before endogenous hormones have had a chance to make the body fertile.

Berg is aware of this problem, telling the group, "In some ways, the stuff that you need to do to be able to preserve your fertility might be beyond where a youth is at in terms of their sexual development, and yet, that's kind of what's needing to happen."

In traditional pediatrics, this type of conversation would only occur in oncology. Fertility preservation is offered to children with certain disorders of sexual development (DSDs) and other rare health conditions,[53] but it is only cancer treatment and gender-affirming medicine that cause iatrogenic infertility, meaning it is the treatment protocol that destroys the young person's fertility. Prior to the advent of gender-affirming care, the only justifiable reason for sterilizing a minor was a potentially life-threatening cancer diagnosis.

In a WPATH public statement from 2020, which was co-authored by two of the Identity Evolution Workshop

51 Ashley, F. (2023). Youth should decide: the principle of subsidiarity in paediatric transgender healthcare. J Med Ethics, 49(2), 110-114. https://doi.org/10.1136/medethics-2021-107820 https://pubmed.ncbi.nlm.nih.gov/35131805/

52 WPATH, ASIAPATH, EPATH, PATHA, and USPATH Response to NHS England in the United Kingdom (UK). (2022). https://www.wpath.org/media/cms/Documents/Public%20Policies/2022/25.11.22%20AUSPATH%20Statement%20reworked%20for%20WPATH%20Final%20ASIAPATH.EPATH.PATHA.USPATH.pdf?_t=1669428978

53 Rodriguez-Wallberg, K. A., Marklund, A., Lundberg, F., Wikander, I., Milenkovic, M., Anastacio, A., Sergouniotis, F., Wånggren, K., Ekengren, J., Lind, T., & Borgström, B. (2019). A prospective study of women and girls undergoing fertility preservation due to oncologic and non-oncologic indications in Sweden-Trends in patients' choices and benefit of the chosen methods after long-term follow up. Acta Obstet Gynecol Scand, 98(5), 604-615. https://doi.org/10.1111/aogs.13559

panelists, the leading transgender health group claims that "in general, mental health and medical professionals conduct evaluations of each youth/family to ensure that interventions used to promote emotional and psychological wellness in these youth are appropriate and meet the young person's specific mental health and medical needs."[54]

"As a result, professionals with experience and training to understand adolescent development and family dynamics are poised to understand the underlying factors behind a specific clinical presentation," said WPATH. "The best interests of the child are always paramount for any responsible licensed provider."

Compare that to what WPATH members say when they think the public is not listening. Jamison Green, a trans rights activist, former WPATH president, and one of the co-authors of the statement, told the panel that many patients may never even see an endocrinologist and are instead getting their "hormones prescribed through their primary care provider who doesn't really know necessarily everything about trans care."

Green believes these primary care providers are just "trying to be supportive" but explains that because the field of gender medicine is "new" and "contentious," patients, even well-educated adults who are accessing care for the first time, will hastily glance at the informed consent form, not take any of the information in, and say, "show me where to sign. Cause this is my moment, I gotta grab it."

This comment is in complete contradiction to WPATH's official statement claiming that a team of medical and mental health professionals carefully evaluates young patients. And this doesn't just happen with access to hormones. Green makes the same remarks regarding patients consenting to life-altering surgeries.

"People also are afraid many times about surgery, and so they can read other people's descriptions about surgery, and they'll miss details, or they'll miss the most important piece of information for them simply because they're afraid to read it," explained Green.

54 Ibid (n.45)

WPATH IS NOT A SCIENTIFIC GROUP

WPATH presents itself to the world as a scientific organization. The group describes its "Standards of Care" as being "based on the best available science and expert professional consensus."

In a 2022 speech in Texas, the US Assistant Secretary for Health, Admiral Rachel Levine said that WPATH's approach to medicine is "free of any agenda other than to ensure that medical decisions are informed by science."[55] In an op-ed in the New York Times from April, 2023, WPATH President Bowers argued that the "field of transgender medicine is evolving rapidly, but it is every bit as objective- and outcome-driven as any other specialty in medicine."[56]

"Allow the remaining scientific questions to be answered by knowledgeable researchers, without the influence of politics and ideology," Bowers implored.

However, the scientific method is a systematic approach to establishing facts through rigorous testing and experimentation. In the realm of medical research, this process entails observing a medical condition requiring intervention and formulating a hypothesis regarding a potentially effective treatment. This hypothesis is then put to the test through rigorously controlled trials, preferably ones that are both randomized and double-blind, meaning the participants are randomly assigned to different groups, and neither the participants nor the researchers know which group is receiving the treatment and which is receiving a placebo or alternative intervention. The final crucial step in the process is a follow-up, meaning all participants must be monitored over a sufficient duration and the results carefully analyzed to gauge the treatment's efficacy and safety.

The WPATH Files contain abundant evidence that the world-leading transgender health group does not respect the well-established scientific process.

Even the term "standards of care" is a misnomer when applied to WPATH's SOC7 and SOC8. "Standard of care" is a legal term, not a medical term, and represents "the benchmark that determines whether professional obligations to patients have been met."[57] Failure to meet the standard of care is medical negligence, which can result in significant consequences for healthcare providers.

However, from WPATH's SOC7 onwards, there are no "standards." A 2021 systematic review of clinical guidelines in gender medicine did not merely rate SOC7 as low quality but also rated it as "do not recommend."[58] The review concluded with the hope that the upcoming SOC8 would improve on SOC7's numerous shortcomings, but instead, SOC8 strayed even further from meeting the definition of a standard of care.

WPATH's SOC8 gives gender-affirming healthcare providers permission to do whatever the patient requests, in the absence of scientific evidence, safe in the knowledge that insurance companies will offer coverage because every intervention is defined as "medically necessary." Simultaneously, these providers believe themselves to be protected from malpractice lawsuits because they adhere to these approved "standards of care" that, in truth, contain no actual "standards" since all criteria are optional.

The Weak Evidence Base for Puberty Suppression

Nowhere is WPATH's disregard for the scientific

55 Levine, R. (2022). Remarks by HHS Assistant Secretary for Health ADM Rachel Levine for the 2022 Out For Health Conference. U.S. Department of Health and Human Services. https://www.hhs.gov/about/news/2022/04/30/remarks-by-hhs-assistant-secretary-for-health-adm-rachel-levine-for-the-2022-out-for-health-conference.html

56 "What Decades of Providing Trans Health Care Have Taught Me." The New York Times, 2023, https://www.nytimes.com/2023/04/01/opinion/trans-healthcare-law.html.

57 Vanderpool, D. (2021). The Standard of Care. Innov Clin Neurosci, 18(7-9), 50-51. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8667701/#:~:text=The%20standard%20of%20care%20is%20a%20legal%20term%2C%20not%20a,legal%20standard%20varies%20by%20state.

58 Dahlen, S., Connolly, D., Arif, I., Junejo, M. H., Bewley, S., & Meads, C. (2021). International clinical practice guidelines for gender minority/trans people: systematic review and quality assessment. BMJ Open, 11(4), e048943. https://doi.org/10.1136/bmjopen-2021-048943

process more evident than in its support for adolescent sex-trait modification involving puberty blockers, cross-sex hormones, and surgeries for minors suffering from gender dysphoria. The world's most prominent transgender healthcare group endorses this controversial treatment protocol, and the WPATH Files contain abundant evidence demonstrating just how little is known about the drugs and their long-term effects.

In the 2023 paper, The Myth of Reliable Research,[59] Abbruzzese et al. argue that the practice of performing sex-trait modifications on minors through the use of puberty blockers, cross-sex hormones, and surgeries is an experiment that "escaped the lab" before there was any strong scientific evidence to support it.

Rather than being "evidence-based" as WPATH claims, Abbruzzese et al. explain that pediatric sex-trait modification was an "innovative practice" embarked upon by researchers in a Dutch clinic in the late 1980s-early 1990s. The "innovative practice" framework allows clinicians to implement untested yet encouraging interventions in cases where leaving the condition untreated could have dire consequences, when established treatments appear ineffective, and when the patient population is small.

Innovative practice is a double-edged sword because while it has the potential to advance medicine rapidly, it is also capable of causing harm. Hence, it is an ethical requirement to follow innovative experiments with strict clinical trials to demonstrate that the treatment's advantages outweigh the associated risks.

The clinical trial stage is imperative to avoid a phenomenon called runaway diffusion, "whereby the medical community mistakes a small innovative experiment as a proven practice, and a potentially non-beneficial or harmful practice 'escapes the lab,' rapidly spreading into general clinical settings."[60]

Runaway diffusion is what happened with pediatric gender medicine. Based on a study group of just 55 participants, which suffered from high selection bias, and a study design so methodologically flawed that its results should have been completely invalidated, the international medical community began suppressing the puberty of adolescents suffering from gender dysphoria. The vital step of undertaking controlled research aimed at validating the hypothesized substantial and enduring psychological advantages was completely skipped.

In fact, as early as 2001, WPATH, then HBIGDA, endorsed the treatment in its Standards of Care 6, even though, at that time, the scientific evidence for the protocol consisted of just a single case study involving one young patient.[61,62,63] Then, before the second stage of the deeply flawed Dutch experiment had been completed, WPATH again endorsed the treatment in its Standards of Care 7 in 2012, thereby influencing the medical community and leading to the widespread adoption of the protocol.[64]

The speed of the runaway diffusion increased dramatically when the innovative medical experiment collided with the sudden surge of adolescents identifying as transgender in the mid-2010s.

While The Myth of Reliable Research specifically criticizes the adolescent sex-trait modification experiment, there have never been any properly controlled trials in the

59 Abbruzzese, E., Levine, S. B., & Mason, J. W. "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 49, no. 6 (2023): 673-99. https://doi.org/10.1080/0092623x.2022.2150346.

60 Ibid (n.59)

61 Biggs, M. "The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence." Journal of Sex & Marital Therapy 49, no. 4 (2023): 348-68. https://doi.org/10.1080/0092623x.2022.2121238.

62 Meyer III, W., Bockting, W.O., Cohen-Kettenis, P., Coleman, E., DiCeglie, D., Devor, H., Gooren, L., et al. "The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version." Journal of Psychology & Human Sexuality 13, no. 1 (2002): 1-30. https://www.cpath.ca/wp-content/uploads/2009/12/WPATHsocv6.pdf.

63 Cohen-Kettenis, P. T., & van Goozen, S. H. "Pubertal Delay as an Aid in Diagnosis and Treatment of a Transsexual Adolescent." [In eng]. Eur Child Adolesc Psychiatry 7, no. 4 (Dec 1998): 246-8. https://doi.org/10.1007/s007870050073.

64 Ibid (n.38 p.18)

wider field of gender medicine, which also consistently lacks long-term data. Studies that show a positive outcome for sex-trait modification procedures have a very short follow-up period, and those that attempt to monitor how patients fare years after undergoing hormonal and surgical interventions are compromised by a high percentage of study participants lost to follow-up. The few attempts at long-term follow-up for adults who have undergone sex-trait modification interventions do not show positive outcomes, with individuals showing social difficulties and a significantly elevated rate of completed suicides and mental health issues.[65,66,67,68] While each of these studies has its methodological limitations, the findings cast serious doubt on any claims that sex-trait modification interventions result in overwhelmingly positive outcomes for patients. Not surprisingly, systematic reviews of the research on sex trait modification in minors have consistently found "low" or "very low" quality evidence for benefits.

Evidence in the Files of WPATH's Lack of Respect for the Scientific Process

A discussion in the WPATH Files involving WPATH's president, Dr. Marci Bowers, demonstrates the pseudoscientific, experimental nature of pediatric hormonal and surgical sex-trait modification. Bowers makes it abundantly clear that there is no scientific rigor to the treatment protocol when discussing how little is known about the impact puberty blockers have on the future sexual function of natal males.

In January 2022, WPATH President Bowers admitted in the forum that the effect of puberty blockers on fertility and "the onset of orgasmic response" is not yet fully understood. Also, Bowers conceded that there are "problematic surgical outcomes" for natal males who have their puberty blocked early.

In fact, almost everything Bowers contributed to the discussion board about fertility, puberty blockers, and sexual intimacy is proof that the leading transgender health group advocates for an unregulated experiment on young people.

Bowers told the group that the "fertility question has no research" and recommended that "Unless pre-pubertal dysphoria is enormous, allowing for a small amount of puberty before blockers might be preferable in the long run."

In this context, the use of the word "might" suggests that these doctors are improvising, experimenting without a structured framework, and, because of inadequate follow-up, failing to track the outcome of their experiment. This type of guesswork is acceptable in a small experiment but unethical when every major American medical association recommends the treatment and the wider medical community has already adopted it.

Bowers then said the question of whether or not these young males will be able to achieve orgasm later in life was "thornier," with the WPATH president admitting that all personal clinical experience up to that point indicated that boys who have their puberty blocked at Tanner Stage 2, the beginning of pubertal development, are completely unable to orgasm. "Clearly, this number needs documentation, and the long-term sexual health of these individuals needs to be tracked," said Bowers.

In other words, Bowers is aware that gender-affirming healthcare providers are robbing young natal males of the ability to orgasm and, therefore, their future ability to form long-term intimate relationships, which is an essential part of a fulfilling and happy life for most people. What's more, gender-affirming doctors are choosing this drastic medical

65 "Mistaken Identity." The Guardian, 2004, https://www.theguardian.com/society/2004/jul/31/health.socialcare.

66 Dhejne, C., Lichtenstein, P., Boman, M., Johansson, A. L. V., Långström, N., & Landén, M. "Long-Term Follow-up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden." PLoS ONE 6, no. 2 (2011): e16885. https://doi.org/10.1371/journal.pone.0016885.

67 Kuhn, A., Bodmer, C., Stadlmayr, W., Kuhn, P., Mueller, M. D., & Birkhäuser, M. "Quality of Life 15 Years after Sex Reassignment Surgery for Transsexualism." Fertility and Sterility 92, no. 5 (2009): 1685-89.e3. https://doi.org/10.1016/j.fertnstert.2008.08.126.

68 "Part 3: Gender Identity." Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences, The New Atlantis, 2016, https://www.thenewatlantis.com/publications/part-three-gender-identity-sexuality-and-gender.

intervention as the first line of treatment for this vulnerable cohort of young people while ignoring the scientific literature that shows most children would overcome their dysphoria if allowed to grow and develop naturally without medical intervention.[69,70,71] While this literature predates the newly emerged adolescent-onset cohort, all existing knowledge about adolescent identity development strongly supports allowing these young patients the chance to grow and mature before making drastic, life-altering decisions.[72]

If WPATH, as Bowers claimed in the New York Times, were every bit as objective- and outcome-driven as any other specialty in medicine, these questions would have been answered before the group recommended the treatment protocol be rolled out into wider medical practice.

Bowers also mentioned the "problematic surgical outcomes" faced by these patients. Here, the WPATH president is referring to the fact that natal males who have their puberty suppressed at Tanner Stage 2 typically require a more complicated vaginoplasty surgery than the standard penile inversion.

In a fully developed adult male, vaginoplasty involves inversion of the penis, using the penile skin to line the surgical cavity that is meant to resemble a vagina. But in natal males who have their puberty blocked, the penis remains in a child-like state, meaning there is insufficient penile tissue to use during the procedure. Therefore, the surgeon must harvest tissue from a different part of the body. The most common technique uses a piece of the patient's colon, or less frequently, surgeons will use the peritoneum lining, which is the lining of the abdominal cavity. Some gender surgeons are even experimenting with using tilapia fish skin.[73]

There are two notable examples of the "problematic surgical outcomes" that can ensue as a result of these riskier surgeries. The first is the tragic death of an 18-year-old natal male who participated in the pioneering Dutch trial and died of necrotizing fasciitis.[74] This devastating outcome resulted from surgeons opting to use a section of the teen's intestines to construct the pseudo-vagina, a measure necessitated by the patient's lack of male puberty. This one death represents an almost 2% fatality rate associated with surgery in the Dutch study. In any other field of medicine, such a high fatality rate would result in the experiment instantly being halted and carefully studied to investigate what went wrong.

Then there is the story of Jazz Jennings, the trans-identified natal male star of the reality TV show I Am Jazz. Jennings was also one of the first children to take part in the puberty suppression experiment, and when it came time for vaginoplasty, Jazz also had insufficient penile tissue, making it necessary to use part of Jazz's peritoneum lining and a section of thigh skin. Bowers was the surgeon who performed the operation. Days after the surgery, the pseudo-vagina came apart, causing Jazz intense pain and requiring three corrective surgeries.

One study found that 71% of the natal males who had undergone puberty suppression at Tanner Stages 2-3 required the riskier form of intestinal vaginoplasty.[75] Another study found one-quarter of males who undergo

69 Ibid (n.2)

70 Ibid (n.4).

71 Wallien, M. S., & Cohen-Kettenis, P. T. "Psychosexual Outcome of Gender-Dysphoric Children." [In eng]. J Am Acad Child Adolesc Psychiatry 47, no. 12 (Dec 2008): 1413-23. https://doi.org/10.1097/CHI.0b013e31818956b9.

72 Ibid (n.49); Ibid (n.50)

73 Slongo, H., Riccetto, C. L. Z., Junior, M. M., Brito, L. G. O., & Bezerra, L. "Tilapia Skin for Neovaginoplasty after Sex Reassignment Surgery." [In eng]. J Minim Invasive Gynecol 27, no. 6 (Sep-Oct 2020): 1260. https://doi.org/10.1016/j.jmig.2019.12.004.

74 Negenborn, V. L., van der Sluis, W. B., Meijerink, W., & Bouman, M. B. "Lethal Necrotizing Cellulitis Caused by Esbl-Producing E. Coli after Laparoscopic Intestinal Vaginoplasty." [In eng]. J Pediatr Adolesc Gynecol 30, no. 1 (Feb 2017): e19-e21. https://doi.org/10.1016/j.jpag.2016.09.005.

75 van der Sluis, W. B., de Nie, I., Steensma, T. D., van Mello, N. M., Lissenberg-Witte, B. I., & Bouman, M. B. "Surgical and Demographic Trends in Genital Gender-Affirming Surgery in Transgender Women: 40 Years of Experience in Amsterdam." [In eng]. Br J Surg 109, no. 1 (Dec 17 2021): 8-11. https://doi.org/10.1093/bjs/znab213.

this type of vaginoplasty require follow-up corrective surgery.[76]

Further evidence of the uncertainty surrounding the puberty suppression experiment is present in the WPATH Files. In February 2022, a Seattle psychologist asked the forum for information about the impact puberty blockers have on a young person's height. The psychologist was confused after reading and hearing "some conflicting information." The patient who sparked the inquiry was a 10-year-old "premenarche" natal female who identified as a boy. The child was concerned that taking puberty blockers would stunt growth, so the psychologist asked the forum if starting the drugs so young could have a negative impact.

The reply from a pediatric endocrinologist demonstrates that the whole experiment is based on guesswork. She explains that blockers suppress puberty to keep growth plates open longer, so younger teens have more time to grow, but the typical adolescent growth spurt is also blocked. To remedy this, the endocrinologist says she gives a low dose of testosterone to these young teenage girls and gradually increases the dose, hoping that the growth plates don't close.

It's relevant at this point to note that the puberty suppression experiment began because transgender adult males were dissatisfied with the results of their medical transition because they did not "pass" well as women due to a "never disappearing masculine appearance."[77] Therefore, the Dutch researchers came up with the idea to use gonadotropin-releasing hormone agonists (GnRHa) to block the testosterone surge of male puberty in the hopes of achieving more feminine appearances in adulthood. The increased risk of false positives due to early intervention was noted, but the cosmetic advantages to adult natal males who identify as women were deemed more important.[78]

In 2014, Delemarre-van de Waal reviewed the puberty suppression experiment, stating that "an early intervention in a male-to-female transsexual may result in a more acceptable female final height." The word height was mentioned no fewer than 23 times in the paper.[79] There was only one mention of loss of fertility. As one researcher later noted, the "words orgasm, libido, and sexuality do not appear" even once.[80]

However, the aforementioned exchange in the WPATH Files indicates that natal females may experience poorer outcomes from having their puberty blocked. Testosterone use typically brings about convincing cosmetic changes in females who identify as male, making height the biggest challenge trans-identified natal females face when trying to pass as men. Since natal females constitute the majority of referrals to pediatric gender clinics, if it is indeed true that these drugs negatively affect the height of female patients, it calls into question the validity of the original hypothesis for their use.

What's more, the superficial focus on "passing" as a member of the opposite sex ignores the reality of human sexuality. A transgender person who passes when out in public is still going to experience difficulty finding a romantic partner because of the limitations of sex-trait modification interventions. For those who do not opt for genital surgery, their outward appearance is incongruent with their genitals, and for those who do opt for full surgical transition, there are limitations of what such

76 Bouman, M. B., van der Sluis, W. B., Buncamper, M. E., Özer, M., Mullender, M. G., & Meijerink, W. "Primary Total Laparoscopic Sigmoid Vaginoplasty in Transgender Women with Penoscrotal Hypoplasia: A Prospective Cohort Study of Surgical Outcomes and Follow-up of 42 Patients." [In eng]. Plast Reconstr Surg 138, no. 4 (Oct 2016): 614e-23e. https://doi.org/10.1097/prs.0000000000002549.

77 Waal, H., & Cohen-Kettenis, P. "Clinical Management of Gender Identity Disorder in Adolescents: A Protocol on Psychological and Paediatric Endocrinology Aspects." European Journal of Endocrinology - EUR J ENDOCRINOLOGY 155 (10/30 2006). https://doi.org/10.1530/eje.1.02231.

78 Ibid (n.77)

79 Delemarre-van de Waal, H. A. "Early Medical Intervention in Adolescents with Gender Dysphoria." In Gender Dysphoria and Disorders of Sex Development: Progress in Care and Knowledge, edited by Baudewijntje P. C. Kreukels, Thomas D. Steensma and Annelou L. C. de Vries, 193-203. Boston, MA: Springer US, 2014. https://link.springer.com/chapter/10.1007/978-1-4614-7441-8_10#citeas

80 Ibid (n.61)

surgeries can achieve. In either case, the ability to form long-term sexual relationships is drastically compromised.

If WPATH were indeed a scientific organization dedicated to ensuring that its members provide the best possible care for patients suffering from gender dysphoria, including minors and those with serious psychiatric comorbidities, it would fund proper clinical trials to assess the safety, effectiveness, risks, and benefits of the treatment protocol for which it so strenuously advocates. An essential part of these trials would be long-term follow-up to measure the impact of allowing adolescents to compromise their health, fertility, and sexual function at such a young age.

WPATH IS NOT A MEDICAL GROUP

WPATH Has Abandoned the Hippocratic Oath

For over 2,500 years, physicians have been guided by the Hippocratic oath to first do no harm. While this exact adage is not present in the original text from 5th century BC Greece, the pledge is a distillation of the oath's overarching message to consider the benefit of patients and "abstain from whatever is deleterious and mischievous."

The phrase "First, do no harm," or its Latin translation, "Primum non nocere," is the bedrock upon which medical ethics standards are built, and it has provided a moral and ethical compass for physicians for thousands of years. While medicine and technology have advanced beyond recognition since the days of Hippocrates, the oath's guiding principle has always remained the same: the benefits of a medical treatment must always outweigh any harm.

Throughout the ages, medical professionals have sought to balance taking risks with patient safety, and still, to this day, that can be challenging, especially in high-stakes areas of medicine such as cancer treatment. In fact, it is appropriate to compare WPATH's gender-affirming care to cancer treatment because both protocols involve the use of powerful drugs that have a profound impact on future health and reproductive function, as well as, in many cases, the surgical removal of body parts.

But while most people would agree that doctors are justified in administering treatments such as chemotherapy that could result in sterility or amputating body parts if a child or young person has cancer and the surgery could save the patient's life, the ethics of sterilizing a young person suffering from the poorly defined psychiatric disorder called gender dysphoria, or amputating healthy parts of their body, are far more questionable.

Evidence Showing the Harmful Effects of Wrong-Sex Hormones

WPATH members adhere to the belief that attempting to help a patient overcome their feelings of gender incongruence and reconcile with their birth sex amounts to conversion therapy.[81] Therefore, the mental and medical professionals inside the leading transgender health group advocate for affirmation alongside invasive and harmful hormonal and surgical interventions as the first and only line of treatment for patients, including minors and the severely mentally ill, despite knowing the detrimental effects.

Inside the WPATH forum, there were plenty of discussions about the effects of cross-sex hormones on the sexual function of natal females, as well as natal males who had been allowed to go through puberty and were, therefore, able to orgasm.

For example, in the discussion thread dated March 24, 2022, a nurse practitioner asked about a "young patient" who developed pelvic inflammatory disease after three years of testosterone. The natal female "has atrophy with the persistent yellow discharge we often see as a result," the nurse wrote. Vaginal atrophy is the thinning, drying, and inflammation of the vaginal walls that occurs when a woman has less estrogen, typically after menopause. For many women, vaginal atrophy not only makes intercourse painful but also leads to distressing urinary symptoms.

Pelvic Inflammatory Disease (PID) is a serious condition which can lead to severe and potentially life-threatening health issues, including the spread of infection to other body parts as well as abscesses of the ovaries and fallopian tubes. It significantly raises the risk of ectopic pregnancy, which can also be life-threatening. As well, PID can negatively impact fertility. The longer PID remains untreated, the higher the likelihood of enduring

81 Ibid (n.52)

serious long-term health problems and infertility, and prolonged PID infections can result in permanent scarring of the reproductive organs. The condition can result in the need for a hysterectomy.

In the replies, one WPATH member shared a story about young natal females developing "pelvic floor dysfunction, and even pain with orgasm." A trans-identified natal female lawyer and prominent trans activist shared a personal account of developing a condition after years on testosterone that caused "splits in the skin which bled, and were excruciating." And another trans-identified natal female member described "bleeding after penetrative sex," painful orgasms, and an atrophied uterus.

Natal males don't fare any better on estrogen, either. When a doctor posted asking for "any insight as to why some transwomen may experience significant pain with erections post hormone therapy," the replies indicated that this is not an uncommon problem.

A trans-identified natal male counselor confirmed having experienced painful erections while taking estradiol and described "trying to avoid having them because of this," explaining that even when the erections were not painful, "they were physically uncomfortable and not pleasurable." A registered nurse told of natal male patients who described erections as "feeling like broken glass."

This is the treatment pathway WPATH endorses for adolescents. These exchanges indicate that gender-affirming healthcare providers are knowingly permitting young patients to compromise their sexual function when they do not have the maturity or experience to comprehend the implications of such a decision in the context of a long-term relationship. These youth are being allowed to sacrifice a crucial component of their sexual identity before they have any understanding of the impact the loss will have on their adult life.

Doctors on the forum also found that cross-sex hormones had severe adverse effects on some young people. In December 2021, a doctor described a 16-year-old patient who had developed large liver tumors after being on norethindrone acetate to suppress menstruation for several years and testosterone for one year. "Pt found to have two liver masses (hepatic adenomas) - 11x11cm and 7x7cm - and the oncologist and surgeon both have indicated that the likely offending agent(s) are the hormones," the doctor wrote.

Another doctor replied to this with an anecdote about a female colleague who, after about 8-10 years of taking testosterone, developed hepatocarcinomas. "To the best of my knowledge, it was linked to his hormone treatment," said the doctor, who had no more details because the cancer was so advanced that her colleague died a couple of months later.

The risk of female patients on testosterone developing hepatocellular carcinomas has been noted before. In 2020, The Lancet published a case study of a 17-year-old trans-identified natal female with a large hepatocellular carcinoma (HCC), the most common type of primary liver cancer which is most often seen in men and people with chronic liver diseases, such as cirrhosis caused by hepatitis B or hepatitis C infection. The 17-year-old had been on testosterone for 14 months, but her team had advised her to stop taking the hormone due to the "possible effects it might be having on the tumour." The outcome for the patient is not known, but the case study concluded by stating that the "relationship between exogenous testosterone and development and progression of HCC in peripubertal transgender patients is unknown."[82]

Researchers have also documented a second unusual case of liver cancer in a trans-identified natal female. This patient was 47 years old at the time of diagnosis and was found to have cholangiocarcinoma, a rare cancer of the bile duct that is normally only seen in older people.[83]

82 Lin, A. J., Baranski, T., Chaterjee, D., Chapman, W., Foltz, G., & Kim, H. "Androgen-Receptor-Positive Hepatocellular Carcinoma in a Transgender Teenager Taking Exogenous Testosterone." The Lancet 396, no. 10245 (2020): 198. https://www.thelancet.com/article/S0140-6736(20)31538-5/fulltext

83 Pothuri, V. S., Anzelmo, M., Gallaher, E., Ogunlana, Y., Aliabadi-Wahle, S., Tan, B., Crippin, J. S., & Hammill, C. H. "Transgender Males on Gender-Affirming Hormone Therapy and Hepatobiliary Neoplasms: A Systematic Review." Endocrine Practice 29, no. 10 (2023/10/01/ 2023): 822-29. https://pubmed.ncbi.nlm.nih.gov/37286102/.

The relatively unexpected ages in these two cases, absence of risk factors, and known association between exogenous testosterone and liver tumors prompted an investigation of existing literature on the relationship between gender-affirming hormone therapy and cancer of the liver. The systematic review was inconclusive, however, due to lack of available evidence."The available evidence is limited by the rarity of these tumor types [and] the historical lack of access to [gender-affirming hormone therapy]."[84]

It is not only liver cancer that is of concern for natal females taking exogenous testosterone. A 2022 cohort study demonstrated a high percentage of abnormal Pap tests in Natal females receiving testosterone. The researchers concluded that "[t]estosterone seems to induce changes in squamous cells and shifts in vaginal flora."[85] Other studies have suggested links between testosterone use and increased risk of heart attacks.[86,87]

In light of the significant increase in teenage girls and young women identifying as transgender and seeking testosterone therapy in recent years, coupled with WPATH's gender-affirming care model, there is an urgent need to investigate any potential life-threatening connections. Furthermore, the "informed consent model of care" endorsed by WPATH has streamlined access to this potent and potentially deadly hormone. In some states, for women as young as 18, it is as straightforward as signing a consent form at Planned Parenthood.[88]

Also, a 2018 study conducted by Kaiser Permanente found that natal males on estrogen had a 5.2% risk of a blood clot in the lungs or legs, a heart attack, or a stroke within a mean of 4 years after initiating estrogen (but the increased risk begins as early as one year), and the risks rise the longer a trans-identified natal male takes estrogen.[89]

The paucity of good quality research in the field of gender medicine was exposed in the 2020 Cochrane Library systematic review of the scientific literature on the safety and efficacy of cross-sex hormone therapy for natal males.[90] The review revealed that not one of the studies within the entire body of literature even reached the classification of very low quality, and as a result, not a single study fulfilled the inclusion criteria set by the review.

"Despite more than four decades of ongoing efforts to improve the quality of hormone therapy for [natal males] in transition, we found that no RCTs or suitable cohort studies have yet been conducted to investigate the efficacy and safety of hormonal treatment approaches for [natal males] in transition," wrote the researchers. "The evidence is very incomplete, demonstrating a gap between current clinical practice and clinical research."

Given the lack of scientific literature to indicate that cross-sex hormone therapy is safe and effective, as well as the number of known negative side effects and the possible serious negative outcomes, it is unethical for WPATH to advocate for minors and the severely mentally ill to bypass psychotherapy and have immediate access to these powerful drugs.

84 Ibid (n.83)

85 Lin, L. H., Zhou, F., Elishaev, E., Khader, S., Hernandez, A., Marcus, A., & Adler, E. "Cervicovaginal Cytology, Hpv Testing and Vaginal Flora in Transmasculine Persons Receiving Testosterone." [In eng]. Diagn Cytopathol 50, no. 11 (Nov 2022): 518-24. https://doi.org/10.1002/dc.25030.

86 Alzahrani, T., Nguyen, T., Ryan, A., Dwairy, A., McCaffrey, J., Yunus, R., Forgione, J., Krepp, J., Nagy, C., Mazhari, R., & Reiner, J. (2019). Cardiovascular Disease Risk Factors and Myocardial Infarction in the Transgender Population. Circulation: Cardiovascular Quality and Outcomes, 12(4). https://doi.org/10.1161/circoutcomes.119.005597

87 Nota, N. M., Wiepjes, C. M., De Blok, C. J. M., Gooren, L. J. G., Kreukels, B. P. C., & Den Heijer, M. (2019). Occurrence of Acute Cardiovascular Events in Transgender Individuals Receiving Hormone Therapy. Circulation, 139(11), 1461-1462. https://doi.org/10.1161/circulationaha.118.038584

88 "I Want to Transition. How Old Do You Have to Be to Get Hrt?" Planned Parenthood, 2023, https://www.plannedparenthood.org/blog/i-want-to-transition-how-old-do-you-have-to-be-to-get-hrt.

89 Getahun, D., Nash, R., Flanders, W. D., Baird, T. C., Becerra-Culqui, T. A., Cromwell, L., Hunkeler, E., Lash, T. L., Millman, A., Quinn, V. P., Robinson, B., Roblin, D., Silverberg, M. J., Safer, J., Slovis, J., Tangpricha, V., & Goodman, M. (2018). Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study. Ann Intern Med, 169(4), 205-213. https://doi.org/10.7326/m17-2785n

90 Haupt, C., Henke, M., Kutschmar, A., Hauser, B., Baldinger, S., Saenz, S. R., & Schreiber, G. (2020). Antiandrogen or estradiol treatment or both during hormone therapy in transitioning transgender women. Cochrane Database of Systematic Reviews(11). https://doi.org/10.1002/14651858.CD013138.pub2

Doctors Improvising and Experimenting

As already shown, WPATH advocates for an unregulated experiment to be conducted on minors who are experiencing gender-related distress. There is no reliable evidence to support the safety and efficacy of puberty suppression for trans-identified adolescents. However, there is further evidence in the files that WPATH members are engaged in improvisation and experimentation rather than rigorous science.

For example, in the discussion threads concerning the debilitating reproductive organ pain experienced by both male and female patients due to hormone therapy, the advice is consistently anecdotal and little more than guesswork. In the thread about the young natal female who had required emergency room care for pelvic inflammatory disease (PID) after three years on testosterone, the New York nurse told the group that the estrogen cream "appears to have stopped working," and the patient has persistent yellow discharge. "Has anyone had luck with estrace tablets vs cream?" the nurse asked, seemingly in lieu of consulting scientific literature.

The replies contain vague anecdotal recommendations that topical creams can help a few patients, and a couple of trans-identified natal females tell of remedies that helped relieve some of their symptoms. A Michigan family physician tells the forum of the success she had treating two natal females with an antispasmodic drug to relieve their painful orgasms, specifying that the drug should be taken 30-60 minutes before orgasm.

However, anecdotes are not science, and no one in the forum provided links to actual scientific literature providing evidence-based recommendations for managing these painful iatrogenic symptoms.

The reason for this is there is no reliable science to consult. A 2021 review of the relevant literature states that the "field of transgender medicine is relatively new, and little is known of the effects of testosterone therapy," but did note that natal females on testosterone therapy frequently experience symptoms of vaginal atrophy similar to those of the post-menopausal state, including dryness, irritation, bleeding with vaginal penetration (sex or medical examination), and dyspareunia (pain during intercourse). The authors acknowledge that these symptoms can have "a substantial impact on quality of life" and may require local estrogen-based therapy, but "the efficacy of this approach has not been documented" in trans-identified natal females.[91]

Worse, a 2023 study found that testosterone use increases a natal female's libido while at the same time increasing pain during intercourse, with over 60% of participants reporting genital pain or discomfort during sexual activity. The researchers noted that the majority of trans-identified natal females experience "vulvovaginal" pain during sexual activity and concluded that "[g]iven this high burden, there is an urgent need to identify effective and acceptable interventions for this population."[92]

In the thread discussing an endocrinologist's question about why some trans-identified natal males experience "significant pain with erections post hormone therapy" and whether this pain was likely to persist after undergoing vaginoplasty, the responses were once again vague and anecdotal, with WPATH members speculating that the discomfort could be linked to factors such as tissue atrophy and thinning of penile skin, and infrequent erections. Some members even admitted to never addressing this concern with their patients. A trans-identified natal male counselor shared a personal anecdote about experiencing this symptom and indicated that it was resolved through penis amputation.

"My guess (and it's just a guess, I'm not a medical

91 Krakowsky, Y., Potter, E., Hallarn, J., Monari, B., Wilcox, H., Bauer, G., Ravel, J., & Prodger, J. L. "The Effect of Gender-Affirming Medical Care on the Vaginal and Neovaginal Microbiomes of Transgender and Gender-Diverse People." [In eng]. Front Cell Infect Microbiol 11 (2021): 769950. https://doi.org/10.3389/fcimb.2021.769950.

92 Tordoff, D. M., Lunn, M. R., Chen, B., Flentje, A., Dastur, Z., Lubensky, M. E., Capriotti, M., & Obedin-Maliver, J. "Testosterone Use and Sexual Function among Transgender Men and Gender Diverse People Assigned Female at Birth." [In eng]. Am J Obstet Gynecol (Sep 9 2023). https://doi.org/10.1016/j.ajog.2023.08.035.

person) would be that the pain is related to erectile tissue in [the] penis and that the removal of that tissue during vaginoplasty addresses the problem," said the counselor.

In another thread, a nurse practitioner told the group about a female patient who identified as non-binary and was requesting "masculinizing hormone therapy." The patient had asked about taking Finasteride, a 5α-reductase inhibitor used to treat prostatic hyperplasia (BPH) and male pattern hair loss, to prevent "bottom growth."

Bottom growth is a term used to describe the permanent enlargement of the clitoris due to testosterone use. This can cause significant pain and sensitivity.[93] The replies are once again a chorus of speculation, with no one providing any scientific literature to back up the experimental use of the drug for this purpose. One doctor from Massachusetts said she would "be interested to hear if others have tried using it to block clitoral growth," and a family physician from Manchester, who had also had a patient request the drug, had not been able to find any evidence to support using it for this reason. "Any resources, evidence or advice would be appreciated," he concluded.

In fact, Finasteride is mentioned in SOC8 as a possible treatment option for undesired male pattern hair loss in female patients on testosterone, but the authors caution that it "may impair clitoral growth and the development of facial and body hair."

There were plenty of examples of improvisation in our leaked panel discussion as well, where Dr. Cecile Ferrando, a surgeon, tells the assembled WPATH members that she experiments with "underdosing" natal females with testosterone. She explains that these females desire "cessation of menses" but not virilization. Ferrando added that these young women in their twenties "err on the masculine side of the spectrum but don't want to be fully masculinized." The gender surgeon tells the group that her experimental use of a Schedule III controlled substance improves the young women's "state of being" and "sense of wellbeing."

It's not just adults who are being experimented on either. Massey shares an account of a confused young patient being treated by equally confused healthcare providers. The child has been on puberty blockers for about two years, and her pediatric endocrinologist wants her to stay on a little longer. "The kid is vacillating, really not wanting facial hair," but unsure about having menstrual cycles, "and kind of vacillates about whether breast development, chest development, bothers them or not and which pronouns they use," explains Massey.

"So, is there more, um, benefit of staying on blockers or letting the kid switch back to their endogenous estrogen? Or is it better to go low-dose testosterone or what? You know, and at what point in time?" asks the confused therapist.

"So, if the kid doesn't want facial hair but maybe doesn't mind their chest growing, and they're planning on having chest surgery anyways. So we may want to be creative in how we help folks approach these situations that are complex," Massey concludes. It is safe to say that most parents do not want confused doctors being "creative" when it comes to performing life-altering medical interventions on their children.

Metzger describes putting 13-year-olds on cross-sex hormones as "like a journey," with the child's doctor "coming along for the ride." He explains that he lets his teenage patients lead when it comes to their hormone doses, asking them each time they show up for an appointment what they want to do with their hormones. He noted that "kids do shift with time, particularly the non-binary kids," who often end up not wanting to be as masculine as they first thought. "They find that there's a happy dose that's gotten rid of their periods or whatever, and that they're happy on that dose," he added. While it might seem odd to put a child in the driving seat in this way, it is entirely consistent with WPATH's affirmative

93 Wierckx, K., Van Caenegem, E., Schreiner, T., Haraldsen, I., Fisher, A., Toye, K., Kaufman, J. M., & T'Sjoen, G. (2014). Cross-Sex Hormone Therapy in Trans Persons Is Safe and Effective at Short-Time Follow-Up: Results from the European Network for the Investigation of Gender Incongruence. The Journal of Sexual Medicine, 11(8), 1999-2011. https://doi.org/10.1111/jsm.12571

model of care, which strives to help patients achieve their unique, and often shifting, "embodiment goals."

However, despite clear evidence that gender-affirming healthcare providers are experimenting on the patients in their care, WPATH's official stance is that these treatments are evidence-based. Interestingly, WPATH deliberately refrains from using the term "experimental" in its SOC8, all the while acknowledging the absence of evidence to support its recommendations.

For example, in the adolescent chapter, when addressing all the uncertainties surrounding whether or not gender identity is fixed from birth or part of a "developmental process," the authors concede that "[f]uture research would shed more light on gender identity development if conducted over long periods of time with diverse cohort groups."[94] In other words, there is no science to support the idea that gender identity is fixed or to justify permanently altering a young person's body using drugs and surgeries. Therefore, the whole treatment protocol is "experimental," except for the fact that it doesn't even meet that low bar because a real experiment involves control groups and diligent follow-up, neither of which occurs in WPATH's field of gender-affirming medicine. Of note, every European systematic review of the evidence for adolescent sex-trait modification interventions to date has concluded that the treatments are experimental.

What's more, WPATH is aware that this experiment is not just confined to minors. In the adult chapter of SOC8, the authors state that the "criteria in this chapter have been significantly revised from SOC-7 to reduce requirements and unnecessary barriers to care. It is hoped that future research will explore the effectiveness of this model."[95]

In the aforementioned section discussing the possible use of Finasteride to prevent unwanted side effects of testosterone use in females, the authors conclude that "[s]tudies are needed to assess the efficacy and safety of 5α-reductase inhibitors in transgender populations." Similar phrasing, synonymous with "experimental," can be found throughout SOC8.

The deliberate avoidance of the term "experimental" is due to the fact that experimental medicine is not covered by health insurance, and one of the primary objectives of WPATH's SOC8 is to secure insurance coverage, an aim the leading transgender health group prioritizes over adhering to best medical practices.

WPATH Members Causing Surgical Harm

WPATH members are also causing surgical harm to their patients, including minors and those suffering from severe mental illness. In a discussion that took place in May 2023, a Colombian surgeon was unsure how to proceed with a 14-year-old natal male who was requesting vaginoplasty surgery.

As previously stated, vaginoplasty is a major surgery that entails amputating the penis and using the penile tissue to create a pseudo-vagina. The procedure comes with a high complication rate, a long recovery time, and requires lifelong dilation of the surgical site to prevent the wound from closing.

Also, dilation, the physical insertion of a dilator to maintain the depth of the cavity, can cause discomfort and pain and must be performed three times a day in the immediate post-op period. This can take as much as 2 to 2.5 hours a day.[96] As the patient recovers, dilation needs to gradually taper off, but the surgical site needs to be dilated once a week for life.

Dr. Christine McGinn replied, recommending that he "tread lightly" because many hospitals are now banning

94 Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., De Vries, A. LC., Deutsch, M. B., Ettner, R., et al. "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8." International Journal of Transgender Health 23, no. sup1 (2022): S45. https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644.

95 Ibid (n.94 p.33)

96 "Use It or Lose It: The Importance of Dilation Following Vaginoplasty." MTF Surgery, 2023, https://www.mtfsurgery.net/dilation.htm.

surgeries for those under 18. McGinn reported performing about 20 vaginoplasties on patients under 18 over a 17-year period and confessed that "not all…had perfect outcomes," adding that, "None of these patients have regretted their decision ***that I am aware of.***" (emphasis added)

McGinn then explained that the "ones who had trouble" were the ones who were unable to adhere to the dilation schedule and suffered from vaginal stricture as a result, adding that patients over 18 can have the same dilation difficulties.

Vaginal stricture, or neovaginal stenosis, is a common complication following penile inversion vaginoplasty. A 2021 study found that almost 15% of males who underwent vaginoplasty at Mount Sinai Hospital had to have one or more revision surgeries due to neovaginal stenosis, 73.5% of whom had been unable to adhere to the post-op dilation schedule.[97] Vaginoplasty revision surgery is more difficult due to scar tissue, which also makes dilation post-revision surgery more challenging and painful.[98]

Neovaginal stenosis is just one of many complications that can arise after vaginoplasty. A 2018 review of the data on vaginoplasty complications provides a long list of all the possible complications, ranging from minor, aesthetic issues to severe complications such as rectal injuries and serious urinary dysfunction.[99]

Also, in May 2023, a gynecologist in the WPATH forum described a patient who, after penile inversion vaginoplasty, was leaking prostate secretions through the urethra and was finding it bothersome. The replies inform the gynecologist that there is no remedy, but one nursing lecturer, who self-described as a "woman of trans experience," suggested telling the distressed patient to "enjoy the ride," adding, "It's the ultimate physical sign of orgasm…what's not to like?"

These exchanges prove that WPATH surgeons are aware of these adverse outcomes post-vaginoplasty and yet still not only recommend minors undergo such drastic surgeries but also do no follow-up to monitor how the young patients fare later in life. An ethical surgeon performing any experimental procedures on minors would only do so in cases of the highest need, in the strictest of clinical trial settings, and with diligent follow-up of patients well into adulthood to evaluate the impact of such a drastic procedure on their adult functioning. A surgeon who is truly dedicated to delivering the highest quality of care would express genuine concern for their patient's capacity to establish and maintain long-term intimate relationships following genital surgery. But saying "that I am aware of" indicates that McGinn is just assuming the young patients recover well while having no way of knowing if the experiment resulted in a positive outcome.

But despite having no evidence that genital surgery improves life for natal males who undergo the procedure as adolescents, McGinn still believes that the ideal time for a young person to have this major, life-altering surgery is "the summer before their last year of high school," a sentiment shared by WPATH President Bowers, who in the replies expressed reluctance to perform the procedure on someone so young but agreed that "sometime before the end of high school does make some sense in that they are under the watch of parents in the home they grew up in."

As well, there is evidence in the files of members doing surgical harm to severely mentally ill patients. In an undated message thread, a therapist expresses concern about referring her "trans clients with serious mental illness" for surgery due to difficulty in predicting their future stability, "in particular, given the extensive recovery period and 'postnatal' care required for vaginoplasty."

A California marriage and family therapist replied, saying it depends on many factors, such as how much

97 Kozato, A., Karim, S., Chennareddy, S., Amakiri, U, O., Ting, J., Avanessian, B., Safer, J. D., et al. "Vaginal Stenosis of the Neovagina in Transfeminine Patients after Gender-Affirming Vaginoplasty Surgery." Plastic and Reconstructive Surgery – Global Open 9, no. 10S (2021). https://journals.lww.com/prsgo/fulltext/2021/10001/vaginal_stenosis_of_the_neovagina_in_transfeminine.103.aspx.

98 "Vaginal Depth and Avoiding Stenosis." Gender Bands, 2021, https://www.genderbands.org/post/marinating-vaginal-depth-and-avoiding-stenosis.

99 Ferrando, C. A. "Vaginoplasty Complications." [In eng]. Clin Plast Surg 45, no. 3 (Jul 2018): 361-68. https://pubmed.ncbi.nlm.nih.gov/29908624/.

support the mentally ill person has, whether they have a safe place to recover, and whether or not they understand instructions such as "dilate, wash, monitor." She added that in the last 15 years, she had only declined to write one referral letter, and that was mainly because "the person evaluated was in active psychosis and hallucinated during the assessment session."

"Other than that - nothing - everyone got their assessment letter, insurance approval, and are living (presumably) happily ever after," said the therapist, who has referred for genital surgery people diagnosed with major depressive disorder, c-PTSD, and who are homeless.

Here, the therapist's use of the word "presumably," like the previous surgeon's "that I am aware of," indicates no systematic follow-up of patients, which would be reasonable to expect from a surgeon who knows he or she is doing something risky, invasive and experimental. Without follow-up, there is no way to know whether the severely mentally ill person was able to cope with the arduous 2+ hours a day of post-op dilation, the long recovery period, and the lifelong impact of the surgery on the patient's physical health and ability to form intimate relationships. WPATH-affiliated surgeons do not appear to have even the slightest curiosity about the outcome for such patients.

While the therapist was right to be concerned about the level of support patients have during the immediate post-op period, her contribution demonstrates the myopic thinking of gender-affirming healthcare providers. WPATH members typically focus on short-term patient satisfaction from the drastic, life-altering interventions they endorse and appear to have little concern for how the patient will fare in 20, 30, or 40 years.

WPATH members are also willing to allow people with serious degenerative diseases to undergo sex trait modification surgeries. One New Jersey nurse practitioner in the files asked for advice regarding a 22-year-old natal male with Becker Muscular Dystrophy who wished to begin taking estrogen and later undergo vaginoplasty. While the nurse could find no obstacles to proceeding with "gender affirming hormone therapy," concerns were raised about the potential risks associated with anesthesia during the surgical procedure. Notably, there was no indication of the nurse expressing concern about the impact of vaginoplasty on the patient's overall health or ability to manage the extended post-operative recovery period.

Others inside the forum object to surgical restrictions based on high body mass index (BMI). It is widely recognized that obesity increases the risks associated with surgery, leading to complications such as prolonged operative time, increased risk of surgical site infections, and various other complications.[100,101] Therefore, it is standard practice for surgeons to have a BMI cap for elective surgeries.[102]

However, inside WPATH, some members are unhappy about obese female patients being denied elective bilateral mastectomies. A research associate within the group suggested that this denial is the result of "systemic fatphobia" and challenged the conventional belief that the patients' obesity directly contributes to adverse outcomes, instead suggesting that it was the result of "weight bias" influencing how patients are cared for and operated on. While acknowledging the "high prevalence of eating disorders in trans individuals," this WPATH member expressed concern that withholding surgery could potentially exacerbate these issues.

A Washington social worker contributed an anecdote about a "client seeking top surgery" who had been told to lose weight. This apparently triggered "disordered eating."

100 Tsai, A., & Schumann, R. (2016). Morbid obesity and perioperative complications. Curr Opin Anaesthesiol, 29(1), 103-108. https://doi.org/10.1097/aco.0000000000000279

101 Osman, F., Saleh, F., Jackson, T. D., Corrigan, M. A., & Cil, T. (2013). Increased Postoperative Complications in Bilateral Mastectomy Patients Compared to Unilateral Mastectomy: An Analysis of the NSQIP Database. Annals of Surgical Oncology, 20(10), 3212-3217. https://doi.org/10.1245/s10434-013-3116-1

102 Farquhar, J. R., Orfaly, R., Dickeson, M., Lazare, D., Wing, K., & Hwang, H. (2016). Quantifying a care gap in BC: Caring for surgical patients with a body mass index higher than 30. British Columbia Medical Journal, 58(6).

The social worker was considering contacting Dr. Mosser, a San Francisco surgeon and WPATH member, who does not have a BMI limit. Dr. Mosser's website states that he has performed elective bilateral mastectomies on patients with a BMI as high as 65.[103]

In 2022, Dr. Sidhbh Gallagher, a WPATH-affiliated surgeon famous for making quirky TikTok videos promoting her services to her hundreds of thousands of young followers, in which she refers to bilateral mastectomies as "yeet the teets," received backlash from several obese patients who claim to have experienced severe post-op complications.[104,105] One young patient told a harrowing tale of the surgical incision opening and a resulting infection that almost proved fatal.[106]

Dismantling Guardrails

WPATH's aversion to caution and dislike of psychiatric gatekeeping is evident in the files. In an undated thread, a psychotherapist expressed her dissatisfaction with the group regarding a surgeon's requirement of two referral letters from her before amputating the healthy breasts of a 17-year-old girl. To the psychotherapist, this seemed like "extra extra gatekeeping."

The letters appear to be little more than a formality for insurance purposes, but in the replies, a therapist suggested the reason could be that the insurance company wanted evidence that the "status of the client" had not changed over time.

However, the rest of the replies are a chorus of agreement that the request is unnecessary gatekeeping, with one even suggesting reporting the insurer to the local state regulator "for their clinically unsound coverage determination requirements."

A Florida non-binary counselor with they/them pronouns replied, offering her services. She told the therapist that she provides consultation specifically regarding letter writing. "If you're interested in consultation with a provider of lived experience, I'm happy to chat further," said the counselor. "I've written quite a few second letters and have written letters for minors as well," she added.

In another undated thread, a Virginia therapist with "several trans clients with serious mental illness" such as "bipolar disorder and autism or schizoaffective disorder" asked the group for advice on what criteria to use to determine whether or not a patient was ready for surgery. She was particularly concerned about "clients" with serious mental illness being capable of adhering to "post-surgical dilation protocols."

A California therapist replied that "as gender affirmative practitioners, we always consider harm reduction as our primary lens," meaning it is necessary to ask "what will happen to these patients if they do NOT undergo their affirmative treatment, which is also a medical necessity." This therapist said she was personally "not invested" in SOC7's requirement that mental illness be "well controlled" before the patient is allowed to consent to surgeries such as vaginoplasty and bilateral mastectomies. In fact, this thinking was in line with WPATH's official stance, as the group removed the requirement from its SOC8.

A trans-identified natal male therapist joined the discussion to say that according to WPATH's SOC7, the "letter of support" was primarily to establish the persistence of the patient's gender dysphoria and that "denying necessary surgical care (even for the severely mentally ill) encroaches strongly on a patient's autonomy."

This shift towards viewing the involvement of mental

103 Mosser, S. Top Surgery Eligibility FAQ. Gender Confirmation Center. https://www.genderconfirmation.com/eligibility-faq/#:~:text=Mosser%20does%20not%20have%20a,the%20patient%27s%20primary%20care%20physician

104 Gallagher, S. (2024). GenderSurgeon. https://www.tiktok.com/@gendersurgeon?lang=en

105 Buttons, C. (2024). TikTok Doc's Trans Patients Post More Gruesome Stories Of Post-Op Complications. The Daily Wire. https://www.dailywire.com/news/tiktok-docs-trans-patients-post-more-gruesome-stories-of-post-op-complications

106 Rylan. (2022). Top Surgery with Dr. Gallagher Almost Cost Me My Life. Medium. https://rylan545.medium.com/top-surgery-with-dr-gallagher-almost-cost-me-my-life-d68cda71c543

health professionals as superfluous began with Dr. Richard Green commissioning HBIGDA's SOC6 immediately after Dr. Stephen Levine's SOC5 had specified two referral letters were needed before starting hormones. Whereas Levine advocated for guardrails to be placed around access to medical transition in an effort to minimize regret, WPATH, since Green's day, has been intent on dismantling those safety measures.

WPATH Members Trivializing Detransitioner Stories of Harm

Gender-affirming healthcare providers have always maintained that the regret rate for sex-trait modification interventions is very low, but this belief is based on deeply flawed research.[107,108,109] Due to sloppy, inadequate follow-up, the true detransition rate is unknown, but recent studies indicate it is rising.[110,111,112,113] Several small studies provide valuable insights into the detransition experience.[114,115,116,117] As well, an increasing number of young people are speaking out about the harm they experienced at the hands of gender-affirming healthcare providers.[118,119,120] Yet many WPATH members in the forum remain in denial about the damage done, dismissing or trivializing the lifetime of regret now faced by many young people.

In response to a post by a Washington DC psychologist about a "distraught and angry" 17-year-old detransitioned girl who had been on testosterone for more than two years and felt she was "brainwashed," several WPATH members appear in the replies. There is talk of detransition being just another step in a patient's "gender journey" and not necessarily involving regret. By this self-serving logic, it is impossible for clinicians practicing the affirmative model to ever be wrong in their diagnosis or treatment decisions.

The notion of the "gender journey" to describe regret and detransition is used to insulate gender-affirming clinicians from criticism and accountability. Within the realm of gender-affirming care, as long as the healthcare provider affirms the regret and detransition phase as part of the "journey," any potential errors or misjudgments are considered acceptable.

As well, on more than one occasion, the WPATH

107 Bustos, V. P., Bustos, S. S., Mascaro, A., Del Corral, G., Forte, A. J., Ciudad, P., Kim, E. A., Langstein, H. N., & Manrique, O. J. "Regret after Gender-Affirmation Surgery: A Systematic Review and Meta-Analysis of Prevalence." [In eng]. Plast Reconstr Surg Glob Open 9, no. 3 (Mar 2021): e3477. https://doi.org/10.1097/gox.0000000000003477.

108 "At What Point Does Incompetence Become Fraud?" Genspect, 2022, https://genspect.org/at-what-point-does-incompetence-become-fraud/.

109 Dhejne, C., Öberg, K., Arver, S., & Landén, M. "An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960-2010: Prevalence, Incidence, and Regrets." [In eng]. Arch Sex Behav 43, no. 8 (Nov 2014): 1535-45. https://doi.org/10.1007/s10508-014-0300-8.

110 Cohn, J. "The Detransition Rate Is Unknown." Archives of Sexual Behavior 52, no. 5 (2023): 1937-52. https://doi.org/10.1007/s10508-023-02623-5. https://dx.doi.org/10.1007/s10508-023-02623-5.

111 Irwig, M. S. "Detransition among Transgender and Gender-Diverse People—an Increasing and Increasingly Complex Phenomenon." The Journal of Clinical Endocrinology & Metabolism 107, no. 10 (2022): e4261-e62. https://doi.org/10.1210/clinem/dgac356.

112 Hall, R., Mitchell, L., & Sachdeva, J. "Access to Care and Frequency of Detransition among a Cohort Discharged by a Uk National Adult Gender Identity Clinic: Retrospective Case-Note Review." [In eng]. BJPsych Open 7, no. 6 (Oct 1 2021): e184. https://doi.org/10.1192/bjo.2021.1022.

113 Boyd, I., Hackett, T., & Bewley, S. "Care of Transgender Patients: A General Practice Quality Improvement Approach." [In eng]. Healthcare (Basel) 10, no. 1 (Jan 7 2022). https://doi.org/10.3390/healthcare10010121.

114 Littman, L. (2021). Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners. Archives of Sexual Behavior, 50(8), 3353-3369. https://doi.org/10.1007/s10508-021-02163-w

115 Mackinnon, K. R., Gould, W. A., Enxuga, G., Kia, H., Abramovich, A., Lam, J. S. H., & Ross, L. E. (2023). Exploring the gender care experiences and perspectives of individuals who discontinued their transition or detransitioned in Canada. PLOS ONE, 18(11), e0293868. https://doi.org/10.1371/journal.pone.0293868

116 Littman, L., O'Malley, S., Kerschner, H., & Bailey, J. M. (2023). Detransition and Desistance Among Previously Trans-Identified Young Adults. Archives of Sexual Behavior. https://doi.org/10.1007/s10508-023-02716-1

117 Vandenbussche, E. (2022). Detransition-Related Needs and Support: A Cross-Sectional Online Survey. Journal of Homosexuality, 69(9), 1602-1620. https://doi.org/10.1080/00918369.2021.1919479

118 Reddit, 2023, https://www.reddit.com/r/detrans/.

119 "'I Literally Lost Organs:' Why Detransitioned Teens Regret Changing Genders." New York Post, 2022, https://nypost.com/2022/06/18/detransitioned-teens-explain-why-they-regret-changing-genders/.

120 "Why This Detransitioner Is Suing Her Health Care Providers." Public, 2023, https://public.substack.com/p/why-this-detransitioner-is-suing?utm_source=%2Fsearch%2Fmichelle&utm_medium=reader2.

members pass the blame to the young person. Another psychologist talks of a female patient who is still in high school and has decided to detransition, claiming that the girl "acknowledges that [she] was the driver in getting [her] to this point."

WPATH President Bowers then echoed this psychologist's opinion, stating that all medical treatments have regret rates that are typically much higher than for gender transition, and "patients need to own and take active responsibility for medical decisions, especially those that have potentially permanent effects." Bowers added that "legislatures and the media [do not] go after breast augmentation, tubal ligation or facelifts." Here, Bowers inadvertently concedes that sex-trait modification procedures are elective, cosmetic procedures, like facelifts and breast augmentation, which also often result in lifelong sterility, like tubal ligation.

However, a minor does not have the cognitive capacity to understand those "potentially permanent effects" and, therefore, cannot give cognitive consent, and the leaked panel discussion proves that WPATH members are aware of that fact. In many cases, a person suffering from severe mental illness also does not have the necessary decision-making capacity to assess the risks and life-long consequences of the treatment. In these circumstances, responsibility rests with the healthcare professionals who misdiagnosed the patient and neglected their duty to secure proper informed consent. In no other branch of medicine is the patient blamed for consenting to a treatment based on a misdiagnosis.

Furthermore, in the United States, it is highly unlikely that any medical professional would permit a healthy adolescent girl to provide consent for tubal ligation. This is because it is widely recognized that although many teenagers may strenuously insist that they never want children, such feelings are likely to change over time as the young person matures and their priorities shift. Metzger's "oh, the dog's not doing it for you now" remark during the panel proves that he and his fellow WPATH panelists understand this perfectly well.

If there were suddenly a surge of teenagers being given vasectomies and tubal ligation on demand, or if plastic surgeons were selling breast augmentation and facelifts to adolescents as a remedy for their mental disorders, it is certain that both the media and legislatures would weigh in on the issue.

Suspiciously Low Regret Rates

Bowers's comment that "all medical treatments have a regret rate higher than medical transition" should give WPATH members pause for thought. The statement, on the surface, appears to be true. A recent systematic review of regret rates following "gender affirmation" surgery found regret to be less than 1% for natal females who had undergone mastectomies and/or phalloplasty and less than 2% for natal males who had undergone vaginoplasty.[121] However, leaving aside the fact that the studies in this review had high loss to follow-up and/or extremely short follow-up periods, unusually narrow definitions of regret and detransition, and that the review contained an extraordinary number of errors even for a field of research known for sloppy practices, given the high rate of serious complications and the dramatic impact these procedures have on a person's ability to form intimate relationships, these numbers are suspiciously low.[122]

The case study of one of the earliest participants of the Dutch puberty suppression experiment sheds some light on why this might be. The study describes the natal female's level of satisfaction and psychological functioning at age 35.[123] The patient did not regret undergoing hormonal and surgical sex-trait modification but reported dealing with significant shame related to her genital appearance,

121 Ibid (n.107)

122 Ibid (n.108)

123 Cohen-Kettenis, P. T., Schagen, S. E., Steensma, T. D., de Vries, A. L., & Delemarre-van de Waal, H. A. "Puberty Suppression in a Gender-Dysphoric Adolescent: A 22-Year Follow-Up." [In eng]. Arch Sex Behav 40, no. 4 (Aug 2011): 843-7. https://doi.org/10.1007/s10508-011-9758-9.

experiencing depressive episodes, and having difficulty maintaining long-term relationships. In a previous follow-up study, performed just two years after surgery when the patient was age 20, high levels of satisfaction were recorded, and the female patient was pleased with the outcome of the metoidioplasty.[124] Metoidioplasty is a surgical procedure that involves constructing a small pseudo-penis out of an enlarged clitoris. When a natal female takes testosterone, the clitoris becomes permanently enlarged.

This case study highlights the problem with self-reporting when it comes to regret rates in the field of gender medicine. People who embark on sex-trait modification interventions often sacrifice their health, fertility, sexual function, and healthy body parts in the quest to find peace in their bodies. It's highly probable that, despite experiencing unfavorable outcomes, severe complications, and a clear adverse impact on their ability to establish intimate relationships, many will persist in convincing both themselves and others that their decision was not a mistake. This reluctance to acknowledge regret may stem from a reluctance to confront the consequences of their choices.

Indeed, the early Dutch clinicians were well aware of this possibility. In the first follow-up study of patients who at the time were referred to as transsexuals, conducted approximately 15 years after the Netherlands began offering sex trait modification interventions, the majority of participants reported being happy and feeling no regret despite researchers noting that improvement in "actual life situations [was] not always observed."[125] In the 1988 paper, the researchers considered the possibility that in an effort to reduce cognitive dissonance, participants who had undergone hormonal and surgical interventions "simply cannot accept the notion that all has been in vain. The self-reported happiness may have been distorted wishful thinking."

As already shown, studies that don't rely solely on self-report but instead measure factors such as social functioning and mental health status indicate far less positive outcomes.[126]

When more people regret knee replacement surgery than penis amputation, or more women regret undergoing prophylactic mastectomies for breast cancer risk than gender-affirming mastectomies, these surprising outcomes should raise red flags in a medical organization dedicated to scientific truth.[127,128,129,130] Rather than being proof that sex-trait modification surgeries are the cure for gender distress, these low regret rates are cause for investigation.

Permanently Medicalizing Transient Identities

Passing the blame onto minors isn't the only way WPATH members minimize the harm done to detransitioners. On November 6, 2021, a medical student responded to a member who shared a 2021 study of detransitioners in the forum, arguing that it was important to emphasize it is "okay for gender and interest in medical options to change over time for each individual," likening irreversible sex change interventions to tattoos or minor plastic surgeries.[131] The student then went on to suggest

125 Kuiper, B., & Cohen-Kettenis, P. (1988). Sex reassignment surgery: a study of 141 Dutch transsexuals. Arch Sex Behav, 17(5), 439-457. https://doi.org/10.1007/bf01542484

126 Ibid (n.68)

127 Mahdi, A., Svantesson, M., Wretenberg, P., & Hälleberg-Nyman, M. "Patients' Experiences of Discontentment One Year after Total Knee Arthroplasty-a Qualitative Study." [In eng]. BMC Musculoskelet Disord 21, no. 1 (Jan 14 2020): 29. https://doi.org/10.1186/s12891-020-3041-y.

128 Olson-Kennedy, J., Warus, J., Okonta, V., Belzer, M., & Clark, L. F. "Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults." JAMA Pediatrics 172, no. 5 (2018): 431. https://doi.org/10.1001/jamapediatrics.2017.5440.

129 Borgen, P. I., Hill, A. D., Tran, K. N., Van Zee, K. J., Massie, M. J., Payne, D, & Biggs, C. G. "Patient Regrets after Bilateral Prophylactic Mastectomy." [In eng]. Ann Surg Oncol 5, no. 7 (Oct-Nov 1998): 603-6. https://doi.org/10.1007/bf02303829.

130 Bruce, L., Khouri, A. N., Bolze, A., Ibarra, M., Richards, B., Khalatbari, S., Blasdel, G., et al. "Long-Term Regret and Satisfaction with Decision Following Gender-Affirming Mastectomy." JAMA Surgery 158, no. 10 (2023): 1070-77. https://doi.org/10.1001/jamasurg.2023.3352.

131 Ibid (n.114)

that learning "new things about your gender or what you want from your medical care should be something to be celebrated, and we don't have to see it as a mistake that was made."

However, the procedures many of these patients undergo are far more extreme than a tattoo or a nose job. In the replies to the post about the distraught and angry detransitioned 17-year-old, a gynecologist from Barcelona explained she also had a patient wishing to detransition who was seeking vaginoplasty reversal surgery. This procedure involves surgically removing the pseudo-vagina and performing phalloplasty surgery, which is the creation of a non-functional pseudo-penis using skin stripped from the patient's forearm or thigh.[132,133] It is doubtful any individual would find that cause for celebration.

Many detransitioners feel intense anger and grief regarding the irreversible changes wrought by gender-affirming care. They mourn the loss of their body parts and the experiences, such as bearing children or breastfeeding, that have been taken from them.

An Ontario family physician is the only WPATH member in the files who respects the experience of detransitioners and dares to challenge Bowers and her colleagues on their disrespectful framing of detransition. She told the group her detransitioned patients were all young women who were allowed to change their bodies in permanent ways at a time in their lives when "their physical and sexual identities were in developmental flux." Most had comorbidities that were not fully addressed and were rushed into irreversible medical interventions. The physician described this group of patients as being "immersed in their own suffering, loss and grief."

The fact that a significant number of WPATH members downplay this distressing ordeal by implying that medical professionals did not err in misdiagnosing these youths and subjecting them to unnecessary, invasive procedures serves as proof that WPATH lacks ethical integrity.

In fact, there are members within WPATH who acknowledge that some teenagers are mistaking their emerging homosexuality as a gender identity issue. During the panel, Massey described young patients who, after exploring their sexuality, "got to clarify some of their gender identity issues."

This is one of the many risks associated with WPATH's approach to gender medicine. In bypassing exploratory psychotherapy, or indeed just not allowing children to grow and mature but instead immediately placing adolescents on the medical conveyor belt, WPATH-affiliated healthcare providers are inadvertently engaging in a new form of conversion therapy, sterilizing gay and lesbian teens before they have had a chance to understand and accept their sexuality.[134] Data from gender clinics and numerous studies indicate that children and adolescents suffering from gender dysphoria are disproportionately likely to grow up to be homosexual adults, and recent studies of detransitioners likewise show that a significant proportion are also

132 Djordjevic, M. L., Bizic, M. R., Duisin, D., Bouman, M. B., & Buncamper, M. "Reversal Surgery in Regretful Male-to-Female Transsexuals after Sex Reassignment Surgery." [In eng]. J Sex Med 13, no. 6 (Jun 2016): 1000-7. https://doi.org/10.1016/j.jsxm.2016.02.173.

133 "Phalloplasty for Gender Affirmation." Johns Hopkins Medicine, 2023, https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/phalloplasty-for-gender-affirmation.

134 "Current Debates." Gender Identity Development Service, 2023, https://gids.nhs.uk/gender-identity-and-sexuality/#:~:text=For%20young%20people,males%20or%20females.

homosexual.[135,136,137,138,139,140]

The unethical and unscientific slant of WPATH is also evident in the way detransition is framed by some within the forum. On November 10, 2021, a research coordinator in the forum suggested that the very idea of detransitioning is "problematic" because it "frames being cisgender as the default and reinforces transness as a pathology." The young member argued that "it makes more sense to frame gender as something that can shift over time, and figure out ways to support people making the choices they want to make in the moment, with the understanding that feelings around decisions make [sic] change over time."

However, it raises serious ethical questions when surgeons are tasked with the removal of healthy body parts, especially when such procedures are in pursuit of aligning a young person's physical form with an identity that is recognized as unstable and as yet unsettled.

Of yet more concern is the possibility that some young people are adopting a transgender identity as a trauma response, and WPATH-affiliated professionals are permanently medicalizing these distressed individuals. In malpractice lawsuits filed by Prisha Mosley and Isabelle Ayala, the trauma of being the victim of sexual assault at a young age is described as a contributing factor in the adoption of a transgender identity. Inside WPATH, members are aware of this possibility, yet still, the group's official position is immediate affirmation and access to drugs and surgeries if that is what the patient desires.[141] This approach also has opportunity costs, as the focus on gender identity and medical interventions may divert attention from the essential therapy needed to effectively address and manage the underlying trauma in these young individuals.

In a September 2021 thread in the forum, a counselor noted that "[t]rauma is common among trans clients," and several replies indicated that others had observed this trend as well. In the panel discussion, Metzger and his colleagues discuss a young person who, like Mosley and Ayala, began identifying as transgender after "an unfortunate, traumatic sexual event." Massey talks about the hope that the therapists involved could "help the young person distinguish between the assault and their gender identity" but points out the difficulty of this task because "there are times working with young people where they don't even disclose an assault or some type of sexually coercive or unpleasant experience."

Massey states that "even good therapists" are going to be limited at times, unable to get everything that's going on with a child. "Sometimes even adults don't bring it forward, so it's a high bar to cross sometimes to try to catch everything that may be affecting somebody's view of themselves and across domains of their life experiences."

WPATH Has Broken the Chain of Trust in Medicine

In medicine, there is a concept called the "chain of trust."[142,143] Doctors must be able to trust that their professional training is grounded in robust scientific evidence because, given the limited time available to medical professionals, it is not feasible for them to thoroughly investigate every aspect (diagnosis, prognosis,

135 Ibid (n.70)

136 Ibid (n.2)

137 Ibid (n.114)

138 Vandenbussche, E. "Detransition-Related Needs and Support: A Cross-Sectional Online Survey." Journal of Homosexuality 69, no. 9 (2022/07/29 2022): 1602-20. https://doi.org/10.1080/00918369.2021.1919479.

139 Drescher, J., & Pula, J. (2014). Ethical issues raised by the treatment of gender-variant prepubescent children. Hastings Cent Rep, 44 Suppl 4, S17-22. https://doi.org/10.1002/hast.365

140 Cantor, J. M. (2020). Transgender and Gender Diverse Children and Adolescents: Fact-Checking of AAP Policy. J Sex Marital Ther, 46(4), 307-313. https://doi.org/10.1080/0092623x.2019.1698481

141 "Active and Resolved Cases." Campbell Miller Payne, 2023, https://cmppllc.com/our-cases, Isabelle Ayala and Prisha Mosley's Cases.

142 "Heidi Larson, Vaccine Anthropologist." The New Yorker, 2021, https://www.newyorker.com/science/annals-of-medicine/heidi-larson-vaccine-anthropologist.

143 Herman, R. (1994). RESEARCH FRAUD BREAKS CHAIN OF TRUST. The Washington Post. https://www.washingtonpost.com/archive/lifestyle/wellness/1994/04/19/research-fraud-breaks-chain-of-trust/ffd456e7-b8f7-496e-9b02-6c41c30dfd0a/

and treatment) of every illness. For medicine to function efficiently, doctors must be confident that those who issue practice guidelines have diligently and rigorously evaluated all the relevant evidence for the safety and efficacy of treatments.[144]

WPATH has broken the chain of trust in gender medicine. WPATH presents itself as scientific but is in fact an advocacy group promoting risky, experimental, and cosmetic procedures in the guise of well-researched and "medically necessary" care. WPATH is held up as the source of all knowledge about gender-affirming care, but the scientific basis for their recommendations is exceptionally weak. The group exists solely to shield doctors from legal liability, through the creation of guidelines it conveniently calls "standards of care," and to ensure insurance coverage for sex-trait modification procedures.

Due to its outward appearance as a professional medical association, complete with a peer-reviewed journal and bibliography of scientific literature, the wider medical community places its trust in WPATH's "Standards of Care." WPATH and its members have also influenced the position statements and practice guidelines of the American Academy of Pediatrics (AAP), the American Psychological Association (APA), and The Endocrine Society.

Further down the chain, parents and vulnerable patients trust the recommendations of their pediatricians, endocrinologists, and mental health professionals– clinicians who are either themselves WPATH-affiliated or who look to their WPATH-influenced professional associations for guidance on how to deal with children who feel distressed about their bodies.

144 O'Malley, S. & Ayad, S. Pioneers Series: We Contain Multitudes with Stephen Levine. Podcast audio. Gender: A Wider Lens Podcast2022. https://gender-a-wider-lens.captivate.fm/episode/60-pioneers-series-we-contain-multitudes-with-stephen-levine, 34:53.

WPATH HAS NO RESPECT FOR MEDICAL ETHICS

Traditional medical ethics is more than just "first, do no harm." The guiding principle of Hippocratic medicine is that illness places the afflicted into a compromised state against their will and preference. It is in this compromised state that the person enters into the doctor-patient relationship. Therefore, the patient must be able to trust that their doctor will use his or her knowledge and expertise only for the purpose of healing or ameliorating symptoms and easing suffering, always with the priority of minimizing harm.

Throughout most of medical history, medicine did not involve intentionally destroying a healthy, functioning bodily system. It is only in the 20th century that a new pseudo-medical approach has emerged that views the patient more as a consumer and the doctor as a supplier of pharmaceutical and surgical interventions tasked with fulfilling the patient's desires, which are quickly defined as needs. In the past, the emphasis on autonomy in medical ethics was meant to act as a shield: there were things a doctor could not do to you without your consent. Nowadays, and especially in gender medicine, autonomy acts as a sword: in its name, there is nothing a doctor may deny you.

The consumer-driven model of autonomy involves giving the patient whatever he or she wants, so long as certain criteria are met: The clinician is technically capable of doing it; the patient wants it for whatever reason; it's legal, and the patient can pay for it.

This consumer-driven approach to healthcare is the model adopted by WPATH. The world-leading transgender health group advocates for a transition-on-demand style of care, valuing patient autonomy over avoidance of harm. WPATH's SOC8 more closely resembles a shopping list of risky and invasive cosmetic interventions, with each chapter concluding that the procedures are medically necessary if the patient so desires.

Such recommendations extend as far as non-binary "nullification" surgeries to create a smooth, sexless appearance or "bi-genital" surgeries involving the creation of a second set of genitals. There is also a chapter on people who identify as eunuchs and seek chemical or surgical castration as a means to affirm their "eunuch identities." Within the WPATH Files, there are discussions regarding these "non-standard" procedures and how to manage them. However, notably absent from these discussions is any consideration of the ethical concerns surrounding surgeries that destroy healthy reproductive organs in pursuit of creating bespoke anatomical features that do not exist in nature.

The Ethics of Informed Consent

Informed consent in medicine is the process by which a healthcare provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention. The patient must be competent to make a voluntary decision about whether to undergo the procedure or intervention.[145]

Obtaining informed consent in medicine is a process that should include three primary components: first, the provision of accurate, up-to-date information regarding the nature of the condition, the proposed treatment, and all available alternatives; second, an evaluation of the patient's understanding, and when applicable, the caregiver's understanding of the presented information and their ability to make informed medical decisions; and third, obtaining signatures confirming that informed

145 Shah, P., Thornton, I., Turrin, D., & Hipskind, JE. "Informed Consent.[Updated 2020 Aug 22]." StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing (2021). https://www.ncbi.nlm.nih.gov/books/NBK430827/#:~:text=Introduction,undergo%20the%20procedure%20or%20intervention.

consent has been secured.[146,147]

A discussion about *all* potential risks of a treatment, as well as all the uncertainties surrounding the benefits, is an integral part of informed consent. This involves addressing general risks, risks specific to the procedure, possible consequences of not undergoing treatment, and exploring alternative treatment options.

Minors Cannot Consent to Sex Trait Modification Procedures

WPATH members believe that minors can understand and give cognitive consent to sex-trait modification interventions that could have a life-long impact on their health, fertility, and future sexual function. In the files, the chief medical officer from Texas advised a concerned therapist to allow a troubled 13-year-old girl to begin testosterone therapy; a therapist discussed starting a 10-year-old girl on puberty blockers; WPATH President Bowers openly admitted that natal male children are being left anorgasmic for life; and one surgeon reported performing 20 vaginoplasties on minors.

Minors lack the maturity and cognitive capacity to understand the risks associated with such interventions and the long-term implications for their well-being. Additionally, their limited or nonexistent sexual experiences make it impossible for them to grasp the magnitude of what they are forfeiting. The leaked panel discussion proves that WPATH members know this. Yet, WPATH continues to advocate for placing minors, some as young as nine years old, on this irreversible medical pathway.

As a way to rationalize allowing minors to consent to sex-trait modification treatments, the full effects of which they could not possibly comprehend, some of the Identity Evolution Workshop panelists drew an analogy with treating childhood-onset diabetes.

"When a kid takes diabetic medication, do they have to understand everything about their pancreas and everything that's happening?" Berg asked the panel rhetorically. Later, Green said, "If you have a known condition, like diabetes, you don't have to understand every nuance about what the insulin is going to do to you in order to give informed consent."

However, the analogy is flawed for several reasons. In order to obtain a diabetes diagnosis, there is a biological test to confirm the illness. The cause is known; the treatment protocol is well-studied; the outcome of treating with insulin is understood, and the risks involved in not treating are clear. Indeed, if left untreated, the illness is fatal. Insulin therapy also does not result in lifelong sterility, nor does it impact a young person's future sexual function. It is a treatment with solid scientific evidence that the benefits greatly outweigh the risks, making the informed consent process straightforward.

But the same cannot be said for using puberty blockers and cross-sex hormones to help young adolescents manage their discomfort with their sex. There is no diagnostic test to confirm a diagnosis of gender dysphoria; instead, it is based on a young person's subjective sense of self that is constantly changing and evolving. Likewise, there is no way to predict which children and adolescents will persist in their transgender identities as adults. There is also no good-quality scientific evidence to support the use of puberty blockers as a remedy for this poorly defined disorder, and there are no long-term outcome studies demonstrating that the benefits outweigh the risks; in fact, there is mounting evidence to the contrary.

The combination of puberty blockers and cross-sex hormones could leave a young patient sterile for life, and the drugs come with a host of known and anticipated side effects, including brittle bones, cognitive impairment, and heightened risk of cancer and cardiovascular disease, as well as uncertainty concerning resolution of gender dysphoria.

146 "Informed Consent." AMA Code of Medical Ethics, https://code-medical-ethics.ama-assn.org/ethics-opinions/informed-consent.

147 Katz, A. L., and Webb, S. A. "Informed Consent in Decision-Making in Pediatric Practice." [In eng]. Pediatrics 138, no. 2 (Aug 2016). https://doi.org/10.1542/peds.2016-1485.

What's more, all studies from the era of gender medicine pre-dating the puberty suppression experiment show that most children, if not affirmed and socially and medically transitioned, will desist and reconcile with their birth sex during or after puberty.[148] Although there is at present no scientific literature available regarding persistence rates for the recently emerged adolescent-onset cohort, which currently comprises the majority of referrals to pediatric gender clinics, existing knowledge about adolescent development suggests significant uncertainty regarding the stability of this group's transgender identities into adulthood.[149]

That experts within WPATH cannot see the difference between the two treatment protocols is further proof that members of this organization do not have a solid understanding of science.

Misinformed Parents Cannot Give Informed Consent

For legal reasons, it falls to parents to sign the consent form for their child's sex-trait modification hormonal and surgical interventions, but WPATH's public and private communications indicate that members are misinforming parents about the experimental treatment protocol.

Parents can only give informed consent if they are told the truth about every stage of the "transition" process, starting with social transition.

Changing names and pronouns is often portrayed as a harmless, non-medical step to alleviate a child's distress. It is sold to parents as completely reversible at any time, but all available evidence suggests the contrary.

Social transition has a powerful iatrogenic effect, meaning affirming a child's transgender identity and allowing a change of name and pronouns serves to concretize the identity in the young person's mind, making desistance far less likely. Historically, in the absence of social transition, the majority of gender dysphoric children would naturally desist and reconcile with their birth sex during or after puberty.[150,151,152] Most would come out as gay.

In her interim report for the independent review of England's youth gender service, Dr. Hilary Cass noted this iatrogenic effect, stating that social transition is not a "neutral act" but rather "it is important to view it as an active intervention because it may have significant effects on the child or young person in terms of their psychological functioning."[153]

However, in March 2023, WPATH made a public statement in response to Missouri Attorney General Andrew Bailey's emergency regulation banning sex-trait modification for minors, citing a July 2022 article published by the American Academy of Pediatrics. The paper by Dr. Kristina R. Olson et al. showed five years after their initial social transition, 97.5% of youth who identify as transgender continued to do so.[154,155] This article, WPATH appears to believe, is evidence that these young people are truly transgender and, therefore, deserving of medical treatment. In truth, what it shows is that social transition serves to lock in the transgender identity.

While it is not necessary to sign a consent form before

148 Cantor, J. M. (2016). Do trans- kids stay trans- when they grow up? http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow_99.html

149 Ibid (n.49); Ibid (n.50)

150 Ibid (n.2)

151 Ibid (n.3)

152 Kaltiala-Heino, R., Bergman, H., Työläjärvi, M., & Frisén, L., "Gender Dysphoria in Adolescence: Current Perspectives." [In eng]. Adolesc Health Med Ther 9 (2018): 31-41. https://doi.org/10.2147/ahmt.S135432.

153 "The Cass Review: Independent Review of Gender Identity Services for Children and Young People: Interim Report." 2022, 62. https://cass.independent-review.uk/wp-content/uploads/2022/03/Cass-Review-Interim-Report-Final-Web-Accessible.pdf.

154 WPATH. (2023). USPATH and WPATH Confirm Gender-Affirming Health Care is Not Experimental; Condemns Legislation Asserting Otherwise. WPATH. https://www.wpath.org/media/cms/Documents/Public%20Policies/2023/USPATH_WPATH%20Response%20to%20AG%20Bailey%20Emergency%20Regulation%2003.22.2023.pdf

155 Olson, K. R., Durwood, L., Horton, R., Gallagher, N. M., & Devor, A. (2022). Gender Identity 5 Years After Social Transition. Pediatrics, 150(2). https://doi.org/10.1542/peds.2021-056082

a minor socially transitions, if WPATH members are failing to warn parents of the iatrogenic effect of social transition, the parents' decision is not an informed one.

The next step of the transition pathway for a minor is puberty blockers, and again, there is evidence that WPATH members are not providing parents with the most up-to-date information about this intervention. In January 2022, Bowers described puberty blockers as "fully reversible" despite the fact that by this point, there was abundant evidence to the contrary.

In fact, very early in the puberty suppression experiment, it was noted that almost every adolescent who commences puberty blockers proceeded to cross-sex hormones, when historical data showed that most children would cease to identify as members of the opposite sex after puberty.[156, 157,158] This means that puberty suppression is almost certainly the first step in a longer treatment protocol, not a mere "window of time" for the adolescent to think about his or her identity. Therefore, it cannot be called "fully reversible."

Massey's comments in the May 2022 panel discussion prove that people within WPATH understand this. The WPATH therapist stressed the importance of discussing "fertility preservation" with youth who are going on puberty blockers because many of those youth will go directly onto affirming hormone therapies that will eliminate the development of their gonads producing sperm or eggs."

Clinicians and researchers have long recognized that the cognitive development that occurs as a result of endogenous puberty is the remedy for childhood gender dysphoria. This was noted by the Dutch clinicians who pioneered puberty suppression and who also happen to be members of WPATH. Blocking puberty, therefore, means blocking the natural cure to gender dysphoria.

Metzger's comments during the panel indicate that, privately, WPATH members understand this negative impact of freezing adolescents in a child-like state. When Metzger spoke about "robbing these kids of that sort of early to mid pubertal sexual stuff that's happening with their cisgender peers," he was referring to robbing children of the same developmental process that would almost certainly have enabled them to overcome their dysphoria naturally.

Therefore, any WPATH-affiliated healthcare professional who tells parents that puberty blockers are "fully reversible" is providing inaccurate information and consequently failing to obtain proper informed consent.

Furthermore, true informed consent can only be obtained if the healthcare provider informs parents that the evidence base for the life-altering interventions of puberty suppression, cross-sex hormones, and surgeries is low quality, as has been found by every systematic review to date;[159,160,161,162] and that other countries that once offered gender-affirming care have since drastically scaled back the practice due to concerns about iatrogenic harm. These parents must also understand the often debilitating side effects and long-term serious health risks of cross-sex

156 Ibid (n.2)

157 Delemarre-van de Waal, H. A., & Cohen-Kettenis, P. T. "Clinical Management of Gender Identity Disorder in Adolescents: A Protocol on Psychological and Paediatric Endocrinology Aspectsthis Paper Was Presented at the 4th Ferring Pharmaceuticals International Paediatric Endocrinology Symposium, Paris (2006). Ferring Pharmaceuticals Has Supported the Publication of These Proceedings." European Journal of Endocrinology 155, no. Supplement_1 (2006): S131-S37. https://doi.org/10.1530/eje.1.02231. https://doi.org/10.1530/eje.1.02231.

158 Carmichael, P., Butler, G., Masic, U., Cole, T. J., De Stavola, B. L., Davidson, S., Skageberg, E. M., Khadr, S., & Viner, R. M. "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." PLOS ONE 16, no. 2 (2021): e0243894. https://doi.org/10.1371/journal.pone.0243894. https://dx.doi.org/10.1371/journal.pone.0243894.

159 Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal, S. M., et al. "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline." [In eng]. J Clin Endocrinol Metab 102, no. 11 (Nov 1 2017): 3869-903. https://doi.org/10.1210/jc.2017-01658.

160 "Nice Evidence Reviews." The Cass Review, https://cass.independent-review.uk/nice-evidence-reviews/.

161 "Hormonbehandling Vid Könsdysfori - Barn Och Unga." SBU UTVÄRDERAR, 2022, https://www.sbu.se/contentassets/ea4e698fa0c4449aaae964c5197cf940/hormonbehandling-vid-konsdysfori_barn-och-unga.pdf.

162 "One Year since Finland Broke with Wpath "Standards of Care"." Society for Evidence Based Gender Medicine, 2021, https://segm.org/Finland_deviates_from_WPATH_prioritizing_psychotherapy_no_surgery_for_minors.

hormones before the consent form is signed.

Lastly, many parents are told inaccurate suicide statistics. They are informed that if they don't consent to their child undergoing experimental sex-trait modification, there exists a substantial risk of suicide. The ultimatum, "You can either have a living son or a dead daughter?" is put to parents in gender clinics all over North America.[163,164,165] This constitutes coercion, emotional blackmail, and medical malpractice. Rather than proper informed consent, it is misinformed consent obtained under duress.

The Transition-or-Suicide Myth

WPATH members, and gender-affirming clinicians in general, often frame sex trait modification as "life-saving" care and assert that without it, transgender-identified youth and adults are at high risk of suicide.

Many trans activists perpetuate this transition-or-suicide narrative. "Gender-affirming care is medical care. It is mental health care. It is suicide prevention care. It improves quality of life, and it saves lives," said Admiral Rachel Levine during a 2022 speech in Texas.[166] "Fifty percent of transgender youth attempt suicide before they are age 21," claimed Jeannette Jennings, mother of transgender reality TV star Jazz, in a 2016 interview published in the American Academy of Pediatrics (AAP) journal.[167]

But how much truth is there to the claim that gender-affirming care is "suicide prevention care"? The answer is very little. It's important to distinguish the difference between suicide ideation (or thoughts), suicide attempts, and completed suicides. The term "suicidality" is often used to refer to all three phenomena despite the important differences between them. For example, middle-aged men are at higher risk of death by suicide than adolescents of both sexes, but adolescent girls and young women exhibit the highest rates of non-lethal suicidal gestures, which could be better interpreted as cries for help.

As indicated in surveys, transgender-identified youth are at elevated risk for suicidality and suicide.[168] Crucially, however, completed suicide in this population is extremely rare, and elevated suicidality is most likely because of comorbid psychopathology, which is extremely common and independently linked to suicidal ideation and behavior. In short, there is no suicide epidemic striking transgender-identified youth, and the claim that "gender" is the cause of and solution to this group's suicidal tendencies is a classic mistaking of correlation for causation.[169]

Research showing a higher rate of suicidality among trans-identified young people usually compares the transgender cohort to the general adolescent population who have no mental health issues. When trans-identified youth are compared to adolescents with similar mental health problems, there is little difference in suicidality.[170]

As well, the elevated suicide risk exists at all stages of the transition process. During a two-year study funded by the National Institutes of Health (NIH) of 315 American youth undergoing "gender-affirming hormone therapy," there were two completed suicides, and 11 youth reported

163 "Affidavit of Jamie Reed."11. https://ago.mo.gov/wp-content/uploads/2-07-2023-reed-affidavit-signed.pdf.

164 "Chloe Cole V. Kaiser Permanente." Dhillon Law Group, 2023, https://www.dhillonlaw.com/lawsuits/chloe-cole-v-kaiser-permanente/.

165 "Active and Resolved Cases: Ayala V. American Academy of Pediatrics." Campbell Miller Payne, 2023, 26. https://cmppllc.com/our-cases.

166 "Remarks by Hhs Assistant Secretary for Health Adm Rachel Levine for the 2022 out for Health Conference." U.S. Department of Health and Human Services, 2022, https://www.hhs.gov/about/news/2022/04/30/remarks-by-hhs-assistant-secretary-for-health-adm-rachel-levine-for-the-2022-out-for-health-conference.html.

167 "Trans Teen Shares Her Story." Pediatrics in Review, 2016, https://publications.aap.org/pediatricsinreview/article-abstract/37/3/99/34959/Trans-Teen-Shares-Her-Story?redirectedFrom=fulltext?autologincheck=redirected.

168 Toomey, R. B., Syvertsen, A. K., & Shramko, M. "Transgender Adolescent Suicide Behavior." [In eng]. Pediatrics 142, no. 4 (Oct 2018). https://doi.org/10.1542/peds.2017-4218.

169 Biggs, M. "Suicide by Clinic-Referred Transgender Adolescents in the United Kingdom." [In eng]. Arch Sex Behav 51, no. 2 (Feb 2022): 685-90. https://doi.org/10.1007/s10508-022-02287-7.

170 de Graaf, N. M., Steensma, T. D., Carmichael, P., VanderLaan, D. P., Aitken, M., Cohen-Kettenis, P. T., de Vries, A. L. C., et al. "Suicidality in Clinic-Referred Transgender Adolescents." [In eng]. Eur Child Adolesc Psychiatry 31, no. 1 (Jan 2022): 67-83. https://doi.org/10.1007/s00787-020-01663-9.

considering suicide.[171] These deaths are all the more striking, considering that the researchers screened participants for suicidality. Despite these tragic outcomes, the authors, many of whom are considered some of WPATH's most prominent members, concluded that gender-affirming hormones "improved appearance congruence and psychosocial functioning." In the UK, one study showed four completed suicides, representing 0.03% of youth referred to the Gender Identity Development Service (GIDS) between 2010 and 2020. Two out of the four patients were already in the care of the service, and two were on the waiting list.[172]

What's more, we know that autism,[173] eating disorders,[174] and other mental health issues[175] result in elevated suicide risk for young people. We also know that many adolescents who identify as transgender disproportionately suffer from these very same psychiatric comorbidities and, in many cases, the other mental health issues started long before the teen announced a transgender identity.[176] It is, therefore, theoretically possible that youth already at an elevated risk of suicide and suicidality are drawn to identify as transgender because they see medical transition as a solution to their mental distress, as several detransitioner testimonies indicate.[177,178,179] In such a scenario, sex-trait modification interventions would do nothing to reduce or eliminate suicide risk and, in fact, in the long run, may increase the risk if the young, mentally unwell person comes to regret undergoing hormonal and surgical procedures.

There is also concern from some experts that many cases of adolescent-onset gender dysphoria are actually cases of borderline personality disorder (BPD). Symptoms of BPD include "identity disturbance" and "recurrent suicidal behavior, gestures, or threats, or self-mutilating behaviour."[180] According to Canadian sexologist James Cantor, "BPD begins to manifest in adolescence, is three times more common in biological females than males, and occurs in 2–3% of the population." Therefore, Cantor argues, "if even only a portion of people with BPD experienced an identity disturbance that focused on gender identity and were mistaken for transgender, they could easily overwhelm the number of genuine cases of gender dysphoria."[181]

In such cases, misdiagnosing BPD as adolescent-onset gender dysphoria and allowing the young person to undergo hormonal and surgical interventions would do nothing to reduce suicidal behavior and could, in fact, lead to a worsening of such behavior. Indeed, a malpractice lawsuit filed by a detransitioned young woman by the name of Prisha Mosley alleges that her BPD was ignored. Instead, her healthcare team convinced her that sex-trait modification interventions would resolve her severe mental

171 Chen, D., Berona, J., Chan, Y., Ehrensaft, D., Garofalo, R., Hidalgo, M. A., Rosenthal, S. M., Tishelman, A. C., & Olson-Kennedy, J. "Psychosocial Functioning in Transgender Youth after 2 Years of Hormones." New England Journal of Medicine 388, no. 3 (2023): 240-50. https://doi.org/10.1056/nejmoa2206297.

172 Biggs, M. (2022). Suicide by Clinic-Referred Transgender Adolescents in the United Kingdom. Arch Sex Behav, 51(2), 685-690. https://doi.org/10.1007/s10508-022-02287-7

173 O'Halloran, L., Coey, P., & Wilson, C. "Suicidality in Autistic Youth: A Systematic Review and Meta-Analysis." Clinical Psychology Review 93 (2022/04/01/ 2022): 102144. https://www.sciencedirect.com/science/article/pii/S0272735822000290.

174 Smith, A. R., Zuromski, K. L., & Dodd, D. R. "Eating Disorders and Suicidality: What We Know, What We Don't Know, and Suggestions for Future Research." [In eng]. Curr Opin Psychol 22 (Aug 2018): 63-67. https://doi.org/10.1016/j.copsyc.2017.08.023.

175 Galaif, E. R., Sussman, S., Newcomb, M. D., & Locke, T. F. "Suicidality, Depression, and Alcohol Use among Adolescents: A Review of Empirical Findings." [In eng]. Int J Adolesc Med Health 19, no. 1 (Jan-Mar 2007): 27-35. https://doi.org/10.1515/ijamh.2007.19.1.27.

176 Diaz, S., and Bailey, J. M. "Retracted Article: Rapid Onset Gender Dysphoria: Parent Reports on 1655 Possible Cases." Archives of Sexual Behavior 52, no. 3 (2023): 1031-43. https://doi.org/10.1007/s10508-023-02576-9.

177 Ibid (n.141)

178 "Luka Hein V. Unmc Physicians." Liberty Center, https://libertycenter.org/cases/hein-v-unmc/.

179 "Kiefel First Amendment Complaint ", 2022, https://static1.squarespace.com/static/5f232ea74d8342386a7ebc52/t/63a0afdfc02f9322762974cf/1671475168006/Kiefel+First+Amended+Complaint+%28file+stamped%29.pdf.

180 Biskin, R. S., & Paris, J. (2012). Diagnosing borderline personality disorder. Cmaj, 184(16), 1789-1794. https://doi.org/10.1503/cmaj.090618

181 "The Science of Gender Dysphoria and Transsexualism." 2022: 22. https://ahca.myflorida.com/content/download/4865/file/AHCA_GAPMS_June_2022_Attachment_D.pdf.

distress. Her lawyers allege that this "substantially and permanently compounded Prisha's physical suffering and mental anguish."[182]

In a small study of 28 Canadian detransitioners, two participants had a co-existing BPD diagnosis, with one young woman expressing frustration that her BPD was only diagnosed after she had undergone a bilateral mastectomy and her mental health deteriorated.[183] Another detransitioned woman from Canada who has filed a malpractice lawsuit against her healthcare team also received a BPD diagnosis years after being misdiagnosed as transgender and undergoing hormonal and surgical sex trait modification interventions.[184]

Thus, the transition-or-suicide narrative is, as Finland's leading expert on pediatric gender medicine has put it, "purposeful disinformation," the spreading of which is "irresponsible."[185] Using suicide threats to influence parents in their decisions over healthcare for their children is a violation of medical ethics and amounts to malpractice. It also makes the false promise that these experimental interventions will eliminate the risk of suicide for the young person when no evidence exists to support such a claim.

As previously mentioned, the few long-term follow-up studies of the adult transgender population also do not indicate that sex-trait modification interventions eliminate or greatly reduce the risk of suicide. A Swedish study[186] of 324 individuals who had undergone genital surgery between 1973 and 2003 revealed rates of completed suicide post-surgical transition to be greatly elevated over the general population, with trans-identified natal females 40 times more likely to die by suicide and trans-identified natal males 19 times more likely.[187,188]

The largest study conducted to date on the 8,263 patients who passed through the gender clinic in Amsterdam from 1972 to 2017 found that both male and female transgender people had a quadruple rate of suicide and concluded that "the suicide risk in transgender people is higher than in the general population and seems to occur during every stage of transitioning."[189]

A recent long-term Danish study concluded that people who have undergone sex-trait modification interventions in Denmark have a 3.5 times increased rate of completed suicide post "transition" compared to the general population and 7.7 times the rate of suicide attempts.[190] Another long-term Dutch study found male-to-female transsexuals had a sixfold increased risk of suicide after undergoing sex-trait modification procedures.[191]

Therefore, the sex-trait modification experiment advocated for by WPATH cannot be considered "harm reduction" or "life-saving," and it is unethical for any medical or mental health professional to assert otherwise. It is also unethical to offer minors and adults with severe mental illness harmful, irreversible medical interventions without first attempting to address their psychiatric

182 "Active and Resolved Cases: Mosely V. Emerson, Et Al." Campbell Miller Payne, 2023, 2. https://cmppllc.com/our-cases.

183 Ibid (n.115)

184 Humphreys, A. (2023). Ontario detransitioner who had breasts and womb removed sues doctors. National Post. https://nationalpost.com/news/canada/michelle-zacchigna-ontario-detransitioner-sues-doctors

185 Mutanen, A. (2023). A professor who treats adolescent gender anxiety says no to minors' legal gender correction. Helsingin Sanomat. https://www.hs.fi/tiede/art-2000009348478.html

186 Ibid (n.66)

187 Ibid (n. 186)

188 Levine, S. B., Abbruzzese, E., & Mason, J. W. "Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults." Journal of Sex & Marital Therapy 48, no. 7 (2022): 706-27. https://doi.org/10.1080/0092623x.2022.2046221.

189 Wiepjes, C. M., den Heijer, M., Bremmer, M. A., Nota, N. M., de Blok, C. J. M., Coumou, B. J. G., & Steensma, T. D. "Trends in Suicide Death Risk in Transgender People: Results from the Amsterdam Cohort of Gender Dysphoria Study (1972-2017)." [In eng]. Acta Psychiatr Scand 141, no. 6 (Jun 2020): 486-91. https://doi.org/10.1111/acps.13164.

190 Erlangsen, A., Jacobsen, A. L., Ranning, A., Delamare, A. L., Nordentoft, M., & Frisch, M. "Transgender Identity and Suicide Attempts and Mortality in Denmark." JAMA 329, no. 24 (2023): 2145-53. https://doi.org/10.1001/jama.2023.8627.

191 Asscheman, H., Giltay, E. J., Megens, J. A., de Ronde, W. P., van Trotsenburg, M. A., & Gooren, L. J. "A Long-Term Follow-up Study of Mortality in Transsexuals Receiving Treatment with Cross-Sex Hormones." [In eng]. Eur J Endocrinol 164, no. 4 (Apr 2011): 635-42. https://doi.org/10.1530/eje-10-1038.

problems through less invasive means.

Allowing Severely Mentally Ill Patients to Consent to Life-Altering Medical Interventions

Some patients discussed in the files do not appear to have been in a state of sound mind when deciding to undergo sex-trait modification procedures, meaning that it is doubtful that they would have been able to weigh the long-term impact on their future health and sexual function.

Several message threads suggest that WPATH members are allowing mentally unstable people to consent to hormones and surgeries. In an undated post, a nurse practitioner from Halifax, NS, described a patient with very complex mental health issues, including PTSD, major depressive disorder (MDD), observed dissociations, and schizoid typical traits. The nurse told the group that the patient is eager to start hormones, but psychiatry is recommending holding off.

"My practice is based fully on the informed consent model however this case has me perplexed; struggling internally as to what is the right thing to do," said the nurse.

Dr. Dan Karasic of the University of California San Francisco (UCSF), the lead author of the mental health chapter of WPATH's SOC8, was baffled by the nurse's perplexity. "I'm missing why you are perplexed," said Karasic. "The mere presence of psychiatric illness should not block a person's ability to start hormones if they have persistent gender dysphoria, capacity to consent, and the benefits of starting hormones outweigh the risks."

While Karasic is correct that the mere presence of mental illness does not automatically mean a patient is incapable of consenting to a medical procedure, it is questionable that a patient in such a state could rationally weigh up the long-term implications of irreversible cross-sex hormones. Also, given the aforementioned negative impact of these hormones on a patient's sexual function, it is doubtful that the benefits outweigh the risks, even in a healthy individual. People suffering from mental illness often struggle to form long-term romantic relationships. Hormone therapy places an enormous medical burden on the body and impairs sexual function, making life more difficult for a mentally ill person already struggling.

However, in the files, Karasic's opinion enjoys the support of his fellow members, with the aforementioned California therapist reporting having patients with DID, MDD, bipolar, and schizophrenia that "do just fine on HRT" and an orchiectomy making a "huge difference" to the life of a homeless person. An orchiectomy is the surgical removal of the testes. But again, without long-term follow-up, it is impossible to know if these claims of success are accurate.

There are other therapists in the WPATH Files discussing patients suffering from dissociative identity disorder (DID), formerly known as multiple personality disorder (MPD), being allowed to consent to sex-trait modification procedures. The MPD epidemic of the 1980s and 1990s was iatrogenic in nature, meaning it was created and spread by misguided therapists. After the scandal collapsed under the weight of lawsuits, MPD was rebranded as DID, and as a diagnosis, its occurrence decreased significantly. However, there has been a recent resurgence, with TikTok providing an important vector for the contagion and certain WPATH members embracing DID "alter" identities as deserving of affirmation along with transgender identities.[192]

In 2017, Karasic gave a presentation at the conference of WPATH's US branch, USPATH, about the importance of affirming "plural" identities.[193] During the presentation, the prominent WPATH psychiatrist detailed case studies of patients with DID who had undergone hormonal and/or surgical sex trait modification interventions.

One patient was a male who identified as

192 #dissociativeidentitydisorder. (2024). TikTok. https://www.tiktok.com/tag/dissociativeidentitydisorder?lang=en

193 Not plural-phobic: USPATH psychiatrist promotes transition for multiple personalities. (2017). 4thWaveNow. https://4thwavenow.com/2017/12/29/not-plural-phobic-uspath-psychiatrist-promotes-transition-for-multiple-personalities/

"genderqueer" and underwent "flat front" nullification surgery, or the amputation of the genitals to create a smooth, sexless appearance. This male suffered from bipolar disorder and "alcohol use disorder" and was treated with spironolactone, an anti-androgen hormone blocker, followed by estradiol, or synthetic estrogen. Karasic reported that the patient had seven alters, two of which were "agender" and one female. "Alters were in agreement about surgery," Karasic assured the audience.

Another DID patient was a 27-year-old male who identified as a "genderqueer system." A system is multiple distinct personalities sharing one body. This particular patient, who was diagnosed with autism in childhood, had 85 "headmates," with the primary "front" alter being female. The patient was on estradiol along with a drug to prevent breast growth and had undergone an orchiectomy at age 25.

Karasic told the audience he had had several patients who identified as trans and plural, which he put down to his reputation "as a psychiatrist who was not plural phobic." This is the caliber of expert WPATH felt appropriate to appoint as the lead author of its SOC8 mental health chapter.

At WPATH's 2022 International Symposium in Montreal, a team of researchers presented the preliminary findings of their research into the confluence of transgender and "plural" identities.[194] The team grappled with the complexity of obtaining informed consent for sex-trait modification hormones and surgeries from patients with hundreds of alters, many with differing gender identities. Their research quoted an individual called The Redwoods, who identifies as nine separate people sharing a "trans body," explaining the difficulties faced by patients who were forced to choose between their gender dysphoria diagnosis and their DID diagnosis "because providers wrongly believed you could not be both."

The research team drew few solid conclusions but recommended affirmation of both trans and plural identities, which could lead to "gender and plural euphoria," as well as the suggestion that plurals have their separate personalities use an app to talk to each other to reach an agreement about hormonal and surgical sex trait modification interventions. The lead researcher appears in the WPATH Files in a thread dated September 2021, discussing the "robust community developing of people who identify as plural" as well as "plural positivity" conferences. He stated there was a "general consensus that mental health and medical providers need more training on this topic so they can provide affirming care."

Inside the WPATH forum, members grapple with how to manage "trans clients" with DID when "not all the alters have the same gender identity," with one North Carolina psychologist stressing that it was "imperative to get all the alters who would be affected by HRT to be aware and consent to the changes."

"Ethically, if you do not get consent from all alters you have not really received consent and you may be open to being sued later, if they decide HRT or surgery was not in their best interest," said the psychologist. This reply was one of only two mentions of ethics in the whole WPATH Files.

Another therapist admitted lying about her patients' diagnosis of DID in referral letters, calling it "complicated PTSD" instead because she didn't "think surgeons would blink at that as much as DID." But she also confessed that two patients with DID whom she had referred for hormones now experience regret and feel that "their decision to start hormones was colored by trauma and DID and now, after more therapy and understanding, wish they had dug deeper before starting hormones."

These two cases of regret demonstrate how WPATH's approach of prioritizing "gender" and bypassing exploratory psychotherapy that seeks to uncover the origins of distress risks setting patients up for iatrogenic harm and later regret.

McGinn, the aforementioned surgeon who has

194 Wolf-Gould, C., Flynn, S., McKie, S. (2022, September 16-20). An Exploration of Transgender and Plural Experiences [Conference presentation].

performed 20 vaginoplasties on minors, joined the discussion to report performing two "vulvovaginoplasty" surgeries and one bilateral mastectomy on patients suffering from DID and happily stated that all three "did ok out to the six-month mark."

However, once again, a follow-up period of six months is not long enough to declare the surgeries a success. In the short term, there may be misleading signs of improved mental well-being, but how will the patient, particularly one who consented while in a state of severe mental instability, feel about their genital surgery or bilateral mastectomy in 10, 20, or 30 years? Gender-affirming healthcare providers never seem to ask this vital question and yet claim to be providing ethical medical care.

A Virginia doctor in the forum was of the opinion that as long as persistent gender dysphoria is present, those with severe mental health issues such as bipolar disorder, autism, and schizoaffective disorder should be allowed to consent to vaginoplasty. "It would be great if every patient could be perfectly cleared prior to every surgical intervention, but at the end of the day it is a risk/benefit decision," she said, shrugging off the possibility that the severely mentally unwell patients may be unable to cope with the grueling dilation schedule and may suffer serious complications as a result.

In fact, within all the files, the sole instance where WPATH members express concern regarding the potential dangers and adverse effects of a medical procedure is found in a conversation involving a trans-identified natal male interested in hormone-induced lactation purely for the sake of experiencing it, with no intention of nursing an infant. From the information given, the patient appears to be otherwise mentally well, but his doctor described having ethical issues with this request, as it was not without some risk.

The replies echoed the doctor's concerns, with one doctor calling the request unethical because it was a "medical intervention that is not necessary" and a San Francisco ethicist calling the reason for the intervention "questionable." The ethicist reminded the doctor that he is a professional "to whom society gives certain privileges" in exchange for his "prudent use of resources" and his "commitment to interventions where benefits outweigh risk and to 'at least do no harm.'"

"I understand your patient's desire to experience lactation as one function of her womanhood," continued the ethicist. "But that is [an] insufficient reason, in my estimation, to intervene medically." While this expert in medical ethics is not required to comment on every post within the forum, it is telling that she does not appear in any of the discussions regarding allowing people with severe mental illness to consent to vaginoplasty or threads concerning the creation of second sets of genitals for people who identify as non-binary, reminding WPATH surgeons to do no harm. Nor does she comment in message threads about drastic hormone interventions for minors that will leave them anorgasmic for life, reminding WPATH doctors that benefits must outweigh risks. By comparison, the male's request to induce lactation just to experience it is trivial.

Notably, all the WPATH members in the discussion avoid tackling the uncomfortable truth about the patient's motivation. The man being discussed in the forum may fit the description of having physiologic autogynephilia, meaning his desire to lactate may have been for erotic purposes.

Contrast how members talk about the natal male wishing to use drugs to induce lactation with the discussion about a 13-year-old girl who identified as non-binary and wished to begin taking testosterone. Her therapist was worried that 13 was too young and also mentioned a "possible complication," which was that "there is some purposeful malnutrition and restrictive eating for a more non-binary appearance."

But instead of recommending addressing the eating disorder and general mental health issues before starting the distressed teenager on such a powerful hormone, or indeed questioning the ethics of allowing an obviously troubled girl to consent to the irreversible effects of testosterone, a pediatric endocrinologist informed the

therapist that WPATH has removed all the minimum age requirements in its latest standards of care. Then, a chief medical officer of a health center in Texas cautioned that "waiting appears to increase the rate of suicide" because the patient would have to deal with "menstrual periods and complete breast development." The expert in medical ethics is conspicuously absent from the discussion.

Minority Stress

WPATH's belief system has a built-in answer to the problem of high rates of psychiatric comorbidities before and after transition as well as post-transition suicides. That answer is the minority stress model. According to WPATH, the mental health issues experienced by members of the transgender community before, during, and after sex-trait modification interventions are the result of living in a transphobic society, in other words, the stress of being a member of an oppressed minority.[195] Research produced by some WPATH members claims that gender-affirming care can resolve psychiatric comorbidities such as depression, anxiety, suicidality, or even autism.[196,197,198]

The minority stress hypothesis, borrowed from the gay rights movement, has never been empirically verified in the context of transgender medicine, but it serves as a way for gender-affirming healthcare providers to deny culpability when a person regrets their transition or when the transition doesn't improve their mental health.[199] It enables these doctors to blame society for being intolerant, rather than themselves for allowing a minor or a mentally unstable adult to undergo drastic, life-altering medical interventions. As well, because "intolerance" is defined by the activist clinician-researchers themselves in ever more implausible ways, minority stress is essentially an unfalsifiable and, thus, unscientific theory. It is thus also an all-too-convenient insurance policy for gender clinicians against malpractice allegations.

In fact, Sweden serves as a counter-argument to the minority stress model. As a highly tolerant nation, if the minority stress model were correct, we would expect to see far lower rates of mental illness and suicidal behavior among the transgender population, but the opposite is true. The long-term Swedish study found post-op transgender adults had a significantly elevated risk of suicide as well as increasing mortality rates.[200]

Realistic Expectations

Numerous studies indicate that many adolescents experiencing adolescent-onset gender dysphoria suffer from multiple psychiatric comorbidities that pre-date the onset of distress about their sex.[201,202,203,204] Detransitioner testimony supports the hypothesis that some mentally distressed people could be drawn to self-diagnosing as transgender after being led to believe that sex-trait modification procedures are a miracle cure for all their

195 Meyer, I. H., Russell, S. T., Hammack, P. L., Frost, D. M., & Wilson, B. D. M. "Minority Stress, Distress, and Suicide Attempts in Three Cohorts of Sexual Minority Adults: A U.S. Probability Sample." PLOS ONE 16, no. 3 (2021): e0246827. https://doi.org/10.1371/journal.pone.0246827.

196 Turban, J. L. "Potentially Reversible Social Deficits among Transgender Youth." [In eng]. J Autism Dev Disord 48, no. 12 (Dec 2018): 4007-09. https://doi.org/10.1007/s10803-018-3603-0.

197 Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. "Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation." [In eng]. Pediatrics 145, no. 2 (Feb 2020). https://doi.org/10.1542/peds.2019-1725.

198 Turban, J. L., & van Schalkwyk, G. I. ""Gender Dysphoria" and Autism Spectrum Disorder: Is the Link Real?" [In eng]. J Am Acad Child Adolesc Psychiatry 57, no. 1 (Jan 2018): 8-9.e2. https://doi.org/10.1016/j.jaac.2017.08.017.

199 Mayer, L. S., and McHugh, P. R. "Part Two: Sexuality, Mental Health Outcomes, and Social Stress." Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences, The New Atlantis 50 (2016): 73-75. https://www.thenewatlantis.com/publications/part-two-sexuality-mental-health-outcomes-and-social-stress-sexuality-and-gender.

200 Ibid (n.66)

201 Kaltiala-Heino, R., Sumia, M., Työläjärvi, M., & Lindberg, N. "Two Years of Gender Identity Service for Minors: Overrepresentation of Natal Girls with Severe Problems in Adolescent Development." [In eng]. Child Adolesc Psychiatry Ment Health 9 (2015): 9. https://doi.org/10.1186/s13034-015-0042-y.

202 Bechard, M., VanderLaan, D. P., Wood, H., Wasserman, L., & Zucker, K. J. "Psychosocial and Psychological Vulnerability in Adolescents with Gender Dysphoria: A "Proof of Principle" Study." [In eng]. J Sex Marital Ther 43, no. 7 (Oct 3 2017): 678-88. https://doi.org/10.1080/0092623x.2016.1232325.

203 Kozlowska, K., Chudleigh, C., McClure, G., Maguire, A. M., & Ambler, G. R., "Attachment Patterns in Children and Adolescents with Gender Dysphoria." Frontiers in psychology (2021): 3620. https://www.frontiersin.org/articles/10.3389/fpsyg.2020.582688/full.

204 Ibid (n.176)

psychological suffering.[205]

In the files, there is evidence that WPATH members encourage such false hopes. A Montana trans-identified natal female therapist said that "receiving gender-affirming care can often significantly stabilize client's [sic] mental health." The California therapist who claimed surgical castration made a huge difference in the life of a homeless person told the forum that withholding hormones can intensify mental health symptoms and suggested hormone therapy is "harm reduction and so doing nothing is not a 'neutral option.'"

WPATH's SOC8 also states that "studies suggest mental health symptoms experienced by [transgender/gender diverse] people tend to improve" following sex-trait modification interventions despite there being no good quality research to support this claim.[206]

Suggesting that hormonal and surgical sex-trait modification interventions can improve depression, PTSD, and even schizophrenia is a breach of the requirement to present accurate information to the patient when obtaining informed consent. It is akin to a cosmetic surgeon telling a patient that a nose job is the remedy for depression or breast augmentation is the cure for bipolar disorder.

Due to such false promises, people suffering from gender dysphoria often have unrealistic expectations about undergoing sex-trait modification procedures. The anticipation and excitement about starting cross-sex hormones or having a mastectomy or genital surgery often become a focal point for the distressed mind, with individuals pinning their hopes on these medical procedures to resolve all their pain and suffering. WPATH members endorsing sex-trait modification drugs and surgeries as a cure for mental distress do little to dispel these fantasies.

However, it does not have to be this way. Approximately two decades ago, at the Portman adult gender clinic in London, a British psychiatrist demonstrated that giving trans-identified patients a realistic idea of what sex-trait modification can achieve is a highly effective strategy for quelling the desire for medical intervention and minimizing transition regret.

Dr. Az Hakeem ran therapy groups that combined patients wishing to embark upon surgical transition with post-operative transsexuals who regretted their surgeries. In an interview, he described the pre-operative group as one of excitement and euphoria and the post-operative group as one of "mourning, depression, and sadness."

"The typical pattern was gender dysphoria, transgender euphoria, and then transgender dysphoria," Hakeem said of the post-op regretters. "They realized they didn't really feel that authentic in their transgender identity, so they were still feeling just as inauthentic, but just in a different body." Hakeem observed that this process took, on average, seven years, which casts further doubt on the validity of short-term follow-up studies showing high patient satisfaction post-transition rates.[207]

Meyer and Hoopes of Johns Hopkins made the same observation in 1974. They described an "initial phase of elation" that extended for two to five years post-transition, but after that honeymoon period is over, "the patient is overtaken by the painful realization that nothing has really changed except certain elements of body configuration."[208] This honeymoon period has also been observed more recently.[209]

The aforementioned first Dutch follow-up study in 1988 described those in the early stages of the sex trait

205 Ibid (n.177-179)

206 Ibid (n.94)

207 Hughes, M. (2023). Dr. Az Hakeem: Trans Is the New Goth. Public. https://public.substack.com/p/dr-az-hakeem-trans-is-the-new-goth#details

208 Meyer, J. K., Hoopes, J. E., & Meyer, J. K. "The Gender Dysphoria Syndromes: A Position Statement on So-Called "Transsexualism"." Plastic and Reconstructive Surgery 54, no. 4 (1974). https://journals.lww.com/plasreconsurg/fulltext/1974/10000/the_gender_dysphoria_syndromes__a_position.9.aspx.

209 Nobili, A., Glazebrook, C., & Arcelus, J. "Quality of Life of Treatment-Seeking Transgender Adults: A Systematic Review and Meta-Analysis." Reviews in Endocrine and Metabolic Disorders 19, no. 3 (2018): 199-220. https://doi.org/10.1007/s11154-018-9459-y.

modification journey as "taking a loan on the future," and the study concluded that "[sex reassignment surgery] is no panacea." The researchers observed that the "[a]lleviation of gender problems does not automatically lead to a happy and lighthearted life" and that, on the contrary, "SRS can lead to new problems."[210]

It is essential that people wishing to embark upon life-altering sex-trait modification procedures be brought face-to-face with this reality. There is no evidence in the files that WPATH members realistically prepare patients for the difficulties of life after hormonal and surgical body modification. By contrast, Hakeem's innovative approach proved very effective, with almost all of his preoperative patients ultimately not undergoing surgery because they understood the limitations of their "fantasy solution," and the small number who went through with it had much more realistic expectations.

Consumer-Driven Gender Embodiment

There has been a significant increase in the number of young people identifying as "non-binary" in recent years, and WPATH now advocates for these individuals to be eligible for hormonal and surgical sex-trait modification interventions.[211]

The nonbinary chapter of WPATH's SOC8 states that healthcare providers must avoid overly focusing on gender-related distress because "it is also important to consider experiences of increased comfort, joy, and self-fulfillment that can result from self-affirmation and access to care."[212]

Gender nullification surgeries, defined by WPATH as "procedures resulting in an absence of external primary sexual characteristics," and bigenital surgeries, such as the creation of a pseudo-vagina cavity without amputating the penis, are the end result of activists overtaking WPATH. In WPATH's SOC8, there is a shopping list of extreme body modification procedures which includes options such as vaginoplasty "with retention of penis and/or testicle" and "flat front" procedures.[213] These surgeries do not even meet the definition of experimental, as they are not being studied in any controlled manner.

Members inside the WPATH messaging forum discuss best practices for these "non-standard" procedures.

When Dr. Thomas Satterwhite, a renowned California surgeon, asks for the group's input for "non-standard" procedures such as "top surgery without nipples, nullification, and phallus-preserving vaginoplasty," no one raised any ethical questions about the destruction of perfectly healthy reproductive organs to fulfill customized body modification desires. Instead, members of the group policed Satterwhite's language, with one therapist arguing that such procedures could also be "selected by those with binary gender identities;" another therapist who identifies as non-binary agreed and called his language "cisgenderist," and a trans-identified natal female med school student stressed the importance of "de-gendering" sex-trait modification procedures. In the SOC8, these procedures are euphemistically referred to as "individually customized" surgeries.

Further demonstrating WPATH's priorities when it comes to radical and untested surgeries, Dr. Rajveer S. Purohit outlined the important topics to discuss with patients before their nullification surgery, such as whether they want orgasms or not and if they want to sit while urinating. Completely absent from the discussion was any mention of the impact such drastic procedures will have on a patient's fertility, sexual function, ability to form long-term stable romantic partnerships or general state of health.

210 Ibid (n.125)

211 Chew, D., Tollit, M. A., Poulakis, Z., Zwickl, S., Cheung, A. S., & Pang, K. C. "Youths with a Non-Binary Gender Identity: A Review of Their Sociodemographic and Clinical Profile." The Lancet Child & Adolescent Health 4, no. 4 (2020): 322-30. https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(19)30403-1/fulltext.

212 Ibid (n.94)

213 Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, E., et al. "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8." [In eng]. Int J Transgend Health 23, no. Suppl 1 (2022): Ch. 13. https://doi.org/10.1080/26895269.2022.2100644.

In one post, Satterwhite gives a disturbing account of a patient who became "dangerous and threatening" while still undergoing post-op care as a result of "undiagnosed mood disorders that did not surface until post-op." This is proof that not every patient benefits from extreme body modification procedures being available on demand with no prior psychological assessment or psychotherapeutic support.

Valuing Patient Autonomy Over Risk Aversion

WPATH places a high value on patient autonomy and a low value on minimizing potential harm. Or rather, it conceptualizes harm, as in "do no harm," as unfulfilled consumer desire.

In 2022, the aforementioned activist professor who believes developmentally delayed minors ought to be allowed to consent to life-altering experimental hormones and surgeries, posted in the forum in defence of "trans people whose embodiment goals do not fit dominant expectations," such as those who want "mastectomies without nipples, mastectomies for people who do not want breasts from estrogen [and] vagina-preserving phalloplasties."

The professor, who has previously described "trans embodiment as a free-form artistic expression of gender," and believes teenagers should have the right to treat their body like a "gendered art piece,"[214] demonstrates the flawed beliefs held within WPATH when claiming that transgender health care is about creating bodies that "challenge cisnormativity."

"Trans health is about bodily autonomy, not normalizing bodies," said the activist professor in the files. "We didn't reject the idea that you can't change your gender only to double down on the idea that gender is binary and defined by genitals."

In a separate discussion about "non-standard" surgeries, a Minnesota therapist who believes WPATH needs a "different way of looking at gender that is not through a cisgenderist gaze" asked the group, "If adult patients have body autonomy, what is the issue with having top surgery without nipples, for example?" adding that "[s]urgical tattoos can help if the patient changes their mind later."

These comments are a clear indication that WPATH is not scientific. Medical professionals devoted to providing ethical care to their patients should not destroy healthy reproductive organs in pursuit of creating smooth, sexless bodies or second sets of genitals. Such highly invasive, life-altering procedures are not an attempted remedy for a recognised psychiatric condition but are instead consumer-driven extreme body modification masquerading as medicine. This is a violation of medical ethics and the Hippocratic Oath.

A Brave New World

Many WPATH members see themselves as being on the vanguard of a new medical frontier. A British psychiatrist took exception to Satterwhite's use of the term "non-standard," suggesting that such interventions "may become standard in the future."

A California physician who once famously quipped that if teenage girls later in life regret having their healthy breasts amputated, they can just "go and get them,"[215] replied to say that the field of gender care will soon be "overhauled by younger people," something she is thankful for. She called for medical and surgical interventions to be reframed as an individual's "embodiment of gender" rather than being "responsive to the poorly defined 'gender dysphoria.'"

In the Identity Evolution Workshop, Berg even discussed embodiment goals for children as a guide for medical decision-making. "Embodiment is certainly a concept that I'm using a lot more of with my adolescents and children," said the prominent WPATH expert.

214 Ashley, F. "Gatekeeping Hormone Replacement Therapy for Transgender Patients Is Dehumanising." [In eng]. J Med Ethics 45, no. 7 (Jul 2019): 480-82. https://doi.org/10.1136/medethics-2018-105293.

215 "[Physician] Explains Why Mastectomies for Healthy Teen Girls Is No Big Deal." Youtube, 2019, https://www.youtube.com/watch?v=5Y6espcXPJk.

Despite the unusual nature of the non-binary procedures, the files contain evidence that insurance companies provide coverage for these experimental body modification surgeries, as shown when Satterwhite tells the group that his clinic in San Francisco is consistently able to get insurance coverage for his patients. Dr. Daniel Dugi of Oregon Health and Science University confirms also having no trouble getting insurance coverage.

There have been two cases in Ontario, Canada of non-binary individuals winning the right to have the surgical creation of a second set of fake-genitals paid for by the province's taxpayers, decisions that will pave the way for such procedures to be covered by provincial health insurance.[216,217] In *Ks v Ontario*, the non-binary chapter of WPATH's SOC8 is quoted extensively throughout, and the Ontario Health Services Appeal and Review Board adopted the logic and vocabulary of WPATH in its ruling, stating that gender diverse presentations may lead to "individually customized surgical requests" that ought to be covered by provincial health plans.[218]

While realizing extreme body modification goals may be very gratifying for a person, at least in the short term, governments and insurance companies should not confuse this with medicine and necessary medical care. Non-binary surgeries demonstrate WPATH's total abandonment of science and medicine in pursuit of unrestrained consumerism.

A counselor from Virginia predicted a "wave of non-binary affirming requests for surgery" and informed the group he had worked with "clients who identify as non-binary, agender, and Eunuchs" who had requested "atypical surgical procedures, many of which either don't exist in nature or represent the first of their kind."

Perhaps the best indication that WPATH has lost its way as a medical organization is the group's decision to include an entire chapter in its SOC8 dedicated to gender-affirming care for people who identify as eunuchs. In the glossary, the world-leading transgender health group defines eunuch-identified men as individuals "assigned male at birth" who feel that "their true self is best expressed by the term eunuch. Eunuch-identified individuals generally desire to have their reproductive organs surgically removed or rendered non-functional."

The Eunuch chapter contains not only the claim that children can be eunuch-identified, but also a hyperlink to the Eunuch Archives website where anonymous men with castration fetishes congregate and share their child castration fantasies.[219] In April 2023, on TikTok, a popular WPATH-affiliated gender surgeon advertised gender-affirming care for people who identify as eunuch to her 250K+ young followers.[220]

During WPATH's 2022 International Symposium in Montreal, the coauthor of the SOC8 eunuch chapter spoke about the first "eunuch-identified" patient he ever saw, who was a 19-year-old man living in his parent's basement, who "may have been on the autism Asperger's spectrum," and wanted to revert to a prepubertal state.[221] The young man didn't explicitly identify as a eunuch. The WPATH expert had applied the label to him. "I deduced it just because it was on my radar," he explained to the audience. In other words, instead of viewing this patient as a troubled individual in need of deep psychotherapeutic support, the WPATH expert labeled him a eunuch-identified person in need of gender-affirming surgical castration. Reframing

216 "Ks V Ontario (Health Insurance Plan)." CanLII, 2023, https://www.canlii.org/en/on/onhsarb/doc/2023/2023canlii82181/2023canlii82181.html?searchUrlHash=AAAAAQANdmFnaW5vcGxhc3R5IAAAAAAB&resultIndex=1.

217 "Ohip Reverses Course, Will Fund Gender-Affirming Surgery for Ottawa Public Servant." The Globe and Mail, 2023, https://www.theglobeandmail.com/canada/article-ohip-gender-affirming-surgery-case/#:~:text=OHIP%20has%20reversed%20its%20stance,procedure%20for%20nearly%20a%20year.

218 Ibid (n.216)

219 Gluck, G. (2022). Top Trans Medical Association Collaborated With Castration, Child Abuse Fetishists. Reduxx. https://reduxx.info/top-trans-medical-association-collaborated-with-castration-child-abuse-fetishists/

220 GenderSurgeon (2023). #testicleremoval #orchiectomy #eunuch. https://www.tiktok.com/@gendersurgeon/video/7218932161934822702

221 "Of Eunuchs and Wannabes." Year Zero, 2022, https://wesleyyang.substack.com/p/of-eunuchs-and-wannabes.

such serious psychiatric disorders as "identities" to be affirmed and resolved with chemical and surgical castration is an enormous breach of medical ethics and a clear indication that WPATH does not have the health and well-being of patients as its priority.

At the end of the Eunuch session, which was held in the grand salon of the conference venue, not off in a side room, Satterwhite and Dr. Thomas W. Johnson, the lead author of the SOC8 Eunuch chapter, and its co-author, Dr. Michael Irwig, had an interesting conversation. Satterwhite took to the microphone and told of how Johnson had helped him overcome his emotional discomfort in one of his earliest cases of a gay man who wanted to be castrated. He asked Johnson for advice on how to "get more surgeons on board" with performing this type of procedure, explaining that he'd had a mixed response from fellow attendees at the conference to his willingness to perform "non-standard" genital surgery.

After commending Satterwhite for "being open to new ideas," Johnson said he hoped "having the [eunuch] chapter in the Standards of Care will open the possibilities," that surgeons will see it and "say, yep, this is something that I ought to be willing to consider." Irwig agreed, saying it was "huge" that eunuch was now in the SOC, because now doctors wouldn't have to fear losing their license for castrating these psychologically troubled men.

"The more sessions like this we have, the more educated people will get, and then we'll get more people like you to be able to do this," said Irwig to Satterwhite.

PAST CASES OF PSEUDOSCIENTIFIC HORMONAL AND SURGICAL EXPERIMENTS ON CHILDREN AND VULNERABLE ADULTS

History is full of examples of the medical world getting things catastrophically wrong and yet taking decades to face up to the mistake and self-correct. Today's scandal perpetrated by WPATH combines elements of past attempts to cure mental illness by surgical means such as lobotomy and ovariotomy with the misguided experiment by pediatric endocrinologists to correct the height of tall girls and short boys using puberty blockers and hormones. There is also the scandal in the recent past of a surgeon amputating the healthy legs of men with body integrity identity disorder that bears a striking resemblance to the type of medical care WPATH endorses.

Examining historical medical blunders offers insights into the current scandal unfolding in gender clinics. By distancing ourselves from our cultural biases and preconceptions, a clearer view of the ease with which doctors are led astray emerges.

Lobotomy

A case study comparing the pseudoscientific surgical destruction of healthy brains in the 20th century and the pseudoscientific surgical destruction of healthy genitals of vulnerable people today

In the mid-20th century, a widely held belief in the medical world was that the most effective and humane treatment for mental illness was the lobotomy: a brutal surgical procedure that involved blindly swinging sharp instruments in the brain to sever the frontal lobe connections.

Despite the obvious dangers and devastating side effects, the medical community rapidly embraced the practice of performing lobotomies as a treatment for a wide range of mental disorders, including depression, obsessive-compulsive disorder (OCD), epilepsy, and schizophrenia.

Lobotomists were not vilified; rather, they were held in high regard by many. Antonio Egas Moniz, the inventor of the lobotomy, was honored with the Nobel Prize in 1949 for his contribution to medicine. Walter Freeman and James Watts, who popularized the procedure in the United States, were warmly received at annual American Medical Association (AMA) meetings, where they set up "psychosurgery" exhibits providing information about their brain-mutilating surgery.

While there was early opposition to the brutality and imprecision of the procedure, little of it was published in medical journals because, at the time, to criticize fellow doctors was viewed as unethical. Instead, the prestigious New England Journal of Medicine gave the procedure scientific validity by publishing an article touting the operation as being based "on sound physiological observation."[222]

The popular press also played a crucial role. In 1936, the New York Times called the procedure "a turning point in treating mental cases," predicting that Freeman and Watts were likely "going down in medical history as another shining example of therapeutic courage," and in 1937, claimed the surgery "cuts away sick parts of the human personality and transforms wild animals into gentle creatures."[223,224] Over the next five years, lobotomy was frequently featured in popular publications, including Reader's Digest, Time, and Newsweek. The narrative

222 "The Surgical Treatment of Certain Psychoses." New England Journal of Medicine 215, no. 23 (1936): 1088-88. https://sci-hub.ru/10.1056/NEJM193612032152311.

223 "Find New Surgery Aids Mental Cases; Drs. Freeman and Watts Say Operation on Brain Has Eased Abnormal Worry. 6 Selected Patients Gain No Data yet Available on Permanent Effects, Scientists Tell Southern Medical Group." The New York Times, 1936, https://www.nytimes.com/1936/11/21/archives/find-new-surgery-aids-mental-cases-drs-freeman-and-watts-say.html.

224 "Surgery Used on the Soul-Sick Relief of Obsessions Is Reported; New Brain Technique Is Said to Have Aided 65% of the Mentally Ill Persons on Whom It Was Tried as Last Resort, but Some Leading Neurologists Are Highly Skeptical of It." The New York Times, 1937, https://www.nytimes.com/1937/06/07/archives/surgery-used-on-the-soulsick-relief-of-obsessions-is-reported-new.html.

overall was positive, downplaying the barbaric reality of the procedure.[225]

Many desperate patients and their families sought lobotomies after reading these articles. Conditions in mental asylums at the time were deplorable, and alternative remedies for mental illness, such as insulin coma therapy and electroshock therapy, were also harsh and often violent. Therefore, even though a lobotomy often left patients in a state of "surgically induced childhood," to many, this was preferable to the other options available.

At no point during lobotomy's rapid rise in popularity did any of the significant American medical associations, including the American Psychiatric Association and the American Medical Association, stand in official opposition to the surgery.

Freeman, who invented the "transorbital lobotomy," which involved hammering a surgical instrument resembling an ice pick through a patient's eye socket and into the brain, considered his procedure a success if his patients were able to leave the asylum and be cared for at home "at the level of a domestic invalid or household pet."[226] He also became convinced that the earlier the procedure was performed, the better because of the misguided belief that patients were destined to deteriorate otherwise. This meant he advocated for the surgery as a first line of treatment for those with only mild mental illness.

Many of Freeman's patients didn't even meet his questionable measure of success, with some ending up permanently disabled and approximately 15% dying.[227] In 1941, Rosemary Kennedy, sister of President John F. Kennedy, became Freeman's most famous victim when her lobotomy left her condemned to live out the rest of her days in a private psychiatric hospital, unable to care for herself, barely able to speak, and with no memory of her family.[228]

But what is arguably Freeman's most egregious crime was that he performed lobotomies on children, 19 in total, with 11 such cases described in the 1950 edition of his book, *Psychosurgery*.[229,230] The youngest was just four years old, and two out of the 11 died of cerebral hemorrhages.

Even as Moniz was awarded the Nobel Prize in 1949 for the invention of lobotomy, and in its reporting, the New York Times declared that "surgeons now think no more of operations on the brain than they do of removing an appendix,"opposition to the procedure was starting to mount.[231] Critics highlighted the severe side effects experienced by many patients, raised concerns about the criteria used to measure success, and accused surgeons of conducting procedures without preliminary psychiatric evaluations.

However, it was the invention of the antipsychotic drug Chlorpromazine that triggered lobotomy's precipitous fall in popularity because, all along, it was the lack of humane alternative treatments that had caused psychiatrists to go to such desperate lengths.

In 1967, after what was destined to be his last patient died of a brain hemorrhage, a disgraced Freeman was stripped of his hospital privileges. He spent the rest of his days driving across the US, tracking down his patients and their families, searching for proof that his beloved procedure had helped and not harmed.

The horrifying story of lobotomy should have served as a cautionary tale for the medical world, illustrating the dire consequences that can occur when doctors swiftly embrace novel, innovative procedures without first subjecting them to thorough scientific scrutiny to establish their value, safety, and effectiveness.

225 Diefenbach, G., Diefenbach, D., Baumeister, A., & West, M. "Portrayal of Lobotomy in the Popular Press: 1935-1960." Journal of the history of the neurosciences 8 (05/01 1999): 60-9. https://doi.org/10.1076/jhin.8.1.60.1766.

226 Whitaker, R. Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill. Basic Books, 2001. https://archive.org/details/madinamericabads00whit

227 "Lobotomy: The Brain Op Described as 'Easier Than Curing a Toothache'." BBC News, 2021, https://www.bbc.com/news/stories-55854145.

228 "Postmodern Lobotomy Blues." Compact Magazine, 2023, https://compactmag.com/article/postmodern-lobotomy-blues.

229 "The Lobotomist." PBS, 2008, 48:20. https://www.pbs.org/wgbh/americanexperience/films/lobotomist/.

230 Offit, P. A. Pandora's Lab: Seven Stories of Science Gone Wrong. National Geographic Books, 2017.

231 "Explorers of the Brain." The New York Times, 1949, https://www.nytimes.com/1949/10/30/archives/explorers-of-the-brain.html.

But 70 years later, we find ourselves without the moral high ground. In the age of evidence-based medicine, we once again find ourselves witness to a medical world performing surgical mutilation on healthy bodies in the quest to cure mental illness. But instead of targeting the brain, today's surgeons target the genitals.

In both medical scandals, the victims are either minors or the mentally ill (or both), and the surgeries performed result in permanent disfigurement and disability. The most fortunate of Freeman's patients managed to live semi-independent lives, holding down low-skilled jobs, but most weren't so lucky. Many had their long-term memory destroyed and struggled even with the most basic tasks. Many were left permanently disabled.

In today's scandal, in the best-case scenario, male patients are left with a cavity that needs to be dilated for life and drastically reduced sexual function. The less fortunate endure severe complications, such as neovaginal stenosis, urinary issues, and fistulas. Ritchie Herron, a detransitioned man who underwent vaginoplasty during a mental health crisis, describes his life post-surgery as a living nightmare. "There is no dignity in living like this," said the 32-year-old victim of today's medical crime, who suffers from ongoing pain, numbness, and urinary dysfunction.[232,233]

Female patients undergo a procedure called phalloplasty that involves surgeons harvesting tissue from a donor site, usually the forearm but sometimes the thigh, and using the tissue to fashion a non-functional pseudo-penis. The surgery comes with an extraordinarily high complication rate and typically requires a full hysterectomy and vaginectomy, which is the surgical removal of the vagina.[234, 235]A 2021 study of 129 females who underwent the risky procedure to construct a pseudo-penis found the group reported 281 complications requiring 142 revisions.[236]

Both lobotomies and genital surgeries also involve the destruction of a core part of a person's humanity. Freeman and Watts noted that each of their patients lost "something by this operation, some spontaneity, some sparkle, some flavor of the personality." Today's gender surgeons are attacking an equally important aspect of what makes us human. Our sexual identities are an intrinsic part of who we are, making the amputation of genitals akin to performing a sexual lobotomy.

Gender surgeons, like the lobotomists who came before them, bypass ethical requirements that a surgical intervention be proven safe and beneficial before it is rolled out into mainstream medical practice. No long-term studies existed to prove that the benefits of lobotomy outweighed the harms, and the same can be said for today's genital surgeries. The few long-term studies that exist show significantly impaired social functioning, high rates of mental illness, and elevated suicide risk. Yet despite the lack of good quality science to support such drastic life-altering surgeries, just as the AMA and the APA did not openly condemn the medical crime of lobotomy, today those same organizations endorse minors and mentally ill adults undergoing genital amputation at the hands of WPATH surgeons. The reason is that they regard sex trait modification as a "human rights" issue first and foremost, and only secondarily, if at all, as a medical question.

In 1941, the New York Times described lobotomy patients as having "worries, persecution complexes, suicidal intentions, obsessions, indecisiveness and nervous

232 "'Heartbroken' Father Sues NHS to Stop Autistic Son's Sex Change." The Telegraph, 2023, https://www.telegraph.co.uk/news/2023/06/04/nhs-gender-clinic-judicial-review-autistic-son-sex-change/.

233 Ritchie, "This Isn't Even the Half of It. And This Isn't Regret Either, This Is Grief and Anger…," @TullipR, June 13, 2022, 2:57 PM, https://twitter.com/TullipR/status/1536422563458465793?s=20.

234 Rashid, M., & Tamimy, M. S. "Phalloplasty: The Dream and the Reality." [In eng]. Indian J Plast Surg 46, no. 2 (May 2013): 283-93. https://doi.org/10.4103/0970-0358.118606.

235 Wierckx, K., Van Caenegem, E., Elaut, E., Dedecker, D., Van de Peer, F., Toye, K., Weyers, S., et al. "Quality of Life and Sexual Health after Sex Reassignment Surgery in Transsexual Men." [In eng]. J Sex Med 8, no. 12 (Dec 2011): 3379-88. https://doi.org/10.1111/j.1743-6109.2011.02348.x.

236 Robinson, I. S., Blasdel, G., Cohen, O., Zhao, L. C., & Bluebond-Langner, R. "Surgical Outcomes Following Gender Affirming Penile Reconstruction: Patient-Reported Outcomes from a Multi-Center, International Survey of 129 Transmasculine Patients." [In eng]. J Sex Med 18, no. 4 (Apr 2021): 800-11. https://doi.org/10.1016/j.jsxm.2021.01.183.

tensions literally cut out of their minds with a knife by a new operation on the brain," giving the brutal surgery the air of a miracle cure.[237] Almost a century later, in the WPATH forum, the California therapist told her colleagues of the remarkable healing power of surgical castration for her mentally ill patients, who were put "on the road to emotional recovery" and presumably lived happily ever after.

Today, many patients report being satisfied with the outcome of their genital surgery despite being plagued by complications and experiencing significant social and romantic difficulties. Likewise, many families were genuinely grateful to Freeman for helping their loved ones despite the enormous burden of care placed upon them by the surgery and the devastating impact on the patient. Both situations suggest a certain level of self-deception, or what the early Dutch researchers worried was happiness "distorted by wishful thinking." Families who consented to their loved one undergoing a lobotomy would have an incentive to cling to the belief that it was the right decision, wilfully ignoring the obvious signs that it wasn't. Many adolescents, or their parents, as well as vulnerable adults may face a similar internal struggle today.

To understand how the medical world could have so swiftly endorsed lobotomies and why families and even the victims may have been grateful for the procedure, it is necessary to paint a picture of life for the severely mentally ill at the turn of the 20th century. This was an era long before the invention of antipsychotic drugs when the outlook for the mentally ill was bleak. Most ended up in overcrowded, understaffed mental asylums where the conditions were deplorable. Those suffering from the worst cases were kept restrained and in isolation, sometimes for years on end. One investigation of mental asylums in the United States found patients crammed naked in a dark room, the floor filthy with human waste.[238]

The field of psychiatry's desperation in the early decades of the 20th century gave rise to several brutal somatic remedies, from insulin coma therapy[239] to malaria therapy,[240] as well as the more widely-known electroshock treatments. These were risky and violent, and success was uncertain. It was in this context that news of Moniz's groundbreaking psychosurgery emerged. Psychiatrists, asylum staff, families, and the patients themselves were desperate for a solution. When lobotomy enabled patients to leave the asylum and be cared for at home by loved ones, or at least allowed the most violent cases to escape the confines of isolation and move freely within the ward, many saw it as a humane option. This resulted in a powerful, willful blindness to the barbaric nature of the procedure and its associated side effects.

But the world of today's victims could not be more different. The minors and vulnerable adults seeking surgical solutions to their poorly defined psychiatric condition are not confined to mental asylums, restrained in straitjackets, or chained to walls in isolation wards. They are not subjected to electroconvulsive shock therapy and face a lifetime of confinement and misery. Most are simply caught up in a mad cultural moment, suffering from a culture-bound mental illness that has produced an identity that is almost certainly transient.

For these young patients who still have their whole lives ahead of them, there is an ethical, non-invasive approach to treatment available with a strong track record of success: watchful waiting, coupled with psychotherapy as needed. All available evidence from the time before WPATH politicized gender medicine indicates that the majority of minors suffering from distress about their sex

237 "Turning the Mind inside Out." Saturday Evening Post, 1941, https://picryl.com/media/turning-the-mind-inside-out-saturday-evening-post-24-may-1941-page-18-2d7a77.

238 Maisel, A. Q. "Bedlam 1946: Most Us Mental Hospitals Are a Shame and a Disgrace." Life Magazine 20, no. 18 (1946): 102-18. https://mn.gov/mnddc/parallels2/prologue/6a-bedlam/bedlam-life1946.pdf.

239 Jones, K. "Insulin Coma Therapy in Schizophrenia." Journal of the Royal Society of Medicine 93, no. 3 (2000): 147-49. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1297956/pdf/10741319.pdf.

240 "The Psychiatrist Who Gave His Patients Malaria." Psychology Today, 2023, https://www.psychologytoday.com/ca/blog/psychiatry-a-history/202303/the-psychiatrist-who-gave-his-patients-malaria .

will reconcile with their bodies during or after puberty–assuming they are not socially transitioned and medicalized. Watchful waiting, caring support, and allowing the young person to grow and mature is the humane alternative to WPATH's "gender lobotomy." [241]

The scientific literature on adults is less conclusive, but for the severely mentally ill patients seeking genital surgery, deep psychotherapeutic work to alleviate their complex mental health issues and uncover the origin of their gender distress is preferable to ignoring all comorbidities and leaping directly to genital mutilation. Often, as Dr. Az Hakeem at the Portman clinic demonstrated, bringing the patients face-to-face with the reality of genital surgery is enough to quell the patient's obsessive desire.

But because WPATH is not a medical group seeking to find the best way to care for people suffering from gender dysphoria, its members consider attempting to avert the need for invasive, life-altering surgical intervention to be "conversion therapy." So instead, WPATH members advocate for surgical interventions as the only line of treatment, even for minors and the severely mentally ill, much the same as Freeman and his colleagues believed lobotomy was the only hope for the poor unfortunate souls confined to mental asylums.

Freeman saw himself as the savior of the severely mentally ill, believing that he gave hope to the hopeless. At the height of his career, he could never have imagined a day when his miraculous cure would be reviled and considered an atrocity. The same can be said for WPATH and its members. Spurred on by the thought of themselves as civil rights heroes fighting on behalf of the oppressed, they see themselves as being on the cutting edge of medicine, providing necessary medical care to patients in need. However, we believe that adolescents and vulnerable adults undergoing the surgical destruction of healthy genitals is destined to be recorded in history as a crime of equal or even greater magnitude than the lobotomy.

Ovariotomy

A case study comparing the attempt to cure mental illness with gynecological surgery in the 19th century with today's attempt to cure mental illness with gynecological surgeries and bilateral mastectomies

One of the greatest medical scandals of the 19th century was the practice of removing healthy ovaries as the treatment for a variety of mental illnesses in women, ranging from "menstrual madness," nymphomania, masturbation, and "all cases of insanity." This practice, known as ovariotomy, enjoyed the support of many of the leading gynecologists and psychiatrists of the era, and it is estimated that over 100,000 women had their healthy ovaries removed between 1872 and 1900.[242] This being a time long before the invention of antibiotics and adequate surgical cleanliness procedures, approximately 30% of the women died as a result of this medically unnecessary operation.[243]

The practice had its origins in reflex theory, the pseudoscientific idea that the spine connected all organs in the body, meaning one organ could produce symptoms in a distant organ, including the brain. This logic caused patients to become fixated on organs that had nothing to do with their symptoms and resulted, during the period we will describe, in droves of women seeking the removal of their ovaries as a means to resolve their mental distress.

This, combined with the era's fashionable belief that a variety of complaints, including hysteria, neurasthenia (what would today be called chronic fatigue syndrome), menstrual madness (premenstrual dysphoric disorder, or PMDD), and lunacy, were the result of masturbation and nymphomania, set the scene for the ovaries to be implicated in women's mental disorders. And from implicating the ovaries in the cause of mental disorders, it was a natural progression that surgeons should want to

241 Ibid (n.2-4)

242 Studd, J. "Ovariotomy for Menstrual Madness and Premenstrual Syndrome--19th Century History and Lessons for Current Practice." [In eng]. Gynecol Endocrinol 22, no. 8 (Aug 2006): 411-5. https://doi.org/10.1080/09513590600881503.

243 Longo, L. D. "The Rise and Fall of Battey's Operation: A Fashion in Surgery." Bulletin of the History of Medicine 53, no. 2 (1979): 256.

remove them as a treatment.

In 1872, within the space of just weeks, two ovariotomies were performed on opposite sides of the Atlantic. German Alfred Hegar performed the world's first on a healthy woman as a treatment for psychological distress, but his patient died a week later of peritonitis. Not a month later, English gynecologist Lawson Tait and American Robert Battey, unaware of Hegar's attempt, removed the ovaries of a woman who suffered from menstrual symptoms and convulsions that left her in a semi-comatose state. She almost met the same fate as Hegar's patient after developing sepsis but later recovered and was pronounced cured of her female woes.

The procedure was destined to take Battey's name and became known as Battey's Operation. Battey believed that madness in women was "not infrequently caused by uterine and ovarian disease." Battey is believed to have performed the procedure on several hundred women between 1872 and 1888, and it enjoyed a period of immense popularity in most of Europe and across the US, with women having their ovaries excised for a range of disorders from epilepsy to hysterical vomiting. It was considered a therapy to prevent "moral decline."

According to medical historian Edward Shorter, justification for performing this life-threatening surgery on women was found in data that was gathered, without statistical controls, showing that a disproportionate number of mentally ill women suffered from pelvic lesions. For instance, one study carried out by Russian gynecologist Valentin Magnan found that 35 out of his 45 patients with mental illness or hysteria had various genital lesions, and only 4 had no gynecological abnormality.[244] Of course, these findings were meaningless in the absence of a control group, but this was an era long before the development of evidence-based medicine.

Thus, the medical world rapidly adopted the dangerous, potentially deadly treatment, and it wasn't long before psychiatrists were recommending the surgery for "all cases of lunacy." It became so popular that psychiatric hospitals opened operating rooms where surgeons could remove the ovaries of female inmates.[245]

Supporters of ovariotomy considered it "one of the unequalled triumphs of surgery," and considered anyone who sought to deny women this medically necessary treatment to be "wanting in humanity" and "guilty of criminal neglect of patients."[246] This was the view held by the leading surgeons of the time, including Lawson Tait, one of the pioneers of the procedure. By its opponents, the operation was called "pernicious and dreadful,"[247] and the surgeons performing it "gynecological perverts."[248]

A sham surgery performed by James Israel in Paris in 1880 wasn't enough to dampen the enthusiasm. Israel claimed to have cured a woman by making an incision and sewing it back up, thereby proving the placebo effect and psychosomatic nature of the symptoms.[249] But Hegar is said to have performed an ovariotomy on her later that year to cure her of her incessant vomiting. Hegar then encouraged German surgeons to embrace the procedure, which, according to gynecologist and medical historian John Studd, is an indication that it was seen as being on the cutting edge of medicine.[250]

Women who had imbibed the popular reflex theory of the day, and begun to fixate on their reproductive organs as the source of their mental distress, began presenting to

244 Shorter, E. From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era. Simon and Schuster, 2008: 210. https://www.simonandschuster.ca/books/From-Paralysis-to-Fatigue/Edward-Shorter/9780029286678.

245 "Removal of the Ovaries, Etc., in Public Institutions for the Insane." Journal of the American Medical Association XX, no. 9 (1893): 258-58. https://doi.org/10.1001/jama.1893.02420360034006.

246 Ibid (n.243)

247 Ibid (n.243)

248 Barnesby, N. Medical Chaos and Crime. M. Kennerley, 1910. https://catalog.libraries.psu.edu/catalog/39665261.

249 Studd, J. "Ovariotomy for Menstrual Madness and Premenstrual Syndrome--19th Century History and Lessons for Current Practice." [In eng]. Gynecol Endocrinol 22, no. 8 (Aug 2006): 411-5. https://doi.org/10.1080/09513590600881503.

250 Ibid (n.249)

gynecologists requesting to be "Battey-ized" as the procedure gained in popularity.[251]

Dr. William Goodell called for the surgery to be performed for "all cases of insanity," an opinion supported by others, assuring his fellow gynecologists: "If the operation be not followed by a cure, the surgeon can console himself with the thought that he has brought about a sterility in a woman who might otherwise have given birth to an insane progeny."[252] Goodell believed that such a woman was destined to "transmit the taint of insanity to her children and her children's children for many generations."[253]

Some medical reports included the self-reported satisfaction of women who had undergone the surgery. One woman told of how she was so desperate before the operation that she almost took her own life but stated that she was "a well, happy, and cheerful girl" after having her healthy ovaries removed.[254]

Geroge H. Rohé, an ovariotomy enthusiast, operated for a wide range of mental disorders, including cases of epilepsy, melancholia, and hysterical mania. He believed his patients were able to give "valid consent" during "lucid intervals."[255]

This unbridled enthusiasm for the surgery eventually brought its fall from grace. An investigation in 1893 into the presence of a surgical ward at the State Hospital for the Insane in Norristown, Pennsylvania, opened to perform "bilateral oophorectomy," as ovariotomy was otherwise known, concluded that the operation was "illegal… experimental [in] character…brutal and inhumane, and not excusable on any reasonable ground." This report marked the beginning of the end of ovariotomy to treat mental disorders.[256] Leading gynecologists started to speak out in opposition. By the end of the century, Battey's operation was largely forgotten.

Like in the case of lobotomy, the medical world should have learned a crucial lesson from the ill-fated history of ovariotomy. Surgeons should have recognized the peril of hastily embracing new procedures with profound, life-long effects on vulnerable patients. Furthermore, it ought to have alerted doctors to the role of medical influence in shaping symptoms of patients, often women, who internalize doctors' beliefs, causing them to manifest psychosomatic symptoms and seek surgical solutions. And yet, astonishingly, in the 21st century, we are once again observing another such event, one that bears a disconcerting resemblance to the ovariotomy blunder.

There are many striking parallels between the surgeons who removed women's healthy ovaries as a treatment for mental distress in the 19th century and the WPATH doctors today who are advocating for surgeons to remove the healthy breasts and reproductive organs of teenage girls and young women also as a treatment for their mental distress.

While from the outset ovariotomy was horribly misguided, the surgeons at least began with a certain level of caution. The procedure was initially indicated for conditions such as menstrual madness, epilepsy, nymphomania, and masturbation, but later became the treatment for all forms of insanity, including for hysteria, the psychiatric epidemic of the age.

Sex-trait modification procedures for people who identify as transgender followed the same trajectory. Medical intervention was initially reserved for only the most persistent of gender dysphoria cases. However, when activists captured WPATH, hormonal interventions

251 Shorter, E. From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era. Simon and Schuster, 2008: 221. https://www.simonandschuster.ca/books/From-Paralysis-to-Fatigue/Edward-Shorter/9780029286678.

252 MacCormac, W., & Makins, G. H. Transactions of the International Medical Congress, Seventh Session, Held in London, August 2d to 9th, 1881. Vol. 4: JW Kolckmann, 1881. https://babel.hathitrust.org/cgi/pt?id=mdp.39015007091385&seq=315.

253 Goodell, W. "Clinical Notes on the Extirpation of the Ovaries for Insanity." American Journal of Psychiatry 38, no. 3 (1882). https://sci-hub.ru/10.1176/ajp.38.3.294.

254 Ibid (n.243 p.256)

255 Ibid (n.243 p.261)

256 Ibid (n. 243 p. 262)

became the first line of treatment because psychotherapy to help the patient reconcile with his or her birth sex was deemed conversion therapy. As we have seen in the discussions in the WPATH Files, prolonged testosterone use in women leads to uterine atrophy and the need for a hysterectomy, with some opting to have their healthy ovaries removed along with their uterus. The medical attack on the reproductive organs of adolescent girls and vulnerable women in the 21st century may have added one more step along the way, but that doesn't make this any less of a medical crime.

An eerie echo of the past can be heard in the Identity Evolution Workshop, when, more than a century after the ovariotomy scandal ended, Ferrando discussed "early oophorectomy" with her fellow WPATH members. The WPATH-affiliated surgeon described explaining to young women that with "early removal of the ovaries" comes the need for lifelong hormone supplements for cardiovascular and bone health.

"So those are the things that we think about in this cohort of 20-year-olds in whom we're removing the ovaries," said Ferrando.

In fact, just like the ovariotomists of the past, Ferrando has no reliable science to guide her in treating these young patients. A 2019 review of the literature to support the practice of removing the healthy ovaries of young women who identify as men found the supporting evidence to be "lacking" and described an urgent need for research into the "metabolic and cardiovascular risk" to these female patients.[257]

The removal of ovaries from Victorian women did not alleviate their mental health issues, as their psychological struggles were not rooted in their ovaries. Similarly, the removal of healthy breasts and reproductive organs today often does not resolve the challenges faced by adolescent girls and vulnerable women, many of whom come to realize too late that their mental distress was related to coexisting psychiatric disorders, autism, trauma, or difficulty accepting their emerging homosexual orientation.

Much like women in the 19th century who internalized the reflex theory narrative, fixating on their reproductive organs as the root cause of their mental distress and subsequently requesting ovarian removal surgeries, vulnerable women and girls in the 21st century are now embracing the narrative of the modern trans rights movement that tells them if they hate their female bodies, it is an indication of the need for surgical alteration. Once again, they are fixating on their reproductive organs, and this time their breasts too, as the source of their anguish and seeking a surgical solution.

In Shorter's analysis, the unwavering conviction that one needs a surgical procedure represents a psychosomatic symptom, wherein the patient coalesces their vague and troubling sensations into a fixed diagnosis. Victorian women, influenced by the prevailing reflex theory, perceived their various feelings of sadness and anxiety through this cultural perspective. They interpreted these symptoms as being an indication of unhealthy ovaries, and once convinced of this belief, they firmly believed that undergoing an ovariotomy would alleviate all their mental anguish.

Today, many teenage girls are interpreting their normal pubertal woes as a sign they are transgender because they are viewing their suffering through a cultural lens that teaches them that their distress is an indication that they were born in the wrong body and that sex-trait modification procedures are the only solution. Once they latch onto this explanation, they become preoccupied with the idea of removing their breasts and reproductive organs, firmly believing that these surgical procedures will alleviate all their emotional difficulties, bringing them health and happiness.

Thus, the WPATH members who endorse such thinking and facilitate teenage girls and young women in

257 Reilly, Z. P., Fruhauf, T. F., & Martin, S. J. (2019). Barriers to Evidence-Based Transgender Care: Knowledge Gaps in Gender-Affirming Hysterectomy and Oophorectomy. Obstetrics & Gynecology, 134(4), 714-717. https://doi.org/10.1097/aog.0000000000003472

altering their bodies based on entirely unfounded beliefs are akin to the gynecologists and psychiatrists of the 19th century who enabled the women seeking the medically unnecessary removal of their healthy ovaries.

Ovariotomy enjoyed the support of many of the most respected surgeons of the time, including J. Marion Sims, Lawson Tait, and Spencer Wells. This endorsement lent an aura of credibility to the procedure despite the absence of sound scientific justification for the removal of healthy organs. Today, the surgical removal of breasts and reproductive organs as a solution for a woman's psychological distress is supported by all significant American medical associations, even though these procedures likewise lack a solid foundation in scientific research.

Doctors who opposed ovariotomy were accused of being "wanting in humanity" and "guilty of criminal neglect of patients" when, in truth, the procedure was pseudoscientific, extremely risky, and entirely ineffective. Doctors who oppose the removal of healthy body parts as a cure for gender dysphoria are vilified in much the same way, facing accusations of transphobia and hate and the possible loss of their livelihood.

The surgeons removing healthy ovaries to cure mental illness lived in an age long before the development of evidence-based medicine and rigorous scientific standards. This was the Wild West of medicine, with scalpel-happy surgeons, many excited by the new possibilities opened up by the invention of anesthetics, trying out new surgical techniques with no oversight or regulation. It was only when the ovariotomists overstepped the mark by opening surgical wards in mental asylums that the practice drew widespread condemnation and was brought to an end.

But gender surgeons today have no such excuse for their unethical behavior. Today, we expect medical professionals to adhere to strict protocols. We expect randomized controlled trials and meticulous follow-up. There are no such studies to prove that removing the healthy breasts and reproductive organs of teenage girls and young women is safe, ethical, and effective in relieving their mental distress.

A medical experiment based upon an untested article of belief was unacceptable in the 19th century. It is unforgivable today.

Apotemnophilia

A case study comparing the desire to have healthy limbs amputated with the desire to have surgically-created abnormal genitalia

In 2000, a surgeon in Scotland made headlines when it was revealed that he had performed leg amputations on two men who were physically healthy but afflicted with a psychiatric condition known as apotemnophilia, or what is now more commonly referred to as body integrity identity disorder (BIID).[258]

In 1997, Dr. Robert Smith amputated the healthy lower leg of a man at Falkirk and District Royal Infirmary, and two years later, in 1999, Smith amputated the healthy leg of a second man.[259] He was set to amputate the leg of a third man, Dr. Gregg Furth, a New York child psychologist, when the hospital ethics board investigated his actions and ruled that the procedures were unethical. The NHS removed his funding, and Smith was banned from further mutilating healthy bodies.

Dr. Russell Reid, a psychiatrist based in London, had diagnosed the men with "apotemnophilia," a rare psychiatric condition characterized by an intense fixation on having healthy limbs amputated. Typically, this obsession focuses on one leg, although some patients express a desire to remove both legs, an arm, or occasionally specific fingers or toes. Paradoxically, those afflicted with this disorder assert that they do not feel complete with all four limbs or all ten digits, believing their true identity is that of an amputee. According to Dr. Reid,

258 "Surgeon Defends Amputations." BBC News, 2000, http://news.bbc.co.uk/2/hi/uk_news/scotland/625680.stm.

259 Dyer, C. "Surgeon Amputated Healthy Legs." [In eng]. Bmj 320, no. 7231 (Feb 5 2000): 332. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1127127/.

traditional psychotherapy "doesn't make a scrap of difference in these people."[260]

Many researchers, including Reid, have noted the obvious parallel with transgenderism, or transsexualism as it was known during the early 2000s when the controversy surrounding Smith's surgeries triggered a flurry of interest in this obscure psychiatric condition.[261,262]

The term apotemnophilia, literally "love of amputation," was coined by the infamous Dr. John Money in the 1970s. Noting the erotic motivation of many, or perhaps most, of these patients, Money categorized the disorder as a paraphilia, or in other words, a sexual deviancy, recognizing that these individuals achieved sexual fulfillment by fantasizing about being an amputee, or indeed actually becoming one. Many apotemnophiles also suffer from what Money termed acrotomophilia, which is to be sexually attracted to amputees.

Smith described the two leg amputations he performed on his apotemnophile patients as being the most rewarding operations of his career and said he felt no regret at satisfying the men's wishes.[263] He argued that the surgeries were life-saving, claiming that apotemnophiles will either attempt to perform the amputation themselves or go to extraordinary lengths to self-inflict injuries, such as with dry ice, guns, or chainsaws, in a desperate bid to force surgeons to amputate.[264,265]

Indeed, in 1998, 79-year-old Philip Bondy of New York paid $10,000 to John Brown, a surgeon in Tijuana, to have his left leg amputated. He died two days later of gangrene, and Brown was charged with second-degree murder. It was reported during Brown's trial that Bondy wished to have his leg amputated to fulfill a "sexual craving." Brown had lost his medical license in 1977 after three patients nearly died from sex-change surgeries he had reportedly performed in locations such as a garage and a hotel.[266]

Another case is that of a 55-year-old American man who amputated his own arm using a home-made guillotine.[267] Further examples can be found in the 2003 documentary Whole, which featured the stories of a Florida man who shot himself in the leg so that it would need to be amputated and that of a man from Liverpool, England who packed his leg in dry ice. The latter called his amputation a "body correction surgery."[268,269] Smith also appears in the documentary, arguing that refusing to amputate a healthy limb is a violation of the Hippocratic Oath. "The Hippocratic oath says first do your patients no harm," he said, before going on to explain that the real harm is to refuse to help such a patient, "leaving him in a state of permanent mental torment," when all it would take for him "to live a satisfied and happy life" would be to amputate.

This unusual psychiatric disorder is not new. Since the late 1800s, there have been cases described in medical literature of men and women being sexually attracted to amputees or people with other disabilities, as well as people

260 "Complete Obsession." BBC Home, 2000, https://www.bbc.co.uk/science/horizon/1999/obsession_script.shtml.

261 Lawrence, A. A. "Clinical and Theoretical Parallels between Desire for Limb Amputation and Gender Identity Disorder." [In eng]. Arch Sex Behav 35, no. 3 (Jun 2006): 263-78. https://doi.org/10.1007/s10508-006-9026-6.

262 Bailey, M. J., Hsu, K. J., & Jang, H. H. "Elaborating and Testing Erotic Target Identity Inversion Theory in Three Paraphilic Samples." Archives of Sexual Behavior (2023/07/06 2023). https://doi.org/10.1007/s10508-023-02647-x. https://doi.org/10.1007/s10508-023-02647-x.

263 Elliott, C. "A New Way to Be Mad." Atlantic monthly (Boston, Mass.: 1971) (12/01 2000): 73-84.

264 "Healthy Limbs Cut Off at Patients' Request." The Guardian, 2000, https://www.theguardian.com/society/2000/feb/01/futureofthenhs.health.

265 First, M. B. "Desire for Amputation of a Limb: Paraphilia, Psychosis, or a New Type of Identity Disorder." [In eng]. Psychol Med 35, no. 6 (Jun 2005): 919-28. https://doi.org/10.1017/s0033291704003320.

266 "Ex-Doctor Tried in Amputation-Fetish Death." Tampa Bay Times, 1999, https://www.tampabay.com/archive/1999/09/29/ex-doctor-tried-in-amputation-fetish-death/.

267 Dua, A. (2010). Apotemnophilia: ethical considerations of amputating a healthy limb. J Med Ethics, 36(2), 75-78. https://doi.org/10.1136/jme.2009.031070

268 Gilbert, M. "Whole." 2003. https://www.imdb.com/title/tt0429245/.

269 Henig, R. M. "At War with Their Bodies, They Seek to Sever Limbs." New York Times 22 (2005): F6. https://www.nytimes.com/2005/03/22/health/psychology/at-war-with-their-bodies-they-seek-to-sever-limbs.html.

who pretend to be disabled or wish to become disabled.[270] But it was the dawn of the Internet era that drew attention to this group of individuals with such unusual sexual interests, and online chat rooms provided a place for like-minded people to congregate and share their amputation fantasies and desires.

Online, they call themselves devotees, pretenders, and wannabes (DPWs). Devotees are non-disabled people who are sexually attracted to people with disabilities; pretenders are non-disabled people who act out having a disability, usually with the aid of crutches, wheelchairs and leg braces; and wannabes are people who actually wish to become disabled.

A 2005 study by Dr. Michael First of 52 sufferers of BIID found that the primary reason for desiring the amputation of a healthy limb was the feeling that it would "correct a mismatch between the person's anatomy and sense of his or her 'true' self (identity)."[271]

Some examples of the answers study participants gave include: "[After the amputation] I would have the identity that I've always seen myself as," and "I feel myself complete without my left leg…I'm overcomplete with it." The most strikingly similar statement to the "born in the wrong body" narrative of today's transgender rights movement was: "I felt like I was in the wrong body; that I am only complete with both my arm and leg off on the right side."[272]

Despite a small amount of scientific literature to suggest that BIID sufferers benefit from having safe access to amputations, to our knowledge, there are no surgeons in North America, or indeed the developed world, willing to perform such extreme elective operations. Even in this day and age, when WPATH-approved genital and breast amputations are commonplace and even performed on minors, the idea of amputating healthy limbs is reviled by most people.

In the WPATH Files, a discussion thread makes the obvious comparison between BIID and gender dysphoria, with an Australian clinician noting that it is "clear these individuals do display some characteristics similar to trans people." However, not everyone inside WPATH agrees. Bowers was questioned on the topic in a 2022 documentary and denied any similarity between the two disorders, calling apotemnophilia "a mental diagnosis and a psychiatric condition" and describing those who seek amputation of a healthy limb as "kooky."[273]

However, the similarities are clear. In the 2005 New York Times article with the headline, At War With Their Bodies, They Seek to Sever Limbs, Dr. First, author of the aforementioned 2005 study, compared the amputation of healthy limbs to sex-reassignment surgery. "When the first sex reassignment was done in the 1950's, it generated the same kind of horror," said First. "Surgeons asked themselves, 'How can I do this thing to someone that's normal?' The dilemma of the surgeon being asked to amputate a healthy limb is similar."[274]

But as First pointed out, the analogy falls short of being perfect. "It's one thing to say someone wants to go from male to female; they're both normal states," he said. "To want to go from a four-limbed person to an amputee feels more problematic. That idea doesn't compute to regular people."

While there are many parallels with traditional sex-reassignment surgeries, including similarities between

270 Bruno, R. L. "Devotees, Pretenders and Wannabes: Two Cases of Factitious Disability Disorder." Sexuality and Disability 15, no. 4 (1997/12/01 1997): 243-60. https://doi.org/10.1023/A:1024769330761. https://doi.org/10.1023/A:1024769330761.

271 First, M. B. "Desire for Amputation of a Limb: Paraphilia, Psychosis, or a New Type of Identity Disorder." [In eng]. Psychol Med 35, no. 6 (Jun 2005): 919-28. https://doi.org/10.1017/s0033291704003320.

272 Ibid (n.271)

273 "What Is a Woman?". 2022. https://www.dailywire.com/videos/what-is-a-woman.

274 Henig, R. M. "At War with Their Bodies, They Seek to Sever Limbs." New York Times 22 (2005): F6. https://www.nytimes.com/2005/03/22/health/psychology/at-war-with-their-bodies-they-seek-to-sever-limbs.html.

apotemnophilia and autogynephilia,[275] which is a paraphilia that drives some men to seek medical sex changes, perhaps a closer parallel can be drawn with those who desire their healthy male or female genitals to be reconfigured into abnormal states such as nullification and bigenital surgeries, as well as those seeking to become eunuchs.

The surgeries described by Satterwhite and his devoted followers in the WPATH Files involve creating a type of body that does not exist in nature, in the same way that turning a four-limbed person into an amputee creates a type of body that is abnormal. This ought to generate a feeling of horror in any surgeon dedicated to the Hippocratic Oath, not to mention in all policymakers, insurance companies, and the general public at large.

The amputation of a healthy limb is viewed by most as a violation of the Hippocratic Oath. Still, it is at least a relatively straightforward surgical procedure with few complications and risks, and BIID is also a recognised psychiatric disorder. The same cannot be said for the amputation of healthy genitalia or the creation of a second set of genitals in the service of meeting body modification goals and experiencing "gender euphoria." As well, an apotemnophile who undergoes an amputation can get a prosthesis that functions reasonably well, but there is no such prosthesis that can replace an amputated penis.

In the nullification surgeries offered by Satterwhite and discussed in the WPATH Files, a surgeon amputates the healthy genitalia of a man to create a smooth, sexless body. This pointless form of extreme body modification not only drastically impacts the man's sexual function and destroys his ability to father children, but it also impacts his urinary and endocrine system, two vitally important bodily systems with far-reaching implications for his future health and well-being.

Then there are the "bigenital" surgeries, such as the "phallus-preserving vaginoplasty" and "vagina-preserving phalloplasty," procedures also discussed in the WPATH Files and performed by WPATH surgeons like Satterwhite. These surgeries to create a non-functional second set of genitals come with an extremely high risk of complications. Furthermore, such radical cosmetic surgeries will have a dramatic impact on the patient's health and ability to form long-term romantic partnerships.

Thus, when we compare the detrimental impact that nullification and bigenital surgeries have on a person's sexual identity, which is an intrinsic part of their humanity, coupled with the risks that such surgeries entail, it is clear that the medical crime committed by WPATH-affiliated surgeons is far greater than that of Dr. Robert Smith in Scotland in the 1990s. The NHS Ethics Committee rightly banned Smith from performing further amputations, and we call for WPATH's consumer-driven gender-affirming care to be banned by ethics committees in every town and city across the US and globally.

Another important difference is in the response from the popular press. When the amputations performed by Dr. Smith were revealed, reporting was largely negative. Falkirk and District Royal Infirmary's decision to prevent Smith from carrying out further amputations was in part related to the negative publicity. However, in today's media landscape, non-binary identities are celebrated and gender-affirming care is portrayed as "life-saving." Articles rarely describe the specifics of genital surgeries, but the overall message is consistently positive in today's mainstream press. This helps to increase awareness of these identities and generates desire for genital surgeries. If, in the 1990s, the press had reported favorably about people with innate amputee identities and framed the amputations as a human right and life-saving, it is certainly possible that society would have witnessed an increase in people identifying as amputees and seeking elective amputations.

Both people desiring limb amputation and people desiring abnormal genitalia seek extreme elective surgery to align their bodies with their subjective identity. But, the

275 Lawrence, A. A. "Clinical and Theoretical Parallels between Desire for Limb Amputation and Gender Identity Disorder." [In eng]. Arch Sex Behav 35, no. 3 (Jun 2006): 263-78. https://doi.org/10.1007/s10508-006-9026-6.

origins of that internal sense of self appear to be very different. Apotemnophiles often report seeing an amputee in childhood and, from that moment on, become obsessed with the idea of being an amputee. For many, this obsession then became sexual at the onset of puberty. Similarly, autogynephiles report an obsession with cross-dressing in childhood, beyond the typical dress-up most children engage in, and feeling a thrill of excitement coupled with shame and embarrassment.[276] The sexual element likewise only began at puberty. Even the "eunuch-identified" men described in the bizarre WPATH 2022 Eunuch session were disproportionately likely to have grown up on farms and, therefore, to have witnessed animals castrated. Johnson and Irwig even borrowed language from online apotemnophile communities, describing the men seeking "eunuch calm" as "wannabes."[277]

But those seeking nullification and bigenital surgeries will never have come across people with no genitals or both sets of genitals in their childhood because such a type of person did not exist until WPATH's genre of gender medicine came into being. A parallel cannot be drawn with "intersex" individuals or people with differences of sexual development (DSDs), as such conditions are now known. Individuals with DSDs do not have no genitals or both sets of genitals, and many within the intersex community find the comparison deeply offensive.

While it is not possible to transform a man into a woman by inverting his penis, nor a woman into a man by amputating her breasts and creating a pseudo-penis out of her forearm, such extreme surgeries are at least an attempted remedy, albeit a very misguided one, for a recognized psychiatric disorder. WPATH's non-binary surgeries lack any medical justification and are merely extreme consumer-driven body modifications.

Engineering Children's Height With Hormones

A case study comparing the past scandal of pediatric endocrinologists attempting to correct the height of tall girls and short boys with today's scandal of pediatric endocrinologists attempting to correct gender-nonconformity in children

In the 1950s, pediatric endocrinologists embarked upon an experiment to correct the height of abnormally tall and short children using hormones. This was in the early days of endocrinology when endocrinologists had the air of miracle workers. With the discovery of insulin, this new and exciting branch of medicine had brought diabetics back from the brink of death, and a few short years later, used cortisone to give mobility to crippled arthritics.

So when synthetic estrogen (DES) was developed, and scientists found a way to extract human growth hormone (hGH) from the pituitaries of cadavers, pediatric endocrinologists got swept up in the excitement of discovery and turned their attention to "correcting" the height of tall girls and short boys.

Initially, this experiment was confined only to those suffering from medical conditions such as gigantism and dwarfism. But, soon, endocrinologists broadened their patient pool to include healthy children who didn't measure up to the height standards of the day.

Despite imprecise height prediction methods, a paucity of research into the psychosocial benefits, and a complete absence of evidence about long-term safety and effectiveness, thousands of healthy children were subjected to this treatment. The treatments weren't lacking opposition, though, with some questioning whether abnormal height was a medical problem or just a social impediment.

The media played a role in spreading the word about this new and exciting solution to the woes of being either too tall or too short. Australian pediatrician Norman Wettenhall spearheaded the experiment to correct the height of girls destined to be tall. In 1964, Australian media uncritically reported his success in treating twenty-five tall girls. The Sydney Sun ran a front-page story featuring "two of Australia's growth-controlled girls," who were described

276 Lawrence, A. A. Men Trapped in Men's Bodies: Narratives of Autogynephilic Transsexualism. Springer Science & Business Media, 2012.

277 Ibid (n.221)

as "happy, pretty teenagers who have been prevented from growing embarrassingly tall" by estrogen therapy.[278] This article and others neglected to mention the often debilitating side effects of the treatment, which included weight gain, depression, intense nausea, ovarian cysts, and spontaneous lactation. What ensued was a surge of parents seeking treatment for their daughters, many of whom were mothers who were unhappy with their own tall stature.

While Wettenhall was conducting his experiment in Australia, a group of researchers in the US, headed by Alfred Wilhemi, a chemist at Yale, were crudely processing pituitary glands harvested from morgues, grinding the glands in a blender and then drying them into a powder that would later be injected into short children, the majority of whom were boys. The Food and Drug Administration (FDA) allowed this experiment, and the NIH established and funded a national pituitary collection program. An unlikely coalition of parents of short children and commercial airline pilots worked together to gather pituitaries from coroners and fly them, stored in acetone and on dry ice, to the processing plant.[279]

But then, in 1984, tragedy struck. Those who had been treated with hGH started to die of Creutzfeldt-Jakob disease (CJD), a devastating fatal illness caused by a prion that had gone undetected during processing.[280] It was discovered that fears that hGH injections could spread CJD had been ignored for years.[281] Pituitary-derived hGH was swiftly removed from the market and replaced by a synthetic form, although many pediatric endocrinologists initially thought the ban was too severe and an overreaction. Some parents even acquired pituitary-derived hGH from other sources after being informed of the risk.[282]

There was now unlimited supply of synthetic human growth hormone, and some pediatric endocrinologists began experimenting with a combination of puberty blockers and hGH to give the child more time to grow.

Genentech, the drug company that won FDA approval for synthetic hGH, set about expanding its off-label use to treat healthy children of short stature, financing a journal, funding studies on growth, sponsoring symposiums, courting pediatric endocrinologists and funding height screening programs in American schools.[283] This eventually led to Genentech becoming the first drug company in history to face criminal prosecution by the FDA for illegally promoting off-label, resulting in one of the largest financial penalties ever paid in the industry.[284,285]

At the same time, the harmful effects of estrogen therapy were being exposed, with links to cancer and disorders of the reproductive system.[286] In 1976, the New York Times ran an article downplaying the dangers, quoting a pediatric endocrinologist who claimed the therapy was safe for tall girls because they typically took the hormone for a shorter period of time and another saying, "the choice is to be overly tall or to take a risk that is almost nonexistent."[287,288]

278 Cohen, S., & Cosgrove, C. Normal at Any Cost: Tall Girls, Short Boys, and the Medical Industry's Quest to Manipulate Height, 32. Penguin, 2009.

279 Ibid (n.278 p.78)

280 "National Hormone & Pituitary Program (Nhpp): Information for People Treated with Pituitary Human Growth Hormone." National Institute of Diabetes and Digestive and Kidney Diseases 2021, https://www.niddk.nih.gov/health-information/endocrine-diseases/national-hormone-pituitary-program.

281 Ibid (n. 279 p.275)

282 Ibid (n. 279 p.143)

283 Ibid (n.279 ch.8)

284 Conrad, P., & Potter, D. "Human Growth Hormone and the Temptations of Biomedical Enhancement." Sociology of Health & Illness 26, no. 2 (2004): 184-215. https://doi.org/10.1111/j.1467-9566.2004.00386.x.

285 Ibid (n.279 p.188)

286 Herbst, A. L., Ulfelder, H., & Poskanzer, D. C. "Adenocarcinoma of the Vagina." New England Journal of Medicine 284, no. 16 (1971): 878-81. https://doi.org/10.1056/nejm197104222841604. https://dx.doi.org/10.1056/nejm197104222841604.

287 Ziel, H. K., & Finkle, W. D. "Increased Risk of Endometrial Carcinoma among Users of Conjugated Estrogens." [In eng]. N Engl J Med 293, no. 23 (Dec 4 1975): 1167-70. https://doi.org/10.1056/nejm197512042932303.

288 "The Use of Estrogen as a Growth Inhibitor in over-Tall Girls Is Being Questioned." The New York Times, 1976, https://www.nytimes.com/1976/02/11/archives/the-use-of-estrogen-as-a-growth-inhibitor-in-overtall-girls-is.html.

However, this turned out to be false. An investigation into the Tall Girls scandal began in 2000. Researchers tracked down hundreds of women and found higher rates of infertility,[289] and increased risk of endometriosis. The researchers saw cancers in the group as well, but due to the small sample size, they couldn't conclude the effects of the treatment on cancer risk.[290]

As well, while short-term follow-up studies [291,292] had shown high rates of satisfaction in the girls who had undergone treatment, the investigation in 2000 revealed that 99.1% of the women who had not received treatment were happy they hadn't taken the hormone, compared to a regret rate of 42.1% for those who had, with the researchers concluding that 56% were "less than satisfied."[293] Many of the parents expressed profound guilt at what they had done to their daughters.

While the tall girls were still dealing with fertility issues and disorders of the reproductive system, and those treated with pituitary-derived hGH were still living with a potential death sentence hanging over their heads, the field of pediatric endocrinology moved on to its next reckless experiment, once again using hormonal interventions to mold children into gender-stereotype norms. This time, their attempt involved a whole rewrite of what it means to be human and a complete disregard for biological reality. However, the new adventure was eerily similar to its predecessor.

At the center of both scandals, there are healthy children who are different, who don't measure up to what is considered "normal" for the culture of their particular time and place, and there is a medical world willing to embark upon an experiment to engineer normality. Gender nonconformity is no more a medical condition than being taller or shorter than the average height. Of note, in both scandals, adults who are unhappy with aspects of their appearance are the ones calling for children to be experimented on.

As well, there are off-label drugs being prescribed to healthy children without any knowledge of the drugs' safety, effectiveness, or benefits. However, the height-manipulation therapy experiment occurred long before the development of evidence-based medicine when it was common for doctors to test out ideas on patient groups without prior controlled testing. Neither for DES nor hGH were there any controlled trials or long-term follow-up studies before the drugs were rolled out for widespread use, but this was normal for the era.

It is the same for the puberty suppression experiment, which was rolled out into general medical practice based on the questionable results of a deeply flawed study of just 55 adolescents, with psychological data only available for 32 participants. This is reminiscent of Wettenhall's claims of success with just 25 tall girls, which led to the widespread adoption of estrogen therapy to correct height.

In the original Dutch paper, sponsored by Ferring Pharmaceuticals, a maker of puberty blockers, de Waal and Cohen-Kettenis even discuss the opportunity to "manipulate growth." Regarding height, the researchers point out that while a natal female's growth spurt will be hampered, the fusion of the growth plates will also be delayed. "Since females are about 12 cm shorter than males, we may intervene with growth-stimulating

289 Venn, A., Bruinsma, F., Werther, G., Pyett, P., Baird, D., Jones, P., Rayner, J., & Lumley, J. "Oestrogen Treatment to Reduce the Adult Height of Tall Girls: Long-Term Effects on Fertility." The Lancet 364, no. 9444 (2004): 1513-18. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(04)17274-7/fulltext.

290 Ibid (n.279 p.345)

291 Crawford, J. D. "Treatment of Tall Girls with Estrogen." Pediatrics 62, no. 6 (1978): 1189-95. https://doi.org/10.1542/peds.62.6.1189.

292 De Waal, W. J., Torn, M., De Muinck Keizer-Schrama, S. M., Aarsen, R. S., & Drop, S. L. "Long Term Sequelae of Sex Steroid Treatment in the Management of Constitutionally Tall Stature." Archives of Disease in Childhood 73, no. 4 (1995): 311-15. https://doi.org/10.1136/adc.73.4.311. https://dx.doi.org/10.1136/adc.73.4.311.

293 Pyett, P., Rayner, J., Venn, A., Bruinsma, F., Werther, G., & Lumley, J. "Using Hormone Treatment to Reduce the Adult Height of Tall Girls: Are Women Satisfied with the Decision in Later Years?". Social Science & Medicine 61, no. 8 (2005/10/01/ 2005): 1629-39. https://doi.org/https://doi.org/10.1016/j.socscimed.2005.03.016.

treatment in order to adjust the female height to an acceptable male height," they theorized at the time.[294]

The girls who were given DES experienced high rates of fertility issues many years later and an increased risk of endometriosis. These side effects were not foreseen by the endocrinologists who gave the hormone to these previously healthy girls.

It is possible, but surely unlikely, that the Dutch researchers who first embarked upon the adolescent sex-trait modification experiment also did not foresee the impact the treatment would have on the fertility and sexual function of their patients. However, the WPATH documents reveal that gender-affirming medical and mental health professionals today are well aware of the detrimental impact of puberty blockers and hormones on this important aspect of their young patients' lives. From the discussions about vaginal atrophy as a result of prolonged testosterone use and descriptions of natal males having erections that feel like "broken glass," to Bowers's comments about natal males facing a lifetime of being infertile and anorgasmic, the documents clearly show that WPATH members know that the cross-sex hormone therapy their professional association endorses negatively affects a patient's fertility and sexual function.

Just as Wilhemi and his fellow researchers did not anticipate that their treatment might pose a potential threat to the lives of their previously healthy patients, the Dutch researchers likewise did not foresee that suppressing puberty would result in the tragic death of one of the original study participants.[295] Like their predecessors administering contaminated hGH to healthy children, gender doctors had been aware of what Bowers refers to in the files as "problematic surgical outcomes" since at least 2005, but this was not enough to halt the experiment.[296]

Also reminiscent of the CJD crisis, the anecdote in the WPATH Files about the natal female who appears to have died of liver cancer brought on by prolonged testosterone use, as well as the Lancet case study of the 17-year-old with liver cancer, raise serious concerns. Just as the CJD nightmare didn't surface until decades after the children had been treated, we may face another such catastrophe in the coming years as the risks of prolonged testosterone use in females begin to manifest.

In both scandals, there is a lack of good quality long-term research. During the height-modification scandal, clinicians conducted short-term follow-ups and reported high satisfaction rates. However, follow-up studies done before the women had reached the age that they might start to regret compromising their fertility have only limited worth. The long-term follow-up study conducted in 2000 found much higher rates of regret and dissatisfaction among the women.

There is the same lack of adequate long-term data for the hormonal interventions for adolescent sex-trait modification. Today's experiment has a much greater detrimental impact on the young participants. Discussions in the files show that WPATH is aware that this treatment protocol is creating a generation of sexually dysfunctional young people.

Many of the short-term studies with reported high patient satisfaction rates are cited by gender-affirming clinicians as proof that sex-trait modification procedures are beneficial. But these are just as inadequate as the short-term studies during the height-modification scandal. For the data to be worthwhile, gender doctors need to follow up with their patients long into adulthood, when the true impact of sacrificing their fertility and sexual function is felt. But we are already seeing a trend similar to the tall girls

294 Ibid (n.157)

295 Ibid (n.74)

296 "Consensus Report on Symposium in May 2005." gires, 2005, https://www.gires.org.uk/consensus-report-on-symposium-in-may-2005/.

experiment: the longer the follow-up period, the higher the regret rate for sex-trait modification interventions.[297,298] The preliminary findings of the Dutch long-term follow-up already indicate that fertility regret is significant.[299]

During inquiries into the CJD tragedy, a British court found that the UK Department of Health should have taken action in the summer of 1977 after warnings about CJD contamination were sounded, and an Australian investigation set the cut-off date at 1980. It's difficult to pin down exactly when gender-affirming doctors should have been aware that their puberty suppression experiment was causing harm. Very early on, it was noted that all, or almost all, children were progressing to irreversible cross-sex hormones,[300] and the "problematic surgical outcomes" were recorded in scientific literature as early as 2008.[301] However, a firm line can be drawn with the findings of Sweden, Finland and England's systematic reviews in 2019 and 2020.[302,303,304] Each of these pre-dated the comments made by Bowers in the forum and those of the panelists in the Identity Evolution Workshop.

One of the most striking differences between the two scandals is the impact of the therapy on the young person's future chance of forming long-term romantic partnerships. The parents signing their children up for height-modification hormone therapy did so out of the well-intentioned belief that it would increase the chances that their children would find a romantic partner, lasting love, and marriage.

Conversely, the parents signing their children up for today's sex-trait modification hormone therapy don't seem to consider the fact that they are potentially ruining their child's future ability to form intimate relationships. Or, more likely, they do consider it, but they are coerced into agreeing by the transition-or-suicide lie that gender-affirming medical and mental health professionals tell reluctant parents.

The length of time the young people were to take hormones is also vastly different. For the height-modification experiment, the children could be on hormones for years, but as soon as they reached their final adult height, treatment immediately stopped. WPATH advocates for pediatric endocrinologists today to turn adolescents into lifelong medical patients, dependent on wrong-sex hormones for the rest of their lives, without any evidence that this treatment protocol is safe.

The clinicians in the 1950s and 1960s couldn't foresee a world where being tall would be socially acceptable for women and even admired, or the possibility that very tall or very short adults could develop resilience to conquer their perceived social disadvantage. Today, WPATH members cannot foresee their adolescent patients growing up, reconciling with their birth sex and no longer identifying as transgender, but the ever-growing number of detransitioners suggests this is not a rare occurrence. However, the young people having their bodies permanently altered by WPATH-influenced clinicians are not able to turn back the clock and undo the damage.

297 Hall, R., Mitchell, L., & Sachdeva, J. "Access to Care and Frequency of Detransition among a Cohort Discharged by a Uk National Adult Gender Identity Clinic: Retrospective Case-Note Review." BJPsych Open 7, no. 6 (2021). https://doi.org/10.1192/bjo.2021.1022. https://dx.doi.org/10.1192/bjo.2021.1022.

298 Boyd, I., Hackett, T., & Bewley, S. "Care of Transgender Patients: A General Practice Quality Improvement Approach." Healthcare 10, no. 1 (2022): 121. https://doi.org/10.3390/healthcare10010121. https://dx.doi.org/10.3390/healthcare10010121.

299 Ibid (n.48)

300 Ibid (n.294)

301 Cohen-Kettenis, P. T., Delemarre-van de Waal, H. A., & Gooren, L. J. "The Treatment of Adolescent Transsexuals: Changing Insights." [In eng]. J Sex Med 5, no. 8 (Aug 2008): 1892-7. https://doi.org/10.1111/j.1743-6109.2008.00870.x.

302 "Gender Dysphoria in Children and Adolescents: An Inventory of the Literature." Swedish Agency for Health Technology Assessment and Assessment of Social Services, 2019, https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/.

303 "Lääketieteelliset Menetelmät Sukupuolivariaatioihin Liittyvän Dysforian Hoidossa. Systemaattinen Katsaus." Summaryx, 2019, https://palveluvalikoima.fi/documents/1237350/22895008/Valmistelumuistion+Liite+1.+Kirjallisuuskatsaus.pdf/5ad0f362-8735-35cd-3e53-3d17a010f2b6/Valmistelumuistion+Liite+1.+Kirjallisuuskatsaus.pdf?t=1592317703000.

304 Ibid (n.160)

CONCLUSION

As this report has shown, WPATH is not a medical organization. It is not engaged in a scientific quest to discover the best possible way to help vulnerable individuals who are suffering from gender-related distress. Instead, it is a fringe group of activist clinicians and researchers masquerading as a medical group, advocating for a reckless hormonal and surgical experiment to be performed on some of the most vulnerable members of society.

It would be criminal for a surgeon to sever the spinal cord of a person who identified as a quadriplegic or to blind a sighted patient who identified as blind. It is just as unethical to destroy healthy reproductive systems and amputate the healthy breasts and genitals of mentally unwell people. To do so without first even attempting to help the person overcome their mental illness, without realistically preparing the individual for the grueling post-op period or warning of the life-long negative effect that the procedures will have on their long-term health and ability to form intimate relationships amounts to medical negligence of the highest order.

Thus, there can be no doubt that we are currently witnessing one of the greatest crimes in the history of modern medicine. The scandal of WPATH's gender-affirming care combines all the elements of the four past medical misadventures outlined in our case studies.

Doctors cannot be trusted to regulate themselves. They, too, are human and possess the same inherent biases and vulnerabilities as the rest of us. This is especially true when groupthink takes hold and dissent is silenced. When a doctor stakes his or her reputation on a given treatment, it can lead to powerful conflicts of interest and confirmation bias, preventing even the most well-intentioned and competent physician from seeing the obvious harm being inflicted on patients. Bowers's claim in the New York Times, that the field of transgender medicine is "every bit as objective- and outcome-driven as any other specialty in medicine," demonstrates how blind WPATH's leadership is to the reality of the organization's unethical approach to medicine.

We have regulatory bodies to maintain ethical standards, and we therefore call on medical ethics boards across the US and the rest of the world to conduct urgent, unbiased, transparent, and rigorous reviews of the sex-trait modification interventions WPATH endorses. We also call on the APA, the AMA, the AAP, and The Endocrine Society to set politics aside and condemn the pseudoscientific, unethical medical practices of WPATH.

Furthermore, we call upon the US government to launch an official non-partisan inquiry into how an organization with such disregard for medical ethics and the scientific process was ever granted the authority to establish global standards of care in a field of medicine. We advocate for this drastic action due to the unwarranted prestige, undue influence, and resulting danger posed by WPATH.

WPATH serves no purpose, contributes nothing beneficial to the field of gender medicine, and leads medical and mental health professionals astray. Several European nations have already abandoned the group's guidelines, indicating the extent to which WPATH has become obsolete.

Political activism and medicine should never mix. An organization in pursuit of political goals is one not in pursuit of patient health. The WPATH Files contain abundant evidence that the organization is an activist group, not a scientific one. From the Alberta professor stating that trans health care is about challenging cisnormativity to Satterwhite and his supporters ignoring the ethical concerns of non-binary surgeries and focusing on the importance of using politically correct language, it is clear that WPATH prioritizes politics over science.

The medical world self-corrects by open discussion, scientific debate, and diligent investigation. None of these factors is present within the WPATH Files. Instead, there is political discourse and policing of language. When one

clinician posted a study about detransitioners, WPATH's president cautions that "acknowledgment that de-transition exists to even a minor extent is considered off limits for many in our community." Given the complexity of gender medicine, the controversy surrounding the treatments, and the drastic, life-altering effects of the hormonal and surgical interventions endorsed by WPATH, it is especially disconcerting that the Ontario family physician was the lone dissenting voice in all the files.

A medical organization that cannot face up to the devastating harm its treatments are causing is a danger to the patients it claims to serve. The unwillingness to acknowledge the victims of this medical scandal, the refusal to recognize the growing body of evidence showing that the risks of gender-affirming care greatly outweigh any supposed benefit, and the extreme beliefs of many of its members indicate that WPATH will never be able to correct its course. The internal communications demonstrate that the organization is corrupt to its core.

Currently, lawmakers, judges, insurance companies, and public health providers are duped into trusting WPATH's guidelines as a result of the broken chain of trust. These stakeholders are not aware that the political activists within WPATH are promoting a reckless, consumer-driven transition-on-demand approach to extreme body modification, even for minors and the severely mentally ill. It is for this reason that we believe the medical world must reject WPATH's guidelines.

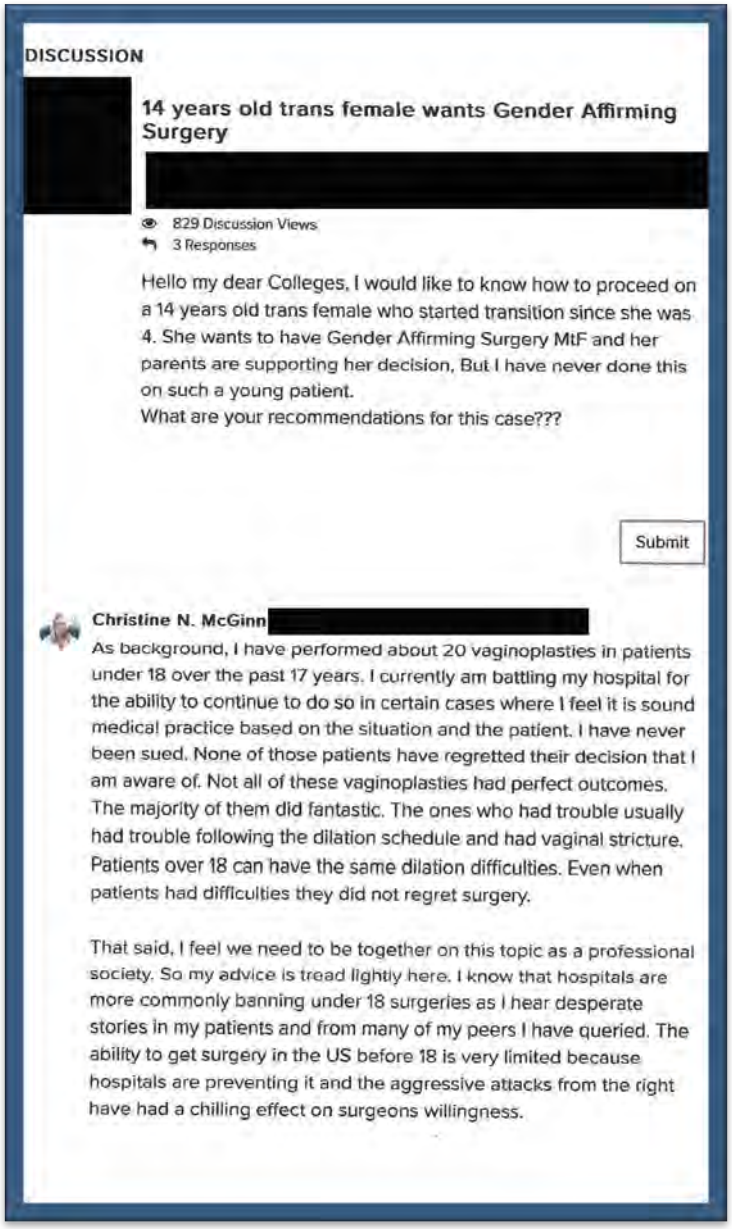
Gender dysphoria is a complex psychiatric condition, and there is no easy answer as to the best way to ease the pain of those afflicted. It is beyond the scope of this report to attempt to find such a solution. However, it is possible to state with unequivocal certainty that the World Professional Association of Transgender Health does not advocate for the best possible care for this vulnerable patient cohort, and the detrimental impact of WPATH's actions over the past two decades has rendered the organization irredeemable. It is now imperative to usher in a new era in gender medicine, one that prioritizes the health and well-being of patients as its foremost objective.

TABLE OF CONTENTS

The WPATH Files appear in full below. We have organized the files for accessibility, but we have not edited, removed, or added any material. Dates are included when available, and all discussions occurred within the last four years. Members' names are redacted, except in the case of the WPATH president, surgeons, and other prominent members. The files are unedited and nothing has been removed or added.

1) GENDER AFFIRMING SURGERY FOR MINORS

a) WPATH members discuss transition surgery for a 14-year-old



DISCUSSION

[redacted]

14 years old trans female wants Gender Affirming Surgery

[redacted]

829 Discussion Views
3 Responses

Hello my dear Colleges, I would like to know how to proceed on a 14 years old trans female who started transition since she was 4. She wants to have Gender Affirming Surgery MtF and her parents are supporting her decision, But I have never done this on such a young patient.
What are your recommendations for this case???

Submit

Christine N. McGinn [redacted]

As background, I have performed about 20 vaginoplasties in patients under 18 over the past 17 years. I currently am battling my hospital for the ability to continue to do so in certain cases where I feel it is sound medical practice based on the situation and the patient. I have never been sued. None of those patients have regretted their decision that I am aware of. Not all of these vaginoplasties had perfect outcomes. The majority of them did fantastic. The ones who had trouble usually had trouble following the dilation schedule and had vaginal stricture. Patients over 18 can have the same dilation difficulties. Even when patients had difficulties they did not regret surgery.

That said, I feel we need to be together on this topic as a professional society. So my advice is tread lightly here. I know that hospitals are more commonly banning under 18 surgeries as I hear desperate stories in my patients and from many of my peers I have queried. The ability to get surgery in the US before 18 is very limited because hospitals are preventing it and the aggressive attacks from the right have had a chilling effect on surgeons willingness.

I think we need a strong message that "gender surgeries" should not be lumped together and each specific surgery has its own discussion. For example a trach shave is not the same as Vaginoplasty.

I think we need to reject the argument that consent is impossible in a minor. My hospital performs all kinds of surgeries on minors without issue; they are singling these out because it is politically convenient.

I think we should strive for consensus regarding what a consent should look like for each of these surgeries.

Specific to Vaginoplasty, I have better success with dilation when the patient is at late 16 or 17. I would discourage Vaginoplasty surgery prior to that. In dealing with my hospital, I have offered to limit the under 18 surgery to 17. There is practical reason for this. Many of the bad outcomes are a direct result of rushing to get surgery before heading off to college/university. There are too many stressors in college that limit patients ability to dilate. For well prepared patients, I feel the ideal time in the US is surgery the summer before their last year of high school. I have heard many other surgeons echo this.

I also welcome appointments for the sole purpose of fact finding. I think it would be great for your 14 year old to hear about the surgery and what recovery is like and about hair removal if you require that. Conversations about surgery can be helpful at younger ages so that the parents and children can get their questions answered and navigate surgery and hormones as they relate to surgery. Penoscrotal hypo plasma is also an important topic to discuss early.

Good luck with this challenging case and good for you to seek information from others!!

Comment

Marci L. Bowers [redacted]

i would not do it.... tissue too immature. dilation routine too critical. Age 16 is the youngest i've EVER done though feel sometime before the end of high school does make some sense in that they are under the watch of parents in the home they grew up in. currently our standard is 18, though do agree this number is arbitrary. decision should be individual based on maturity.

Comment

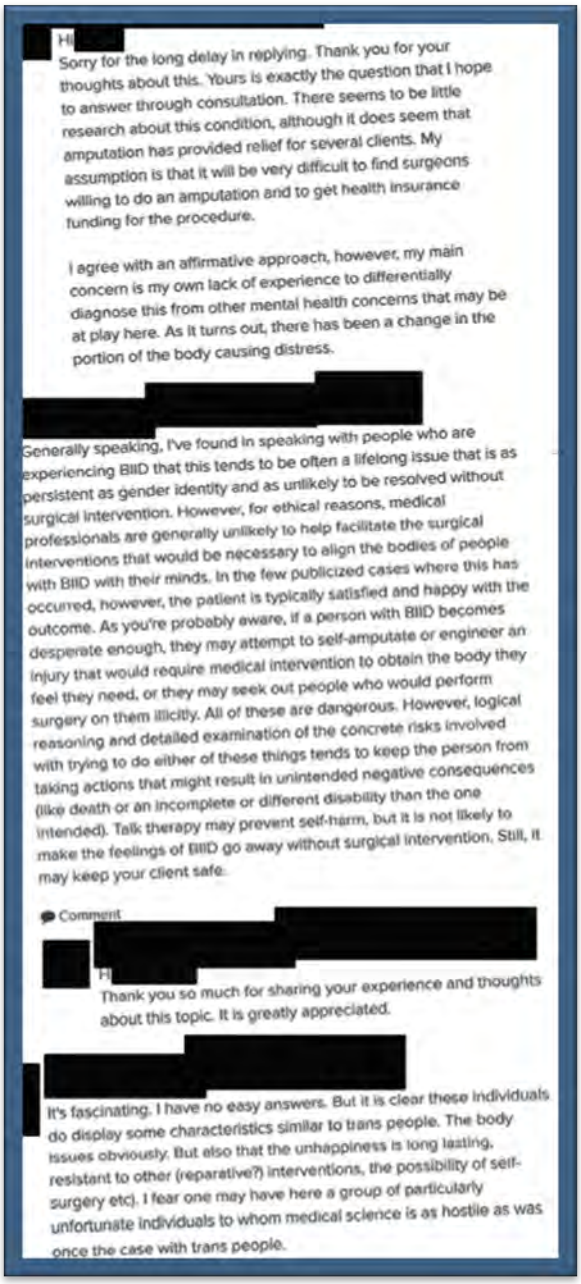
[redacted]

We at GrS Montreal would not undertake a surgery at 14. Genital surgery is delayed until the patient reaches 18.

Comment

2) MENTAL HEALTH CONCERNS

a) WPATH members discuss amputation for patients with body integrity identity disorder (BIID)



Hi [redacted]

Sorry for the long delay in replying. Thank you for your thoughts about this. Yours is exactly the question that I hope to answer through consultation. There seems to be little research about this condition, although it does seem that amputation has provided relief for several clients. My assumption is that it will be very difficult to find surgeons willing to do an amputation and to get health insurance funding for the procedure.

I agree with an affirmative approach, however, my main concern is my own lack of experience to differentially diagnose this from other mental health concerns that may be at play here. As it turns out, there has been a change in the portion of the body causing distress.

[redacted]

Generally speaking, I've found in speaking with people who are experiencing BIID that this tends to be often a lifelong issue that is as persistent as gender identity and as unlikely to be resolved without surgical intervention. However, for ethical reasons, medical professionals are generally unlikely to help facilitate the surgical interventions that would be necessary to align the bodies of people with BIID with their minds. In the few publicized cases where this has occurred, however, the patient is typically satisfied and happy with the outcome. As you're probably aware, if a person with BIID becomes desperate enough, they may attempt to self-amputate or engineer an injury that would require medical intervention to obtain the body they feel they need, or they may seek out people who would perform surgery on them illicitly. All of these are dangerous. However, logical reasoning and detailed examination of the concrete risks involved with trying to do either of these things tends to keep the person from taking actions that might result in unintended negative consequences (like death or an incomplete or different disability than the one intended). Talk therapy may prevent self-harm, but it is not likely to make the feelings of BIID go away without surgical intervention. Still, it may keep your client safe.

Comment

[redacted]

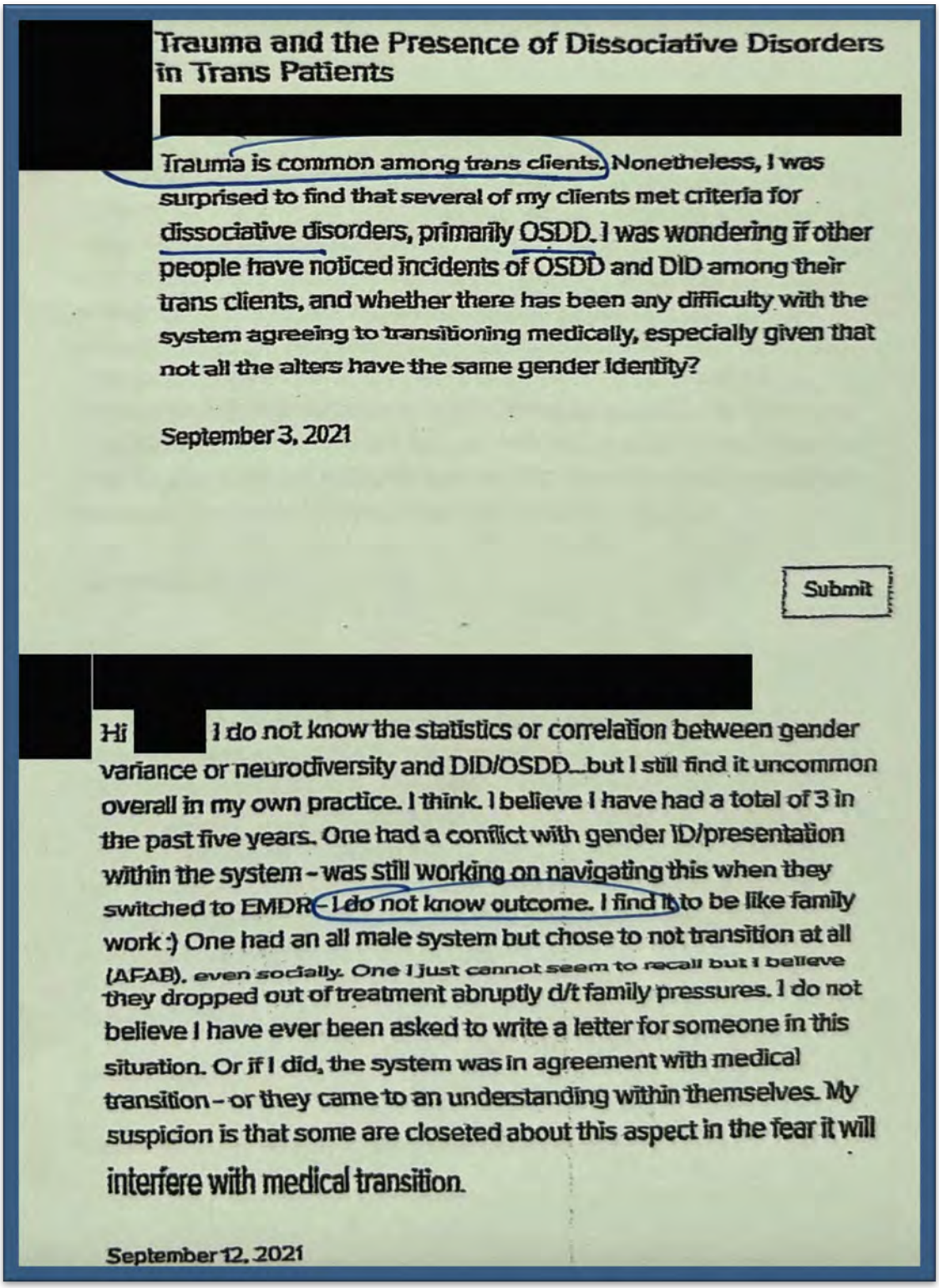
Hi [redacted]

Thank you so much for sharing your experience and thoughts about this topic. It is greatly appreciated.

[redacted]

It's fascinating. I have no easy answers. But it is clear these individuals do display some characteristics similar to trans people. The body issues obviously. But also that the unhappiness is long lasting, resistant to other (reparative?) interventions, the possibility of self-surgery etc). I fear one may have here a group of particularly unfortunate individuals to whom medical science is as hostile as was once the case with trans people.

b) WPATH members discuss trauma and dissociative orders in trans patients



Trauma and the Presence of Dissociative Disorders in Trans Patients

[redacted]

Trauma is common among trans clients. Nonetheless, I was surprised to find that several of my clients met criteria for dissociative disorders, primarily OSDD. I was wondering if other people have noticed incidents of OSDD and DID among their trans clients, and whether there has been any difficulty with the system agreeing to transitioning medically, especially given that not all the alters have the same gender identity?

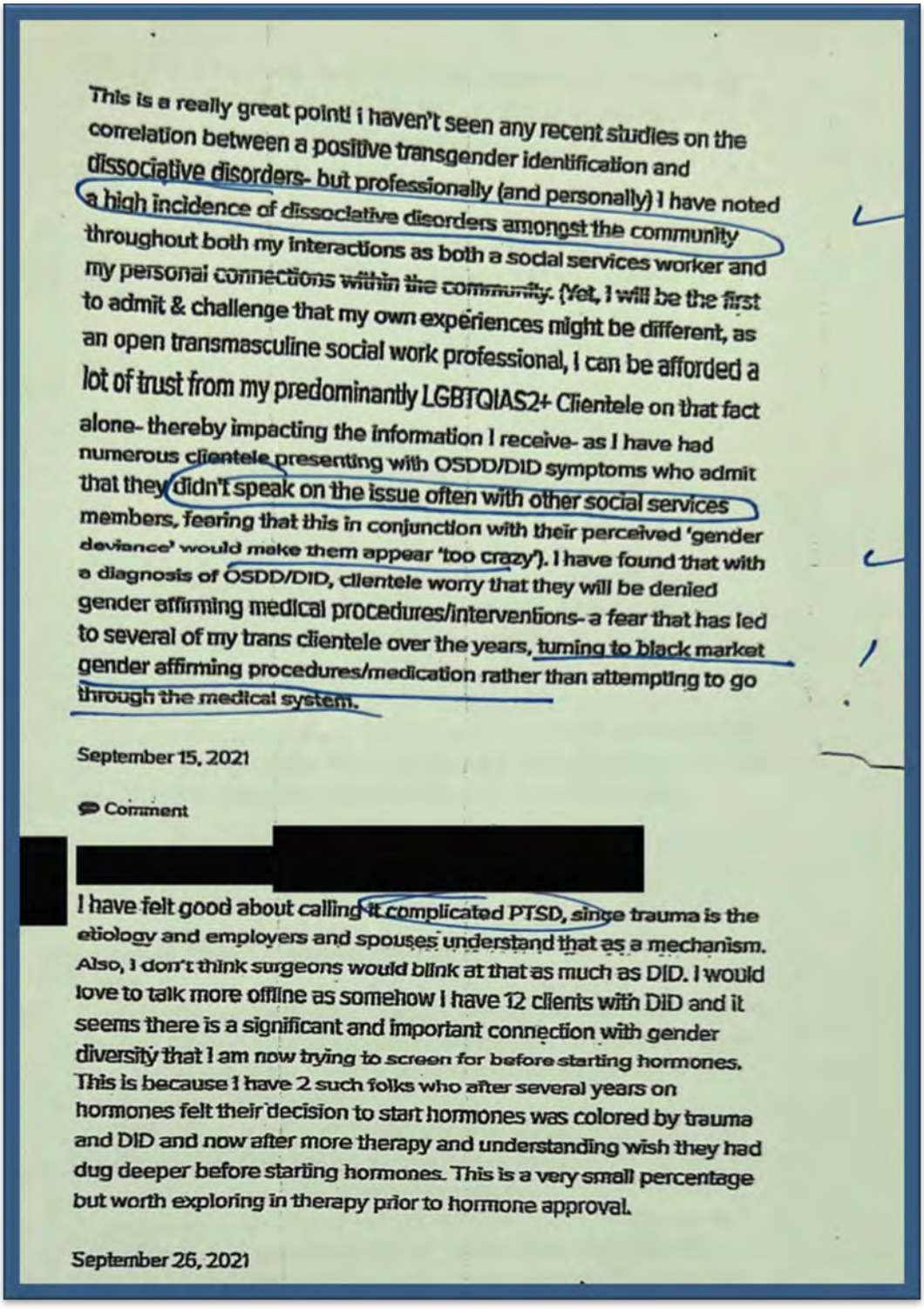
September 3, 2021

Submit

[redacted]

Hi [redacted] I do not know the statistics or correlation between gender variance or neurodiversity and DID/OSDD...but I still find it uncommon overall in my own practice. I think. I believe I have had a total of 3 in the past five years. One had a conflict with gender ID/presentation within the system - was still working on navigating this when they switched to EMDR - I do not know outcome. I find it to be like family work :) One had an all male system but chose to not transition at all (AFAB), even socially. One I just cannot seem to recall but I believe they dropped out of treatment abruptly d/t family pressures. I do not believe I have ever been asked to write a letter for someone in this situation. Or if I did, the system was in agreement with medical transition - or they came to an understanding within themselves. My suspicion is that some are closeted about this aspect in the fear it will interfere with medical transition.

September 12, 2021



This is a really great point! I haven't seen any recent studies on the correlation between a positive transgender identification and dissociative disorders- but professionally (and personally) I have noted a high incidence of dissociative disorders amongst the community throughout both my interactions as both a social services worker and my personal connections within the community. (Yet, I will be the first to admit & challenge that my own experiences might be different, as an open transmasculine social work professional, I can be afforded a lot of trust from my predominantly LGBTQIAS2+ Clientele on that fact alone- thereby impacting the information I receive- as I have had numerous clientele presenting with OSDD/DID symptoms who admit that they didn't speak on the issue often with other social services members, fearing that this in conjunction with their perceived 'gender deviance' would make them appear 'too crazy'). I have found that with a diagnosis of OSDD/DID, clientele worry that they will be denied gender affirming medical procedures/interventions- a fear that has led to several of my trans clientele over the years, turning to black market gender affirming procedures/medication rather than attempting to go through the medical system.

September 15, 2021

Comment

[redacted]

I have felt good about calling it complicated PTSD, since trauma is the etiology and employers and spouses understand that as a mechanism. Also, I don't think surgeons would blink at that as much as DID. I would love to talk more offline as somehow I have 12 clients with DID and it seems there is a significant and important connection with gender diversity that I am now trying to screen for before starting hormones. This is because I have 2 such folks who after several years on hormones felt their decision to start hormones was colored by trauma and DID and now after more therapy and understanding wish they had dug deeper before starting hormones. This is a very small percentage but worth exploring in therapy prior to hormone approval.

September 26, 2021

[redacted]

With one client who had DID we worked on all alters giving consent to HRT before it was started. They had alters who were both male and female gender and it was imperative to get all alters who would be effected by HRT to be aware and consent to the changes. Ethically, if you do not get consent from all alters you have not really received consent and you may be open to being sued later, if they decide HRT or surgery was not in their best interest.

October 7, 2021

Comment

[redacted]

Thanks [redacted] for raising this issue and for those who have responded.

I too have seen a relatively small but significant number of trans and gender diverse clients with DID; and have noticed an increase in the number of new clients with dissociative experience (cPTSD).

I am curious about how we collectively - clients, therapist, treating physicians & surgeons - adequately respond to this. It concerns me that some individuals may not disclose for fear of denied access to treatment, yet I am also concerned about transition (even when all known parts/alters agree).

Is there a way those of us working with dissociative clients could work together to more fully describe the scope and approaches in this area?

October 17, 2021

[redacted] Hi [redacted]

I wondered if anyone responded to your request of working together in this area. I think you've raised this multiple times over the years. Gender health specialists really need to be working with clinicians with extensive experience in dissociation. I know these are both areas where you've worked extensively. I do not know if this new platform has the ability to create small groups, but if we could set up some sort of ongoing discussion on this topic it would be great.

November 11, 2021

[redacted]

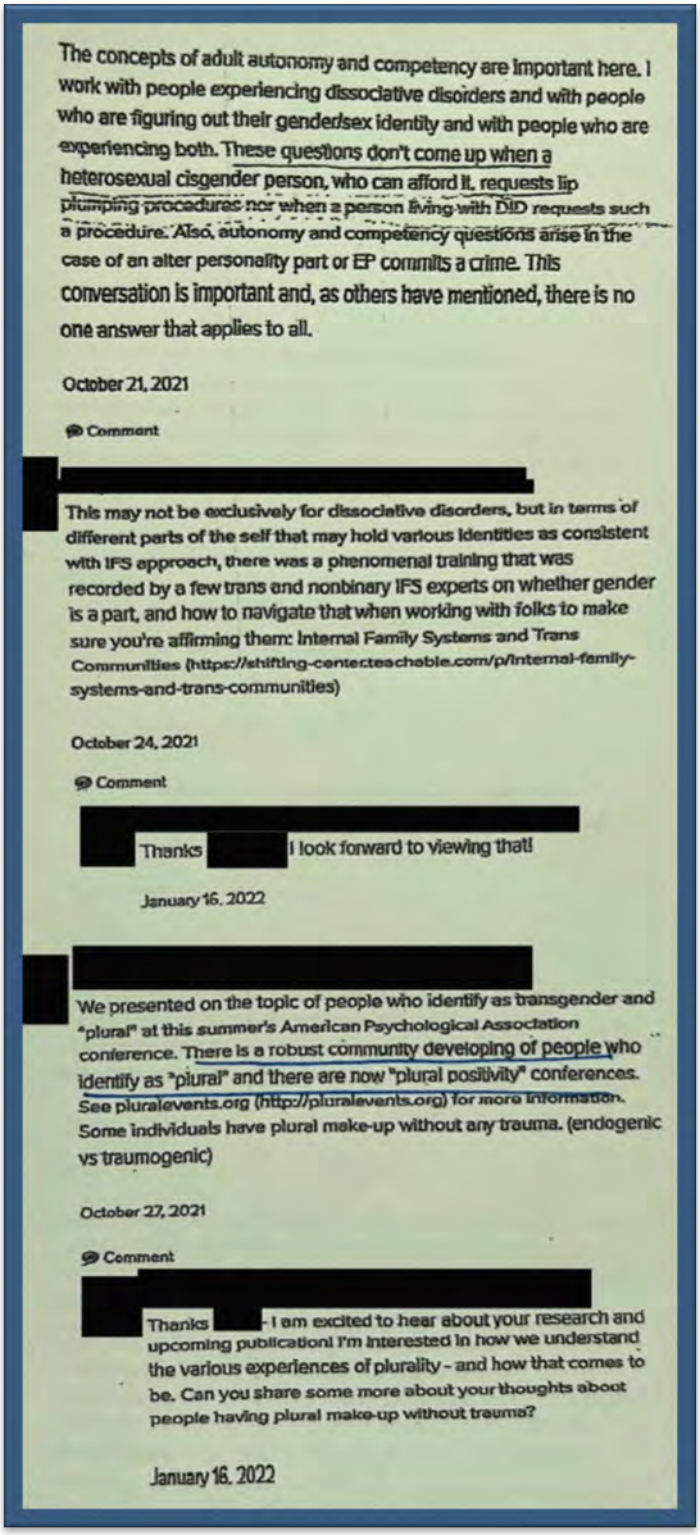
Hello,
Would it be worthwhile to consider looking at the International Society for the Study of Trauma and Dissociation (https://www.isst-d.org/) and beginning a dialogue to see if there is something that can be be looked at as a collective?
I have a large number of clients who have DDNOS/DID/c-PTSD or have dissociation on some level as part of their experience who are transitioning and are trans or gender diverse. I use EMDR in my practice and I have found that ISST-D to be helpful though not as inclusive as I would like. Would this be worth consideration and a potential way to define more approaches or interventions that are used/that could be talked about in this context?

October 17, 2021

Comment

[redacted] I am grateful for your response, and I hope it prompts more discussion about this issue. Personally, I am pursuing training in treating trauma and dissociative disorders, as well as consulting with a specialist in these disorders, but it is difficult, and dissociative disorders are, after all, covert. I too would love to hear from others how we as clinicians and as clinical support teams can work with these clients to honor their gender identity and their fractured ego identities.

October 18, 2021



The concepts of adult autonomy and competency are important here. I work with people experiencing dissociative disorders and with people who are figuring out their gender/sex identity and with people who are experiencing both. These questions don't come up when a heterosexual cisgender person, who can afford it, requests lip plumping procedures nor when a person living with DID requests such a procedure. Also, autonomy and competency questions arise in the case of an alter personality part or EP commits a crime. This conversation is important and, as others have mentioned, there is no one answer that applies to all.

October 21, 2021

Comment

[redacted]

This may not be exclusively for dissociative disorders, but in terms of different parts of the self that may hold various identities as consistent with IFS approach, there was a phenomenal training that was recorded by a few trans and nonbinary IFS experts on whether gender is a part, and how to navigate that when working with folks to make sure you're affirming them: Internal Family Systems and Trans Communities (https://shifting-contecteachable.com/p/internal-family-systems-and-trans-communities)

October 24, 2021

Comment

[redacted] Thanks [redacted] I look forward to viewing that!

January 16, 2022

[redacted]

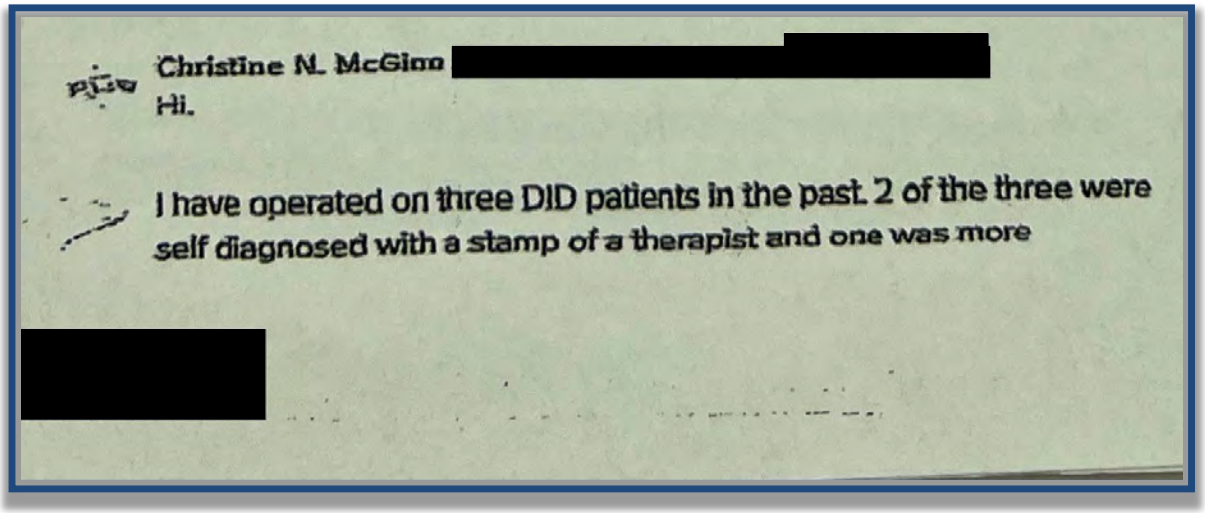
We presented on the topic of people who identify as transgender and "plural" at this summer's American Psychological Association conference. There is a robust community developing of people who identify as "plural" and there are now "plural positivity" conferences. See pluralevents.org (http://pluralevents.org) for more information. Some individuals have plural make-up without any trauma. (endogenic vs traumogenic)

October 27, 2021

Comment

[redacted] Thanks [redacted] - I am excited to hear about your research and upcoming publication! I'm interested in how we understand the various experiences of plurality - and how that comes to be. Can you share some more about your thoughts about people having plural make-up without trauma?

January 16, 2022

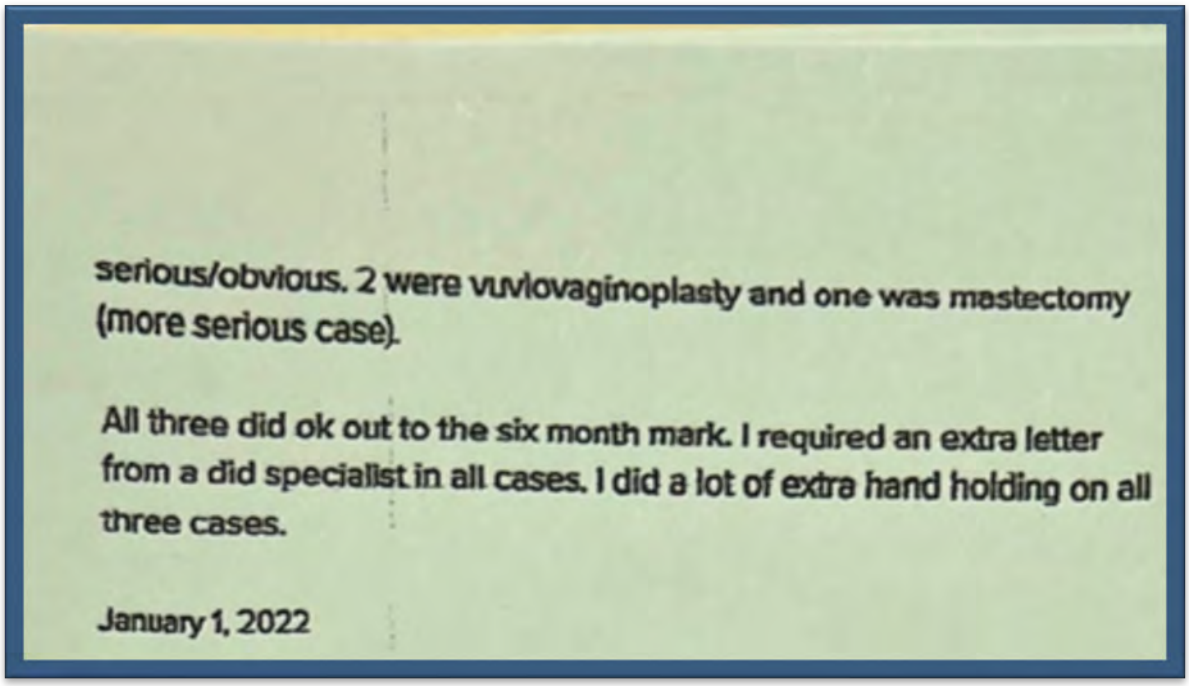


Christine N. McGinn [redacted]

Hi.

I have operated on three DID patients in the past. 2 of the three were self diagnosed with a stamp of a therapist and one was more

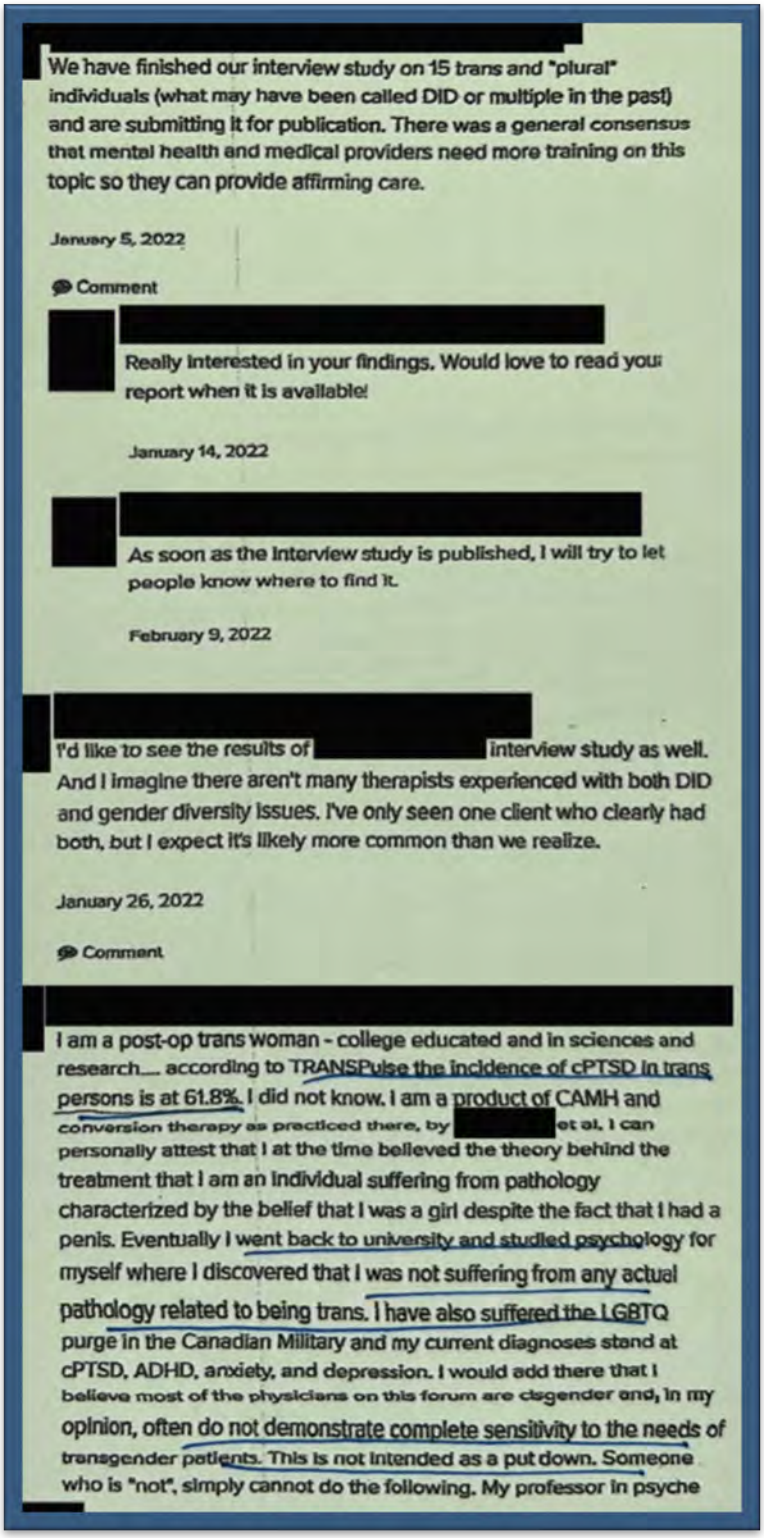
[redacted]



serious/obvious. 2 were vuvlovaginoplasty and one was mastectomy (more serious case).

All three did ok out to the six month mark. I required an extra letter from a did specialist in all cases. I did a lot of extra hand holding on all three cases.

January 1, 2022



[redacted]

We have finished our interview study on 15 trans and "plural" individuals (what may have been called DID or multiple in the past) and are submitting it for publication. There was a general consensus that mental health and medical providers need more training on this topic so they can provide affirming care.

January 5, 2022

Comment

[redacted]

Really interested in your findings. Would love to read your report when it is available!

January 14, 2022

[redacted]

As soon as the interview study is published, I will try to let people know where to find it.

February 9, 2022

[redacted]

I'd like to see the results of [redacted] interview study as well. And I imagine there aren't many therapists experienced with both DID and gender diversity issues. I've only seen one client who clearly had both, but I expect it's likely more common than we realize.

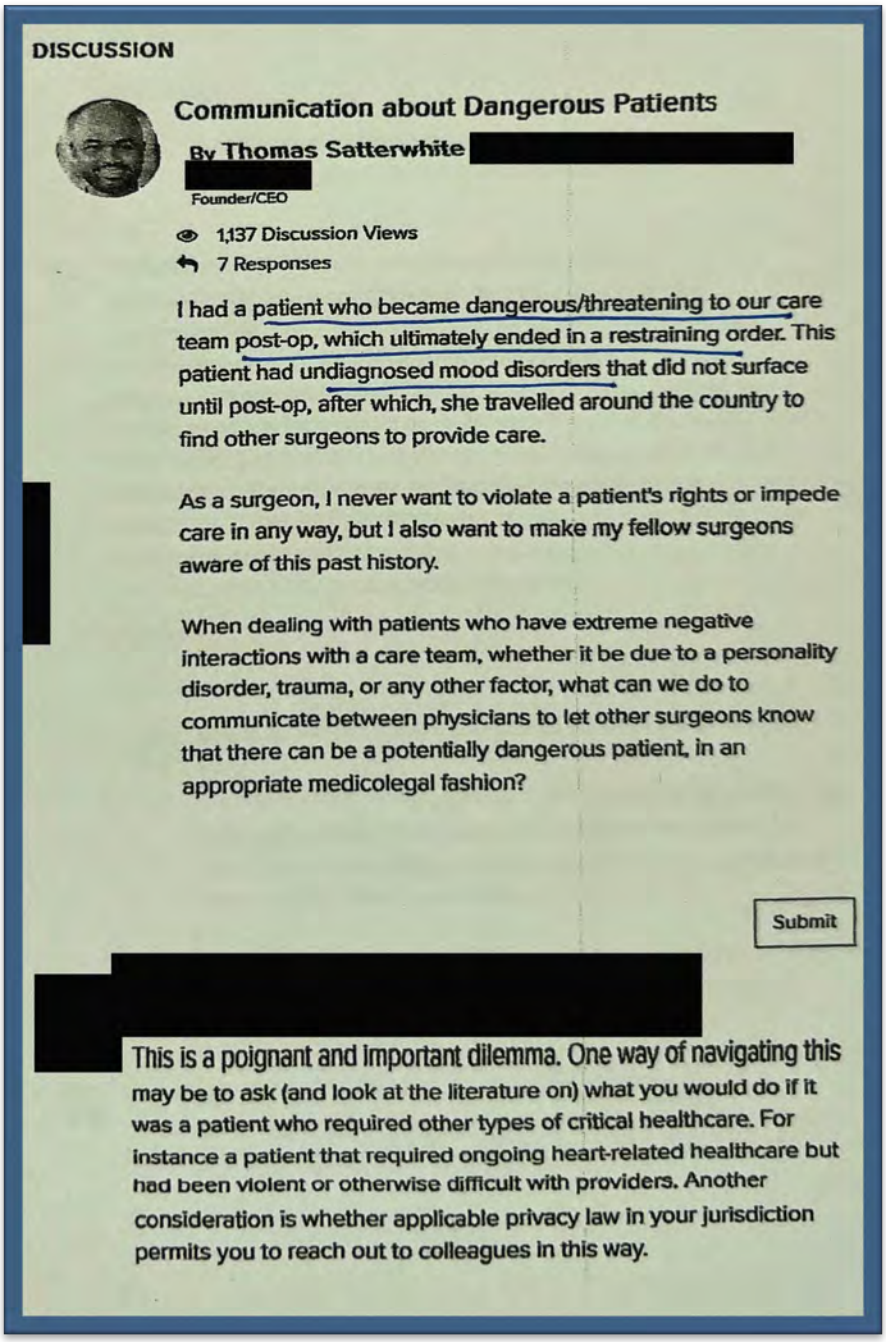
January 26, 2022

Comment

[redacted]

I am a post-op trans woman - college educated and in sciences and research.... according to TRANSPulse the incidence of cPTSD in trans persons is at 61.8%. I did not know. I am a product of CAMH and conversion therapy as practiced there, by [redacted] et al. I can personally attest that I at the time believed the theory behind the treatment that I am an individual suffering from pathology characterized by the belief that I was a girl despite the fact that I had a penis. Eventually I went back to university and studied psychology for myself where I discovered that I was not suffering from any actual pathology related to being trans. I have also suffered the LGBTQ purge in the Canadian Military and my current diagnoses stand at cPTSD, ADHD, anxiety, and depression. I would add there that I believe most of the physicians on this forum are cisgender and, in my opinion, often do not demonstrate complete sensitivity to the needs of transgender patients. This is not intended as a put down. Someone who is "not", simply cannot do the following. My professor in psyche

c) WPATH members discuss a patient with undiagnosed mood disorders who threatened medical staff



DISCUSSION

Communication about Dangerous Patients

By Thomas Satterwhite [redacted]

[redacted]
Founder/CEO

1,137 Discussion Views

7 Responses

I had a patient who became dangerous/threatening to our care team post-op, which ultimately ended in a restraining order. This patient had undiagnosed mood disorders that did not surface until post-op, after which, she travelled around the country to find other surgeons to provide care.

[redacted]

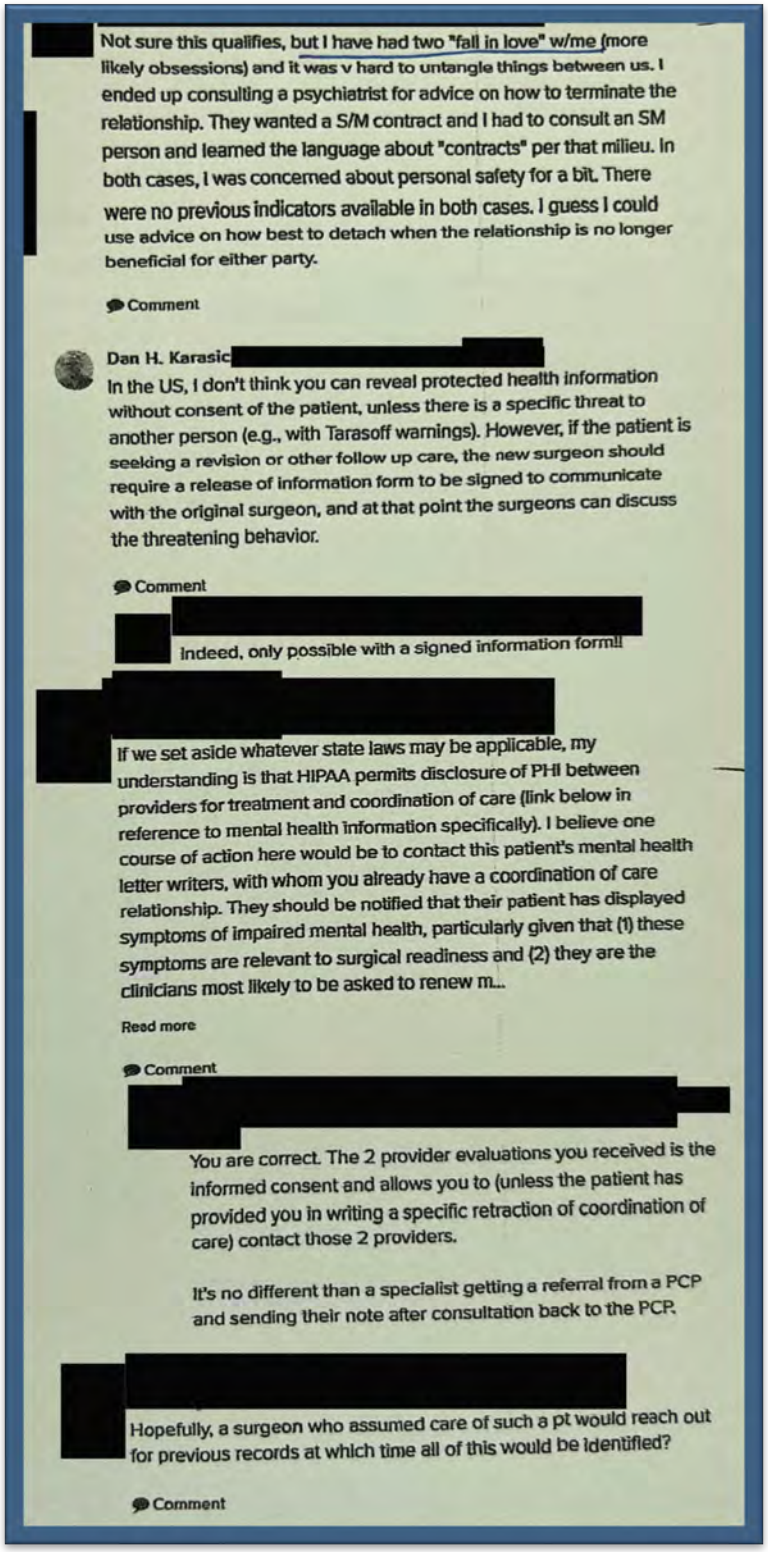
As a surgeon, I never want to violate a patient's rights or impede care in any way, but I also want to make my fellow surgeons aware of this past history.

When dealing with patients who have extreme negative interactions with a care team, whether it be due to a personality disorder, trauma, or any other factor, what can we do to communicate between physicians to let other surgeons know that there can be a potentially dangerous patient, in an appropriate medicolegal fashion?

Submit

[redacted]

This is a poignant and important dilemma. One way of navigating this may be to ask (and look at the literature on) what you would do if it was a patient who required other types of critical healthcare. For instance a patient that required ongoing heart-related healthcare but had been violent or otherwise difficult with providers. Another consideration is whether applicable privacy law in your jurisdiction permits you to reach out to colleagues in this way.



[redacted] Not sure this qualifies, but I have had two "fall in love" w/me (more likely obsessions) and it was v hard to untangle things between us. I ended up consulting a psychiatrist for advice on how to terminate the relationship. They wanted a S/M contract and I had to consult an SM person and learned the language about "contracts" per that milieu. In both cases, I was concerned about personal safety for a bit. There were no previous indicators available in both cases. I guess I could use advice on how best to detach when the relationship is no longer beneficial for either party.

Comment

Dan H. Karasic [redacted]
In the US, I don't think you can reveal protected health information without consent of the patient, unless there is a specific threat to another person (e.g., with Tarasoff warnings). However, if the patient is seeking a revision or other follow up care, the new surgeon should require a release of information form to be signed to communicate with the original surgeon, and at that point the surgeons can discuss the threatening behavior.

Comment

[redacted] indeed, only possible with a signed information form!!

[redacted] If we set aside whatever state laws may be applicable, my understanding is that HIPAA permits disclosure of PHI between providers for treatment and coordination of care (link below in reference to mental health information specifically). I believe one course of action here would be to contact this patient's mental health letter writers, with whom you already have a coordination of care relationship. They should be notified that their patient has displayed symptoms of impaired mental health, particularly given that (1) these symptoms are relevant to surgical readiness and (2) they are the clinicians most likely to be asked to renew m...

Read more

Comment

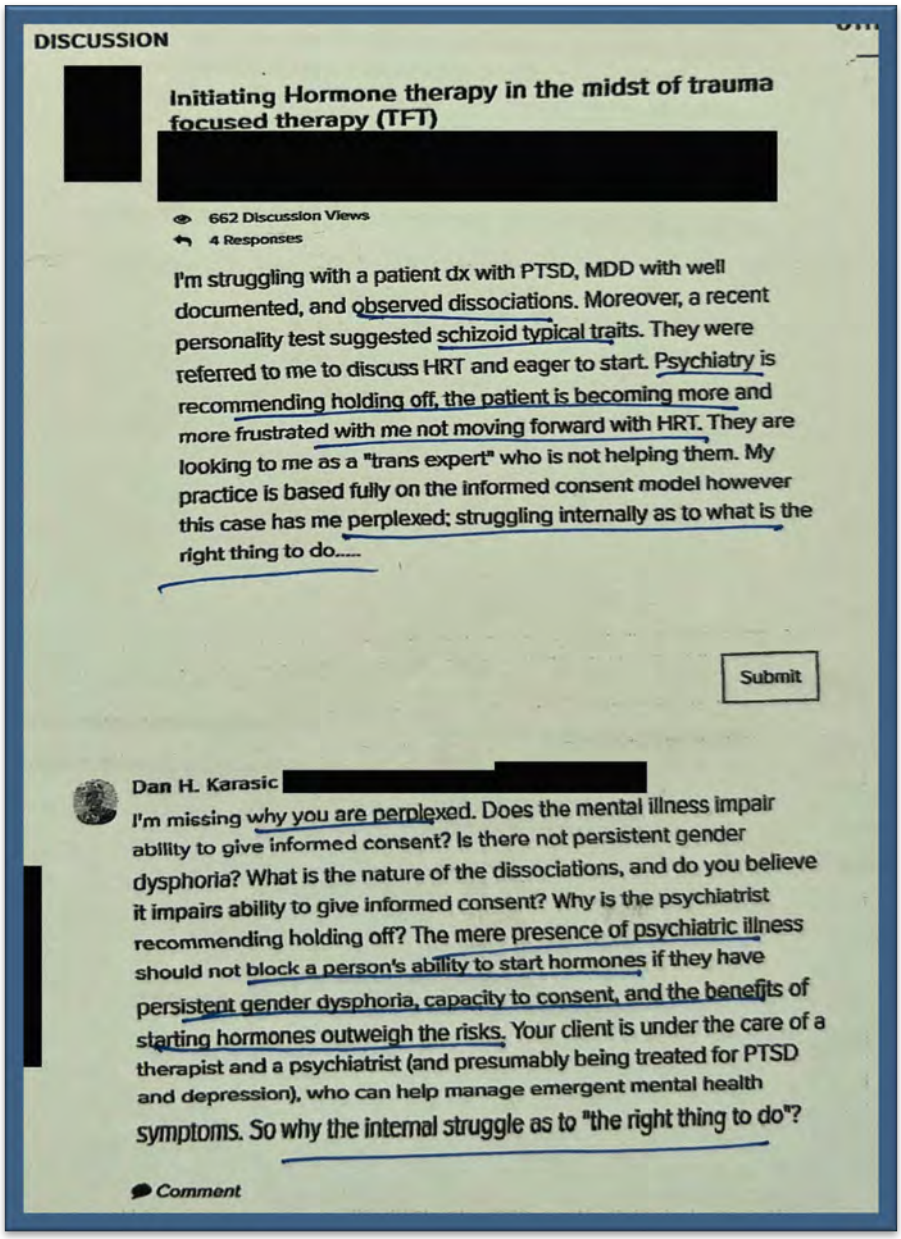
[redacted] You are correct. The 2 provider evaluations you received is the informed consent and allows you to (unless the patient has provided you in writing a specific retraction of coordination of care) contact those 2 providers.

It's no different than a specialist getting a referral from a PCP and sending their note after consultation back to the PCP.

[redacted] Hopefully, a surgeon who assumed care of such a pt would reach out for previous records at which time all of this would be identified?

Comment

d) WPATH members discuss initiating hormone therapy for a patient with trauma



DISCUSSION

[redacted]

Initiating Hormone therapy in the midst of trauma focused therapy (TFT)

[redacted]

662 Discussion Views
4 Responses

I'm struggling with a patient dx with PTSD, MDD with well documented, and observed dissociations. Moreover, a recent personality test suggested schizoid typical traits. They were referred to me to discuss HRT and eager to start. Psychiatry is recommending holding off, the patient is becoming more and more frustrated with me not moving forward with HRT. They are looking to me as a "trans expert" who is not helping them. My practice is based fully on the informed consent model however this case has me perplexed; struggling internally as to what is the right thing to do.....

Submit

Dan H. Karasic [redacted]

I'm missing why you are perplexed. Does the mental illness impair ability to give informed consent? Is there not persistent gender dysphoria? What is the nature of the dissociations, and do you believe it impairs ability to give informed consent? Why is the psychiatrist recommending holding off? The mere presence of psychiatric illness should not block a person's ability to start hormones if they have persistent gender dysphoria, capacity to consent, and the benefits of starting hormones outweigh the risks. Your client is under the care of a therapist and a psychiatrist (and presumably being treated for PTSD and depression), who can help manage emergent mental health symptoms. So why the internal struggle as to "the right thing to do"?

Comment

[redacted]

Understood,

But I don't see how HT would interfere negatively with the symptoms your patient is experiencing, nor with trauma focused therapy. In fact, withholding HT can make the patient experience more distress and thus intensified symptoms. I've had patients/clients with diagnosed DID, MDD, bipolar, schizophrenia, etc., who do just fine on HT. Think of it this way - would you deny a cisgender patient with the same psychiatric dx hormone therapy if they were hypogonadic? This is harm reduction and so doing nothing is not a "neutral option."

Comment

[redacted]

I agree with other comments. Start slow, be careful. With severe PTSD with dissociations, if the client isn't making progress with current psych, switch. They might have better ideas on calming the glutamate receptor such as use of NAC, Lithium, memantine to slow down the triggering and dissociation. It is good this client has someone who cares, which is the most important thing they need.

Comment

[redacted]

I agree with previous comments, and I strongly recommend reading this article on the matter: Kinnon R. MacKinnon, Daniel Grace, Stella L. Ng, Suzanne R. Sicchia & Lori E. Ross (2020): "I don't think they thought I was ready": How pre-transition assessments create care inequities for trans people with complex mental health in Canada, International Journal of Mental Health, DOI: 10.1080/00207411.2019.1711328 (Abstract (https://www.tandfonline.com/doi/abs/10.1080/00207411.2019.1711328))

e) A WPATH member questions the surgical readiness of patients displaying serious mental illness

[redacted]

CUSSION

[redacted]

Serious Mental Illness and Readiness for Medical/Surgical Transition

[redacted]

4,670 Discussion Views
5 Responses

I have several trans clients with serious mental illness. For example, bipolar disorder and autism or schizoaffective disorder. Even though these clients have a well-established trans gender identity, their likely stability post initiation of HRT or surgery is difficult to predict. What criteria do other people use to determine whether or not they can write a letter supporting surgical transition for this population? In particular, given the extensive recovery period and postnatal care required for vaginoplasty, have other clinicians found that their clients with serious mental illness can follow post-surgical dilation protocols?

Submit

[redacted]

Thank you for posting this [redacted]. I have a number of cases of folks with significant mental health issues (with various markers of "stability") including Autism Spectrum, PTSD/C-PTSD, Psychosis. I think part of our role is in treatment planning toward mental health sx stability pre and post medical interventions including surgery. In my mind this necessitates interdisciplinary, collaborative care and planning.

To be frank, I have a few who are (or will likely be) in a sort of holding pattern because of the lack of mental health and other support resources that I am recommending.

Does anyone know of literature on medical AND psychological outcomes for these/similar issues?

[redacted]
Hello,

It depends on many factors that equally affect those without any psychiatric concerns - do they have a support system with actual humans to help them on a daily basis, do they have a safe place to recover, and do they understand instructions such as dilate, wash, monitor - or do they have one or two persons who can help? Also - autism is neurodivergence on a spectrum with variability in function but not classified as "serious mental illness." In addition, as gender affirmative practitioners, we always consider harm reduction as our primary lens - in other words, what will happen to these patients if they do NOT undergo their affirmative treatment, which is also a medical necessity?

In my practice, I have found that those with diagnosed psychiatric concerns, e.g., schizophrenia controlled by medication, usually have a prior support system of sorts and can get help. But I have also intervened on behalf of people who have been diagnosed with major depressive disorder, cPTSD, homeless and got at least an orchiectomy - which made a huge difference in their lives and put them on the road to emotional recovery and enabled them to seek assistance (and yes, they were successful). To me, the letter is an assessment of mental capacity to provide informed consent; if such capacity clearly does not exist, the patient needs to be informed and a new appointment for changes in psychiatric meds or at least one discussion with their treating psychiatrist need to happen. I am personally not invested in the "well controlled" criterion phrase unless absolutely necessary, and I believe it's disappearing in the SOC v 8 version. Meanwhile, in the last 15 years I had to regrettably decline writing only one letter, mainly b/c the person evaluated was in active psychosis and hallucinated during the assessment session. Other than that - nothing - everyone got their assessment letter, insurance approval, and are living [presumably] happily ever after.

Comment

[redacted]
Correct me if I'm wrong, but my impression is that the SOC7 recommend a letter stipulates: "While the SOC allow for an individualized approach to best meet a patient's health care needs, a criterion for all breast/chest and genital surgeries is documentation of persistent gender dysphoria by a qualified mental health professional." The letter of support is primarily to establish the primary/durable indication for surgery: gender dysphoria. And while this likely qualifies as an individualized approach, I'm concerned that denying necessary surgical care (even for the severely mentally ill) encroaches strongly on a patient's autonomy–presuming the patient in question has capacity to make their own medical decisions.

If you've already established persistent gender dysphoria to your own threshold of assessment, then the role of mental health here may simply be one of "optimization" rather than clearance. Any medical doctor would do the same prior to necessary operations by a surgeon as well. It would be great if every patient could be perfectly cleared prior to every surgical intervention, but at the end of the day it is a risk/benefit decision between you, the patient, the surgeon, and any other resources/family you can recruit to help promote the best outcome for the person(s) in question. If a patient can't follow a

dilation schedule, they may lose depth, but as long as they're capable of making that decision of sound mind while fully informed of the risks, then that may be all you can do. Please keep in mind that any surgeon should also be assessing for risks and ability for a person to recover optimally since they are more intimately familiar with post-operative complications, so you're not alone in your fear of complicated outcomes.

Comment

[redacted]

It is my understanding that for top surgery (roughly) that medical and mental health issues need to be "reasonably well-controlled" and for genital surgery, the issues need to be "well-controlled" according to SOC 7. However, there is not a clear line on what well-controlled versus reasonably well-controlled are. It's a clinical judgment from the best I can tell, and I use consultations with my WPATH Mentors (they are so awesome and have so many years of experience to bounce things off of) to determine this if I have concerns. I think an interdisciplinary team approach to helping someone get what they need. Also, I like to adopt the "and" framework rather than the "or" framework for this. Someone can have schizophrenia and be ready for surgery...it is just a matter of what you see concerns are, communicating those concerns, and working in a patient-centered way with a team (ideally) to help them get to close to the goals as possible for surgery readiness. I also believe that collaboration with the surgeon(s) is ideal because their staff can help support with aftercare realities and a plan for pre and post-op care. I also am reminded that it has been pointed out to me that withholding care (letters of referral, etc.) is more problematic when compared to the provider's feelings about the potential for stability after surgery and/or difficulty with following through with aftercare instructions. things like exploring minimal depth vaginoplasty are also an option. I say all of this in the most client-centered and supportive way to help patients get what they need for care. Thank you!

Comment

[redacted]

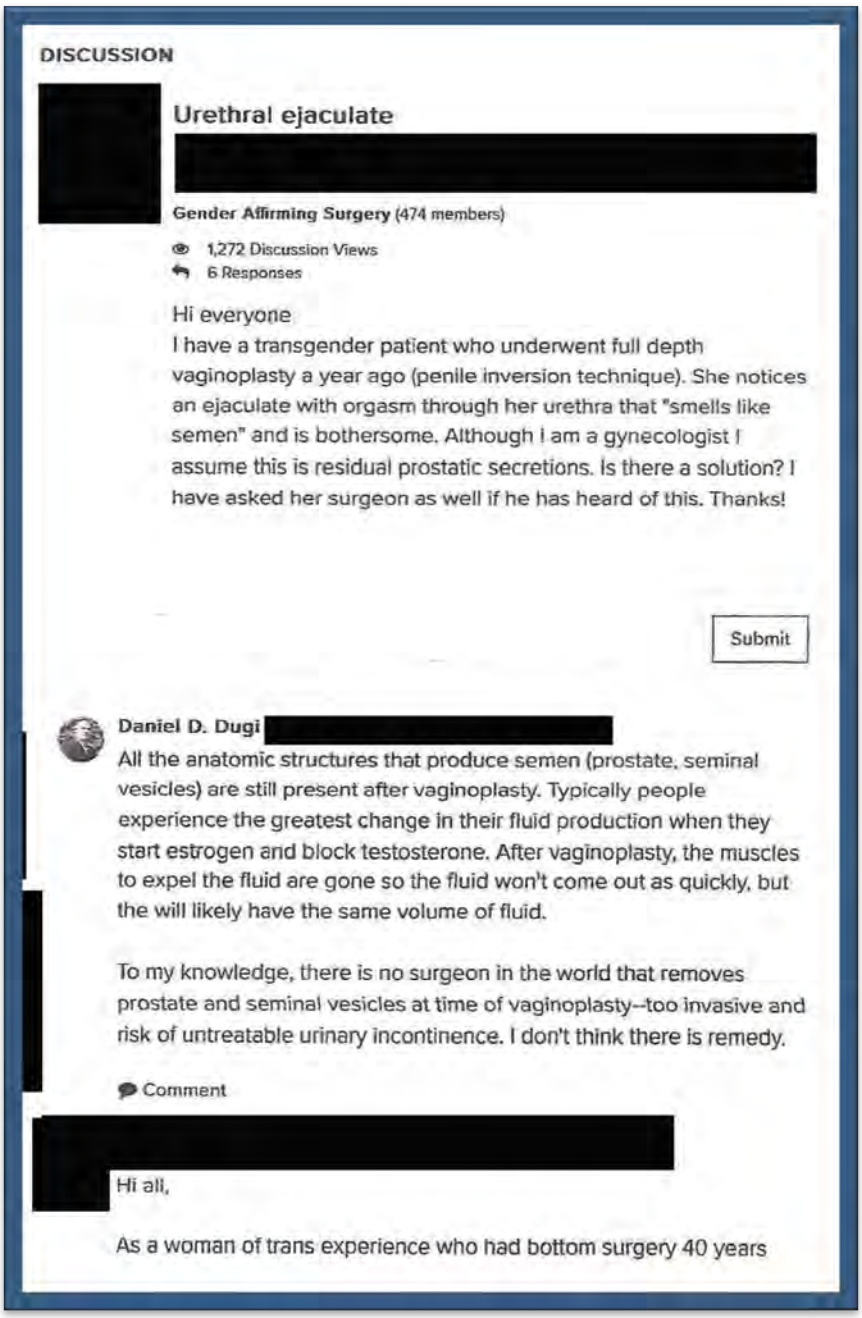
My feeling is that, in general, mental illness is not a reason to withhold needed medical care from clients. Doing so just increases the day-to-day level of distress these clients are called upon to manage, in the form of gender dysphoria. In contrast, receiving gender-affirming care can often significantly stabilize client's mental health.

My assumption is that you're asking this question because you're taking seriously your responsibility to care for and guide your clients. Unfortunately, though, I think the broader context in which this question even exists is one in which we, as mental health professionals, have been put inappropriately into gatekeeper roles. I'm not aware of any other medical procedure that requires the approval of a therapist. I think requiring this for trans clients is another way that our healthcare system positions gender-affirming care as "optional" or only for those who can prove they deserve it.

Even if your clients might struggle with some of the needs and challenges that come with surgeries, for example, I believe that they will likely be better off in the long run. More importantly, I also believe that they have the right to access that care if they choose.

3) SURGICAL OR HEALTHCARE COMPLICATIONS

a) A WPATH member reports their concerns regarding their patient's urethral ejaculate



DISCUSSION

[redacted]

Urethral ejaculate

[redacted]

Gender Affirming Surgery (474 members)

1,272 Discussion Views
6 Responses

Hi everyone
I have a transgender patient who underwent full depth vaginoplasty a year ago (penile inversion technique). She notices an ejaculate with orgasm through her urethra that "smells like semen" and is bothersome. Although I am a gynecologist I assume this is residual prostatic secretions. Is there a solution? I have asked her surgeon as well if he has heard of this. Thanks!

Submit

Daniel D. Dugi [redacted]

All the anatomic structures that produce semen (prostate, seminal vesicles) are still present after vaginoplasty. Typically people experience the greatest change in their fluid production when they start estrogen and block testosterone. After vaginoplasty, the muscles to expel the fluid are gone so the fluid won't come out as quickly, but the will likely have the same volume of fluid.

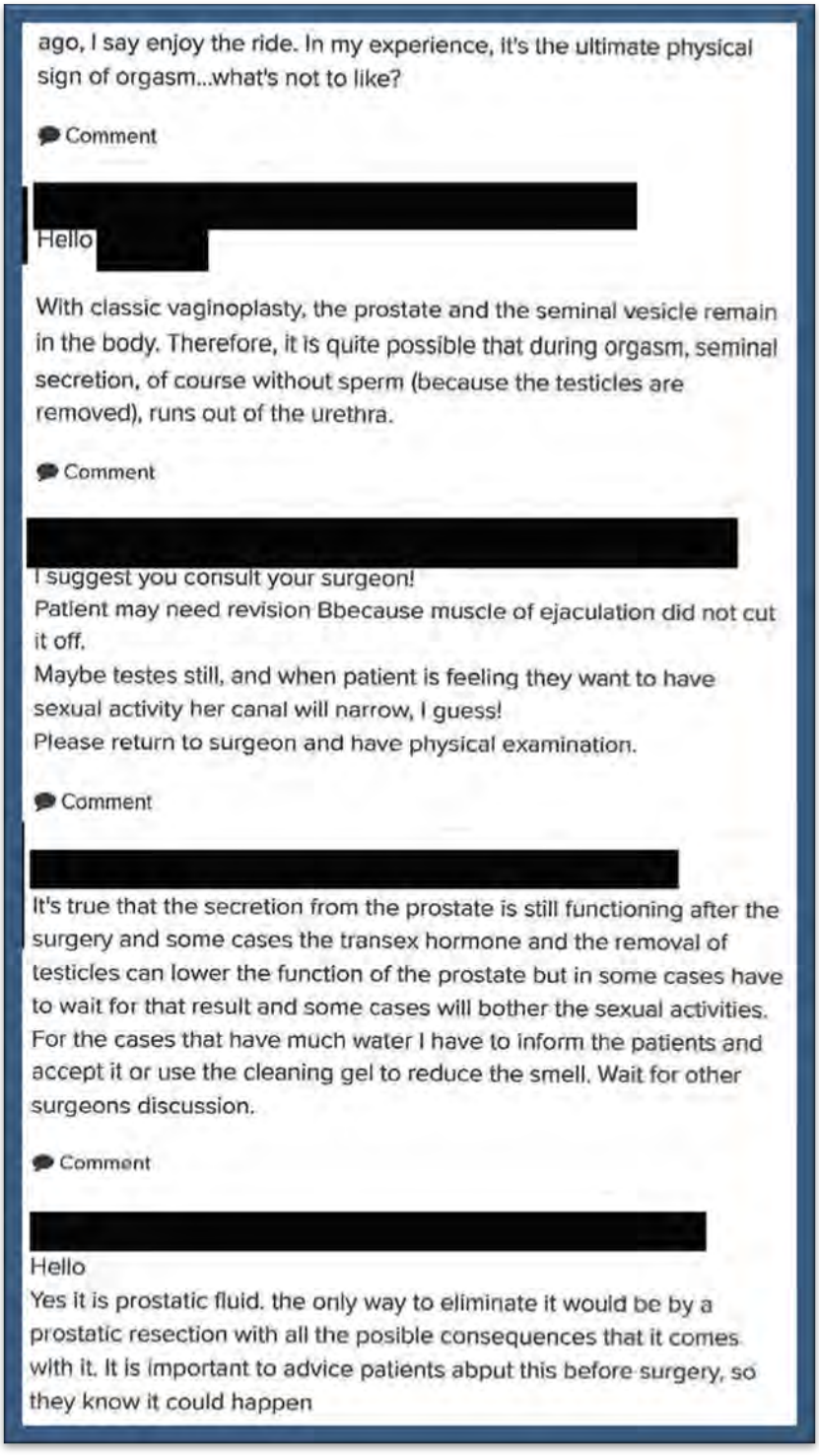
To my knowledge, there is no surgeon in the world that removes prostate and seminal vesicles at time of vaginoplasty--too invasive and risk of untreatable urinary incontinence. I don't think there is remedy.

Comment

[redacted]

Hi all,

As a woman of trans experience who had bottom surgery 40 years



ago, I say enjoy the ride. In my experience, it's the ultimate physical sign of orgasm...what's not to like?

Comment

[redacted]

Hello

With classic vaginoplasty, the prostate and the seminal vesicle remain in the body. Therefore, it is quite possible that during orgasm, seminal secretion, of course without sperm (because the testicles are removed), runs out of the urethra.

Comment

[redacted]

I suggest you consult your surgeon!
Patient may need revision Bbecause muscle of ejaculation did not cut it off.
Maybe testes still, and when patient is feeling they want to have sexual activity her canal will narrow, I guess!
Please return to surgeon and have physical examination.

Comment

[redacted]

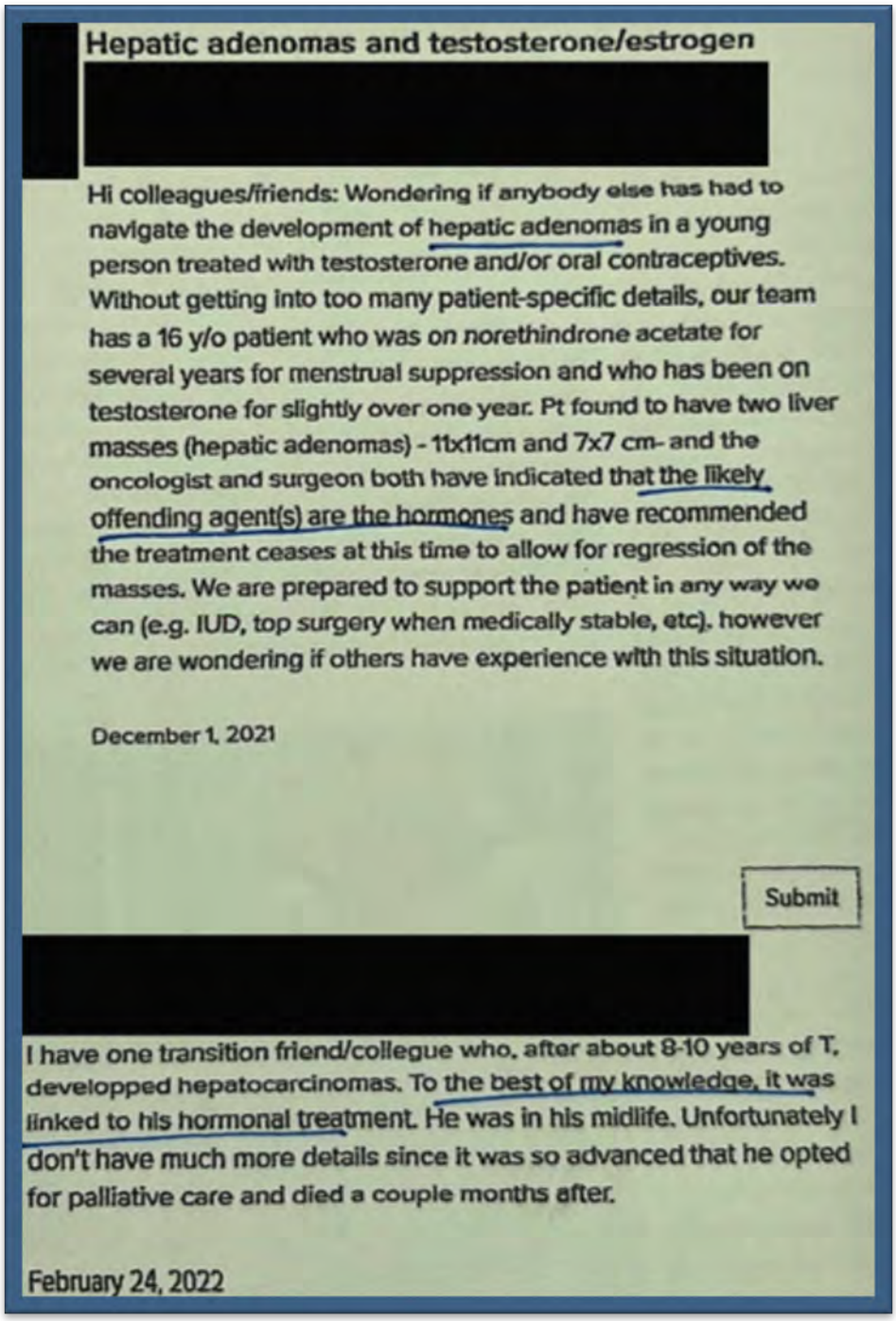
It's true that the secretion from the prostate is still functioning after the surgery and some cases the transex hormone and the removal of testicles can lower the function of the prostate but in some cases have to wait for that result and some cases will bother the sexual activities. For the cases that have much water I have to inform the patients and accept it or use the cleaning gel to reduce the smell. Wait for other surgeons discussion.

Comment

[redacted]

Hello
Yes it is prostatic fluid. the only way to eliminate it would be by a prostatic resection with all the posible consequences that it comes with it. It is important to advice patients abput this before surgery, so they know it could happen

b) A WPATH member discusses the development of hepatic adenomas on a client taking testosterone/estrogen



Hepatic adenomas and testosterone/estrogen

[redacted]

Hi colleagues/friends: Wondering if anybody else has had to navigate the development of hepatic adenomas in a young person treated with testosterone and/or oral contraceptives. Without getting into too many patient-specific details, our team has a 16 y/o patient who was on norethindrone acetate for several years for menstrual suppression and who has been on testosterone for slightly over one year. Pt found to have two liver masses (hepatic adenomas) - 11x11cm and 7x7 cm- and the oncologist and surgeon both have indicated that the likely offending agent(s) are the hormones and have recommended the treatment ceases at this time to allow for regression of the masses. We are prepared to support the patient in any way we can (e.g. IUD, top surgery when medically stable, etc). however we are wondering if others have experience with this situation.

December 1, 2021

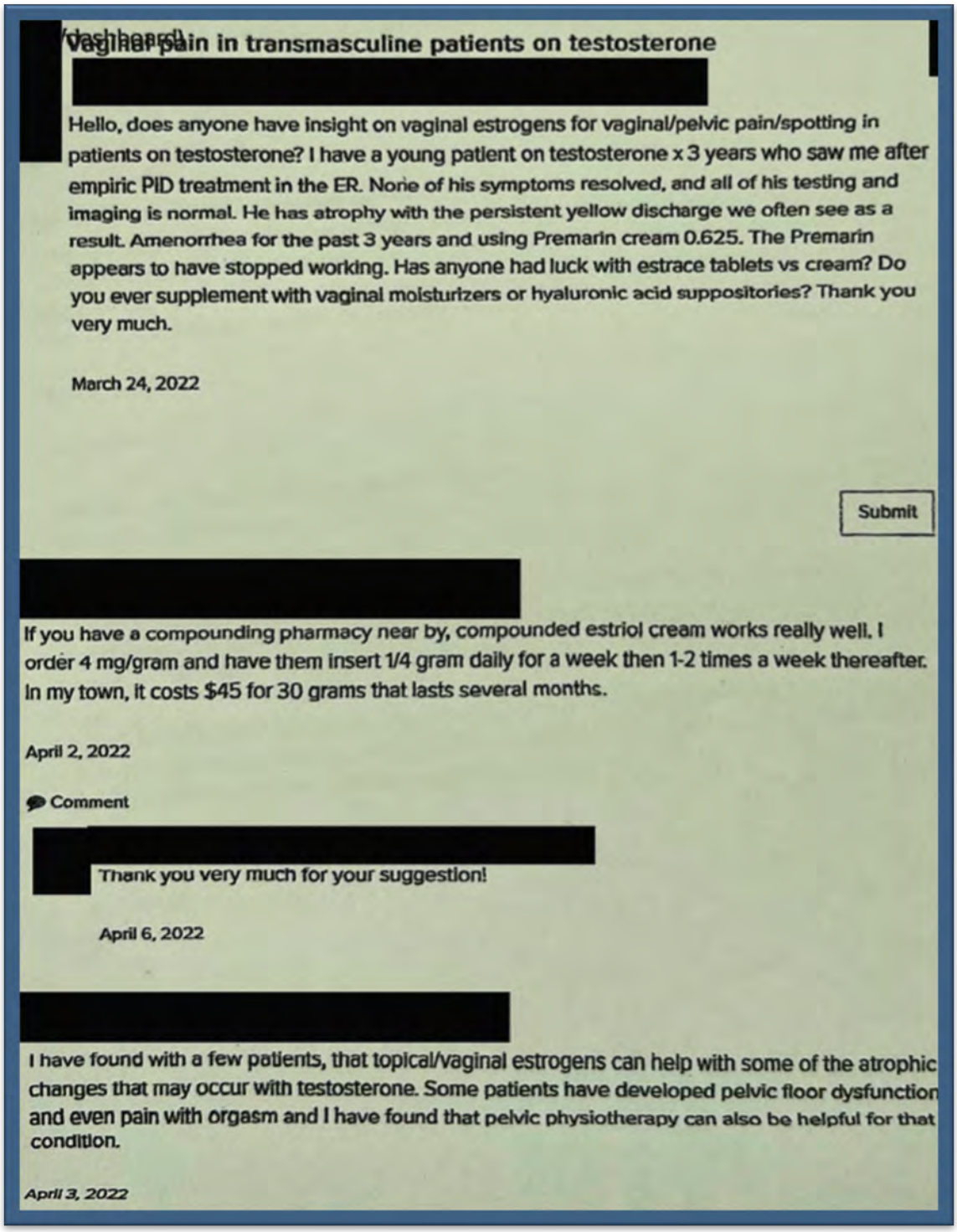
Submit

[redacted]

I have one transition friend/collegue who, after about 8-10 years of T, developped hepatocarcinomas. To the best of my knowledge, it was linked to his hormonal treatment. He was in his midlife. Unfortunately I don't have much more details since it was so advanced that he opted for palliative care and died a couple months after.

February 24, 2022

c) A WPATH member reports their young patient is experiencing vaginal pain on testosterone



(dashboard)

Vaginal pain in transmasculine patients on testosterone

[redacted]

Hello, does anyone have insight on vaginal estrogens for vaginal/pelvic pain/spotting in patients on testosterone? I have a young patient on testosterone x 3 years who saw me after empiric PID treatment in the ER. None of his symptoms resolved, and all of his testing and imaging is normal. He has atrophy with the persistent yellow discharge we often see as a result. Amenorrhea for the past 3 years and using Premarin cream 0.625. The Premarin appears to have stopped working. Has anyone had luck with estrace tablets vs cream? Do you ever supplement with vaginal moisturizers or hyaluronic acid suppositories? Thank you very much.

March 24, 2022

Submit

[redacted]

If you have a compounding pharmacy near by, compounded estriol cream works really well. I order 4 mg/gram and have them insert 1/4 gram daily for a week then 1-2 times a week thereafter. In my town, it costs $45 for 30 grams that lasts several months.

April 2, 2022

Comment

[redacted]

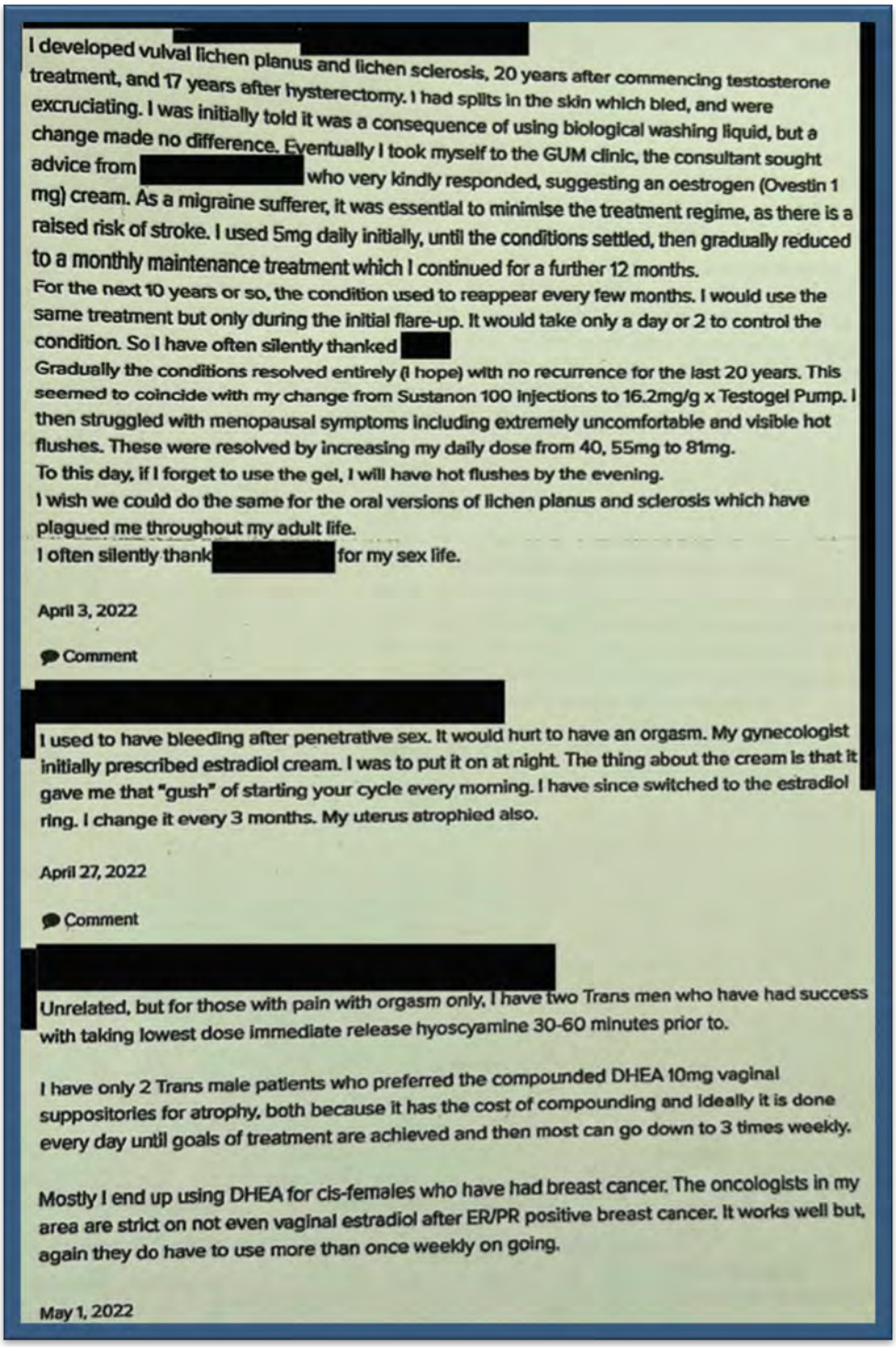
Thank you very much for your suggestion!

April 6, 2022

[redacted]

I have found with a few patients, that topical/vaginal estrogens can help with some of the atrophic changes that may occur with testosterone. Some patients have developed pelvic floor dysfunction and even pain with orgasm and I have found that pelvic physiotherapy can also be helpful for that condition.

April 3, 2022



I developed vulval lichen planus and lichen sclerosis, 20 years after commencing testosterone treatment, and 17 years after hysterectomy. I had splits in the skin which bled, and were excruciating. I was initially told it was a consequence of using biological washing liquid, but a change made no difference. Eventually I took myself to the GUM clinic, the consultant sought advice from [redacted] who very kindly responded, suggesting an oestrogen (Ovestin 1 mg) cream. As a migraine sufferer, it was essential to minimise the treatment regime, as there is a raised risk of stroke. I used 5mg daily initially, until the conditions settled, then gradually reduced to a monthly maintenance treatment which I continued for a further 12 months.
For the next 10 years or so, the condition used to reappear every few months. I would use the same treatment but only during the initial flare-up. It would take only a day or 2 to control the condition. So I have often silently thanked [redacted]
Gradually the conditions resolved entirely (I hope) with no recurrence for the last 20 years. This seemed to coincide with my change from Sustanon 100 injections to 16.2mg/g x Testogel Pump. I then struggled with menopausal symptoms including extremely uncomfortable and visible hot flushes. These were resolved by increasing my daily dose from 40, 55mg to 81mg.
To this day, if I forget to use the gel, I will have hot flushes by the evening.
I wish we could do the same for the oral versions of lichen planus and sclerosis which have plagued me throughout my adult life.
I often silently thank [redacted] for my sex life.

April 3, 2022

Comment

[redacted]

I used to have bleeding after penetrative sex. It would hurt to have an orgasm. My gynecologist initially prescribed estradiol cream. I was to put it on at night. The thing about the cream is that it gave me that "gush" of starting your cycle every morning. I have since switched to the estradiol ring. I change it every 3 months. My uterus atrophied also.

April 27, 2022

Comment

[redacted]

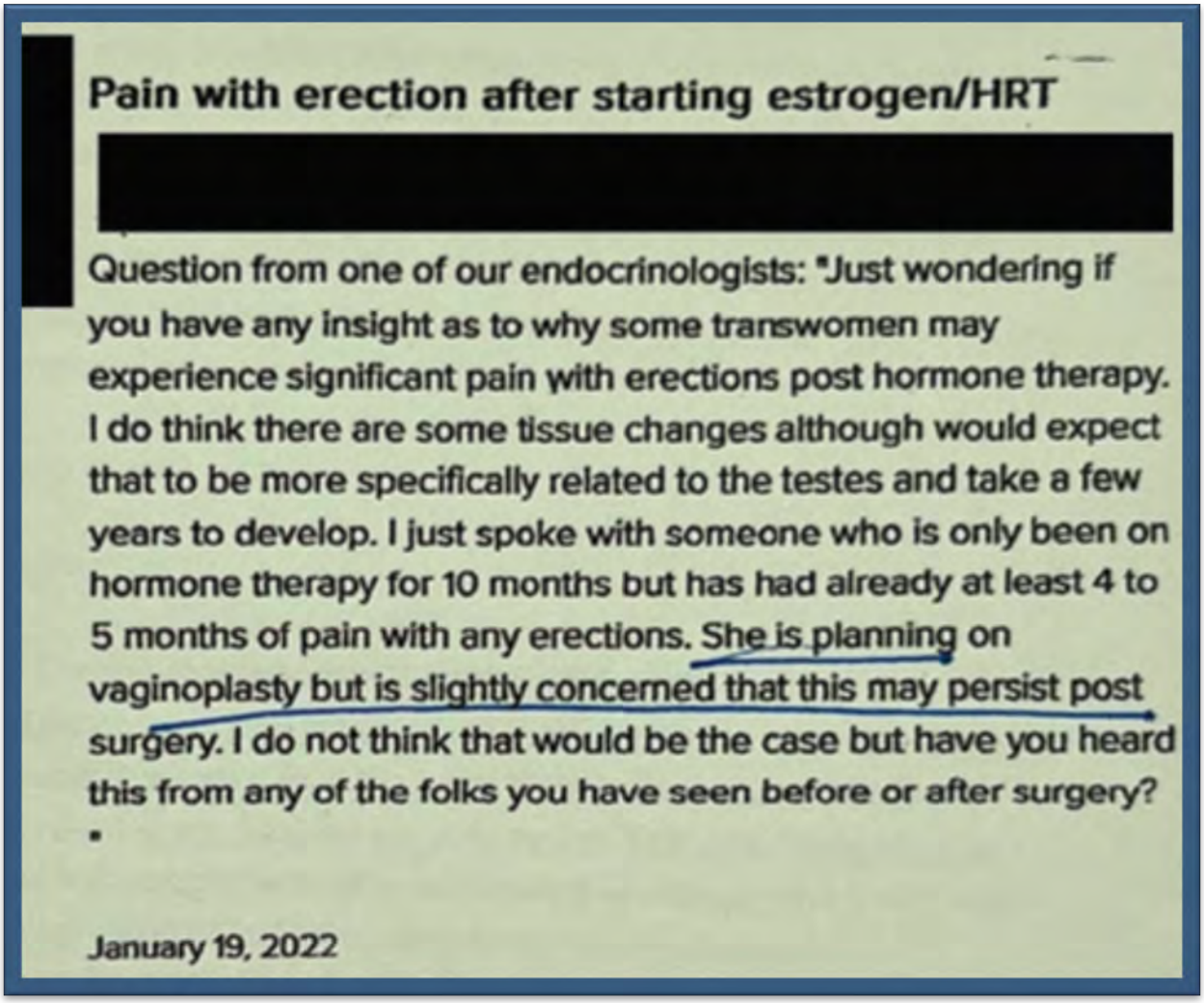
Unrelated, but for those with pain with orgasm only, I have two Trans men who have had success with taking lowest dose immediate release hyoscyamine 30-60 minutes prior to.

I have only 2 Trans male patients who preferred the compounded DHEA 10mg vaginal suppositories for atrophy, both because it has the cost of compounding and ideally it is done every day until goals of treatment are achieved and then most can go down to 3 times weekly.

Mostly I end up using DHEA for cis-females who have had breast cancer. The oncologists in my area are strict on not even vaginal estradiol after ER/PR positive breast cancer. It works well but, again they do have to use more than once weekly on going.

May 1, 2022

d) WPATH members discuss erection pain in a patient on estrogen

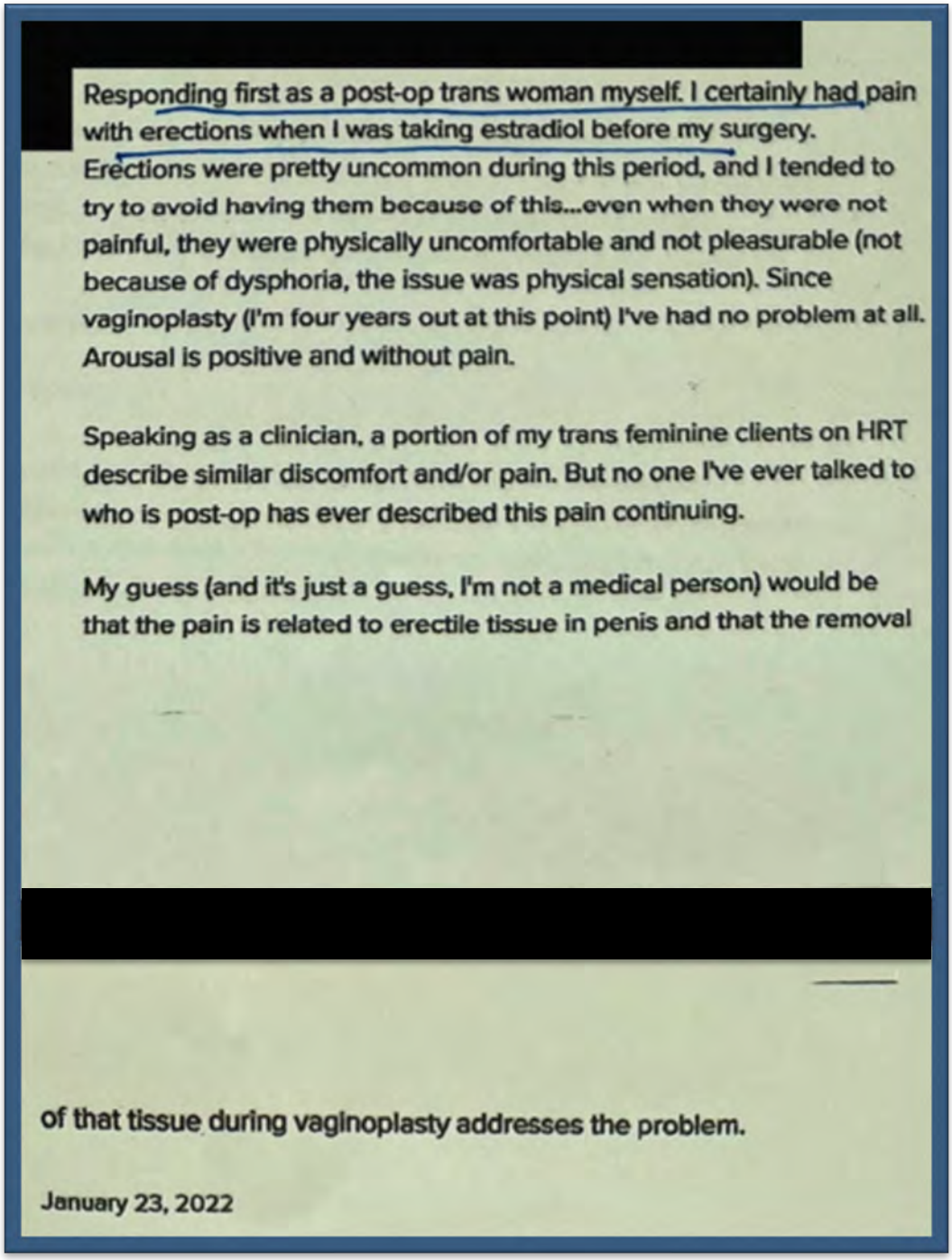


Pain with erection after starting estrogen/HRT

[redacted]

Question from one of our endocrinologists: "Just wondering if you have any insight as to why some transwomen may experience significant pain with erections post hormone therapy. I do think there are some tissue changes although would expect that to be more specifically related to the testes and take a few years to develop. I just spoke with someone who is only been on hormone therapy for 10 months but has had already at least 4 to 5 months of pain with any erections. She is planning on vaginoplasty but is slightly concerned that this may persist post surgery. I do not think that would be the case but have you heard this from any of the folks you have seen before or after surgery?

January 19, 2022



[redacted]

Responding first as a post-op trans woman myself. I certainly had pain with erections when I was taking estradiol before my surgery. Erections were pretty uncommon during this period, and I tended to try to avoid having them because of this...even when they were not painful, they were physically uncomfortable and not pleasurable (not because of dysphoria, the issue was physical sensation). Since vaginoplasty (I'm four years out at this point) I've had no problem at all. Arousal is positive and without pain.

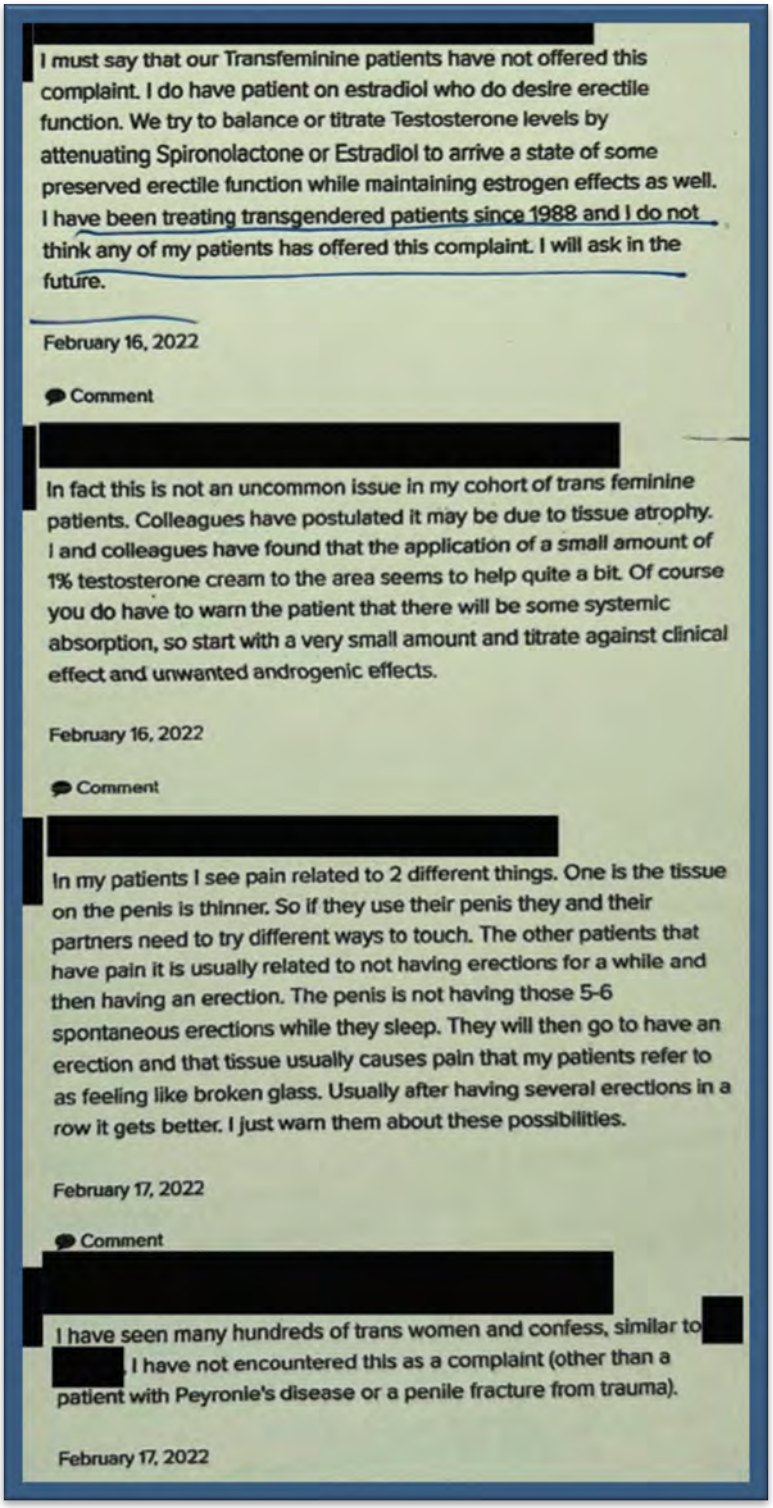
Speaking as a clinician, a portion of my trans feminine clients on HRT describe similar discomfort and/or pain. But no one I've ever talked to who is post-op has ever described this pain continuing.

My guess (and it's just a guess, I'm not a medical person) would be that the pain is related to erectile tissue in penis and that the removal

[redacted]

of that tissue during vaginoplasty addresses the problem.

January 23, 2022



I must say that our Transfeminine patients have not offered this complaint. I do have patient on estradiol who do desire erectile function. We try to balance or titrate Testosterone levels by attenuating Spironolactone or Estradiol to arrive a state of some preserved erectile function while maintaining estrogen effects as well. I have been treating transgendered patients since 1988 and I do not think any of my patients has offered this complaint. I will ask in the future.

February 16, 2022

Comment

[redacted]

In fact this is not an uncommon issue in my cohort of trans feminine patients. Colleagues have postulated it may be due to tissue atrophy. I and colleagues have found that the application of a small amount of 1% testosterone cream to the area seems to help quite a bit. Of course you do have to warn the patient that there will be some systemic absorption, so start with a very small amount and titrate against clinical effect and unwanted androgenic effects.

February 16, 2022

Comment

[redacted]

In my patients I see pain related to 2 different things. One is the tissue on the penis is thinner. So if they use their penis they and their partners need to try different ways to touch. The other patients that have pain it is usually related to not having erections for a while and then having an erection. The penis is not having those 5-6 spontaneous erections while they sleep. They will then go to have an erection and that tissue usually causes pain that my patients refer to as feeling like broken glass. Usually after having several erections in a row it gets better. I just warn them about these possibilities.

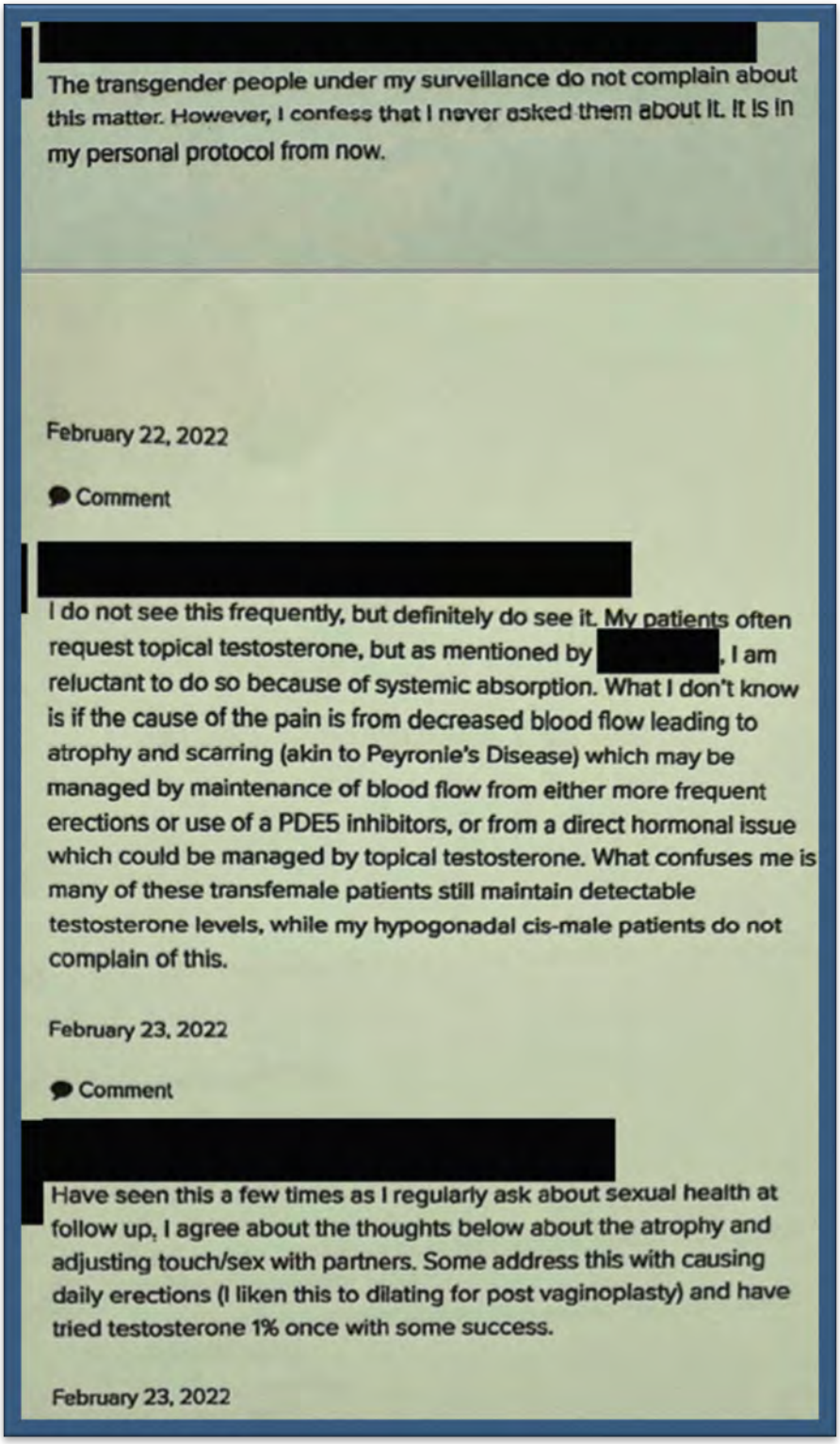
February 17, 2022

Comment

[redacted]

I have seen many hundreds of trans women and confess, similar to [redacted], I have not encountered this as a complaint (other than a patient with Peyronie's disease or a penile fracture from trauma).

February 17, 2022



[redacted]

The transgender people under my surveillance do not complain about this matter. However, I confess that I never asked them about it. It is in my personal protocol from now.

February 22, 2022

Comment

[redacted]

I do not see this frequently, but definitely do see it. My patients often request topical testosterone, but as mentioned by [redacted], I am reluctant to do so because of systemic absorption. What I don't know is if the cause of the pain is from decreased blood flow leading to atrophy and scarring (akin to Peyronie's Disease) which may be managed by maintenance of blood flow from either more frequent erections or use of a PDE5 inhibitors, or from a direct hormonal issue which could be managed by topical testosterone. What confuses me is many of these transfemale patients still maintain detectable testosterone levels, while my hypogonadal cis-male patients do not complain of this.

February 23, 2022

Comment

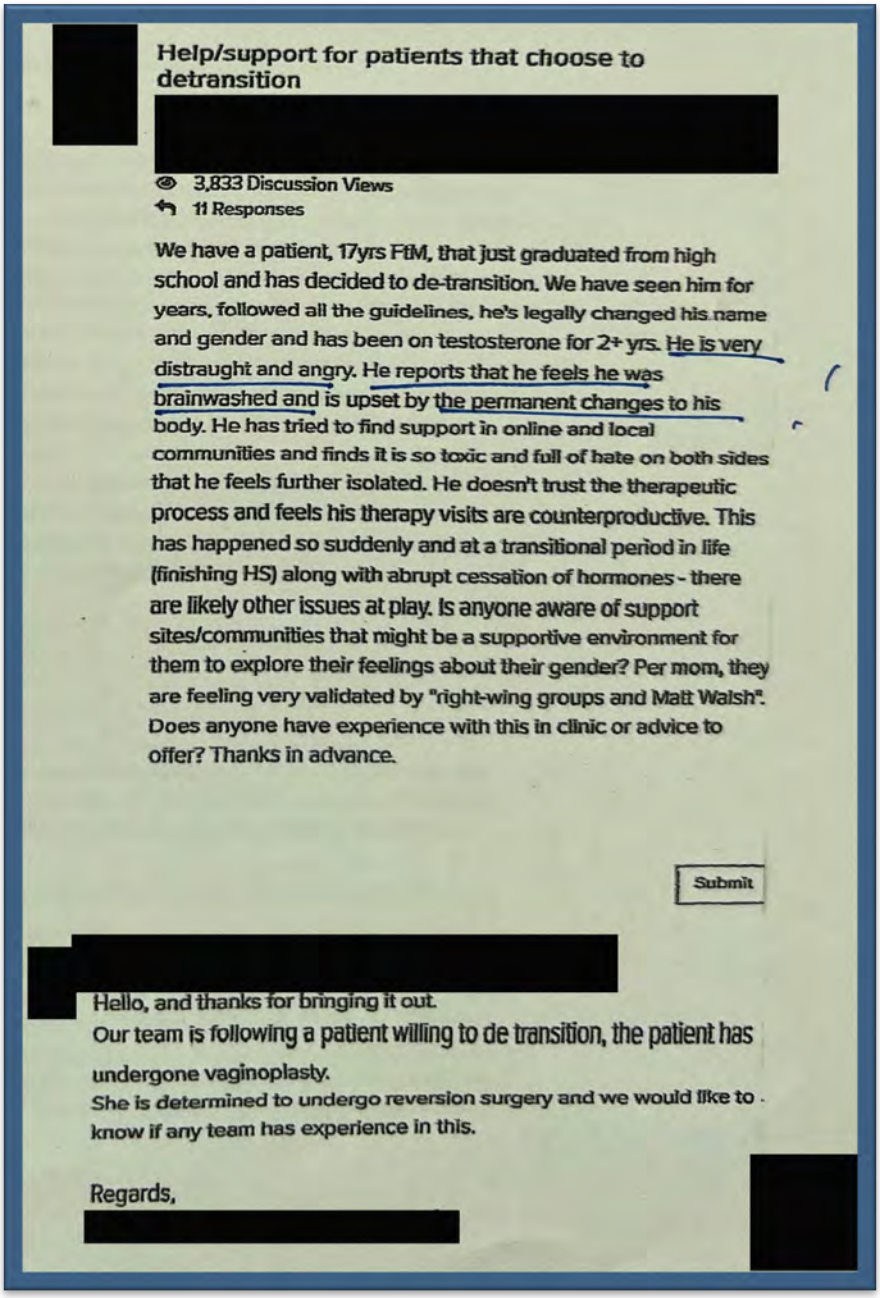
[redacted]

Have seen this a few times as I regularly ask about sexual health at follow up, I agree about the thoughts below about the atrophy and adjusting touch/sex with partners. Some address this with causing daily erections (I liken this to dilating for post vaginoplasty) and have tried testosterone 1% once with some success.

February 23, 2022

4) DETRANSITION CONCERNS

a) A WPATH member reports a patient who reports feeling "brainwashed" into transition



[redacted]

Help/support for patients that choose to detransition

[redacted]

3,833 Discussion Views
11 Responses

We have a patient, 17yrs FtM, that just graduated from high school and has decided to de-transition. We have seen him for years, followed all the guidelines, he's legally changed his name and gender and has been on testosterone for 2+ yrs. He is very distraught and angry. He reports that he feels he was brainwashed and is upset by the permanent changes to his body. He has tried to find support in online and local communities and finds it is so toxic and full of hate on both sides that he feels further isolated. He doesn't trust the therapeutic process and feels his therapy visits are counterproductive. This has happened so suddenly and at a transitional period in life (finishing HS) along with abrupt cessation of hormones - there are likely other issues at play. Is anyone aware of support sites/communities that might be a supportive environment for them to explore their feelings about their gender? Per mom, they are feeling very validated by "right-wing groups and Matt Walsh". Does anyone have experience with this in clinic or advice to offer? Thanks in advance.

Submit

[redacted]

Hello, and thanks for bringing it out.
Our team is following a patient willing to de transition, the patient has undergone vaginoplasty.
She is determined to undergo reversion surgery and we would like to know if any team has experience in this.

Regards,

[redacted]

[redacted]

I have a patient I am currently seeing in psychotherapy who is also in high school and, medically at least, has opted to pursue a similar path. However, throughout discussion on this change in course with me and with his parents (also AFAB), he is framing it quite differently. Instead of even using the term "detransition," he is simply describing this as a turn in his gender journey. He does not regret the course he has taken so far, and acknowledges that he was the driver in getting him to this point. He also has had a very supportive environment (home, school, friends, therapy) that has allowed him to appreciate his ability to have agency in his journey, but simply says that, for now at least, he needs to take a breath, pause the T, and see how that feels to him (e.g., will it feel gender-congruent).

I don't have any suggestions for any group, as this young person has found what he needs in his support network and has not expressed a need for any additional support group. I would, however, be very interested in any suggestions others may have for your person.

[redacted]

Comment

[redacted]

Maybe this young person needs to engage in anti-trans platforms as a place where she (pronoun?) can connect with her anger and feel less alone. The isolation you describe is pretty typical I think, which is why I am considering starting a support group (if there are enough people interested in joining). I worked with a 16 year old who detransitioned after being on T for more that 2 years and having top surgery. She was very angry and actively engaged in anti-trans online groups. In her case, as well as with the 20 year old I am currently working with, they believe their issue was really body dysmorphia rather than gender dysphoria, and both had presented as being very appropriate for hormones and surgery.

I don't know what to recommend for your patient, especially since it sounds like she believes therapy is counterproductive. If I end up starting a support group, however, I would be happy to talk with you about whether she might benefit from joining.

Thanks,

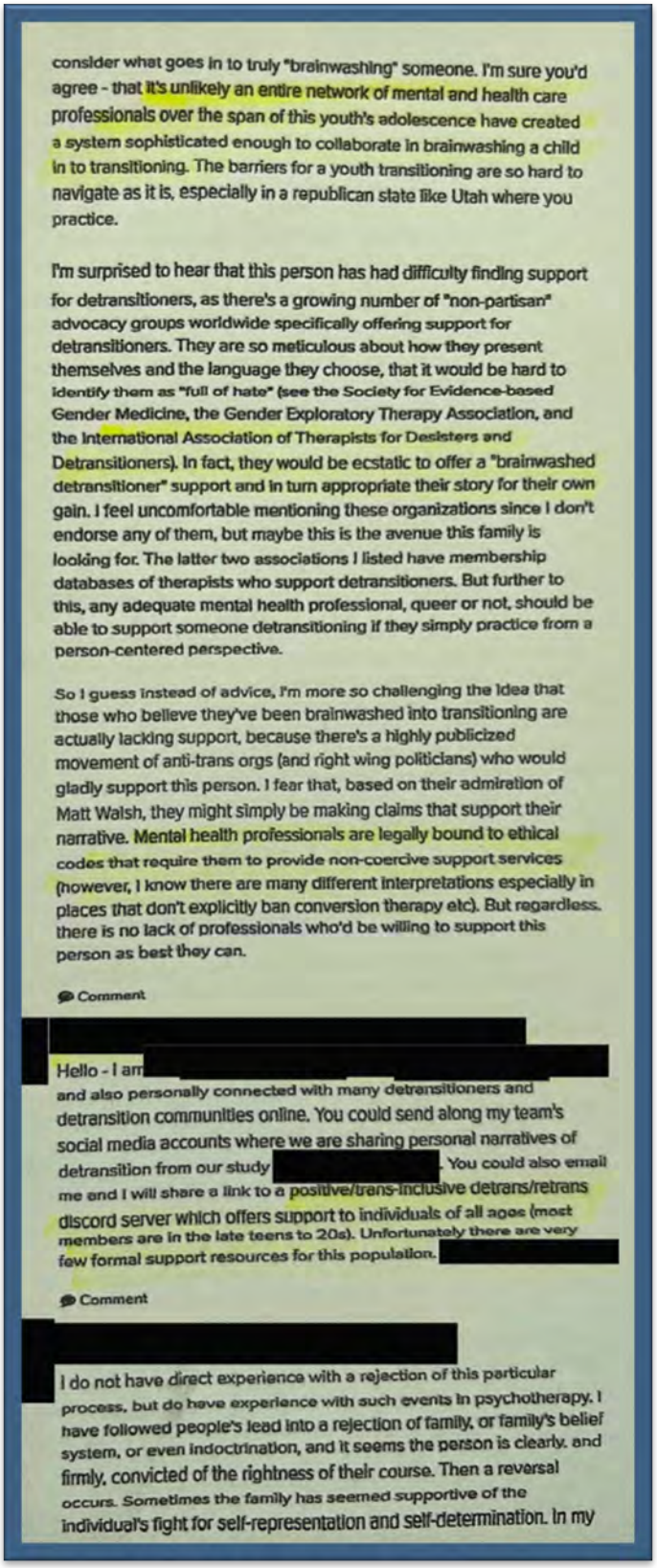
[redacted]

Comment

[redacted]

Hi there, I am not a medical professional - I'm just a queer therapist who specializes in working with queer people, including those who navigate the transition process and gender affirming procedures.

I want to offer this portion of my response as a disclaimer: While I've supported people who've detransitioned or just experience fluidity in their gender over time, I've never witnessed someone claiming to be brainwashed. In my experience, these stories have come from people who have an active agenda against the rights of trans people and a truly insignificant number of people who've detransitioned and believe that their singular experience is part of a greater conspiracy to "turn the kids gay/trans". I think in this case it's also important to critically



consider what goes in to truly "brainwashing" someone. I'm sure you'd agree - that it's unlikely an entire network of mental and health care professionals over the span of this youth's adolescence have created a system sophisticated enough to collaborate in brainwashing a child in to transitioning. The barriers for a youth transitioning are so hard to navigate as it is, especially in a republican state like Utah where you practice.

I'm surprised to hear that this person has had difficulty finding support for detransitioners, as there's a growing number of "non-partisan" advocacy groups worldwide specifically offering support for detransitioners. They are so meticulous about how they present themselves and the language they choose, that it would be hard to identify them as "full of hate" (see the Society for Evidence-based Gender Medicine, the Gender Exploratory Therapy Association, and the International Association of Therapists for Desisters and Detransitioners). In fact, they would be ecstatic to offer a "brainwashed detransitioner" support and in turn appropriate their story for their own gain. I feel uncomfortable mentioning these organizations since I don't endorse any of them, but maybe this is the avenue this family is looking for. The latter two associations I listed have membership databases of therapists who support detransitioners. But further to this, any adequate mental health professional, queer or not, should be able to support someone detransitioning if they simply practice from a person-centered perspective.

So I guess instead of advice, I'm more so challenging the idea that those who believe they've been brainwashed into transitioning are actually lacking support, because there's a highly publicized movement of anti-trans orgs (and right wing politicians) who would gladly support this person. I fear that, based on their admiration of Matt Walsh, they might simply be making claims that support their narrative. Mental health professionals are legally bound to ethical codes that require them to provide non-coercive support services (however, I know there are many different interpretations especially in places that don't explicitly ban conversion therapy etc). But regardless, there is no lack of professionals who'd be willing to support this person as best they can.

Comment

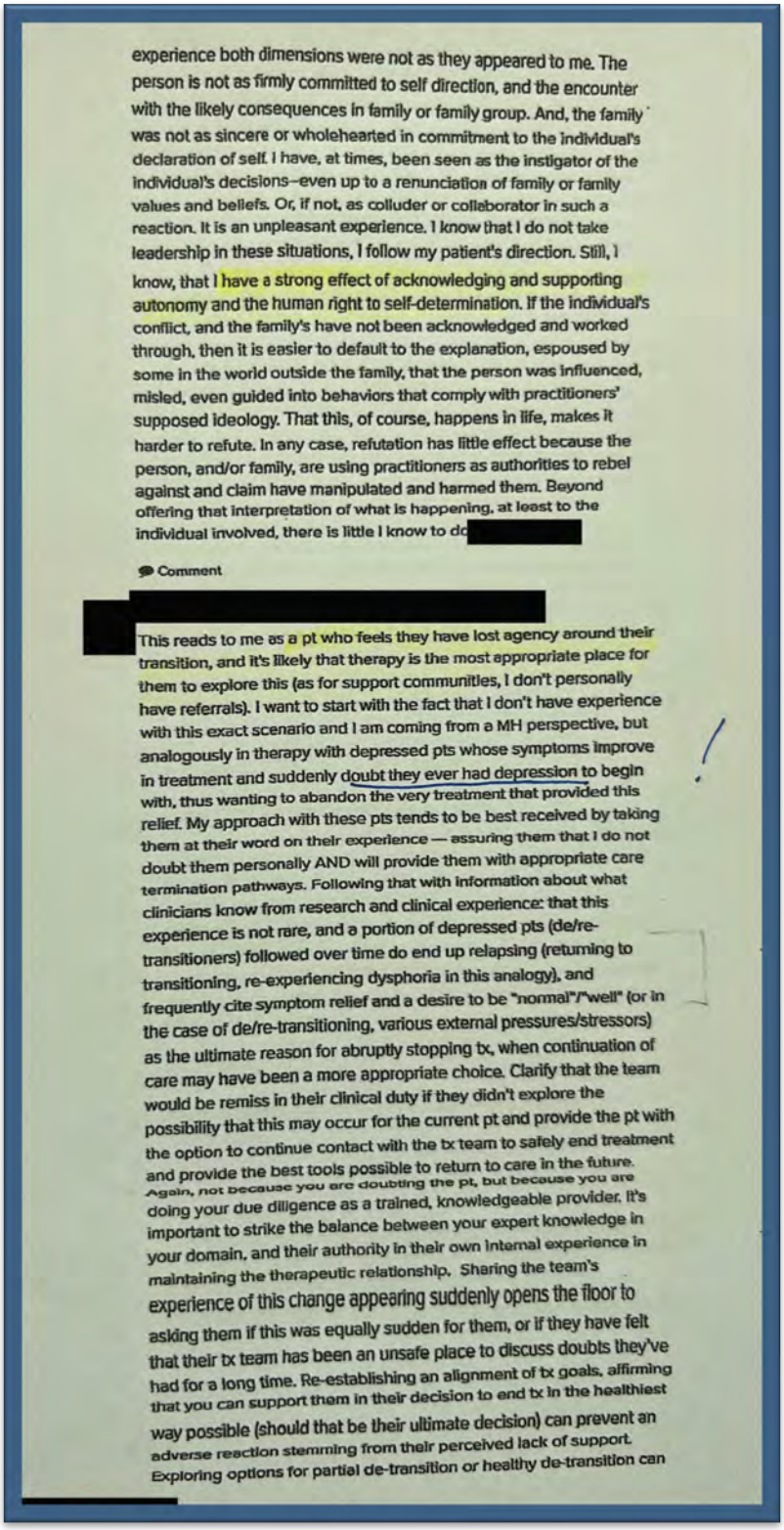
[redacted]

Hello - I am [redacted] and also personally connected with many detransitioners and detransition communities online. You could send along my team's social media accounts where we are sharing personal narratives of detransition from our study [redacted]. You could also email me and I will share a link to a positive/trans-inclusive detrans/retrans discord server which offers support to individuals of all ages (most members are in the late teens to 20s). Unfortunately there are very few formal support resources for this population. [redacted]

Comment

[redacted]

I do not have direct experience with a rejection of this particular process, but do have experience with such events in psychotherapy. I have followed people's lead into a rejection of family, or family's belief system, or even indoctrination, and it seems the person is clearly, and firmly, convicted of the rightness of their course. Then a reversal occurs. Sometimes the family has seemed supportive of the individual's fight for self-representation and self-determination. In my



experience both dimensions were not as they appeared to me. The person is not as firmly committed to self direction, and the encounter with the likely consequences in family or family group. And, the family was not as sincere or wholehearted in commitment to the individual's declaration of self. I have, at times, been seen as the instigator of the individual's decisions–even up to a renunciation of family or family values and beliefs. Or, if not, as colluder or collaborator in such a reaction. It is an unpleasant experience. I know that I do not take leadership in these situations, I follow my patient's direction. Still, I know, that I have a strong effect of acknowledging and supporting autonomy and the human right to self-determination. If the individual's conflict, and the family's have not been acknowledged and worked through, then it is easier to default to the explanation, espoused by some in the world outside the family, that the person was influenced, misled, even guided into behaviors that comply with practitioners' supposed ideology. That this, of course, happens in life, makes it harder to refute. In any case, refutation has little effect because the person, and/or family, are using practitioners as authorities to rebel against and claim have manipulated and harmed them. Beyond offering that interpretation of what is happening, at least to the individual involved, there is little I know to do [redacted]

Comment

[redacted]

This reads to me as a pt who feels they have lost agency around their transition, and it's likely that therapy is the most appropriate place for them to explore this (as for support communities, I don't personally have referrals). I want to start with the fact that I don't have experience with this exact scenario and I am coming from a MH perspective, but analogously in therapy with depressed pts whose symptoms improve in treatment and suddenly doubt they ever had depression to begin with, thus wanting to abandon the very treatment that provided this relief. My approach with these pts tends to be best received by taking them at their word on their experience — assuring them that I do not doubt them personally AND will provide them with appropriate care termination pathways. Following that with information about what clinicians know from research and clinical experience: that this experience is not rare, and a portion of depressed pts (de/re-transitioners) followed over time do end up relapsing (returning to transitioning, re-experiencing dysphoria in this analogy), and frequently cite symptom relief and a desire to be "normal"/"well" (or in the case of de/re-transitioning, various external pressures/stressors) as the ultimate reason for abruptly stopping tx, when continuation of care may have been a more appropriate choice. Clarify that the team would be remiss in their clinical duty if they didn't explore the possibility that this may occur for the current pt and provide the pt with the option to continue contact with the tx team to safely end treatment and provide the best tools possible to return to care in the future. Again, not because you are doubting the pt, but because you are doing your due diligence as a trained, knowledgeable provider. It's important to strike the balance between your expert knowledge in your domain, and their authority in their own internal experience in maintaining the therapeutic relationship. Sharing the team's experience of this change appearing suddenly opens the floor to asking them if this was equally sudden for them, or if they have felt that their tx team has been an unsafe place to discuss doubts they've had for a long time. Re-establishing an alignment of tx goals, affirming that you can support them in their decision to end tx in the healthiest way possible (should that be their ultimate decision) can prevent an adverse reaction stemming from their perceived lack of support. Exploring options for partial de-transition or healthy de-transition can

give them the space they are desperately seeking to explore what this experience means to them and helps establish their care team as the space where they can openly discuss it. It might also open them up to the reality check that political pundits are not neutral support, even if their work resonates and affirm that they are allowed to explore what about the work of those pundits does resonate, openly with their treatment team. Additionally contrasting that the treatment team is not ideologically or politically motivated, but oath-bound to provide care in the best interest of their pt based on the best research available.

Explicitly state that the tx team's goal isn't to advocate for transitioning or de/re-transitioning, but to help the pt figure out the best path for themself and support them in that, and if the pt feels they haven't been heard in some way that the team wants to give them space to tell them how and why. If the pt had experiences with the team where they felt their concerns about transition or thoughts of de/re-transition were not taken seriously in the past, it is important to affirm that the team will put in effort to rectify that. If the trust is completely gone, maybe the team can offer a referral to an alternate therapist or clinic? Hopefully this will give the pt room to explore their concerns, and help the team determine the appropriate course of tx. Should this discussion result in de/re-transition and termination of tx, it would be important for the team to provide resources for the possibility of returning to transition, again because it is developmentally and clinically indicated, not because you expect this specific person to do something they have clearly expressed a desire that they do not want to do. It is important that this is addressed as an entire team, especially with the MH provider[s]. I hope this is a helpful conceptualization. I'm unsure if others might be able to provide more evidence-based approaches or referrals in contrast to my more clinical reflection.

Comment

[redacted]

I have done some research around individuals wishing to detransition. I know many have found a subreddit, r/detrans to be a supportive community for them to find others with a shared experience. Unfortunately there aren't many established support groups for detransitioners, but some are finding success plugging into other local mental health support groups or other online forums like the one mentioned. I may be able to get you information about at least one specific online support group versus online forum if interested. I hope this helps.

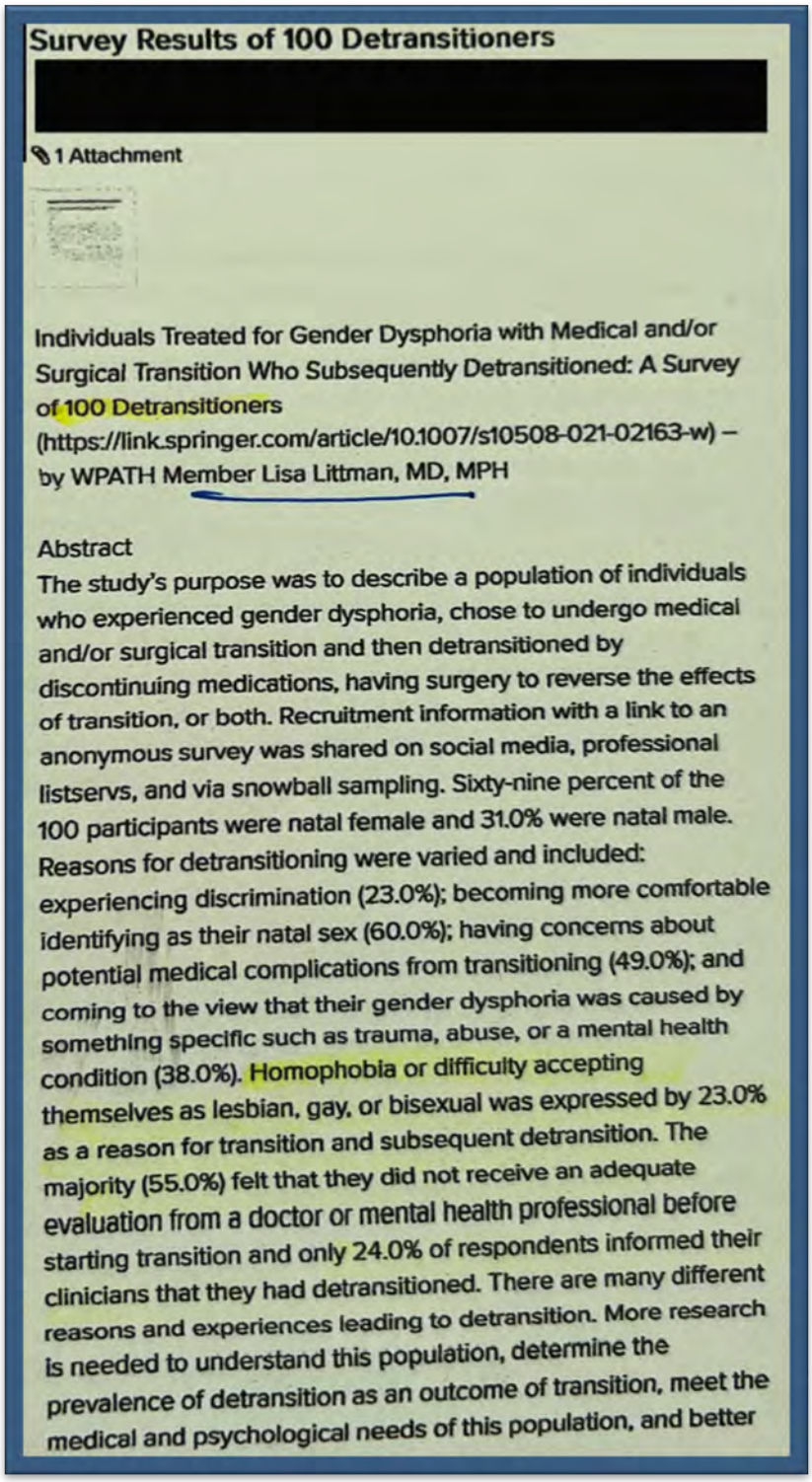
Comment

[redacted]

1 Attachment

Thank you for the responses. This was just published and might be helpful/informative to others interested in this topic: PMID: 35877120 (https://www.ncbi.nlm.nih.gov/pubmed/35877120), Full Text (https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794543).

b) A WPATH member discusses another WPATH member's new study on detransitioners



Survey Results of 100 Detransitioners

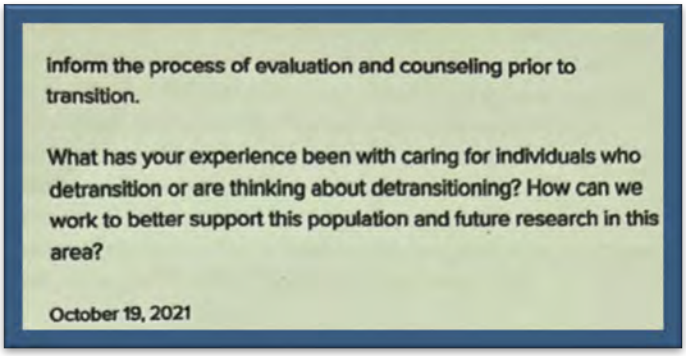
[redacted]

1 Attachment

Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners (https://link.springer.com/article/10.1007/s10508-021-02163-w) – by WPATH Member Lisa Littman, MD, MPH

Abstract

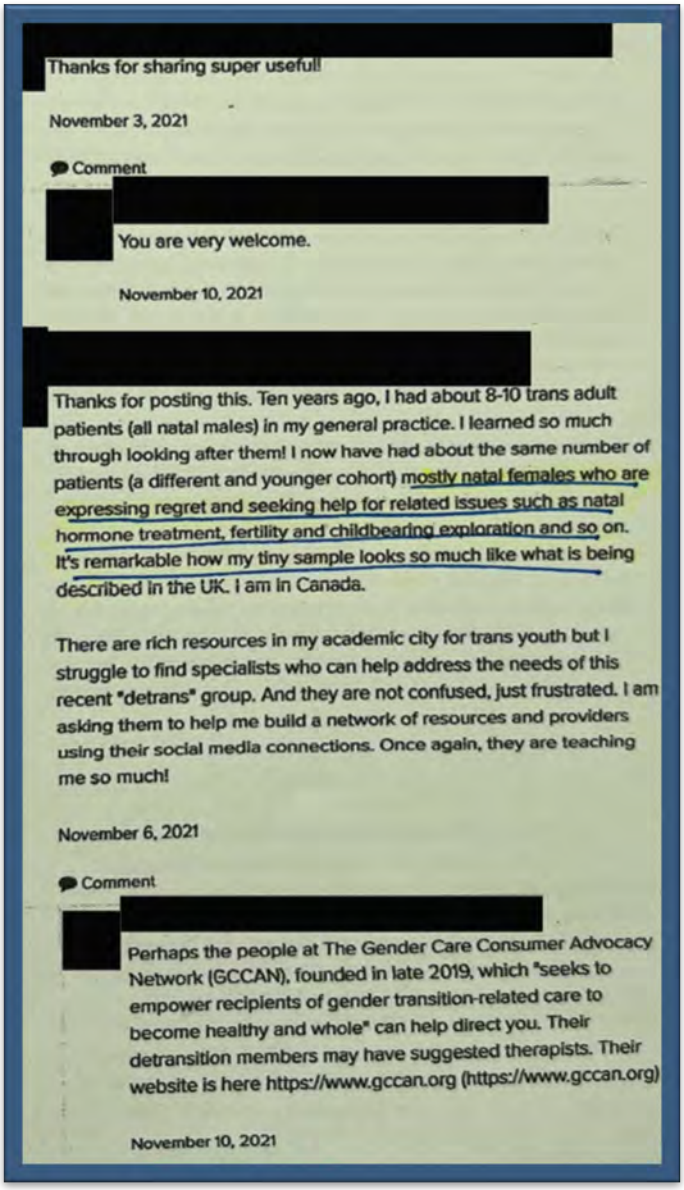
The study's purpose was to describe a population of individuals who experienced gender dysphoria, chose to undergo medical and/or surgical transition and then detransitioned by discontinuing medications, having surgery to reverse the effects of transition, or both. Recruitment information with a link to an anonymous survey was shared on social media, professional listservs, and via snowball sampling. Sixty-nine percent of the 100 participants were natal female and 31.0% were natal male. Reasons for detransitioning were varied and included: experiencing discrimination (23.0%); becoming more comfortable identifying as their natal sex (60.0%); having concerns about potential medical complications from transitioning (49.0%); and coming to the view that their gender dysphoria was caused by something specific such as trauma, abuse, or a mental health condition (38.0%). Homophobia or difficulty accepting themselves as lesbian, gay, or bisexual was expressed by 23.0% as a reason for transition and subsequent detransition. The majority (55.0%) felt that they did not receive an adequate evaluation from a doctor or mental health professional before starting transition and only 24.0% of respondents informed their clinicians that they had detransitioned. There are many different reasons and experiences leading to detransition. More research is needed to understand this population, determine the prevalence of detransition as an outcome of transition, meet the medical and psychological needs of this population, and better



inform the process of evaluation and counseling prior to transition.

What has your experience been with caring for individuals who detransition or are thinking about detransitioning? How can we work to better support this population and future research in this area?

October 19, 2021



[redacted] Thanks for sharing super useful!

November 3, 2021

Comment

[redacted] You are very welcome.

November 10, 2021

[redacted] Thanks for posting this. Ten years ago, I had about 8-10 trans adult patients (all natal males) in my general practice. I learned so much through looking after them! I now have had about the same number of patients (a different and younger cohort) mostly natal females who are expressing regret and seeking help for related issues such as natal hormone treatment, fertility and childbearing exploration and so on. It's remarkable how my tiny sample looks so much like what is being described in the UK. I am in Canada.

There are rich resources in my academic city for trans youth but I struggle to find specialists who can help address the needs of this recent "detrans" group. And they are not confused, just frustrated. I am asking them to help me build a network of resources and providers using their social media connections. Once again, they are teaching me so much!

November 6, 2021

Comment

[redacted] Perhaps the people at The Gender Care Consumer Advocacy Network (GCCAN), founded in late 2019, which "seeks to empower recipients of gender transition-related care to become healthy and whole" can help direct you. Their detransition members may have suggested therapists. Their website is here https://www.gccan.org (https://www.gccan.org)

November 10, 2021

My thought is that the framing around "detransition" is really important. Given the history of pathologizing and medicalizing transgender identity, this idea of detransition often makes it feel like a mistake has been made in some capacity. This is often used to justify further increasing barriers to accessing care, or unintentionally furthering the belief that as providers, we should gatekeep access to medical transition. I'm not saying this is what you're saying of course, it's just what I hear about often in the media and by providers who don't have significant experience working with transgender patients.

And when I think about the ways we are trying to move toward destigmatization and informed-consent models of trans health care, I think it's important to emphasize the way it is okay for gender and interest in medical options to change over time for each individual. I think about the many "irreversible" procedures that we allow adults to easily access in our society (cis-gender people getting plastic surgery, tattoos, etc.). And for example, the rates of surgical regret for cis-gender people getting plastic surgery (like breast augmentation) is not used as a reason why we should create more barriers for cis-gender people having (informed) access to surgery. The most recent study I saw examining post-surgical regret for cis-gender women getting breast augmentation was 47.2% expressed mild, moderate, or strong surgical regret.

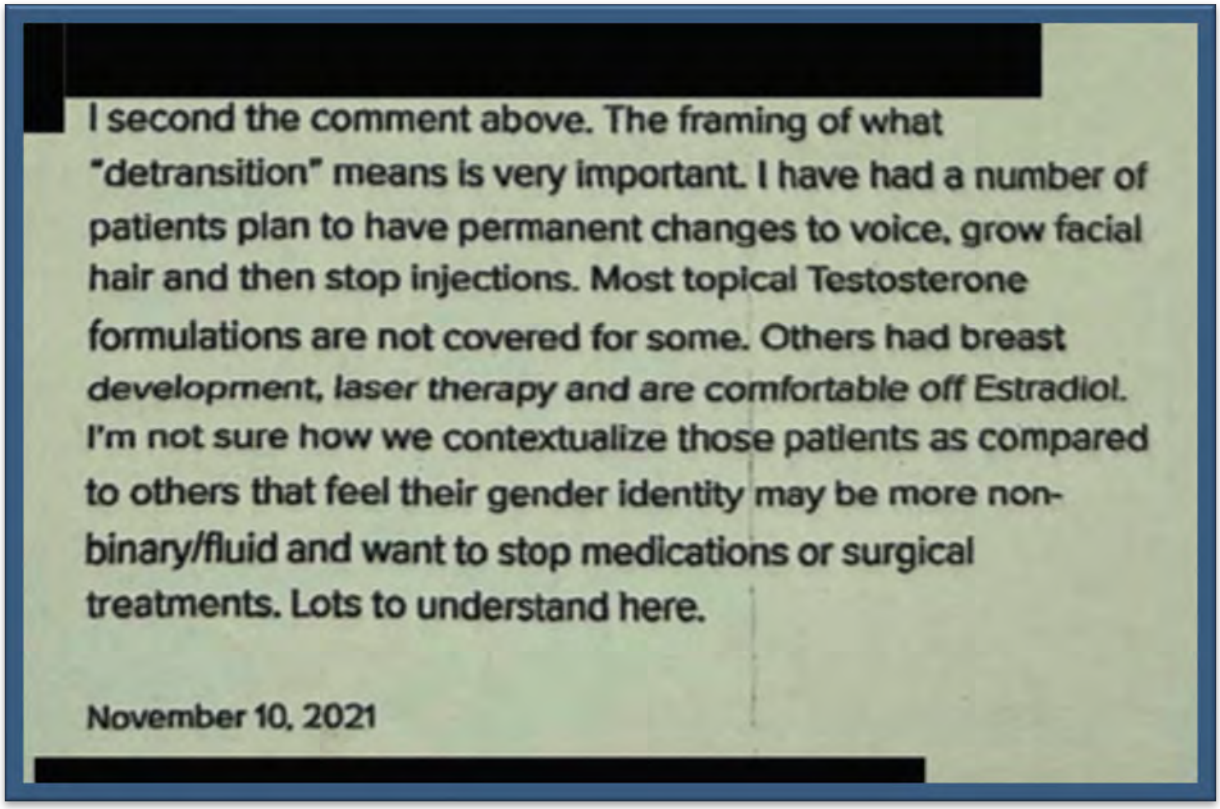
And then interpersonally, the people I know who have "detransitioned" by medical standards have stopped taking hormones because they had medical complications (DVT/PE, hypertension, etc.), or hate needles, or originally took hormones to get some of the irreversible changes (eg. voice change) but never intended to stay on them long term. All of those people would be considered "detransitioners" but didn't feel like they made a mistake.

To get back to your original question on how to support patients thinking about this, I think the best we can do is support each individual and be careful with how we let this be framed by the general public. Learning new things about your gender or what you want from your medical care should be something to be celebrated, and we don't have to see it as a mistake that was made. Of course, if an individual patient feels that they made a mistake, we can support them through that as well, but hopefully we can be careful with not letting that change the way others receive care. Those are just my general thoughts!

November 6, 2021

Comment

[redacted] I second the comment above. The framing of what "detransition" means is very important. I have had a number of patients plan to have permanent changes to voice, grow facial hair and then stop injections. Most topical Testosterone formulations are not covered for some. Others had breast development, laser therapy and are comfortable off Estradiol. I'm not sure how we contextualize those patients as compared to others that feel their gender identity may be more non-binary/fluid and want to stop medications or surgical treatments. Lots to understand here.



[redacted]

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November 10, 2021

[redacted]

[redacted] Thanks for commenting [redacted] I believe this is probably a growing issue that will need to be dealt with by making room for a variety of voices on the subject, including those who have detransitioned. Listening to their "lived experiences" may provide us with a deeper understanding of the topic. I have appreciated watching the various videos made by the Pique Resilience Project (https://www.youtube.com/channel/UCmGEMjyAwk6R1lTmG_JjLUA)

November 10, 2021

[redacted] Definitely agree with you [redacted] What is problematic is the idea of detransitioning, as it frames being cisgender as the default, and reinforces transness as a pathology. It makes more sense to frame gender as something that can shift over time, and to figure out ways to support people making the choices they want to make in the moment, with the understanding that feelings around decisions make change over time.

November 10, 2021

[redacted] I really love this...
"Learning new things about your gender or what you want from your medical care should be something to be celebrated, and we don't have to see it as a mistake that was made. Of course, if an individual patient feels that they made a mistake, we can support them through that as well, but hopefully we can be careful with not letting that change the way others receive care."

November 17, 2021

[redacted] Absolutely agree with [redacted] here. We can't say that gender is fluid then view "detransitioning" as a mistake. Instead it's a further-stigmatized part of some individuals' gender journey.

November 19, 2021

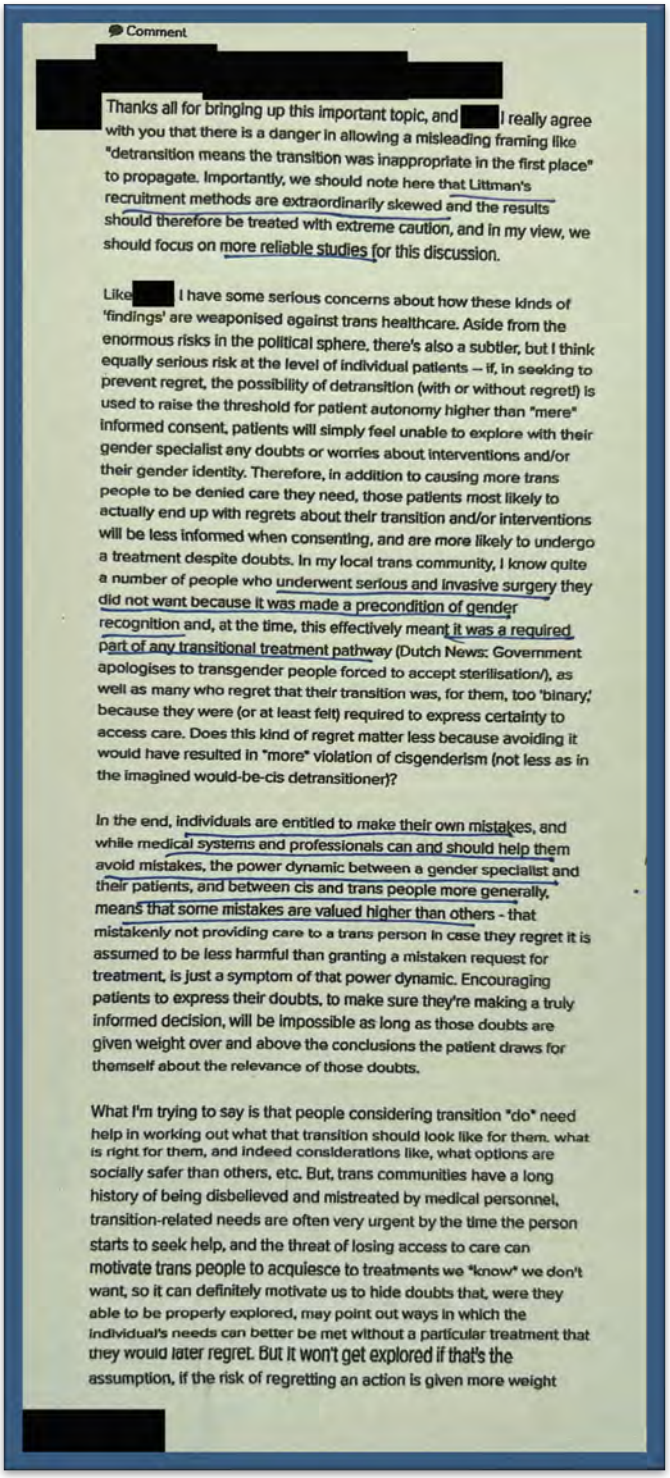
[redacted] Thank you for sharing this.

I see the "detransitioning" phenomenon often among the elderly transwomen here in Indonesia.
Some of them chose to detransition due to the difficulty of being rejected by their family, or environment.
As they got older, it became harder for them to get money from being a sex worker, so they chose to detransition to fit into society.

I agree with the comment made by [redacted]

Informative post [redacted]

November 10, 2021



Comment

[redacted]

Thanks all for bringing up this important topic, and [redacted] I really agree with you that there is a danger in allowing a misleading framing like "detransition means the transition was inappropriate in the first place" to propagate. Importantly, we should note here that Littman's recruitment methods are extraordinarily skewed and the results should therefore be treated with extreme caution, and in my view, we should focus on more reliable studies for this discussion.

Like [redacted] I have some serious concerns about how these kinds of 'findings' are weaponised against trans healthcare. Aside from the enormous risks in the political sphere, there's also a subtler, but I think equally serious risk at the level of individual patients – if, in seeking to prevent regret, the possibility of detransition (with or without regret) is used to raise the threshold for patient autonomy higher than "mere" informed consent, patients will simply feel unable to explore with their gender specialist any doubts or worries about interventions and/or their gender identity. Therefore, in addition to causing more trans people to be denied care they need, those patients most likely to actually end up with regrets about their transition and/or interventions will be less informed when consenting, and are more likely to undergo a treatment despite doubts. In my local trans community, I know quite a number of people who underwent serious and invasive surgery they did not want because it was made a precondition of gender recognition and, at the time, this effectively meant it was a required part of any transitional treatment pathway (Dutch News: Government apologises to transgender people forced to accept sterilisation), as well as many who regret that their transition was, for them, too 'binary,' because they were (or at least felt) required to express certainty to access care. Does this kind of regret matter less because avoiding it would have resulted in "more" violation of cisgenderism (not less as in the imagined would-be-cis detransitioner)?

In the end, individuals are entitled to make their own mistakes, and while medical systems and professionals can and should help them avoid mistakes, the power dynamic between a gender specialist and their patients, and between cis and trans people more generally, means that some mistakes are valued higher than others - that mistakenly not providing care to a trans person in case they regret it is assumed to be less harmful than granting a mistaken request for treatment, is just a symptom of that power dynamic. Encouraging patients to express their doubts, to make sure they're making a truly informed decision, will be impossible as long as those doubts are given weight over and above the conclusions the patient draws for themself about the relevance of those doubts.

What I'm trying to say is that people considering transition "do" need help in working out what that transition should look like for them, what is right for them, and indeed considerations like, what options are socially safer than others, etc. But, trans communities have a long history of being disbelieved and mistreated by medical personnel, transition-related needs are often very urgent by the time the person starts to seek help, and the threat of losing access to care can motivate trans people to acquiesce to treatments we "know" we don't want, so it can definitely motivate us to hide doubts that, were they able to be properly explored, may point out ways in which the individual's needs can better be met without a particular treatment that they would later regret. But it won't get explored if that's the assumption, if the risk of regretting an action is given more weight

[redacted]

than the risk of regretting inaction.

So the first thing we can do to support detransitioners, retransitioners and everyone, is to make discussing doubts and complexity a normal part of the gender consult and not something that will prevent the patient from making their own informed choice. Another thing we need to do is to investigate what detransitioners want, because at present the focus of much research seems to be to use their existence to invalidate that of (other) trans people. Do they want interventions to reverse something? Are they just re-rejecting the gender binary after being shoved from one end of it to the other? If so, do they need [redacted] medical/social/legal/psychological support to do so? How can we reduce the discrimination against transitioning/ed people that often precipitates a (temporary?) detransition? Most of all, how can we support detransitioners to benefit from the experience, to help them celebrate and implement the self-knowledge they've gained, and not to see themselves as "traitors" (to trans people or to their AGAB), "failures" or "mistakes"?'

Your original response:
'Thanks all for bringing up this important topic, and [redacted] I really agree with you that there is a danger in allowing a misleading framing like "detransition means the transition was inappropriate in the first place" to propagate. Importantly, we should note here that Littman's recruitment methods are extraordinarily skewed and the results should therefore be treated with extreme caution. She is not the champion of detransitioners she would like to think, and in my view, discussions centering on her work will not help anyone, and we should focus on more reliable sources.

Like [redacted] I have some serious concerns about how these kinds of 'findings' are weaponised against trans healthcare. Aside from the enormous risks in the political sphere, there's also a subtler, but I think equally serious risk at the level of individual patients – if, in seeking to prevent regret, the possibility of detransition (with or without regret!) is used to raise the threshold for patient autonomy higher than "mere" informed consent, patients will simply feel unable to explore with their gender specialist any doubts or worries about interventions and/or their gender identity. Therefore, in addition to causing more trans people to be denied care they need, those patients most likely to actually end up with regrets about their transition and/or interventions will be less informed when consenting, and are more likely to undergo a treatment despite doubts. In my local trans community, I know quite a number of people who underwent serious and invasive surgery they did not want because it was made a precondition of gender recognition and, at the time, this effectively meant it was a required part of any transitional treatment pathway (Dutch News: Government apologises to transgender people forced to accept sterilisation/), as well as many who regret that their transition was, for them, too 'binary,' because they were (or at least felt) required to express certainty to access care. Does this kind of regret matter less because avoiding it would have resulted in "more" violation of cisgenderism (not less as in the imagined would-be-cis detransitioner)?

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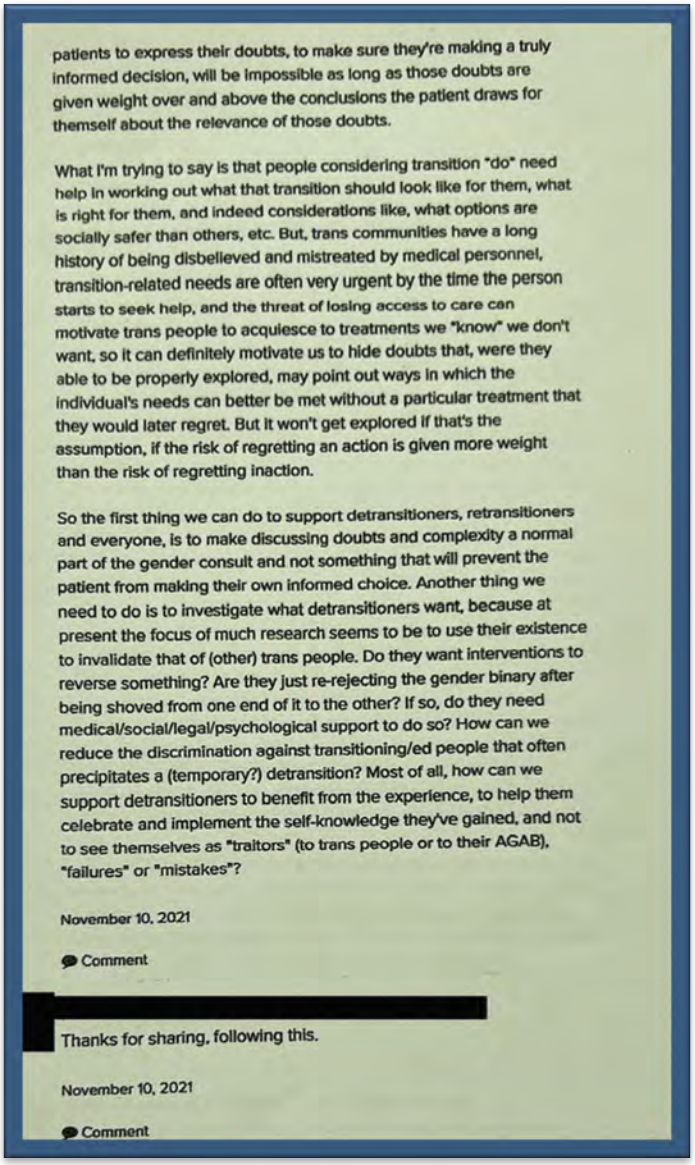

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So the first thing we can do to support detransitioners, retransitioners and everyone, is to make discussing doubts and complexity a normal part of the gender consult and not something that will prevent the patient from making their own informed choice. Another thing we need to do is to investigate what detransitioners want, because at present the focus of much research seems to be to use their existence to invalidate that of (other) trans people. Do they want interventions to reverse something? Are they just re-rejecting the gender binary after being shoved from one end of it to the other? If so, do they need medical/social/legal/psychological support to do so? How can we reduce the discrimination against transitioning/ed people that often precipitates a (temporary?) detransition? Most of all, how can we support detransitioners to benefit from the experience, to help them celebrate and implement the self-knowledge they've gained, and not to see themselves as "traitors" (to trans people or to their AGAB), "failures" or "mistakes"?

November 10, 2021

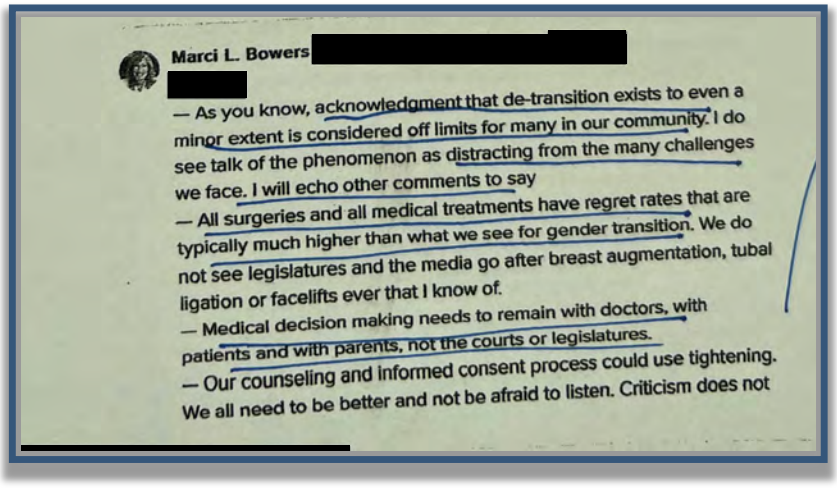
Comment

[redacted]

Thanks for sharing, following this.

November 10, 2021

Comment



Marci L. Bowers [redacted]

— As you know, acknowledgment that de-transition exists to even a minor extent is considered off limits for many in our community. I do see talk of the phenomenon as distracting from the many challenges we face. I will echo other comments to say

— All surgeries and all medical treatments have regret rates that are typically much higher than what we see for gender transition. We do not see legislatures and the media go after breast augmentation, tubal ligation or facelifts ever that I know of.

— Medical decision making needs to remain with doctors, with patients and with parents, not the courts or legislatures.

— Our counseling and informed consent process could use tightening. We all need to be better and not be afraid to listen. Criticism does not

mean blame, it means we need to do better for our patients. — Patients need to own and take active responsibility for medical decisions, especially those that have potentially permanent effects.

November 10, 2021

[redacted]

Three points to address here:

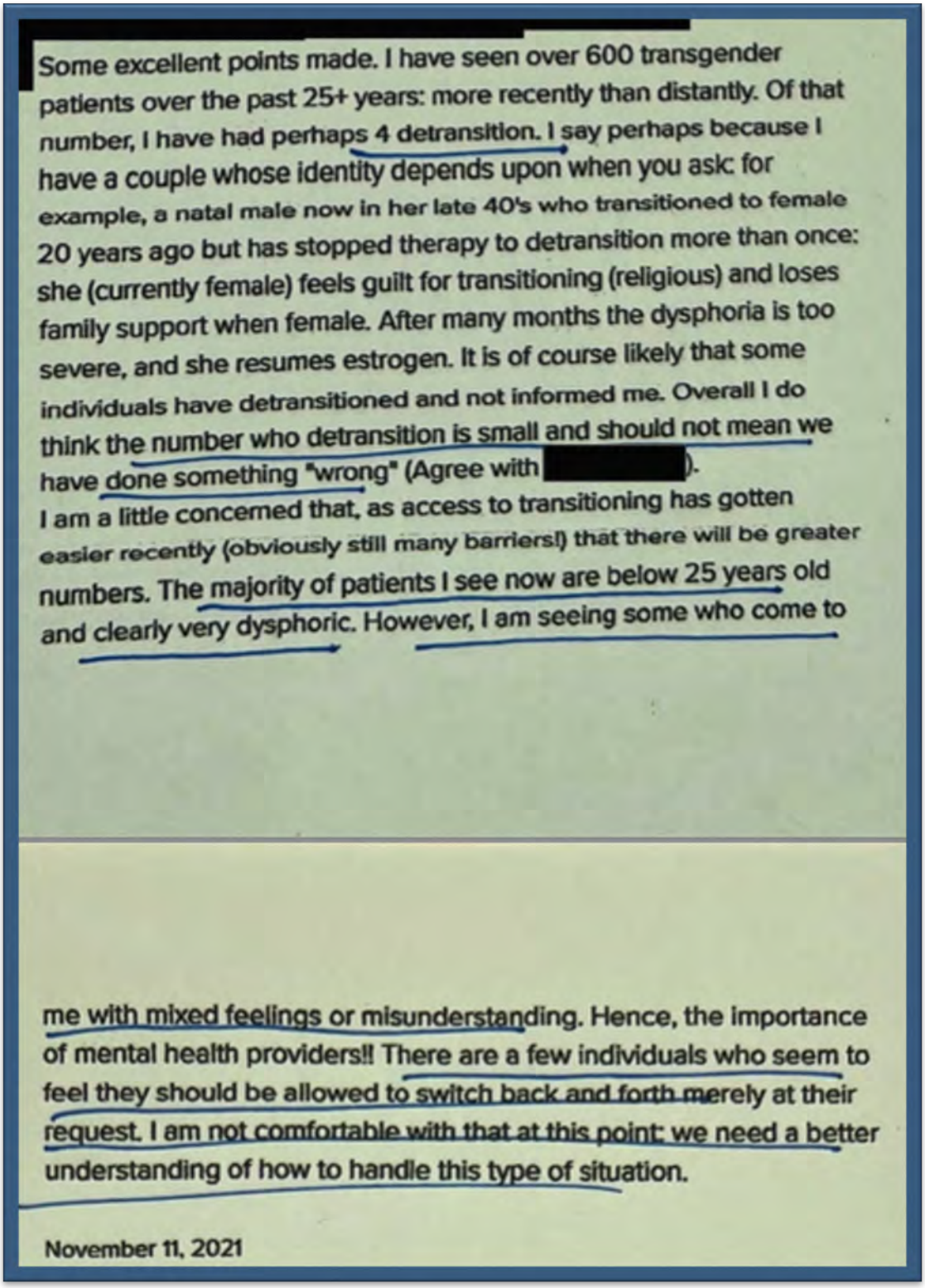
1. "Framing" of detransitioning by society is unrelated to the experience of people who made decisions in their earlier years (under 25 usually). These are young adults who made decisions to change their bodies in irreversible ways, at a time in their lives then their physical and sexual identities were in developmental flux. Many, if not most, had co-morbidities that were not fully addressed before transition was offered to them. They were rushed; they all report that feeling. And their feelings are what this discussion should be about; it has nothing to do with public "framing." "Detransition" can be called something else: regret, a change of heart, whatever. But the way it is interpreted by our community of care providers should not be weaponized to discount these real experiences by claiming they are being used as "gatekeeping" devices. The detransitioned adults I look after, if anything, are very much immersed in their own suffering, loss and grief.
2. It was stated that aesthetic plastic surgery (rhinoplasty, breast augmentation, etc.) and tattoos as "easily accessible" in society. In fact, they are only easily accessible to the privileged few who can afford them - adults or older youth with access to some degree of "luxury" funds. The hormonal and surgical interventions now so easily available to young, impulsive, mentally and cognitively unstable youth are being funded (in some countries, publicly) and advocated by registered health professionals, "framed" as "life-saving" when, to my knowledge, this claim is based on very loosely drawn conclusions from very weak data.
3. If, in fact, rates of regret for breast augmentation are as high as 47%, when chosen by compos mentis adults, that worries me deeply. I fear that rates of regret of gender transition, especially as it relates to future sexual health and fertility in adults who make these irreversible decisions at such a young age may, in fact, be even higher

November 11, 2021

Comment

[redacted]

Some excellent points made. I have seen over 600 transgender patients over the past 25+ years: more recently than distantly. Of that number, I have had perhaps 4 detransition. I say perhaps because I have a couple whose identity depends upon when you ask: for example, a natal male now in her late 40's who transitioned to female 20 years ago but has stopped therapy to detransition more than once: she (currently female) feels guilt for transitioning (religious) and loses family support when female. After many months the dysphoria is too severe, and she resumes estrogen. It is of course likely that some individuals have detransitioned and not informed me. Overall I do think the number who detransition is small and should not mean we have done something "wrong" (Agree with [redacted]).
I am a little concerned that, as access to transitioning has gotten easier recently (obviously still many barriers!) that there will be greater numbers. The majority of patients I see now are below 25 years old and clearly very dysphoric. However, I am seeing some who come to



[redacted]

Some excellent points made. I have seen over 600 transgender patients over the past 25+ years: more recently than distantly. Of that number, I have had perhaps 4 detransition. I say perhaps because I have a couple whose identity depends upon when you ask: for example, a natal male now in her late 40's who transitioned to female 20 years ago but has stopped therapy to detransition more than once: she (currently female) feels guilt for transitioning (religious) and loses family support when female. After many months the dysphoria is too severe, and she resumes estrogen. It is of course likely that some individuals have detransitioned and not informed me. Overall I do think the number who detransition is small and should not mean we have done something "wrong" (Agree with [redacted]).

I am a little concerned that, as access to transitioning has gotten easier recently (obviously still many barriers!) that there will be greater numbers. The majority of patients I see now are below 25 years old and clearly very dysphoric. However, I am seeing some who come to me with mixed feelings or misunderstanding. Hence, the importance of mental health providers!! There are a few individuals who seem to feel they should be allowed to switch back and forth merely at their request. I am not comfortable with that at this point: we need a better understanding of how to handle this type of situation.

November 11, 2021

me with mixed feelings or misunderstanding. Hence, the importance of mental health providers!! There are a few individuals who seem to feel they should be allowed to switch back and forth merely at their request. I am not comfortable with that at this point; we need a better understanding of how to handle this type of situation.

November 11, 2021

Comment

[redacted]

I recommend this 2021 study with 2242 participants recruited from community organizations serving people who identify as Trans, gender expansive, questioning, and detransitioned. It's a bit broader than the study cited here based on the cherry-picked results of 100 curated interviewees out of 237 recruited from "detransitioner communities," which are at very high risk of being enriched with anti-trans activists. As a side note, these are the same locales where the parents interviewed for the ROGD study were recruited (not a single Trans person was interviewed for the ROGD study on Trans youth).
Turban, Jack L.; Loo, Stephanie S.; Almazan, Anthony N.; Keuroghlian, AlexS. (May 2021). "Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis" (PMID:33794108, Full Text)

I also think that it is important to note that reliance on these inferior studies may be contributing to the suffering of Trans youth. Here's a recent report from the Trevor Project: Trevor Project: Acceptance of Transgender and Nonbinary Youth from Adults and Peers Associated with Significantly Lower Rates of Attempted Suicide

The Transgender Day of Remembrance is on November 20th, a scant 9 days from now, as people of all sorts come together across the world to remember the murdered dead and hope for a year when the numbers may someday go DOWN.

November 11, 2021

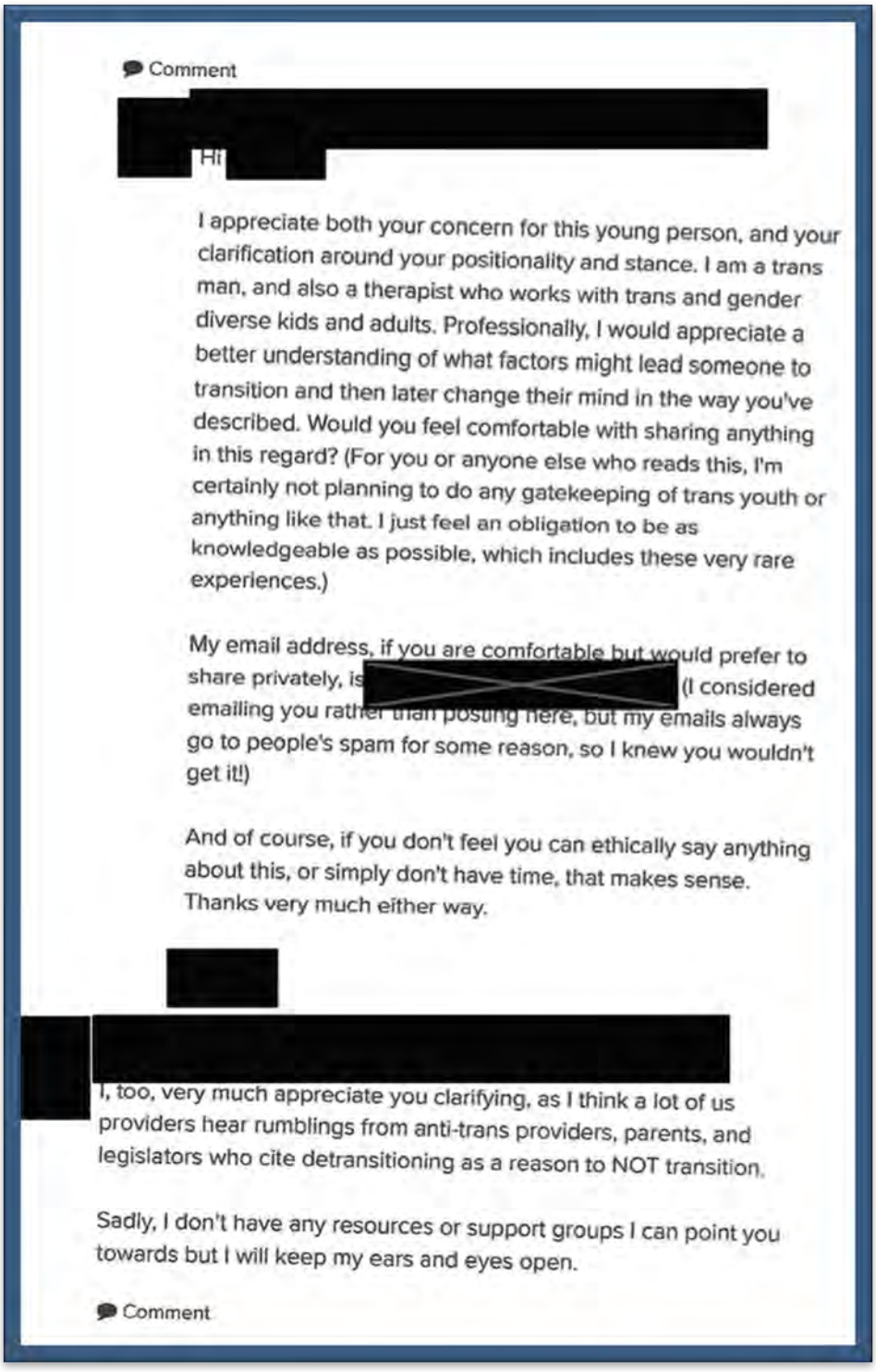
Comment

Marci L. Bowers [redacted]
Well said.

January 14, 2022

Comment

c) WPATH members seek clarification on detransition



Comment

[redacted]

Hi [redacted]

I appreciate both your concern for this young person, and your clarification around your positionality and stance. I am a trans man, and also a therapist who works with trans and gender diverse kids and adults. Professionally, I would appreciate a better understanding of what factors might lead someone to transition and then later change their mind in the way you've described. Would you feel comfortable with sharing anything in this regard? (For you or anyone else who reads this, I'm certainly not planning to do any gatekeeping of trans youth or anything like that. I just feel an obligation to be as knowledgeable as possible, which includes these very rare experiences.)

My email address, if you are comfortable but would prefer to share privately, is [redacted] (I considered emailing you rather than posting here, but my emails always go to people's spam for some reason, so I knew you wouldn't get it!)

And of course, if you don't feel you can ethically say anything about this, or simply don't have time, that makes sense. Thanks very much either way.

[redacted]

[redacted]

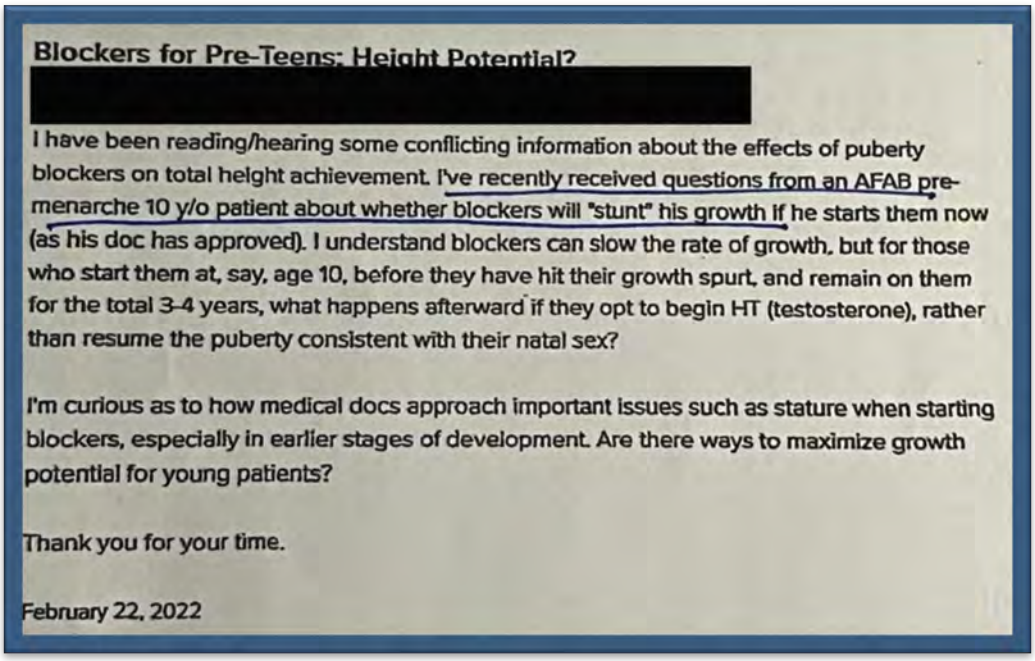
I, too, very much appreciate you clarifying, as I think a lot of us providers hear rumblings from anti-trans providers, parents, and legislators who cite detransitioning as a reason to NOT transition.

Sadly, I don't have any resources or support groups I can point you towards but I will keep my ears and eyes open.

Comment

5) PUBERTY SUPPRESSION TACTICS

a) A WPATH member questions the effects of puberty blockers on total height achievement for a 10-year-old patient



Blockers for Pre-Teens: Height Potential?

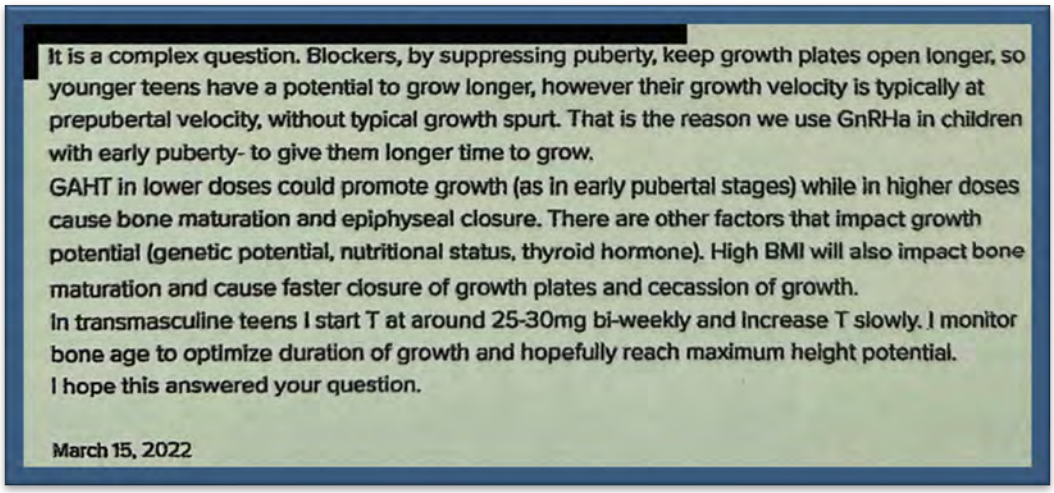
[redacted]

I have been reading/hearing some conflicting information about the effects of puberty blockers on total height achievement. I've recently received questions from an AFAB pre-menarche 10 y/o patient about whether blockers will "stunt" his growth if he starts them now (as his doc has approved). I understand blockers can slow the rate of growth, but for those who start them at, say, age 10, before they have hit their growth spurt, and remain on them for the total 3-4 years, what happens afterward if they opt to begin HT (testosterone), rather than resume the puberty consistent with their natal sex?

I'm curious as to how medical docs approach important issues such as stature when starting blockers, especially in earlier stages of development. Are there ways to maximize growth potential for young patients?

Thank you for your time.

February 22, 2022



[redacted]

It is a complex question. Blockers, by suppressing puberty, keep growth plates open longer, so younger teens have a potential to grow longer, however their growth velocity is typically at prepubertal velocity, without typical growth spurt. That is the reason we use GnRHa in children with early puberty- to give them longer time to grow.

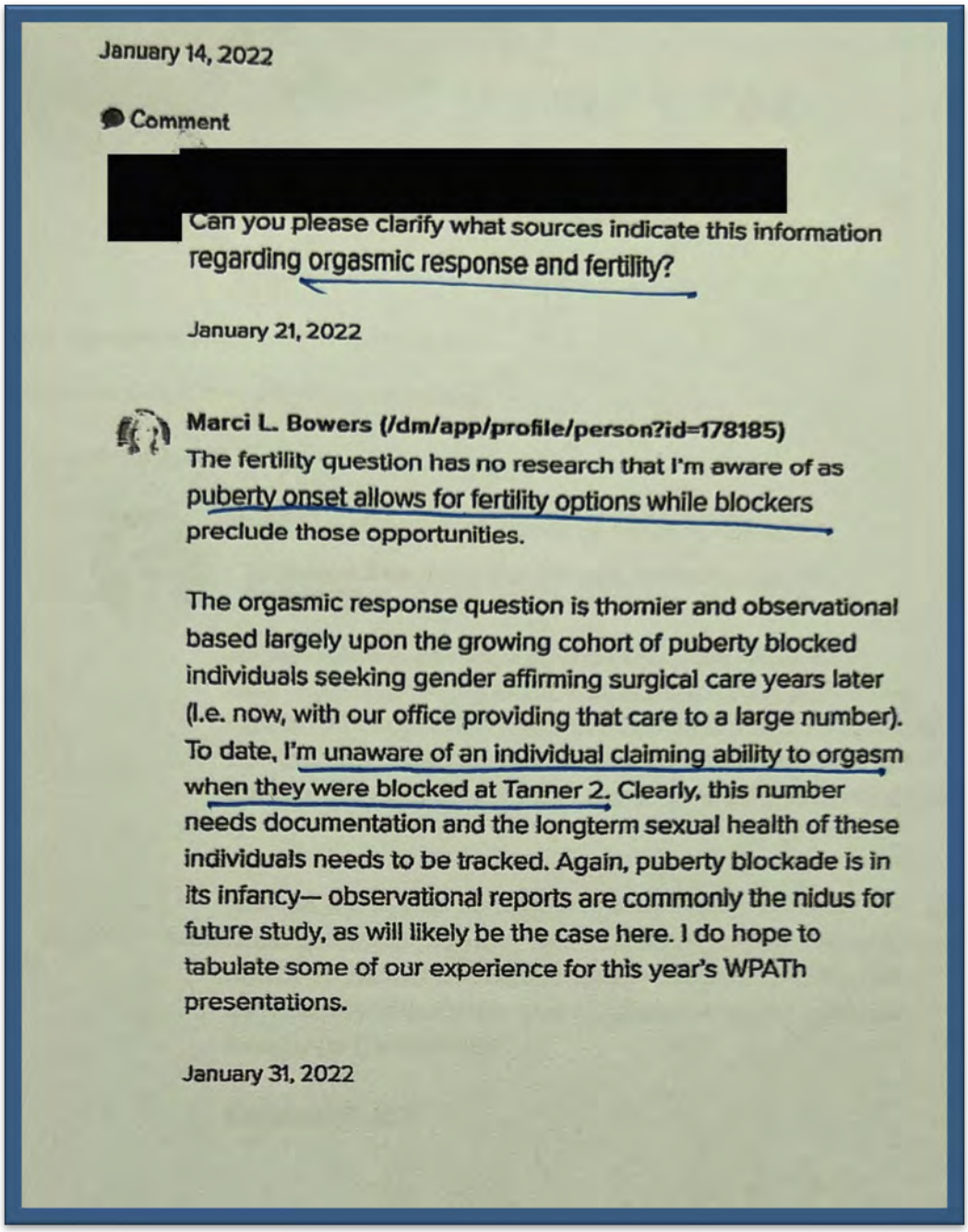
GAHT in lower doses could promote growth (as in early pubertal stages) while in higher doses cause bone maturation and epiphyseal closure. There are other factors that impact growth potential (genetic potential, nutritional status, thyroid hormone). High BMI will also impact bone maturation and cause faster closure of growth plates and cecassion of growth.

In transmasculine teens I start T at around 25-30mg bi-weekly and increase T slowly. I monitor bone age to optimize duration of growth and hopefully reach maximum height potential.

I hope this answered your question.

March 15, 2022

b) WPATH members discuss how puberty blockers preclude fertility options for trans patients



January 14, 2022

Comment

[redacted] Can you please clarify what sources indicate this information regarding orgasmic response and fertility?

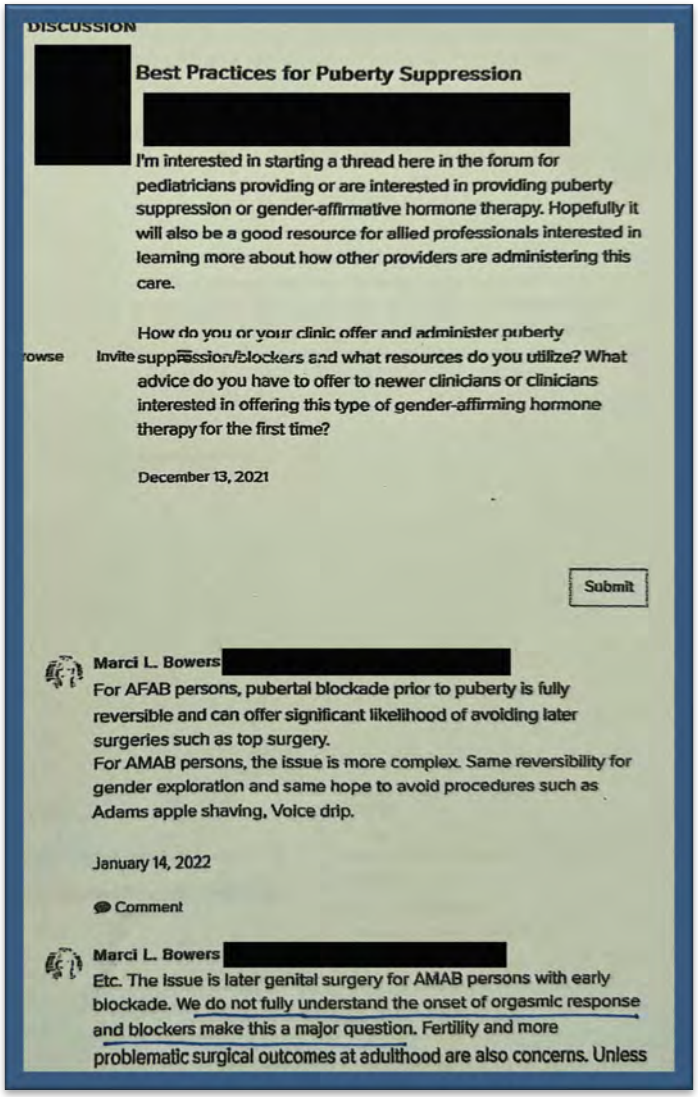
January 21, 2022

Marci L. Bowers (/dm/app/profile/person?id=178185)
The fertility question has no research that I'm aware of as puberty onset allows for fertility options while blockers preclude those opportunities.

The orgasmic response question is thornier and observational based largely upon the growing cohort of puberty blocked individuals seeking gender affirming surgical care years later (I.e. now, with our office providing that care to a large number). To date, I'm unaware of an individual claiming ability to orgasm when they were blocked at Tanner 2. Clearly, this number needs documentation and the longterm sexual health of these individuals needs to be tracked. Again, puberty blockade is in its infancy— observational reports are commonly the nidus for future study, as will likely be the case here. I do hope to tabulate some of our experience for this year's WPATh presentations.

January 31, 2022

c) WPATH members share best practices for puberty suppression and hormone therapy



DISCUSSION

[redacted]

Best Practices for Puberty Suppression

[redacted]

I'm interested in starting a thread here in the forum for pediatricians providing or are interested in providing puberty suppression or gender-affirmative hormone therapy. Hopefully it will also be a good resource for allied professionals interested in learning more about how other providers are administering this care.

How do you or your clinic offer and administer puberty suppression/blockers and what resources do you utilize? What advice do you have to offer to newer clinicians or clinicians interested in offering this type of gender-affirming hormone therapy for the first time?

December 13, 2021

Submit

Marci L. Bowers [redacted]

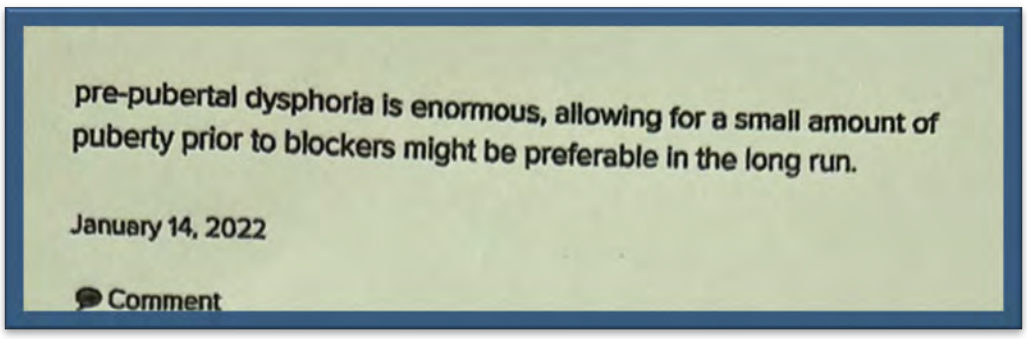
For AFAB persons, pubertal blockade prior to puberty is fully reversible and can offer significant likelihood of avoiding later surgeries such as top surgery.
For AMAB persons, the issue is more complex. Same reversibility for gender exploration and same hope to avoid procedures such as Adams apple shaving, Voice drip.

January 14, 2022

Comment

Marci L. Bowers [redacted]

Etc. The issue is later genital surgery for AMAB persons with early blockade. We do not fully understand the onset of orgasmic response and blockers make this a major question. Fertility and more problematic surgical outcomes at adulthood are also concerns. Unless



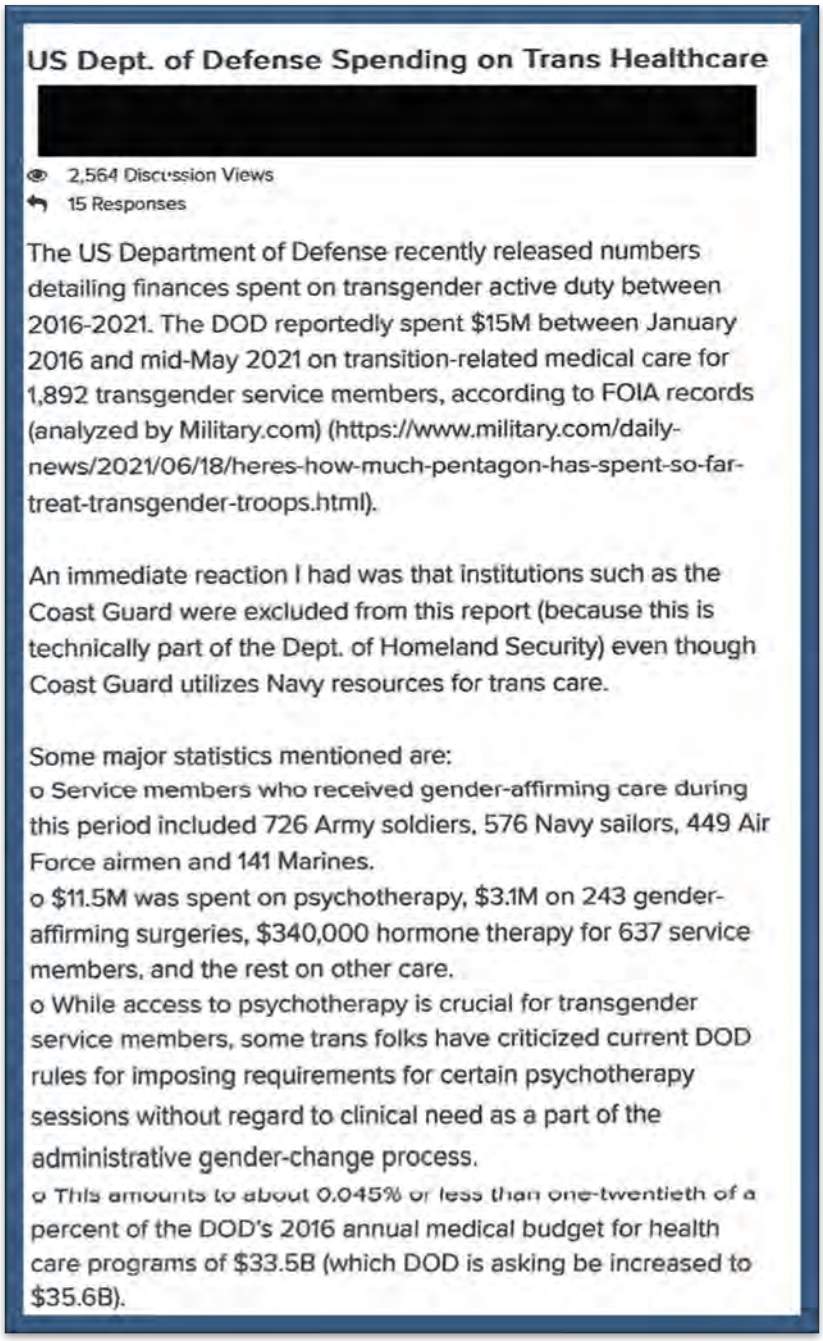
pre-pubertal dysphoria is enormous, allowing for a small amount of puberty prior to blockers might be preferable in the long run.

January 14, 2022

Comment

6) DOD SPENDING ON TRANS HEALTHCARE

a) WPATH members overview the Department of Defense's (DOD) newest report on trans healthcare finances



US Dept. of Defense Spending on Trans Healthcare

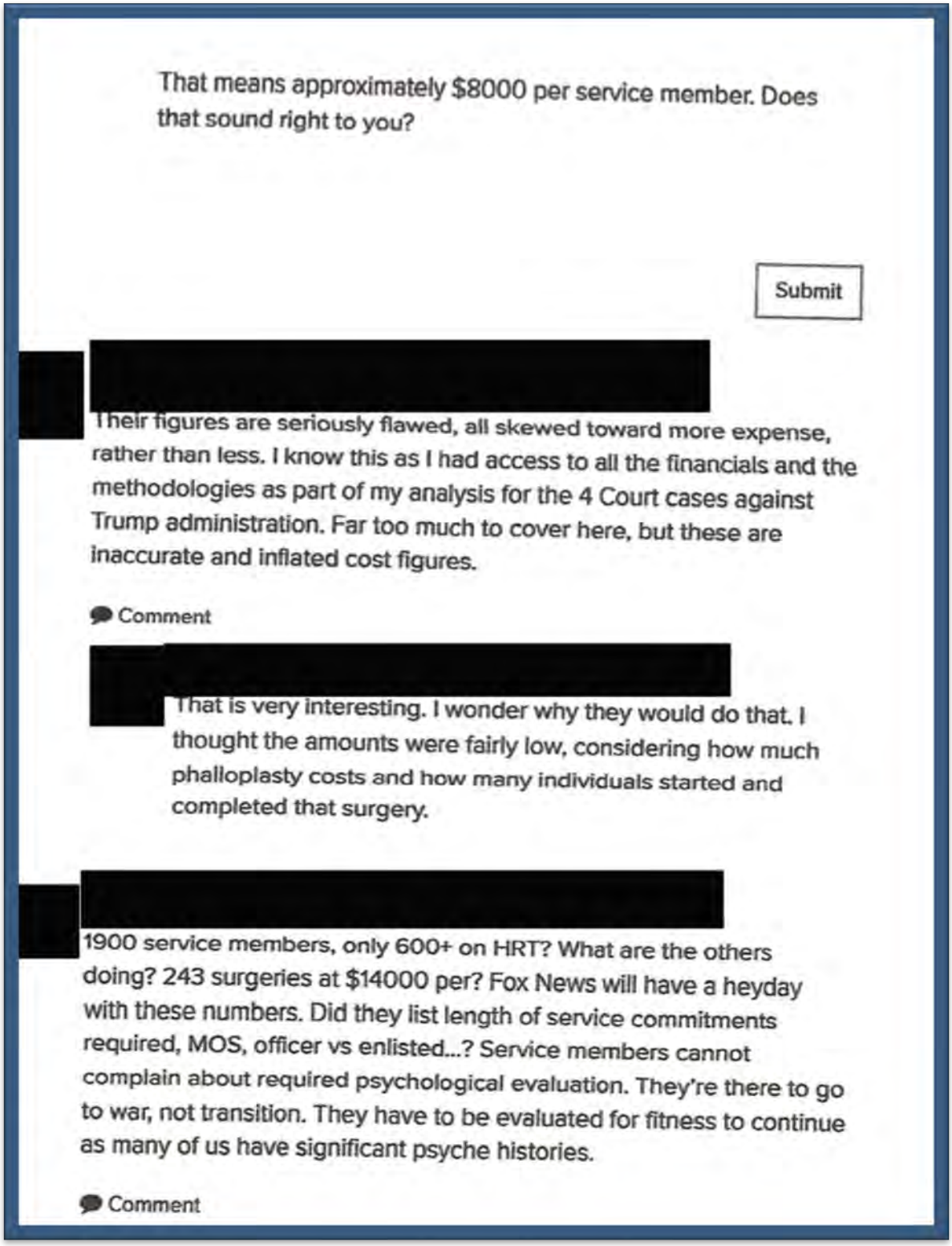
[redacted]

2,564 Discussion Views
15 Responses

The US Department of Defense recently released numbers detailing finances spent on transgender active duty between 2016-2021. The DOD reportedly spent $15M between January 2016 and mid-May 2021 on transition-related medical care for 1,892 transgender service members, according to FOIA records (analyzed by Military.com) (https://www.military.com/daily-news/2021/06/18/heres-how-much-pentagon-has-spent-so-far-treat-transgender-troops.html).

An immediate reaction I had was that institutions such as the Coast Guard were excluded from this report (because this is technically part of the Dept. of Homeland Security) even though Coast Guard utilizes Navy resources for trans care.

Some major statistics mentioned are:
o Service members who received gender-affirming care during this period included 726 Army soldiers, 576 Navy sailors, 449 Air Force airmen and 141 Marines.
o $11.5M was spent on psychotherapy, $3.1M on 243 gender-affirming surgeries, $340,000 hormone therapy for 637 service members, and the rest on other care.
o While access to psychotherapy is crucial for transgender service members, some trans folks have criticized current DOD rules for imposing requirements for certain psychotherapy sessions without regard to clinical need as a part of the administrative gender-change process.
o This amounts to about 0.045% or less than one-twentieth of a percent of the DOD's 2016 annual medical budget for health care programs of $33.5B (which DOD is asking be increased to $35.6B).



That means approximately $8000 per service member. Does that sound right to you?

Submit

[redacted]

Their figures are seriously flawed, all skewed toward more expense, rather than less. I know this as I had access to all the financials and the methodologies as part of my analysis for the 4 Court cases against Trump administration. Far too much to cover here, but these are inaccurate and inflated cost figures.

Comment

[redacted]

That is very interesting. I wonder why they would do that. I thought the amounts were fairly low, considering how much phalloplasty costs and how many individuals started and completed that surgery.

[redacted]

1900 service members, only 600+ on HRT? What are the others doing? 243 surgeries at $14000 per? Fox News will have a heyday with these numbers. Did they list length of service commitments required, MOS, officer vs enlisted...? Service members cannot complain about required psychological evaluation. They're there to go to war, not transition. They have to be evaluated for fitness to continue as many of us have significant psyche histories.

Comment

First, thank you for all that you do for the trans military community, it's a community that is close to my heart.

I 100% agree with you. Being in NC, I have worked with more trans military personnel since 2008 than I can count. Before Obama, I had commands send me their soldiers, sailors, air-wingers, and marines because they knew their folks needed help. All on the "down-low" or looked the other way.

Obama came into office and made it possible for military personnel (and their families) to receive trans care.....unfortunately, they were ill-equipped, untrained, backlogged, and often times just bigots.

I started seeing a surge in commands finding me and sending me their military personnel (some of my enlisted folks commanding officers paid out of their own pocket to see me....warmed my heart). They just knew their trans military folks were some of the hardest working people they had and if they just got this off their "plate" they'd be even better (cost benefit analysis I suppose).

Now this is active duty.

On the VA side, I received so many referrals from the Salisbury VA.

Again, they were backlogged and there was no one trained to help these trans vets. This went on for a few years until I got a phone call from one of their psychologist saying she needed help but that was told that the VA system would no longer be referring trans veterans to me. She asked if I would speak to her supervisor (I can't remember if he was a psychologist or a psychiatrist) regarding providing them some training. I did and he made it very clear that my services for trans vets were no longer needed nor was the training I offered. He went on to say he established a "Transgender Task Force" (sorry I thought it was a bit much, strange, and so military). This person was unfamiliar with WPATH, its protocols, the SOCs.

After a few months, the trans vets started to return stating that their hormones were d/c'd because they were still trying to coordinate or figure out how to prescribe and in the interim put into a trans group.

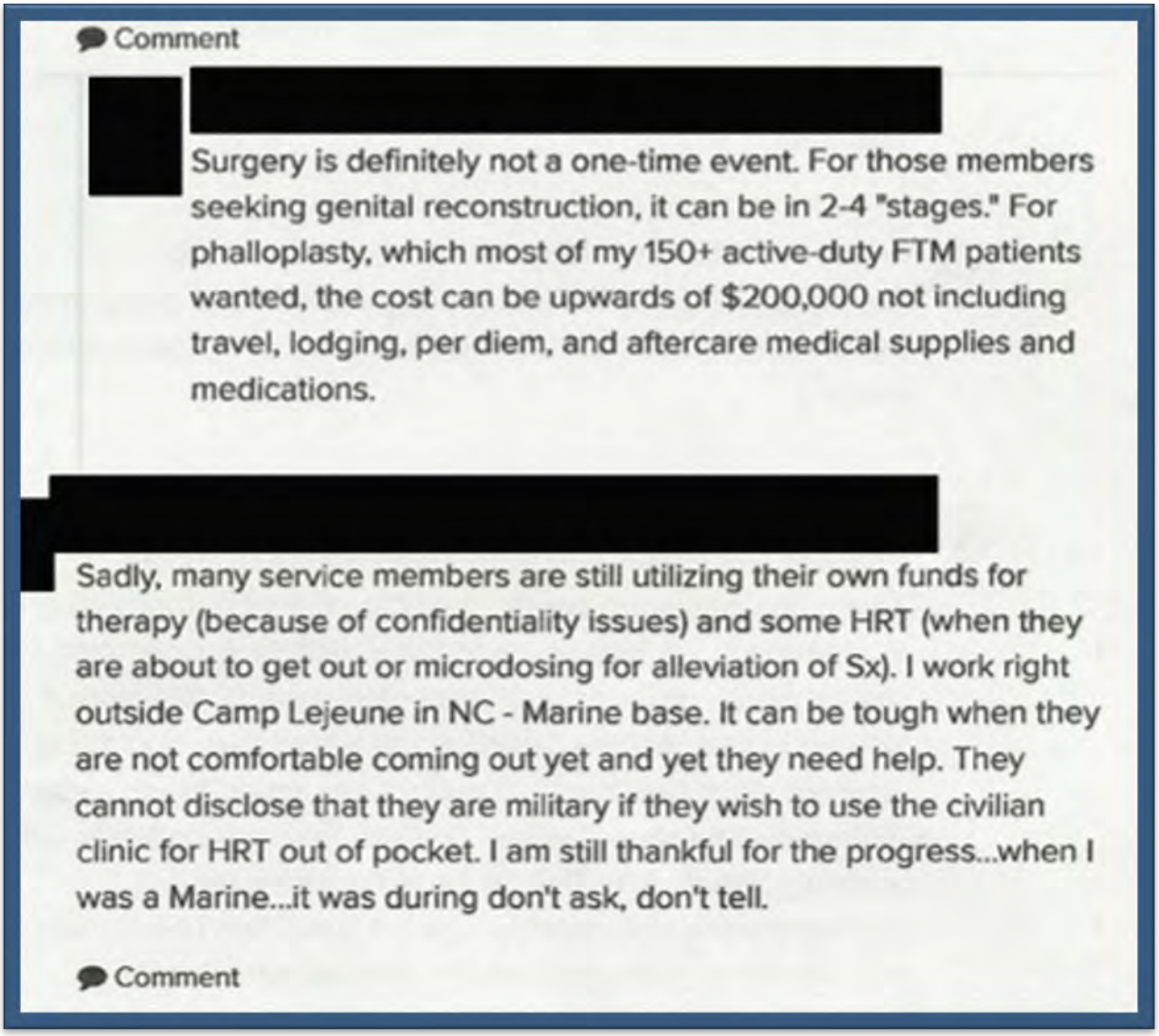
If they weren't paying out of pocket, I was still billing the VA but for PTSD and a doc in Winston Salem, NC worked to help me keep them on their hormones.

All this to say their numbers are absolutely wrong. If Officers, trans military members, and military vets were paying out of their own pockets, the DoD couldn't have possibly spent that amount.

Granted, it's not like I saw 100,000 people. Over the years, I know enough to feel comfortably saying, therapy is not required, hormones are cheap, and surgery, well that's a one time event. Trans care is far more affordable and far easier to manage than treating active duty, veterans, and/or their family members who have chronic illness's.

Even if that number is true (we all know it's not), it is still such a tiny tiny tiny part of their budget. I guess my other argument is, Did they assess the numbers for treating for PTSD, hypertension, diabetes, or mental health in general?

Their skewed numbers boils down to not wanting to pay for and justifying medically neglecting those that served protecting our freedom.



Comment

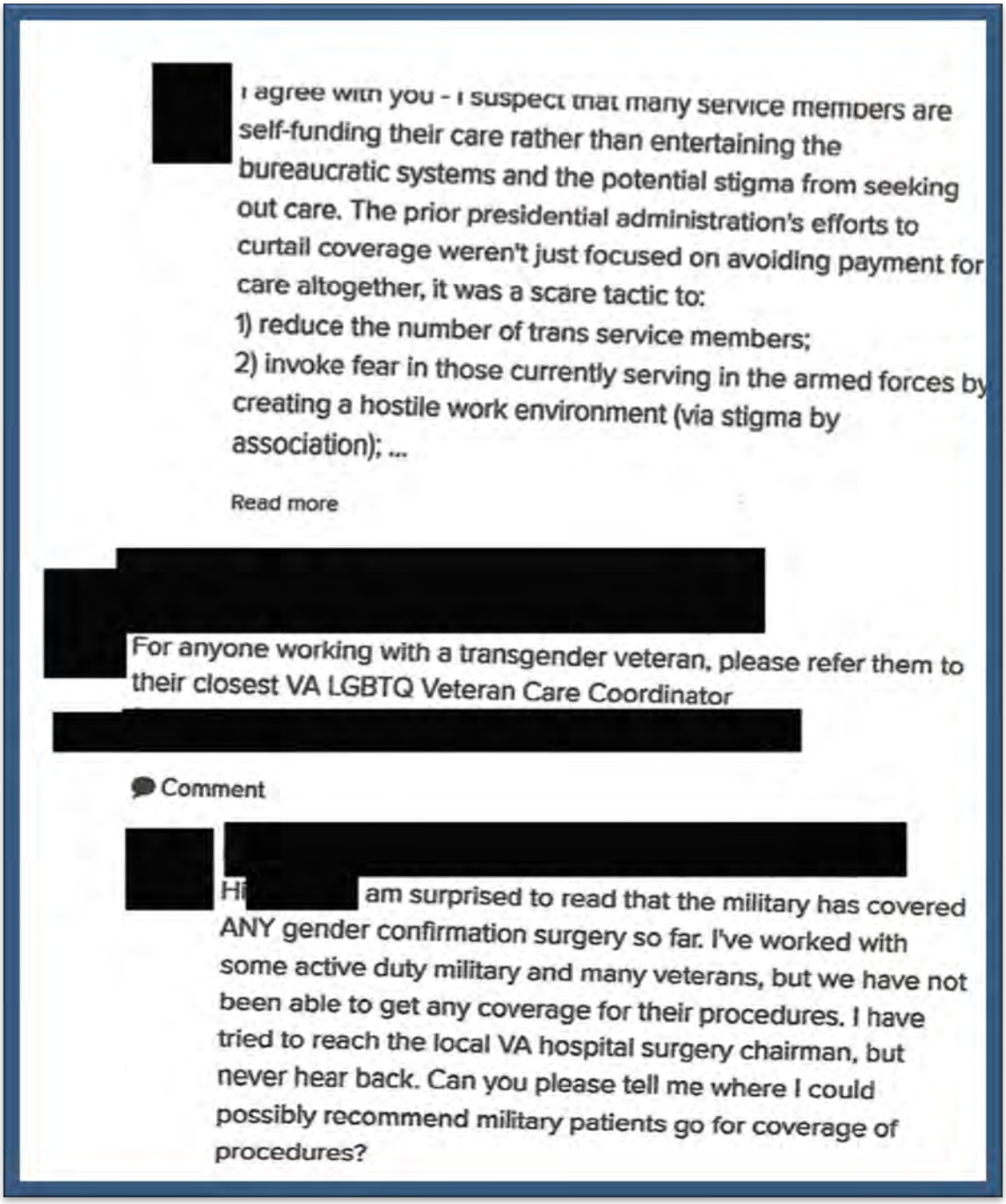
[redacted]

Surgery is definitely not a one-time event. For those members seeking genital reconstruction, it can be in 2-4 "stages." For phalloplasty, which most of my 150+ active-duty FTM patients wanted, the cost can be upwards of $200,000 not including travel, lodging, per diem, and aftercare medical supplies and medications.

[redacted]

Sadly, many service members are still utilizing their own funds for therapy (because of confidentiality issues) and some HRT (when they are about to get out or microdosing for alleviation of Sx). I work right outside Camp Lejeune in NC - Marine base. It can be tough when they are not comfortable coming out yet and yet they need help. They cannot disclose that they are military if they wish to use the civilian clinic for HRT out of pocket. I am still thankful for the progress...when I was a Marine...it was during don't ask, don't tell.

Comment



[redacted] I agree with you - I suspect that many service members are self-funding their care rather than entertaining the bureaucratic systems and the potential stigma from seeking out care. The prior presidential administration's efforts to curtail coverage weren't just focused on avoiding payment for care altogether, it was a scare tactic to:
1) reduce the number of trans service members;
2) invoke fear in those currently serving in the armed forces by creating a hostile work environment (via stigma by association); ...

Read more

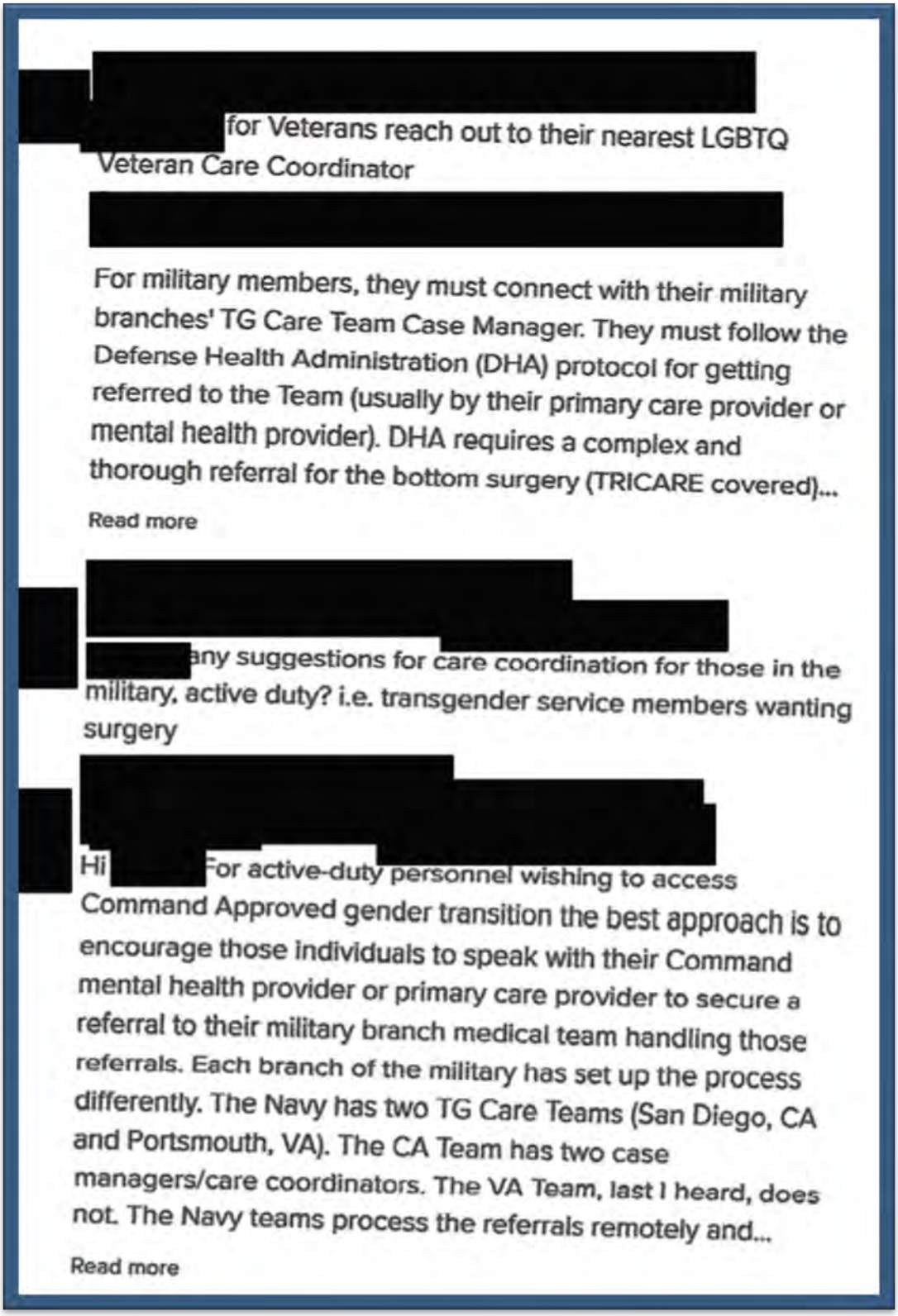
[redacted]

For anyone working with a transgender veteran, please refer them to their closest VA LGBTQ Veteran Care Coordinator

[redacted]

Comment

[redacted] Hi [redacted] am surprised to read that the military has covered ANY gender confirmation surgery so far. I've worked with some active duty military and many veterans, but we have not been able to get any coverage for their procedures. I have tried to reach the local VA hospital surgery chairman, but never hear back. Can you please tell me where I could possibly recommend military patients go for coverage of procedures?



[redacted] for Veterans reach out to their nearest LGBTQ Veteran Care Coordinator

[redacted]

For military members, they must connect with their military branches' TG Care Team Case Manager. They must follow the Defense Health Administration (DHA) protocol for getting referred to the Team (usually by their primary care provider or mental health provider). DHA requires a complex and thorough referral for the bottom surgery (TRICARE covered)...

Read more

[redacted] any suggestions for care coordination for those in the military, active duty? i.e. transgender service members wanting surgery

[redacted] Hi [redacted] For active-duty personnel wishing to access Command Approved gender transition the best approach is to encourage those individuals to speak with their Command mental health provider or primary care provider to secure a referral to their military branch medical team handling those referrals. Each branch of the military has set up the process differently. The Navy has two TG Care Teams (San Diego, CA and Portsmouth, VA). The CA Team has two case managers/care coordinators. The VA Team, last I heard, does not. The Navy teams process the referrals remotely and...

Read more

[redacted]

Also, because of the high need for transgender resources, if you are a clinician/therapist - you might be able to get special contract to work with transgender service-connected members if you cannot get paneled with Tricare.

Here are a couple sites that also might be helpful for trans service members:
SPARTA Pride (https://spartapride.org/) - certain bases will have chapters such as we do here in Camp Lejeune NC
Transgender American Veterans Association (https://transveteran.org/)

Comment

[redacted]

Feel like this information is also entirely useless out of context. How much do they spend on insulin and diabetic care? How much do they spend on mental health care for PTSD diagnosis? There are a lot of things that I'm sure they're paying money for and without any context behind these numbers or any ability to compare them people are just going to see them and make what they will of them.

Comment

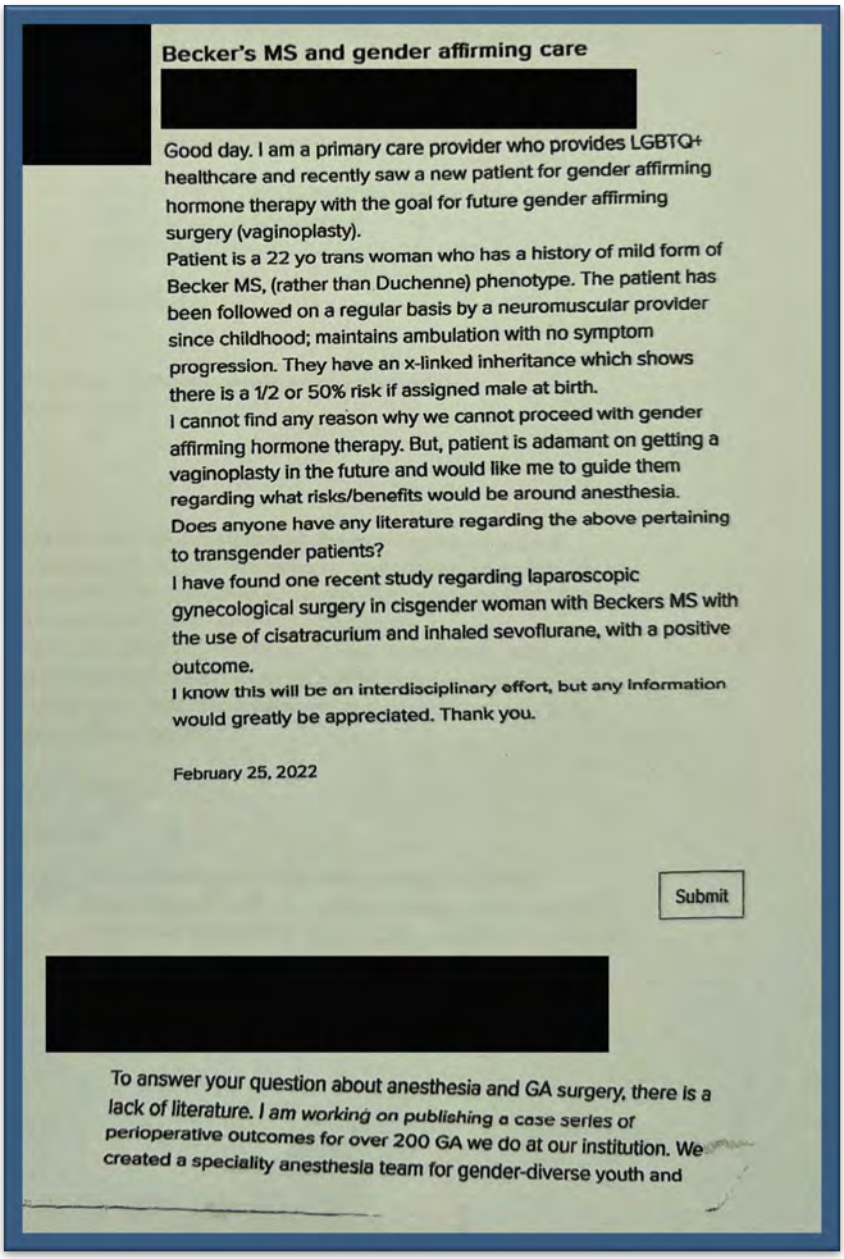
[redacted]

I will have to go back into my records to figure out what we estimated the military costs would be back before they made the decision to cover services. There was a cost study by the Palm Center that I was asked to review before they sent it to the DoD. I did and I thought their figures were wrong and told them so. If I recall right, I thought they were estimating too high. But it could be the other way. But they probably weren't so very wrong that it really mattered. Especially because it does not matter how little is spent on transgender care: as far as the public is concerned even a dime per person is too much.

...

7) SURGICAL RISK AND PRIOR HEALTH CONDITIONS

a) WPATH members discuss the risk for a patient that has Becker Muscular Dystrophy (BMD) to undergo transition surgery



Becker's MS and gender affirming care

[redacted]

Good day. I am a primary care provider who provides LGBTQ+ healthcare and recently saw a new patient for gender affirming hormone therapy with the goal for future gender affirming surgery (vaginoplasty).
Patient is a 22 yo trans woman who has a history of mild form of Becker MS, (rather than Duchenne) phenotype. The patient has been followed on a regular basis by a neuromuscular provider since childhood; maintains ambulation with no symptom progression. They have an x-linked inheritance which shows there is a 1/2 or 50% risk if assigned male at birth.
I cannot find any reason why we cannot proceed with gender affirming hormone therapy. But, patient is adamant on getting a vaginoplasty in the future and would like me to guide them regarding what risks/benefits would be around anesthesia.
Does anyone have any literature regarding the above pertaining to transgender patients?
I have found one recent study regarding laparoscopic gynecological surgery in cisgender woman with Beckers MS with the use of cisatracurium and inhaled sevoflurane, with a positive outcome.
I know this will be an interdisciplinary effort, but any information would greatly be appreciated. Thank you.

February 25, 2022

Submit

[redacted]

To answer your question about anesthesia and GA surgery, there is a lack of literature. I am working on publishing a case series of perioperative outcomes for over 200 GA we do at our institution. We created a speciality anesthesia team for gender-diverse youth and

developed Enhanced Recovery after Surgery ERAS and anesthesia management guidelines for chest reconstruction, phalloplasty, metoidioplasty and vaginoplasty procedures. There are risks with transgender patients who have co-exisiting morbidities such as DM and may affect anesthesia and pain management. Please feel free to reach out to me to discuss more.

March 1, 2022

Comment

[redacted]

Thank you for your response. I just may take you up on your offer! I will be in touch. Are the EAS and anesthesia management guidelines are accessible to folks outside of the organization?

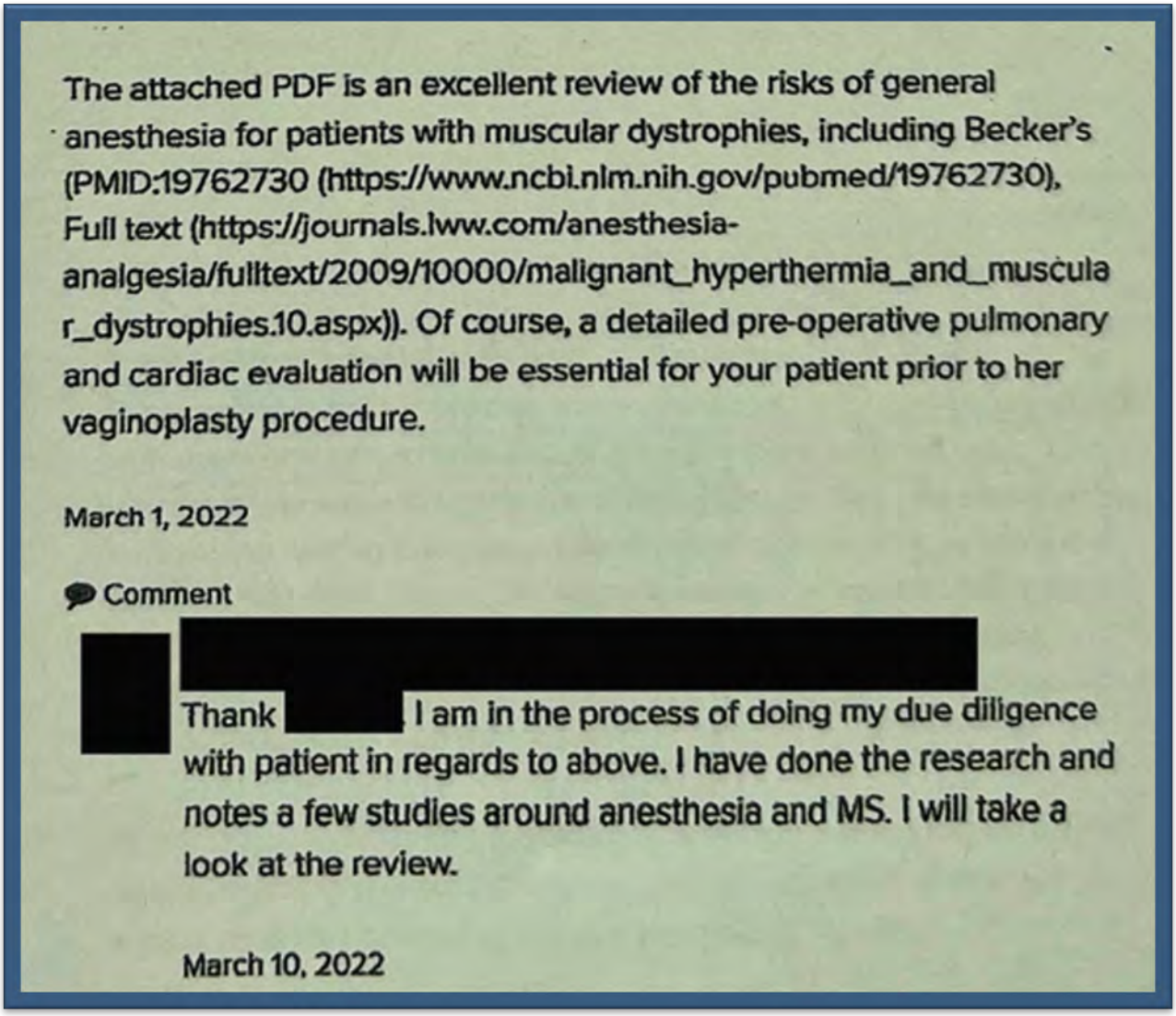
March 10, 2022

[redacted]

Please see our attached article (and link) the Gender Affirming Surgical Program (GASPP) in the Department of Anesthesiology, Critical Care and Pain Medicine at Boston Children's Hospital has done to advance the perioperative care for transgender youth.

A Single Center Case Series of Gender-Affirming Surgeries and the Evolution of a Specialty Anesthesia Team (https://www.mdpi.com/2077-0383/11/7/1943)

March 31, 2022



The attached PDF is an excellent review of the risks of general anesthesia for patients with muscular dystrophies, including Becker's (PMID:19762730 (https://www.ncbi.nlm.nih.gov/pubmed/19762730), Full text (https://journals.lww.com/anesthesia-analgesia/fulltext/2009/10000/malignant_hyperthermia_and_muscular_dystrophies.10.aspx)). Of course, a detailed pre-operative pulmonary and cardiac evaluation will be essential for your patient prior to her vaginoplasty procedure.

March 1, 2022

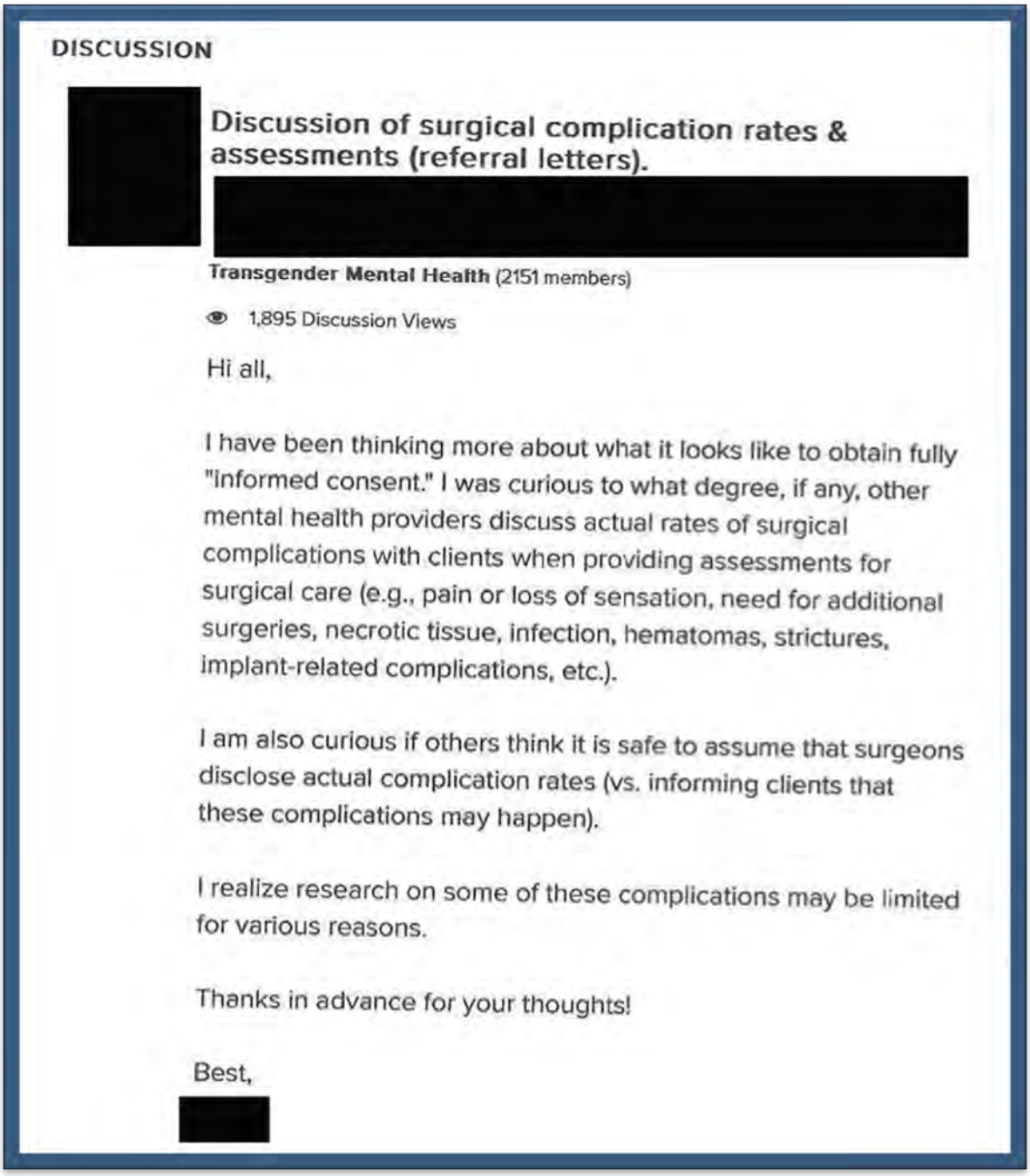
Comment

[redacted] Thank [redacted] I am in the process of doing my due diligence with patient in regards to above. I have done the research and notes a few studies around anesthesia and MS. I will take a look at the review.

March 10, 2022

8) COMPLICATION RATES AND INFORMED CONSENT

a) A WPATH member poses questions regarding standards for informed consent and the reality of complication rates



DISCUSSION

[redacted]

Discussion of surgical complication rates & assessments (referral letters).

[redacted]

Transgender Mental Health (2151 members)

1,895 Discussion Views

Hi all,

I have been thinking more about what it looks like to obtain fully "informed consent." I was curious to what degree, if any, other mental health providers discuss actual rates of surgical complications with clients when providing assessments for surgical care (e.g., pain or loss of sensation, need for additional surgeries, necrotic tissue, infection, hematomas, strictures, implant-related complications, etc.).

I am also curious if others think it is safe to assume that surgeons disclose actual complication rates (vs. informing clients that these complications may happen).

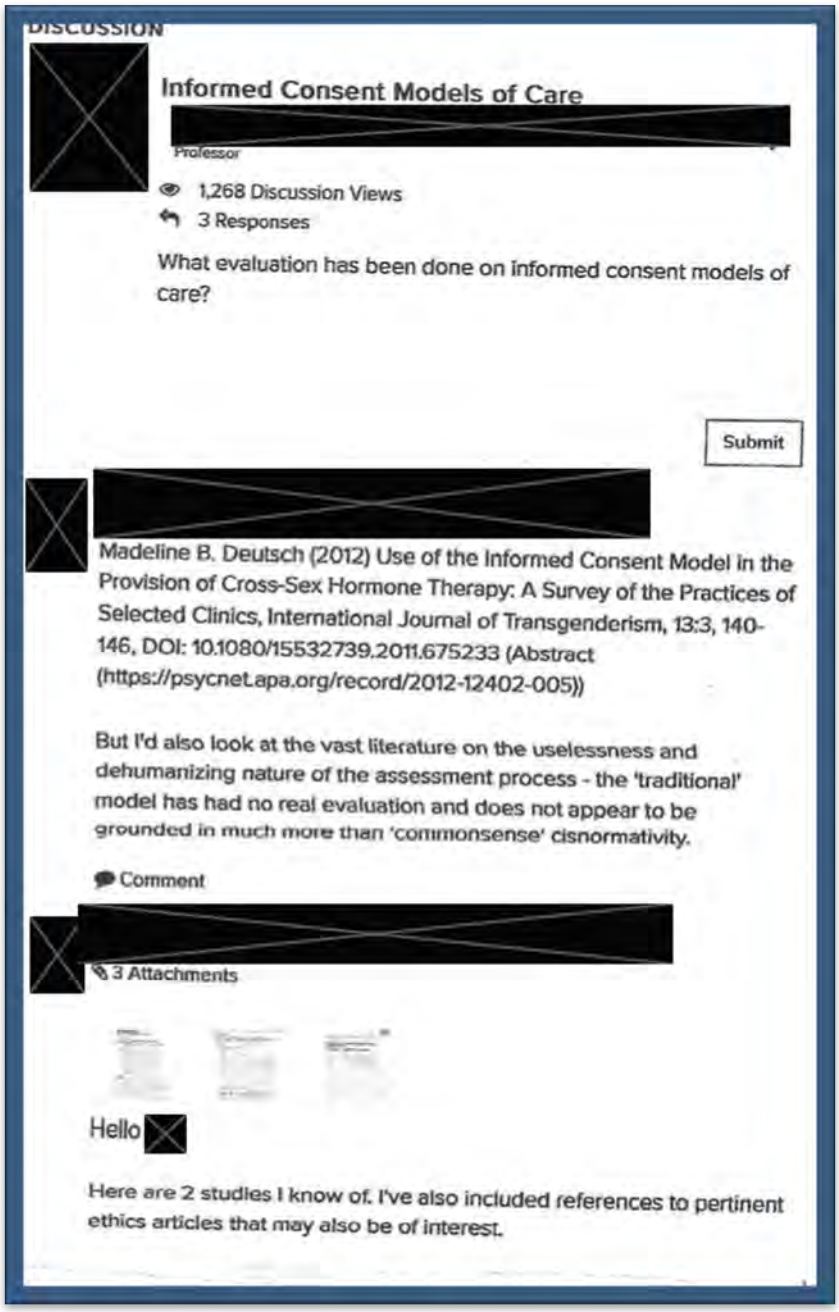
I realize research on some of these complications may be limited for various reasons.

Thanks in advance for your thoughts!

Best,

[redacted]

b) A WPATH member explains that the traditional model of informed consent is cis-normative



DISCUSSION

[redacted]

Informed Consent Models of Care

[redacted]

Professor

1,268 Discussion Views

3 Responses

What evaluation has been done on informed consent models of care?

Submit

[redacted]

Madeline B. Deutsch (2012) Use of the Informed Consent Model in the Provision of Cross-Sex Hormone Therapy: A Survey of the Practices of Selected Clinics, International Journal of Transgenderism, 13:3, 140-146, DOI: 10.1080/15532739.2011.675233 (Abstract (https://psycnet.apa.org/record/2012-12402-005))

But I'd also look at the vast literature on the uselessness and dehumanizing nature of the assessment process - the 'traditional' model has had no real evaluation and does not appear to be grounded in much more than 'commonsense' cisnormativity.

Comment

[redacted]

3 Attachments

Hello [redacted]

Here are 2 studies I know of. I've also included references to pertinent ethics articles that may also be of interest.

- Deutsch MB. Use of the informed consent model in the provision of cross-sex hormone therapy: a survey of the practices of selected clinics. Int J Transgenderism. 2012 May;13(3):140-6. (Abstract (https://psycnet.apa.org/record/2012-12402-005))

...

Read more

Comment

[redacted]

1 Attachment

Hi[redacted]

I also recommend:

Clark, B. A., & Virani, A. (2021). This wasn't a split-second decision": An empirical ethical analysis of transgender youth capacity, rights, and authority to consent to hormone therapy. Journal of Bioethical Inquiry, 18(1), 151–164. (PMID:33502682 (https://www.ncbi.nlm.nih.gov/pubmed/33502682), Full text (https://link.springer.com/article/10.1007/s11673-020-10086-9))

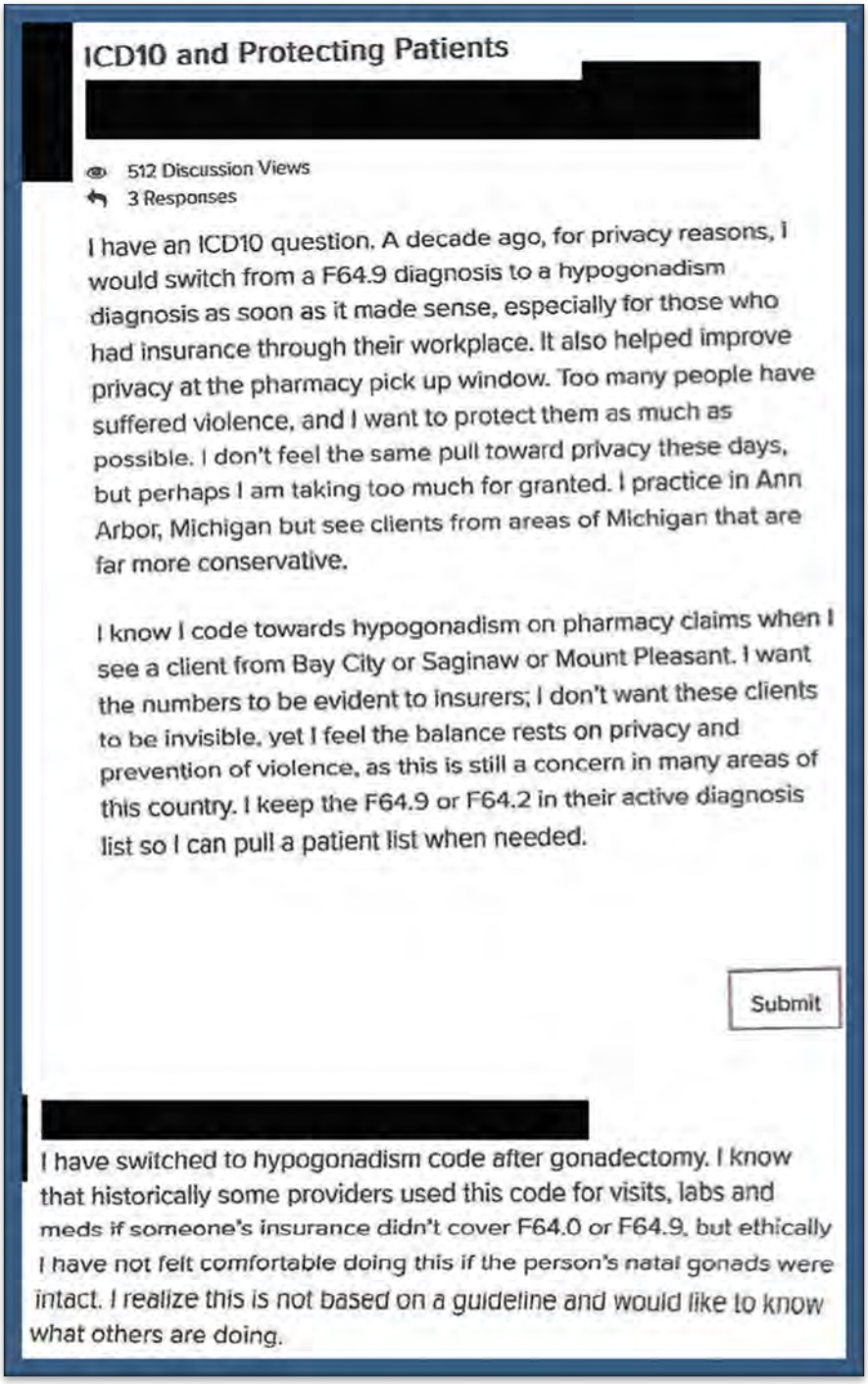
...

Read more

Comment

9) INSURANCE IN GENDER MEDICINE INTERVENTIONS

a) A WPATH member expresses concerns regarding data privacy in conservative areas



ICD10 and Protecting Patients

[redacted]

512 Discussion Views
3 Responses

I have an ICD10 question. A decade ago, for privacy reasons, I would switch from a F64.9 diagnosis to a hypogonadism diagnosis as soon as it made sense, especially for those who had insurance through their workplace. It also helped improve privacy at the pharmacy pick up window. Too many people have suffered violence, and I want to protect them as much as possible. I don't feel the same pull toward privacy these days, but perhaps I am taking too much for granted. I practice in Ann Arbor, Michigan but see clients from areas of Michigan that are far more conservative.

I know I code towards hypogonadism on pharmacy claims when I see a client from Bay City or Saginaw or Mount Pleasant. I want the numbers to be evident to insurers; I don't want these clients to be invisible, yet I feel the balance rests on privacy and prevention of violence, as this is still a concern in many areas of this country. I keep the F64.9 or F64.2 in their active diagnosis list so I can pull a patient list when needed.

Submit

[redacted]

I have switched to hypogonadism code after gonadectomy. I know that historically some providers used this code for visits, labs and meds if someone's insurance didn't cover F64.0 or F64.9, but ethically I have not felt comfortable doing this if the person's natal gonads were intact. I realize this is not based on a guideline and would like to know what others are doing.

[redacted]

What happened to endocrine disorder NOS as an alternative?

Comment

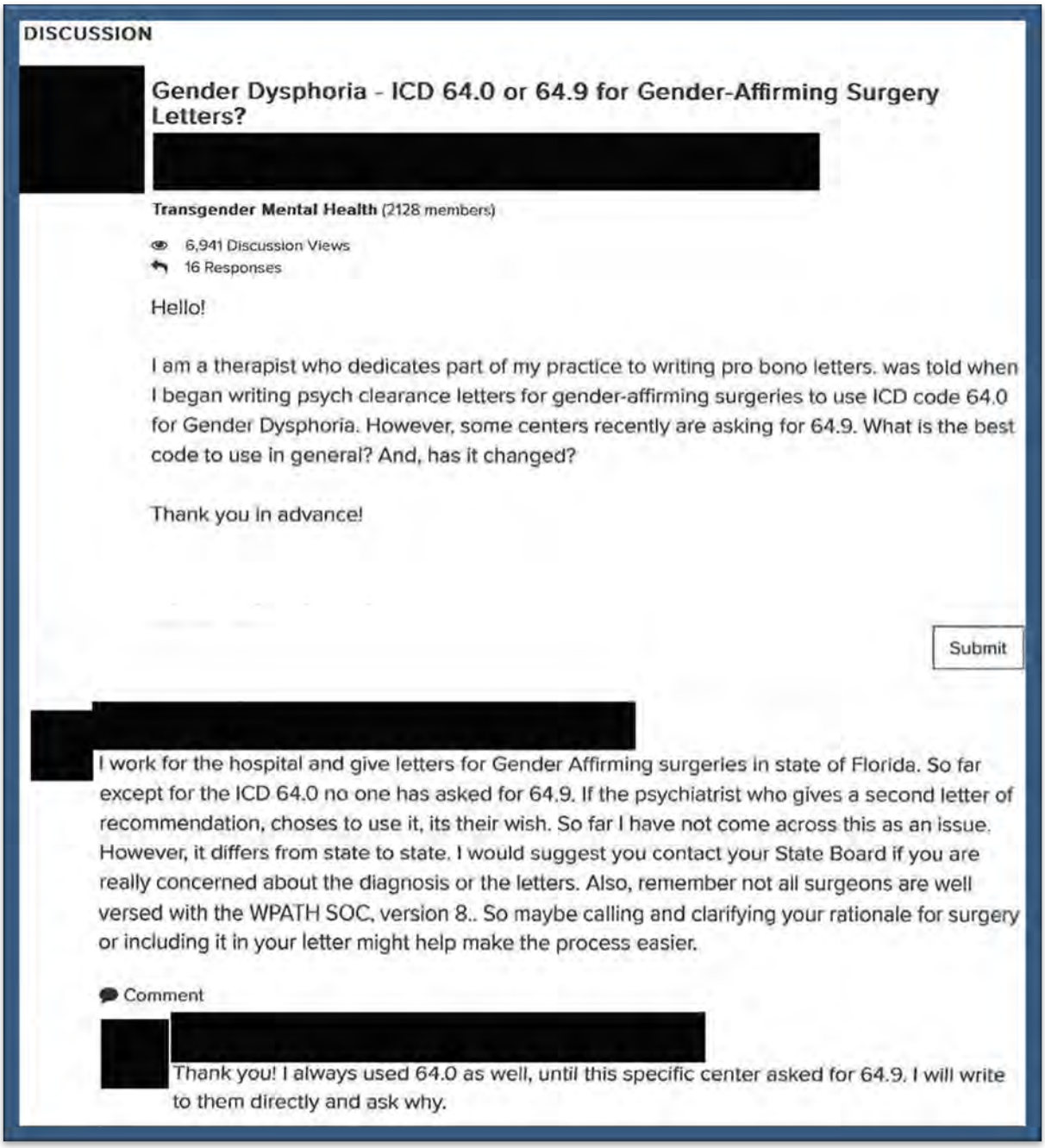
[redacted]

This is challenging to navigate - while the hypogonadism and endocrine disorder NOS are helpful to offer privacy and safety, justifying these codes to an insurer frequently results in an insurer pushing back for lab work justifying low testosterone or low estrogen at certain intervals (usually with an annual PA for controlled substances). For someone on long-term hormone therapy, justifying this is nearly impossible without going off of their hormones for a period of time to meet an insurer's required lab levels for coverage.

I would advise asking your patients directly about their comfort, explaining to them the logistical issues associated with obtaining medications (i.e. coding, concerns with privacy), and creating a course of action in collaboration with the patient. Presuming that a patient has coverage for gender-affirming care in their plan, I would consider keeping gender dysphoria-related ICD-10 coding (most insurers will not require bloodwork for this diagnosis) and advising requesting meds through their insurer's preferred mail order pharmacy - this negates potential conflict or safety issues with a less affirming pharmacist in their area. Another benefit of a mail-order option is that a patient can obtain a 90 day supply of their meds, also reducing potential pharmacist-patient contact.

Comment

b) WPATH members discuss how to classify gender dysphoria using ICD for insurance benefits



DISCUSSION

[redacted]

Gender Dysphoria - ICD 64.0 or 64.9 for Gender-Affirming Surgery Letters?

[redacted]

Transgender Mental Health (2128 members)

6,941 Discussion Views
16 Responses

Hello!

I am a therapist who dedicates part of my practice to writing pro bono letters. was told when I began writing psych clearance letters for gender-affirming surgeries to use ICD code 64.0 for Gender Dysphoria. However, some centers recently are asking for 64.9. What is the best code to use in general? And, has it changed?

Thank you in advance!

Submit

[redacted]

I work for the hospital and give letters for Gender Affirming surgeries in state of Florida. So far except for the ICD 64.0 no one has asked for 64.9. If the psychiatrist who gives a second letter of recommendation, choses to use it, its their wish. So far I have not come across this as an issue. However, it differs from state to state. I would suggest you contact your State Board if you are really concerned about the diagnosis or the letters. Also, remember not all surgeons are well versed with the WPATH SOC, version 8.. So maybe calling and clarifying your rationale for surgery or including it in your letter might help make the process easier.

Comment

[redacted]

Thank you! I always used 64.0 as well, until this specific center asked for 64.9. I will write to them directly and ask why.

[redacted] Insurance isn't taking 64.0 for me.

Comment

[redacted] Interesting!

[redacted] Did it used to?

[redacted] It may have to do with wording. F64.0 in the DSM is Gender dysphoria in an adult or adolescent but in ICD-10 its title is Transexualism and F64.9 is gender identity disorder, unspecified. If you're reading diagnostic criteria in both the DSM and ICD 10, F64.0 is the most accurate but F64.9 isn't inaccurate. I know in our EMR if you search the diagnosis with DSM title it only comes up as F64.9 I end up manually coding F64.0 and then modifying language to match DSM.

Comment

[redacted] "F64.0 is the most accurate but F64.9 isn't inaccurate" - that is exactly the thesis statement here! I wonder if we can list two F diagnosis to cover all bases.

[redacted] This tracks with what I have noticed as well. My EHR will list Dual role transvestism, and my staff cannot figure out how to change the wording in our system. So I have moved to using F64.9 more often for that reason.

[redacted] It sounds like you are writing for gender care services that specify they want a diagnosis. As my writing style for letters has evolved over the years, I have made an effort not to use a diagnosis when sending information to insurance companies. And so far, I haven't been contacted and asked for a diagnosis. Instead, my letters read something like "X meets the recommended World Professional Association for Transgender Health (WPATH) Standards of Care guidelines for the type of surgery he is pursuing." Then I outline all of the criteria and provide information to support that the person fits the criteria.

Comment

[redacted] Interesting [redacted] I did not know they would be approved without the diagnosis!

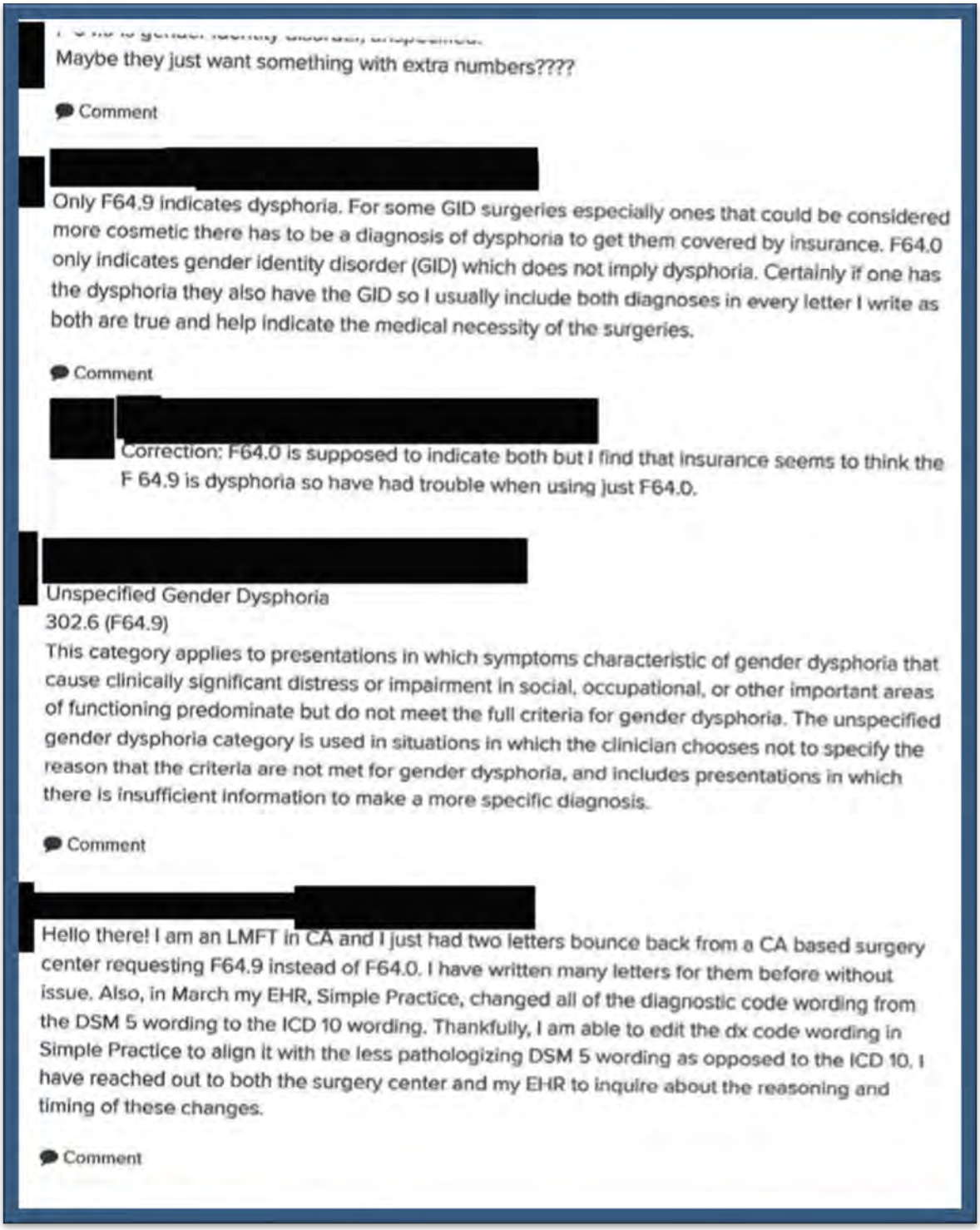
[redacted] LPC-MHSP in Tennessee here.

I've so far (fingers crossed) never had a letter rejected (mostly BCBS, United). I've never this far used F64.0–"Transsexualism" if I'm remembering correctly—as it hasn't yet described clients I've seen seeking letters. I've been using F64.9, which in some electronic health care systems (I've called mine about this and griped about it to them) automatically defaults to "Gender Identity Disorder" but in the coding of DSM-V, I see as being "gender dysphoria in adolescents and adults." So I put that title in with the proper F64.9. So far so good.

In my letters I've been specifically identifying both the ICD-10 code for insurance purposes and...

Read more

Comment



Maybe they just want something with extra numbers????

Comment

[redacted]

Only F64.9 indicates dysphoria. For some GID surgeries especially ones that could be considered more cosmetic there has to be a diagnosis of dysphoria to get them covered by insurance. F64.0 only indicates gender identity disorder (GID) which does not imply dysphoria. Certainly if one has the dysphoria they also have the GID so I usually include both diagnoses in every letter I write as both are true and help indicate the medical necessity of the surgeries.

Comment

[redacted]

Correction: F64.0 is supposed to indicate both but I find that insurance seems to think the F 64.9 is dysphoria so have had trouble when using just F64.0.

[redacted]

Unspecified Gender Dysphoria
302.6 (F64.9)
This category applies to presentations in which symptoms characteristic of gender dysphoria that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for gender dysphoria. The unspecified gender dysphoria category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for gender dysphoria, and includes presentations in which there is insufficient information to make a more specific diagnosis.

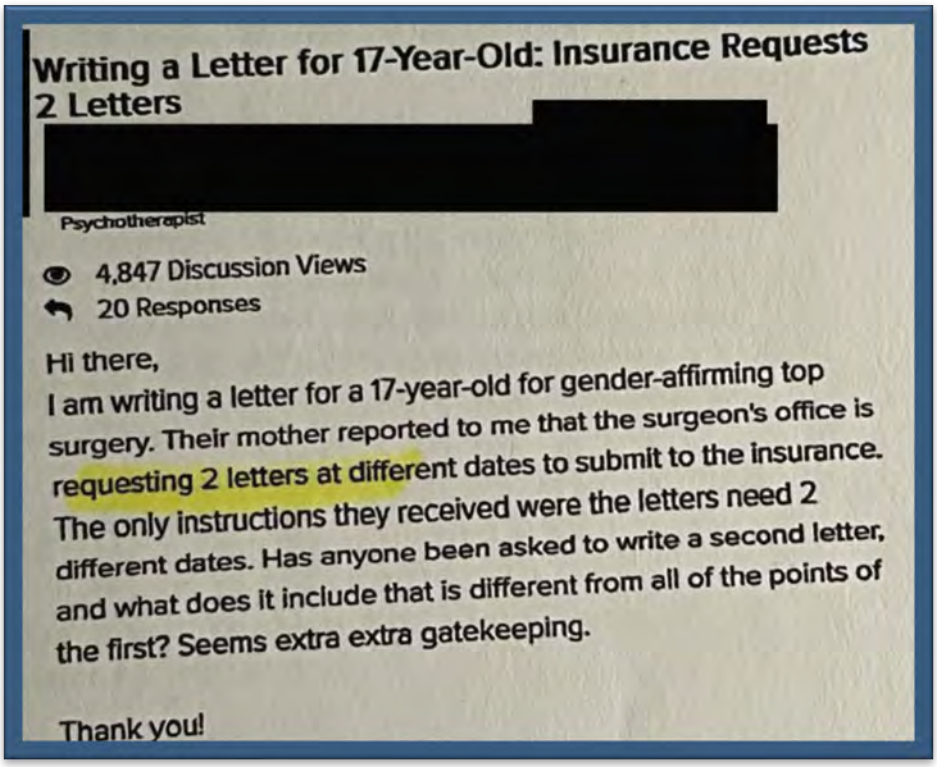
Comment

[redacted]

Hello there! I am an LMFT in CA and I just had two letters bounce back from a CA based surgery center requesting F64.9 instead of F64.0. I have written many letters for them before without issue. Also, in March my EHR, Simple Practice, changed all of the diagnostic code wording from the DSM 5 wording to the ICD 10 wording. Thankfully, I am able to edit the dx code wording in Simple Practice to align it with the less pathologizing DSM 5 wording as opposed to the ICD 10. I have reached out to both the surgery center and my EHR to inquire about the reasoning and timing of these changes.

Comment

c) WPATH members characterize a two-letter requirement for transition surgery as gatekeeping



Writing a Letter for 17-Year-Old: Insurance Requests 2 Letters

[redacted]

Psychotherapist

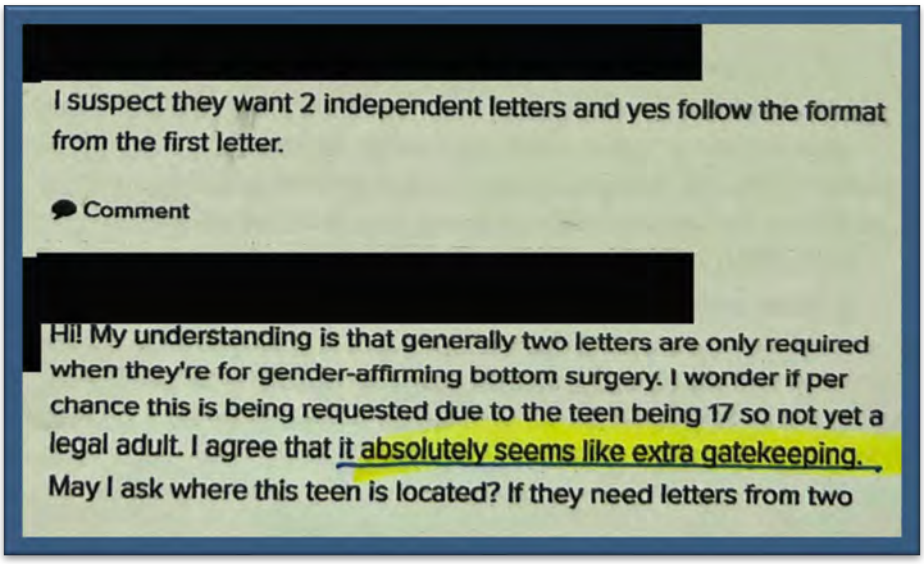
4,847 Discussion Views

20 Responses

Hi there,

I am writing a letter for a 17-year-old for gender-affirming top surgery. Their mother reported to me that the surgeon's office is requesting 2 letters at different dates to submit to the insurance. The only instructions they received were the letters need 2 different dates. Has anyone been asked to write a second letter, and what does it include that is different from all of the points of the first? Seems extra extra gatekeeping.

Thank you!



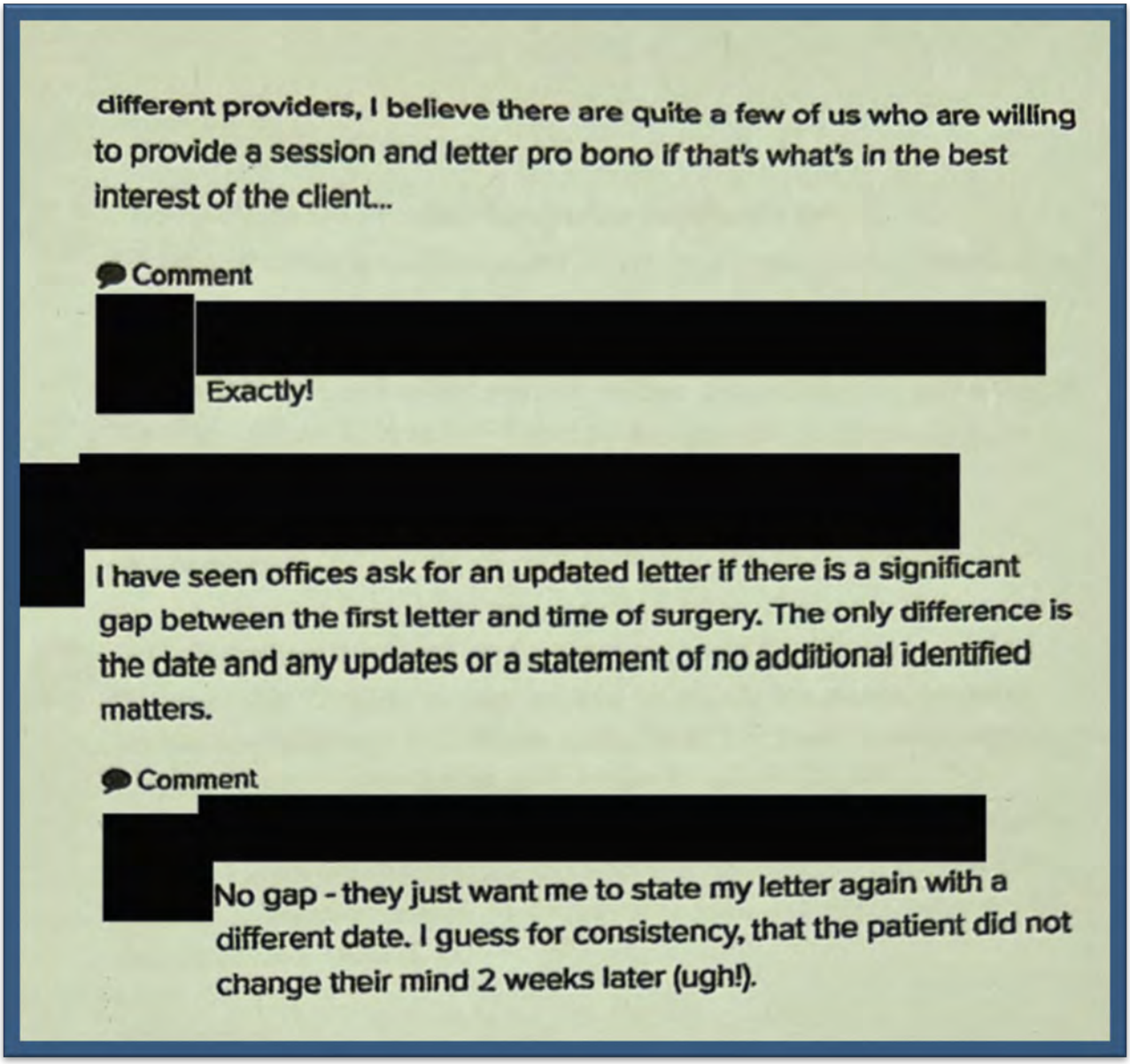
[redacted]

I suspect they want 2 independent letters and yes follow the format from the first letter.

Comment

[redacted]

Hi! My understanding is that generally two letters are only required when they're for gender-affirming bottom surgery. I wonder if per chance this is being requested due to the teen being 17 so not yet a legal adult. I agree that it absolutely seems like extra gatekeeping. May I ask where this teen is located? If they need letters from two



different providers, I believe there are quite a few of us who are willing to provide a session and letter pro bono if that's what's in the best interest of the client...

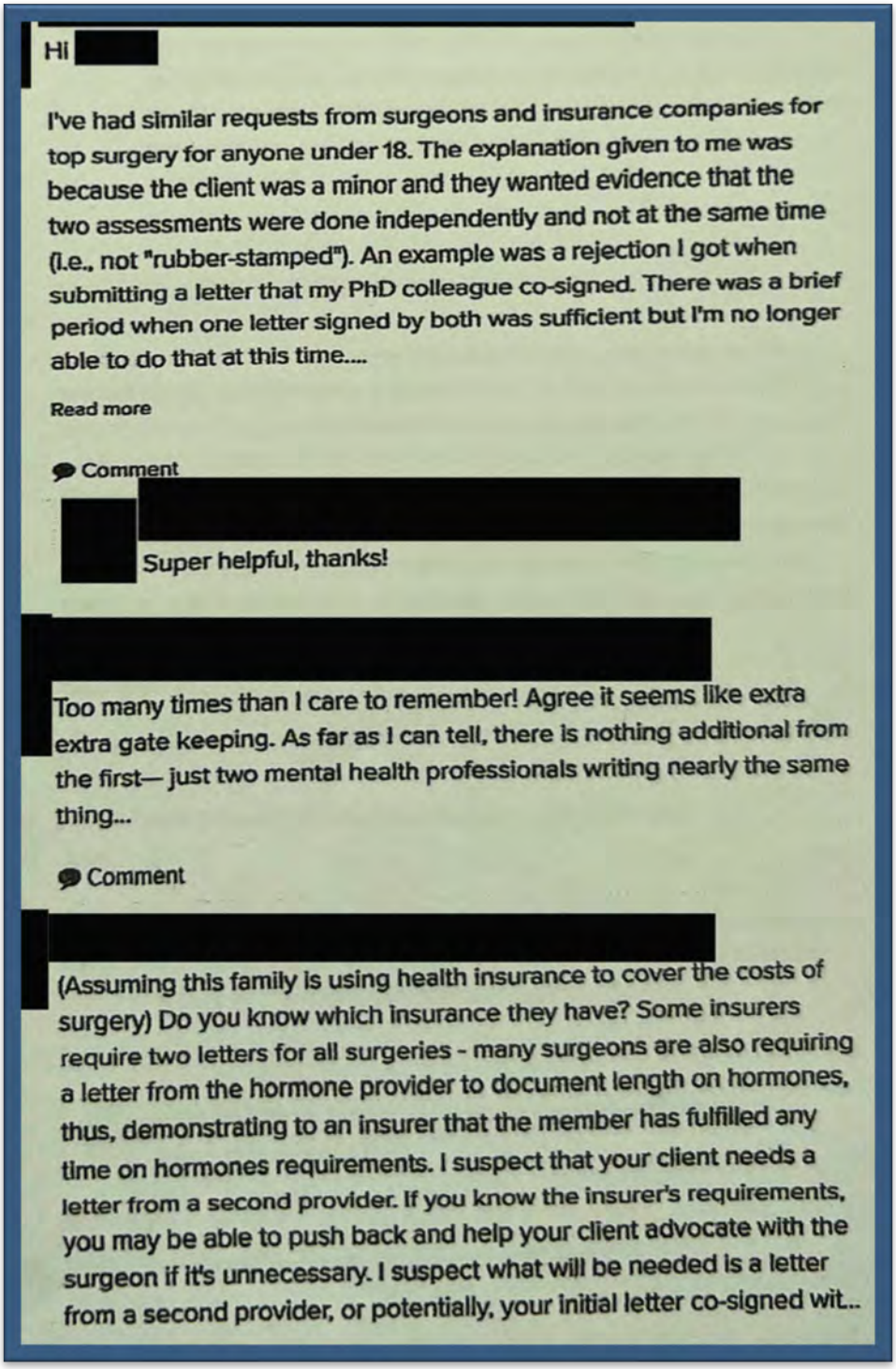
Comment

[redacted] Exactly!

[redacted] I have seen offices ask for an updated letter if there is a significant gap between the first letter and time of surgery. The only difference is the date and any updates or a statement of no additional identified matters.

Comment

[redacted] No gap - they just want me to state my letter again with a different date. I guess for consistency, that the patient did not change their mind 2 weeks later (ugh!).



Hi [redacted]

I've had similar requests from surgeons and insurance companies for top surgery for anyone under 18. The explanation given to me was because the client was a minor and they wanted evidence that the two assessments were done independently and not at the same time (i.e., not "rubber-stamped"). An example was a rejection I got when submitting a letter that my PhD colleague co-signed. There was a brief period when one letter signed by both was sufficient but I'm no longer able to do that at this time....

Read more

Comment

[redacted]

Super helpful, thanks!

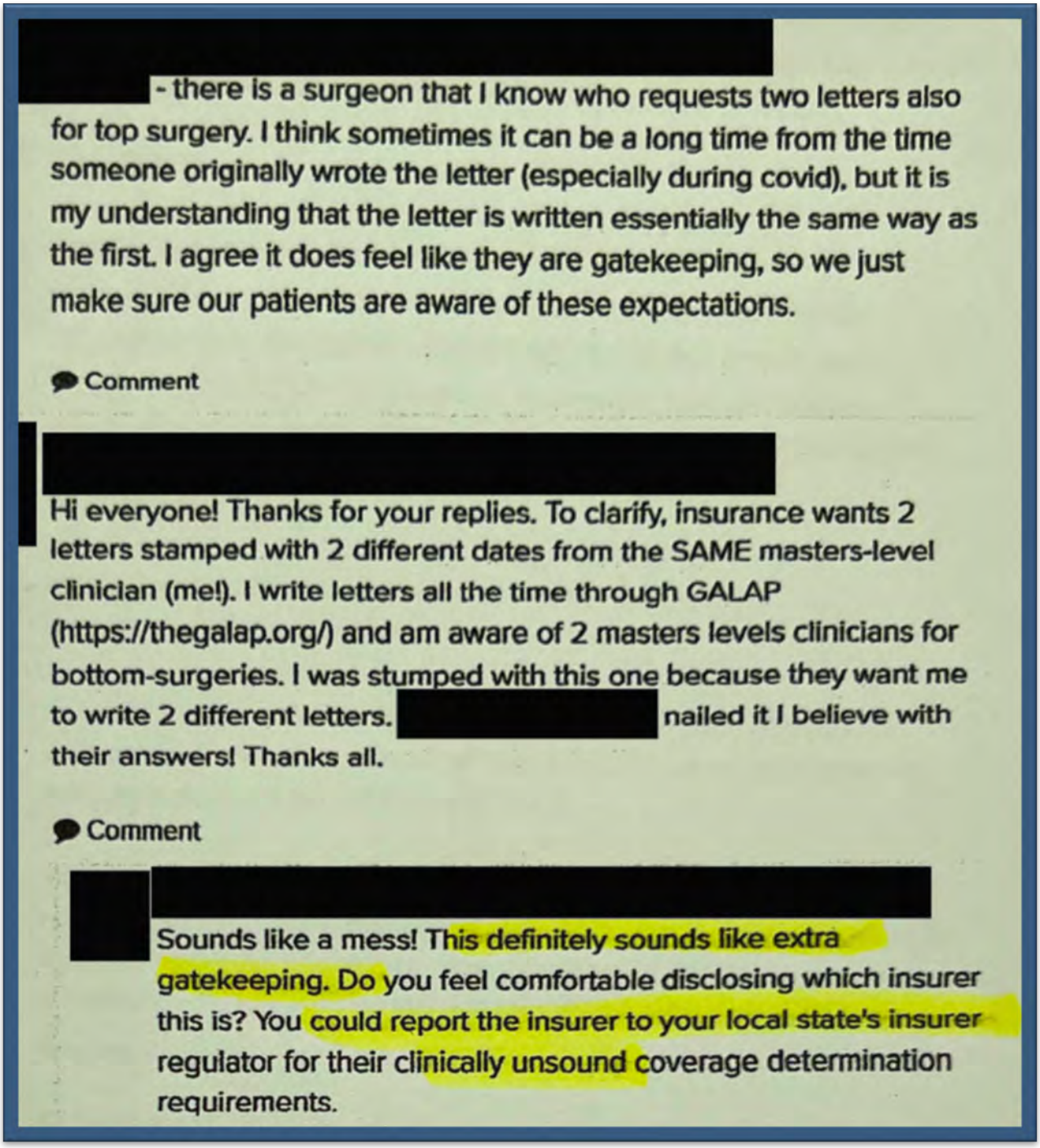
[redacted]

Too many times than I care to remember! Agree it seems like extra extra gate keeping. As far as I can tell, there is nothing additional from the first— just two mental health professionals writing nearly the same thing...

Comment

[redacted]

(Assuming this family is using health insurance to cover the costs of surgery) Do you know which insurance they have? Some insurers require two letters for all surgeries - many surgeons are also requiring a letter from the hormone provider to document length on hormones, thus, demonstrating to an insurer that the member has fulfilled any time on hormones requirements. I suspect that your client needs a letter from a second provider. If you know the insurer's requirements, you may be able to push back and help your client advocate with the surgeon if it's unnecessary. I suspect what will be needed is a letter from a second provider, or potentially, your initial letter co-signed wit...



[redacted] - there is a surgeon that I know who requests two letters also for top surgery. I think sometimes it can be a long time from the time someone originally wrote the letter (especially during covid), but it is my understanding that the letter is written essentially the same way as the first. I agree it does feel like they are gatekeeping, so we just make sure our patients are aware of these expectations.

Comment

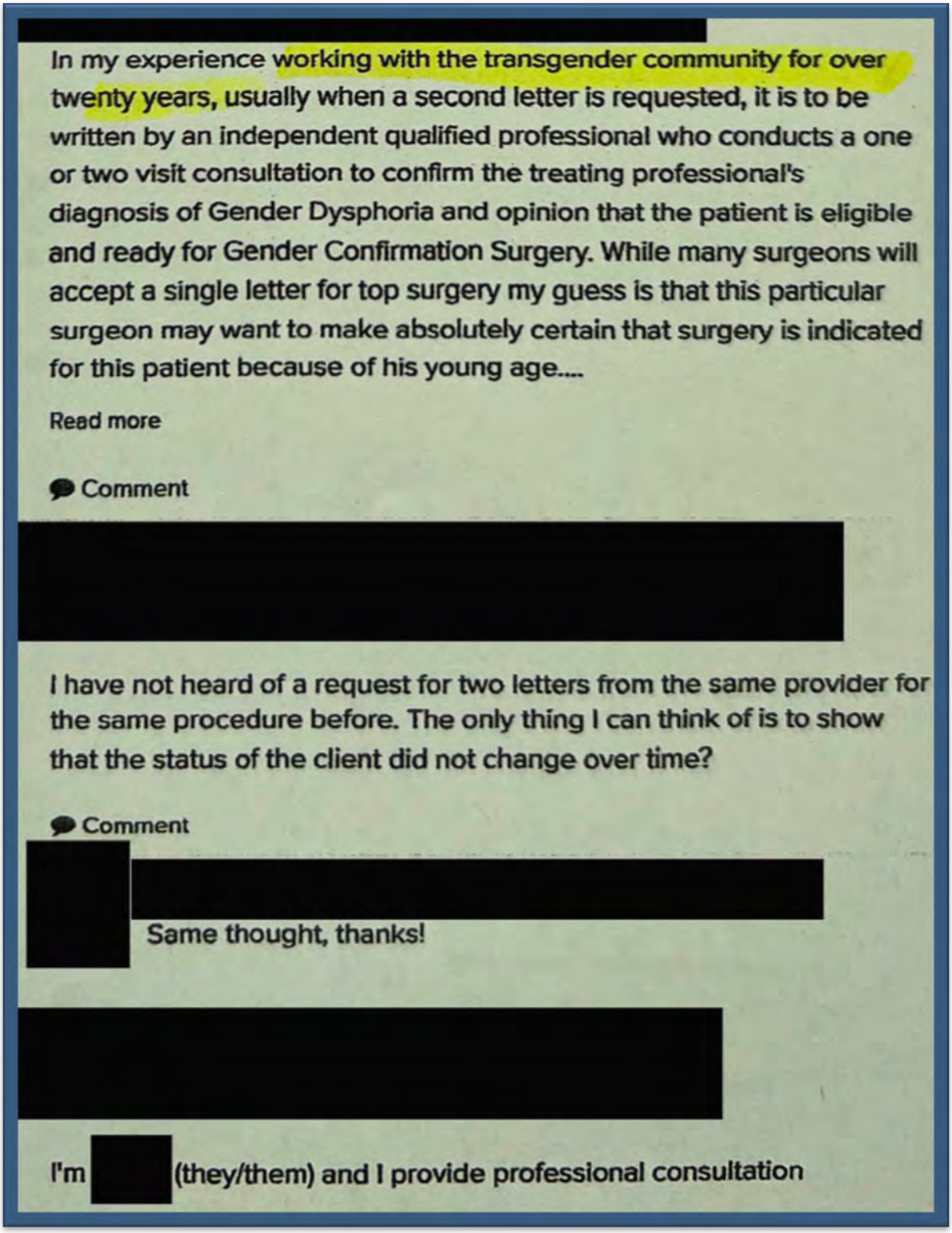
[redacted]

Hi everyone! Thanks for your replies. To clarify, insurance wants 2 letters stamped with 2 different dates from the SAME masters-level clinician (me!). I write letters all the time through GALAP (https://thegalap.org/) and am aware of 2 masters levels clinicians for bottom-surgeries. I was stumped with this one because they want me to write 2 different letters. [redacted] nailed it I believe with their answers! Thanks all.

Comment

[redacted]

Sounds like a mess! This definitely sounds like extra gatekeeping. Do you feel comfortable disclosing which insurer this is? You could report the insurer to your local state's insurer regulator for their clinically unsound coverage determination requirements.



[redacted]

In my experience working with the transgender community for over twenty years, usually when a second letter is requested, it is to be written by an independent qualified professional who conducts a one or two visit consultation to confirm the treating professional's diagnosis of Gender Dysphoria and opinion that the patient is eligible and ready for Gender Confirmation Surgery. While many surgeons will accept a single letter for top surgery my guess is that this particular surgeon may want to make absolutely certain that surgery is indicated for this patient because of his young age....

Read more

Comment

[redacted]

I have not heard of a request for two letters from the same provider for the same procedure before. The only thing I can think of is to show that the status of the client did not change over time?

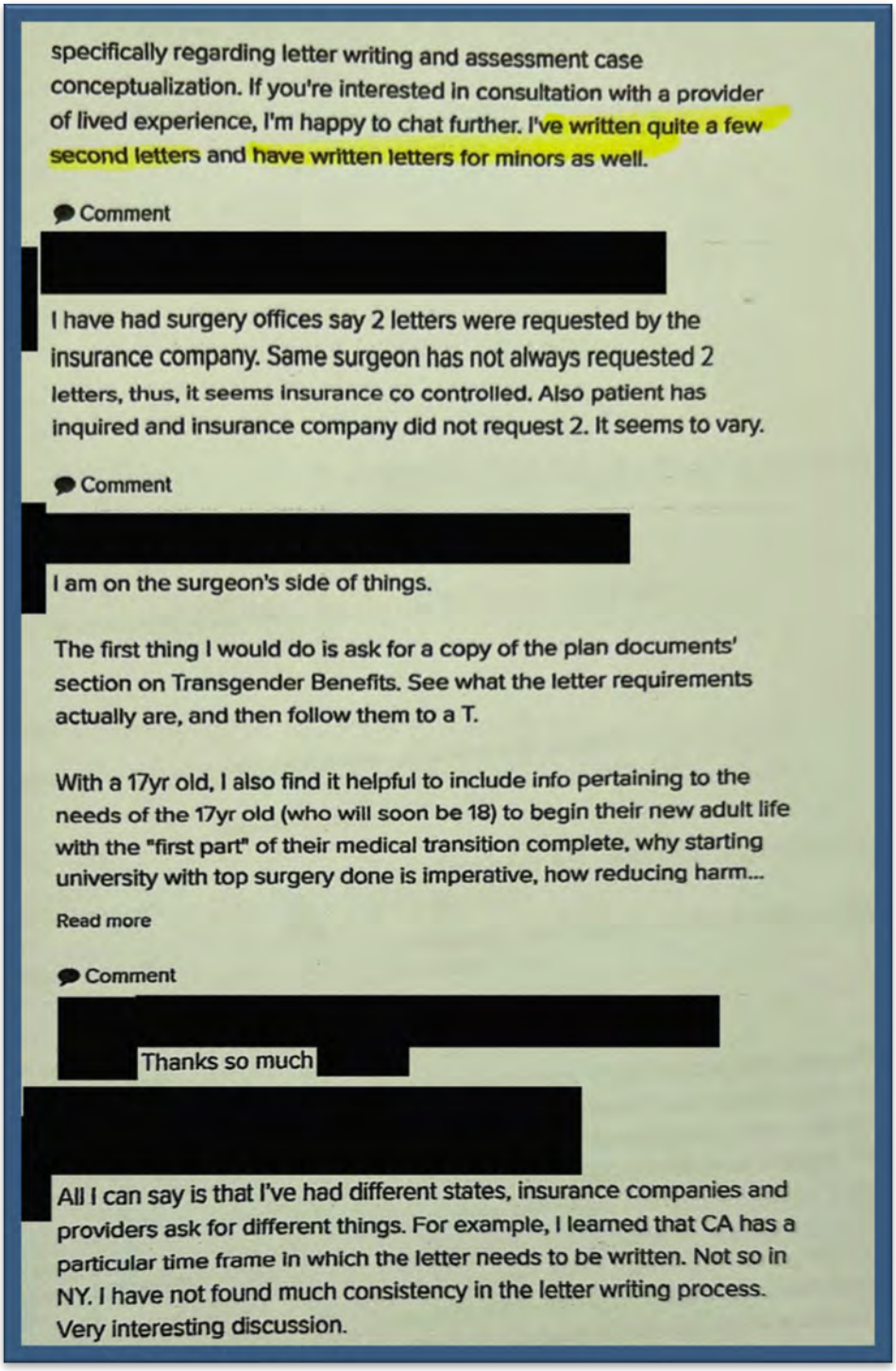
Comment

[redacted]

Same thought, thanks!

[redacted]

I'm [redacted] (they/them) and I provide professional consultation



specifically regarding letter writing and assessment case conceptualization. If you're interested in consultation with a provider of lived experience, I'm happy to chat further. I've written quite a few second letters and have written letters for minors as well.

Comment

[redacted]

I have had surgery offices say 2 letters were requested by the insurance company. Same surgeon has not always requested 2 letters, thus, it seems insurance co controlled. Also patient has inquired and insurance company did not request 2. It seems to vary.

Comment

[redacted]

I am on the surgeon's side of things.

The first thing I would do is ask for a copy of the plan documents' section on Transgender Benefits. See what the letter requirements actually are, and then follow them to a T.

With a 17yr old, I also find it helpful to include info pertaining to the needs of the 17yr old (who will soon be 18) to begin their new adult life with the "first part" of their medical transition complete, why starting university with top surgery done is imperative, how reducing harm...

Read more

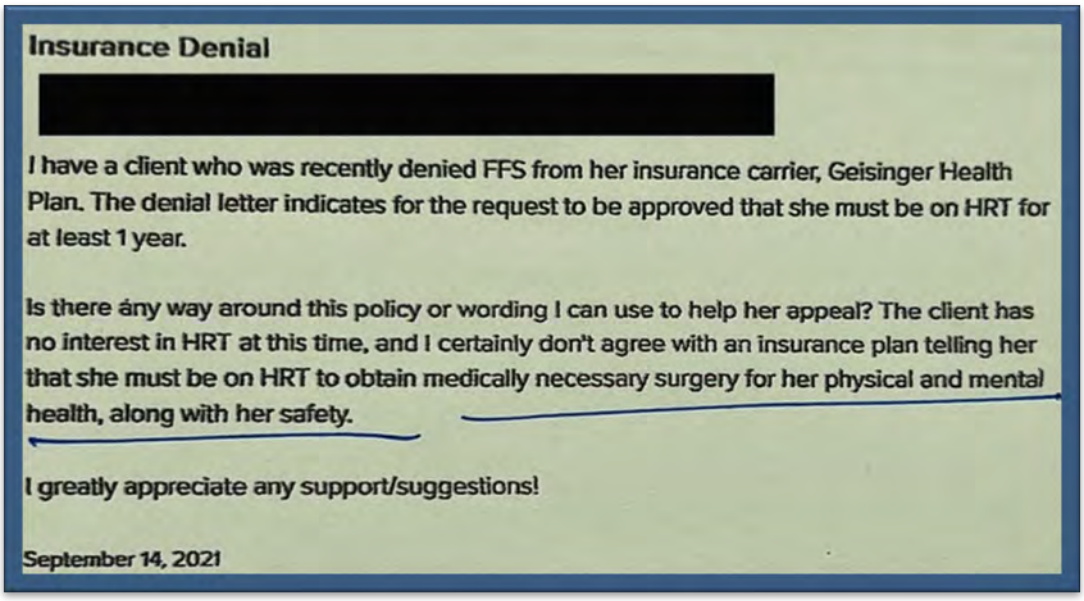
Comment

[redacted]

Thanks so much [redacted]

All I can say is that I've had different states, insurance companies and providers ask for different things. For example, I learned that CA has a particular time frame in which the letter needs to be written. Not so in NY. I have not found much consistency in the letter writing process. Very interesting discussion.

d) A WPATH member states that surgery is necessary for mental and physical health despite insurance denial, seeking a way to circumvent the insurance policy



Insurance Denial

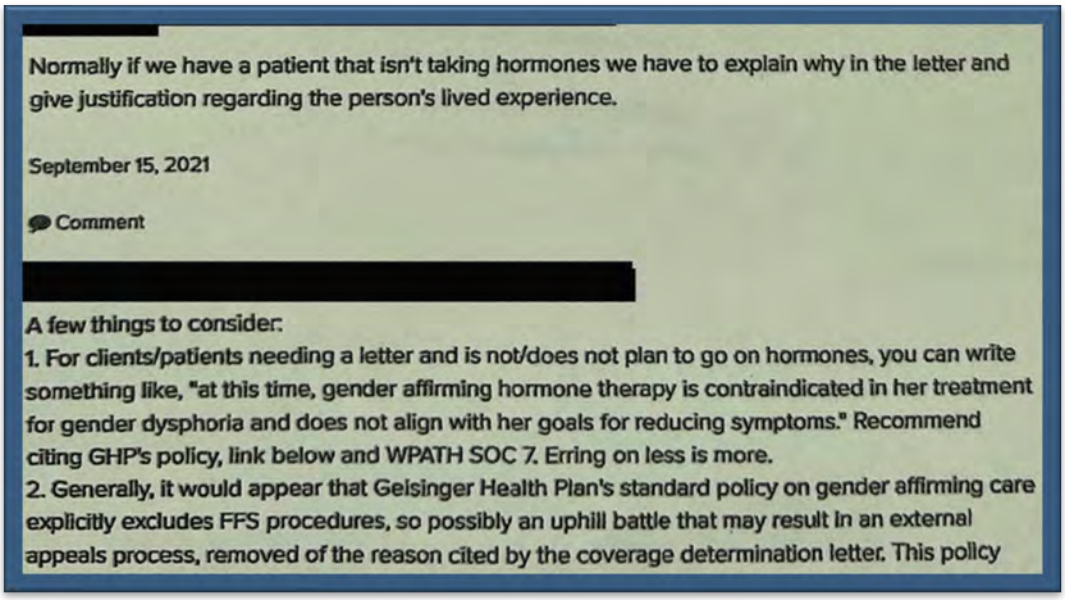
[redacted]

I have a client who was recently denied FFS from her insurance carrier, Geisinger Health Plan. The denial letter indicates for the request to be approved that she must be on HRT for at least 1 year.

Is there any way around this policy or wording I can use to help her appeal? The client has no interest in HRT at this time, and I certainly don't agree with an insurance plan telling her that she must be on HRT to obtain medically necessary surgery for her physical and mental health, along with her safety.

I greatly appreciate any support/suggestions!

September 14, 2021



[redacted]

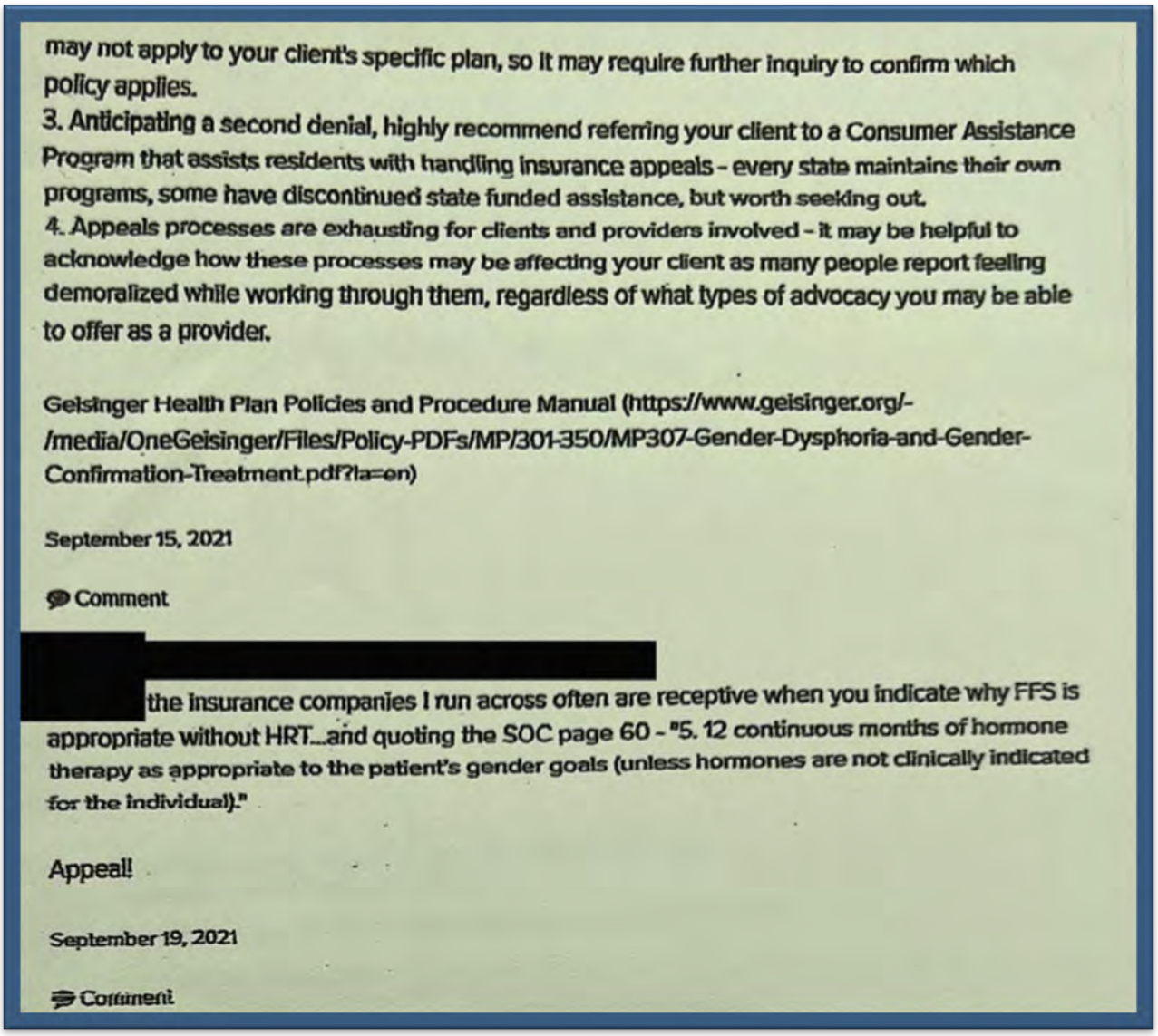
Normally if we have a patient that isn't taking hormones we have to explain why in the letter and give justification regarding the person's lived experience.

September 15, 2021

Comment

[redacted]

A few things to consider:
1. For clients/patients needing a letter and is not/does not plan to go on hormones, you can write something like, "at this time, gender affirming hormone therapy is contraindicated in her treatment for gender dysphoria and does not align with her goals for reducing symptoms." Recommend citing GHP's policy, link below and WPATH SOC 7. Erring on less is more.
2. Generally, it would appear that Geisinger Health Plan's standard policy on gender affirming care explicitly excludes FFS procedures, so possibly an uphill battle that may result in an external appeals process, removed of the reason cited by the coverage determination letter. This policy



may not apply to your client's specific plan, so it may require further inquiry to confirm which policy applies.
3. Anticipating a second denial, highly recommend referring your client to a Consumer Assistance Program that assists residents with handling insurance appeals - every state maintains their own programs, some have discontinued state funded assistance, but worth seeking out.
4. Appeals processes are exhausting for clients and providers involved - it may be helpful to acknowledge how these processes may be affecting your client as many people report feeling demoralized while working through them, regardless of what types of advocacy you may be able to offer as a provider.

Geisinger Health Plan Policies and Procedure Manual (https://www.geisinger.org/-/media/OneGeisinger/Files/Policy-PDFs/MP/301-350/MP307-Gender-Dysphoria-and-Gender-Confirmation-Treatment.pdf?la=en)

September 15, 2021

Comment

[redacted] the insurance companies I run across often are receptive when you indicate why FFS is appropriate without HRT...and quoting the SOC page 60 - "5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual)."

Appeal!

September 19, 2021

Comment

10) LIVED EXPERIENCE GUIDELINES FOR TRANSITION

a) WPATH members discuss potential vaginoplasty in elderly patient

DISCUSSION

[redacted]

12 mo lived gender requirement for gender affirmation surgeries

[redacted]

2,712 Discussion Views

7 Responses

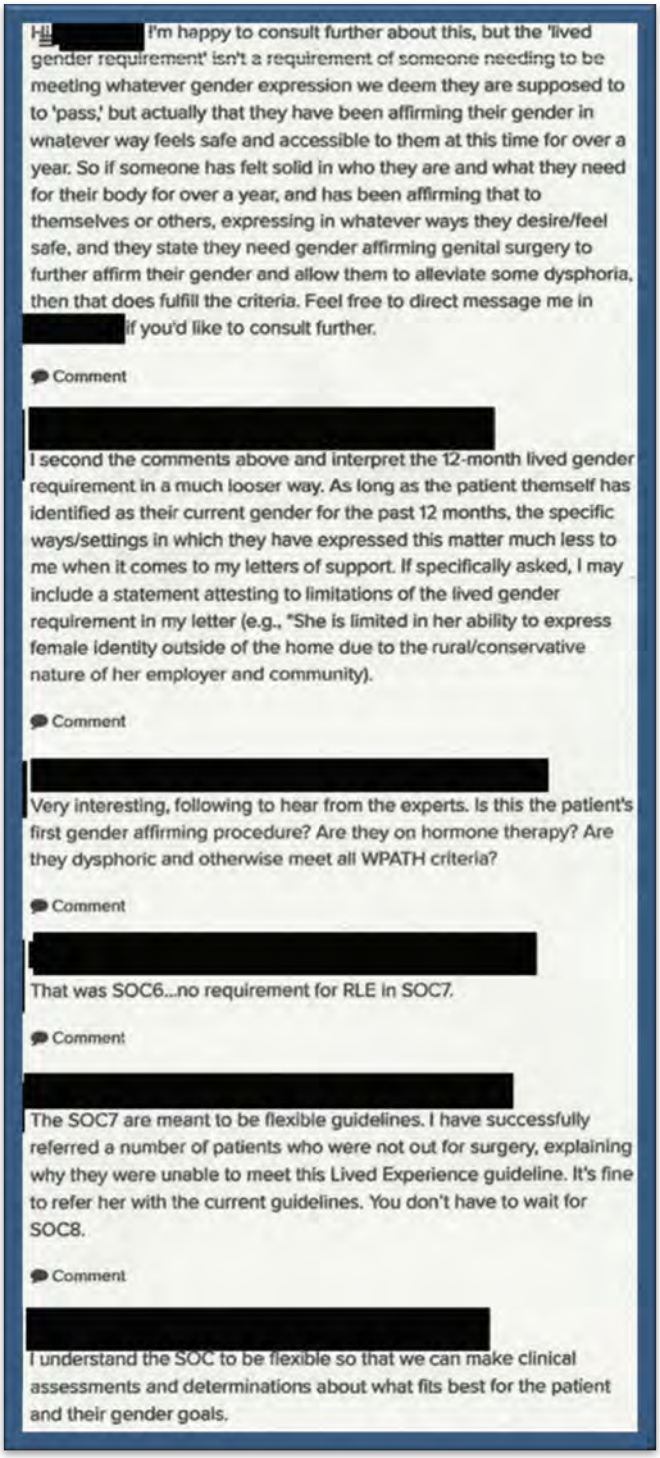
I have an 79yo assigned male at birth patient with a lifelong nonbinary/female gender identity requesting a limited depth vaginoplasty. Patient does not meet the 12 mo lived gender requirement of WPATH SoC version 7 because they are not comfortable socially transitioning at this age in front of their children and rural community. Does anyone know whether SoC v8 will soften the 12mo lived gender requirement? We'll find out end of Dec when it comes out, but at age 79, time is of the essence.

Submit

[redacted]

Does "12 months living in gender role" necessarily have to be interpreted as "12 months of being out as trans in absolutely every possible setting"? Plenty of trans people socially transition in some settings and present as their assigned gender at birth in other settings for logistical reasons (e.g. employment discrimination, family issues). I'm assuming the patient has been "living" in her identified gender at home and/or to certain select people (healthcare professionals? support group? trans friends?) for a long time, even if she's not out to the majority of the people in her community.

Comment



Hi [redacted] I'm happy to consult further about this, but the 'lived gender requirement' isn't a requirement of someone needing to be meeting whatever gender expression we deem they are supposed to to 'pass,' but actually that they have been affirming their gender in whatever way feels safe and accessible to them at this time for over a year. So if someone has felt solid in who they are and what they need for their body for over a year, and has been affirming that to themselves or others, expressing in whatever ways they desire/feel safe, and they state they need gender affirming genital surgery to further affirm their gender and allow them to alleviate some dysphoria, then that does fulfill the criteria. Feel free to direct message me in [redacted] if you'd like to consult further.

Comment

[redacted]

I second the comments above and interpret the 12-month lived gender requirement in a much looser way. As long as the patient themself has identified as their current gender for the past 12 months, the specific ways/settings in which they have expressed this matter much less to me when it comes to my letters of support. If specifically asked, I may include a statement attesting to limitations of the lived gender requirement in my letter (e.g., "She is limited in her ability to express female identity outside of the home due to the rural/conservative nature of her employer and community).

Comment

[redacted]

Very interesting, following to hear from the experts. Is this the patient's first gender affirming procedure? Are they on hormone therapy? Are they dysphoric and otherwise meet all WPATH criteria?

Comment

[redacted]

That was SOC6...no requirement for RLE in SOC7.

Comment

[redacted]

The SOC7 are meant to be flexible guidelines. I have successfully referred a number of patients who were not out for surgery, explaining why they were unable to meet this Lived Experience guideline. It's fine to refer her with the current guidelines. You don't have to wait for SOC8.

Comment

[redacted]

I understand the SOC to be flexible so that we can make clinical assessments and determinations about what fits best for the patient and their gender goals.

[redacted]
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Comment

[redacted]
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Comment

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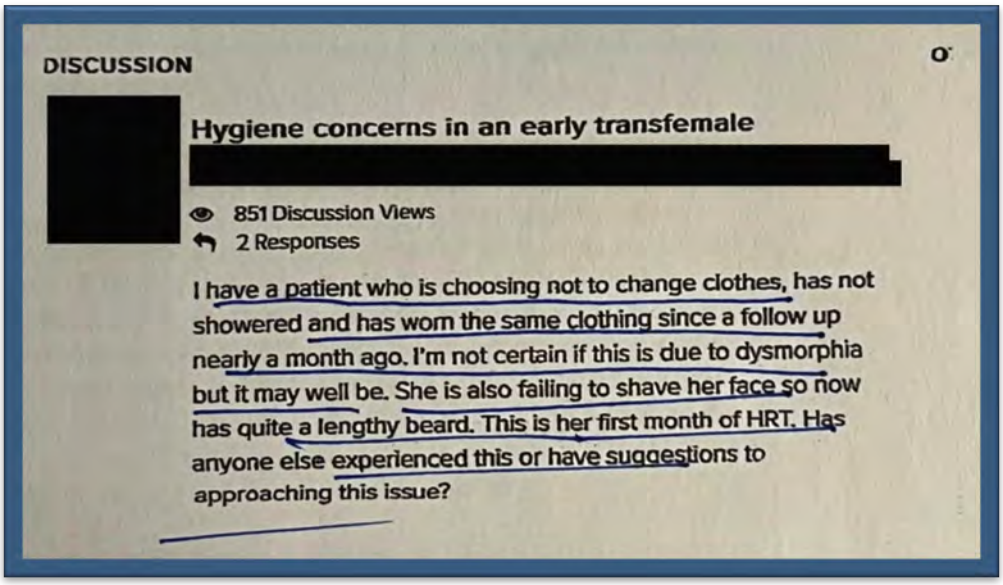
Comment

[redacted]
I understand the SOC to be flexible so that we can make clinical assessments and determinations about what fits best for the patient and their gender goals.

11) HYGIENE CONCERNS

a) WPATH members discuss lack of hygiene in a patient after hormone replacement therapy (HRT)



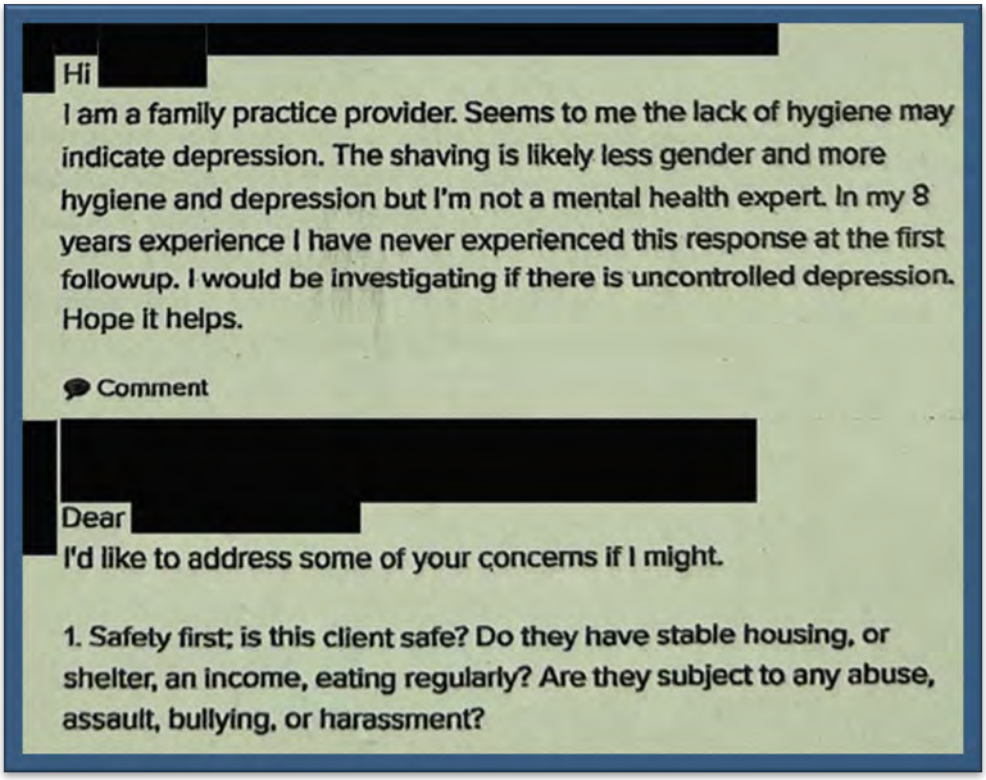
DISCUSSION

[redacted]

Hygiene concerns in an early transfemale [redacted]

851 Discussion Views
2 Responses

I have a patient who is choosing not to change clothes, has not showered and has worn the same clothing since a follow up nearly a month ago. I'm not certain if this is due to dysmorphia but it may well be. She is also failing to shave her face so now has quite a lengthy beard. This is her first month of HRT. Has anyone else experienced this or have suggestions to approaching this issue?



Hi [redacted]

I am a family practice provider. Seems to me the lack of hygiene may indicate depression. The shaving is likely less gender and more hygiene and depression but I'm not a mental health expert. In my 8 years experience I have never experienced this response at the first followup. I would be investigating if there is uncontrolled depression. Hope it helps.

Comment

[redacted]

Dear [redacted]

I'd like to address some of your concerns if I might.

1. Safety first; is this client safe? Do they have stable housing, or shelter, an income, eating regularly? Are they subject to any abuse, assault, bullying, or harassment?

2. Secondly, when you say "early", is this early in the therapeutic process, early in transition, or early in your work with her? I ask because each requires different answers. I'm going to answer "early in work with you." You've diagnosed GD or were referred by someone who had, yes? You've probably done an assessment and BDI; is this person experiencing elevated levels of frustration, anxiety, or depression? Do they have a history of suicidality? There are so many triggers that can push the associated symptomology of gender dysphoria into crisis; have any of these occurred?

3. Regarding the unchanged clothing, does this person have much of a wardrobe? It is very common for Trans folk to maintain THREE wardrobes, particularly Trans women, one of male drag for situations where they are not out, one of female garb matching their gender identity for spaces they're able to present authentically, and garments, usually female, but of an androgynous cut that may be worn anywhere. She may not have many clothes in the second category. She may be very early in transition, still struggling with self-acceptance and cycling through stages of clothing purges.

4. Poor hygiene instantly brings to mind safety again, as in risk of self-harm, elevated depression, suicidality, but also safety as in no stable housing or access to shower facilities or laundry, or not out in housing situation and therefore constrained in dressing space and options due to fear of violence.

5. Has she been diagnosed with dysmorphia? GD diagnostics do contain elements of dissatisfaction ranging to disgust with natal biology matching gender designation at birth rather than actual experienced/lived gender/gender identity but aren't usually referred to with the term "dysmorphia" unless that is a separate diagnosis specific to particular areas of anatomy. Usually, gender dysphoria includes a critical focus upon genitalia or any prominent and visible secondary sex characteristic of GDAB biology. For Trans women, this includes beard shadow, shoulder width, hand size, chin prominence, laryngeal promontory, or other features which may be difficult to alter or conceal and therefore particularly stressful at this stage.

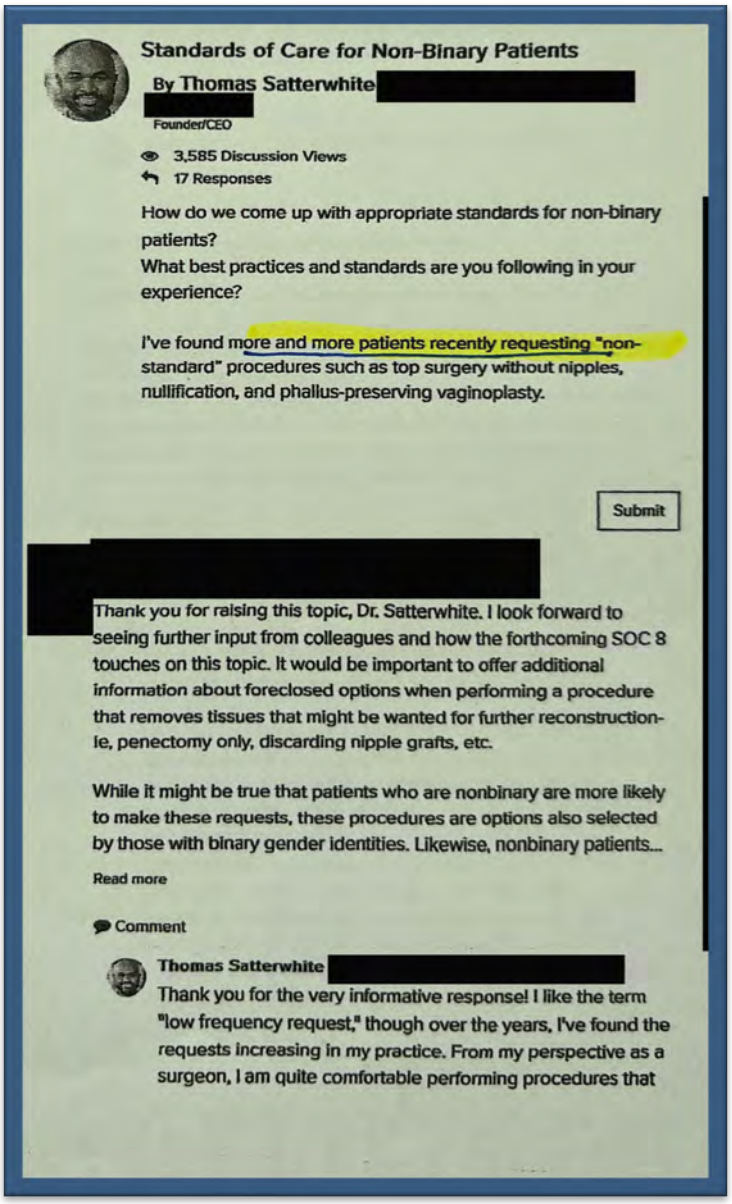
6. Again, with the cessation of shaving, does she have access to adequate shaving supplies and safe space to use them? Or is it possible that this is part of a struggle with self-acceptance and might represent a "flight into masculinity" paradigm? Also, remember race can figure as well. Black Trans women often have different issues managing beard growth, skin appearance, hair and removal methods, and may require elements that could be expensive or unavailable, such as specialty depilatories suitable for multiple skin types.

7. Frequently in the very early days of GAHT, folks experience a boost of positivity, hopefulness, find it easier to regulate, and often describe this concrete and tangible action forward as "gender euphoria." This can be true even if circumstances such as work or family may prevent them from presenting in their experienced gender and may have to continue living part or full time in their GDAB gender presentation.

I hope some of these observations prove useful.

12) NON-STANDARD MEDICAL PROCEDURES

a) WPATH members discuss appropriate standards of care for nonbinary patients, particularly when they request non-standard procedures



Standards of Care for Non-Binary Patients

By Thomas Satterwhite [redacted]

Founder/CEO

3,585 Discussion Views

17 Responses

How do we come up with appropriate standards for non-binary patients?
What best practices and standards are you following in your experience?

I've found more and more patients recently requesting "non-standard" procedures such as top surgery without nipples, nullification, and phallus-preserving vaginoplasty.

Submit

[redacted]

Thank you for raising this topic, Dr. Satterwhite. I look forward to seeing further input from colleagues and how the forthcoming SOC 8 touches on this topic. It would be important to offer additional information about foreclosed options when performing a procedure that removes tissues that might be wanted for further reconstruction- ie, penectomy only, discarding nipple grafts, etc.

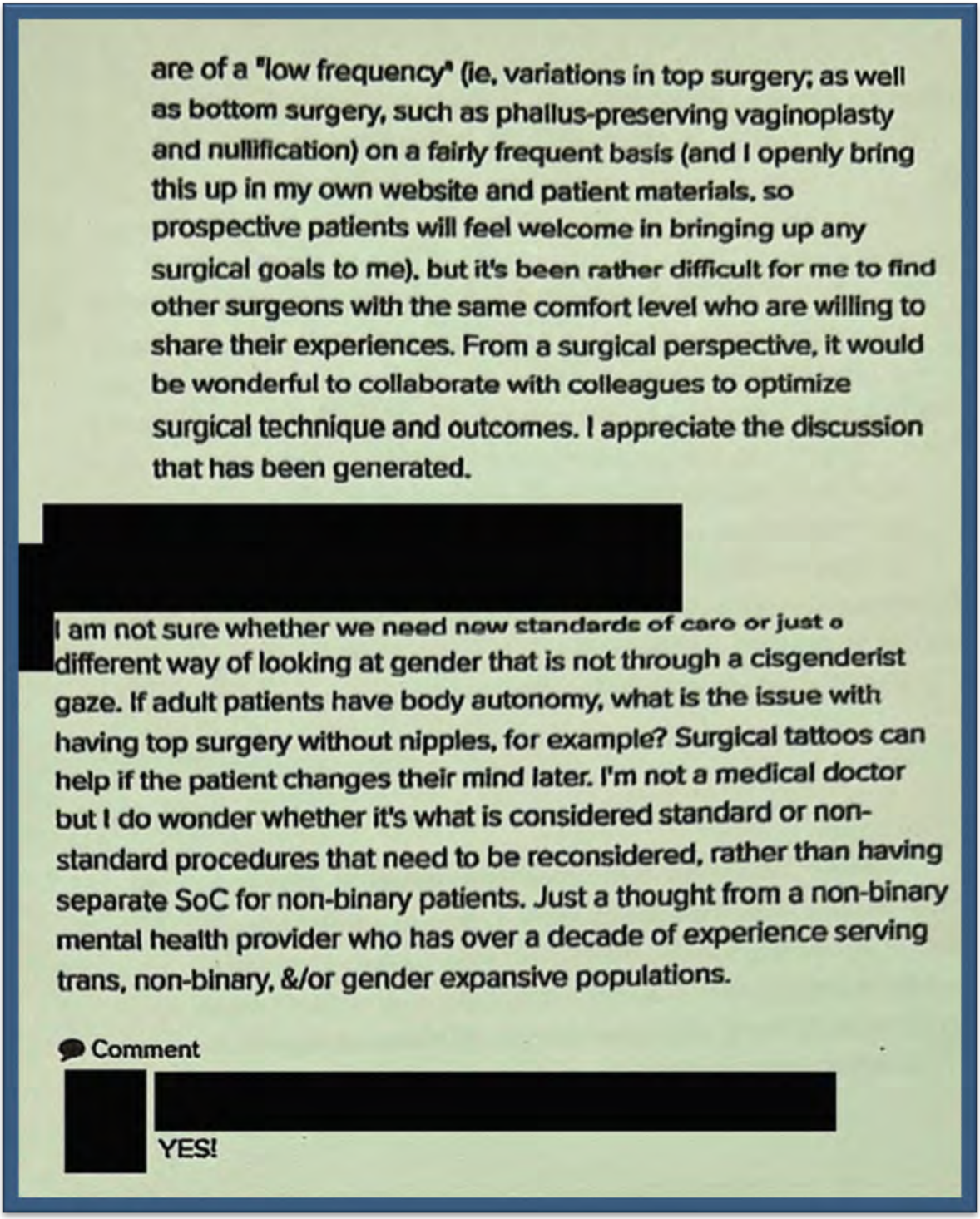
While it might be true that patients who are nonbinary are more likely to make these requests, these procedures are options also selected by those with binary gender identities. Likewise, nonbinary patients...

Read more

Comment

Thomas Satterwhite [redacted]

Thank you for the very informative response! I like the term "low frequency request," though over the years, I've found the requests increasing in my practice. From my perspective as a surgeon, I am quite comfortable performing procedures that



are of a "low frequency" (ie, variations in top surgery; as well as bottom surgery, such as phallus-preserving vaginoplasty and nullification) on a fairly frequent basis (and I openly bring this up in my own website and patient materials, so prospective patients will feel welcome in bringing up any surgical goals to me), but it's been rather difficult for me to find other surgeons with the same comfort level who are willing to share their experiences. From a surgical perspective, it would be wonderful to collaborate with colleagues to optimize surgical technique and outcomes. I appreciate the discussion that has been generated.

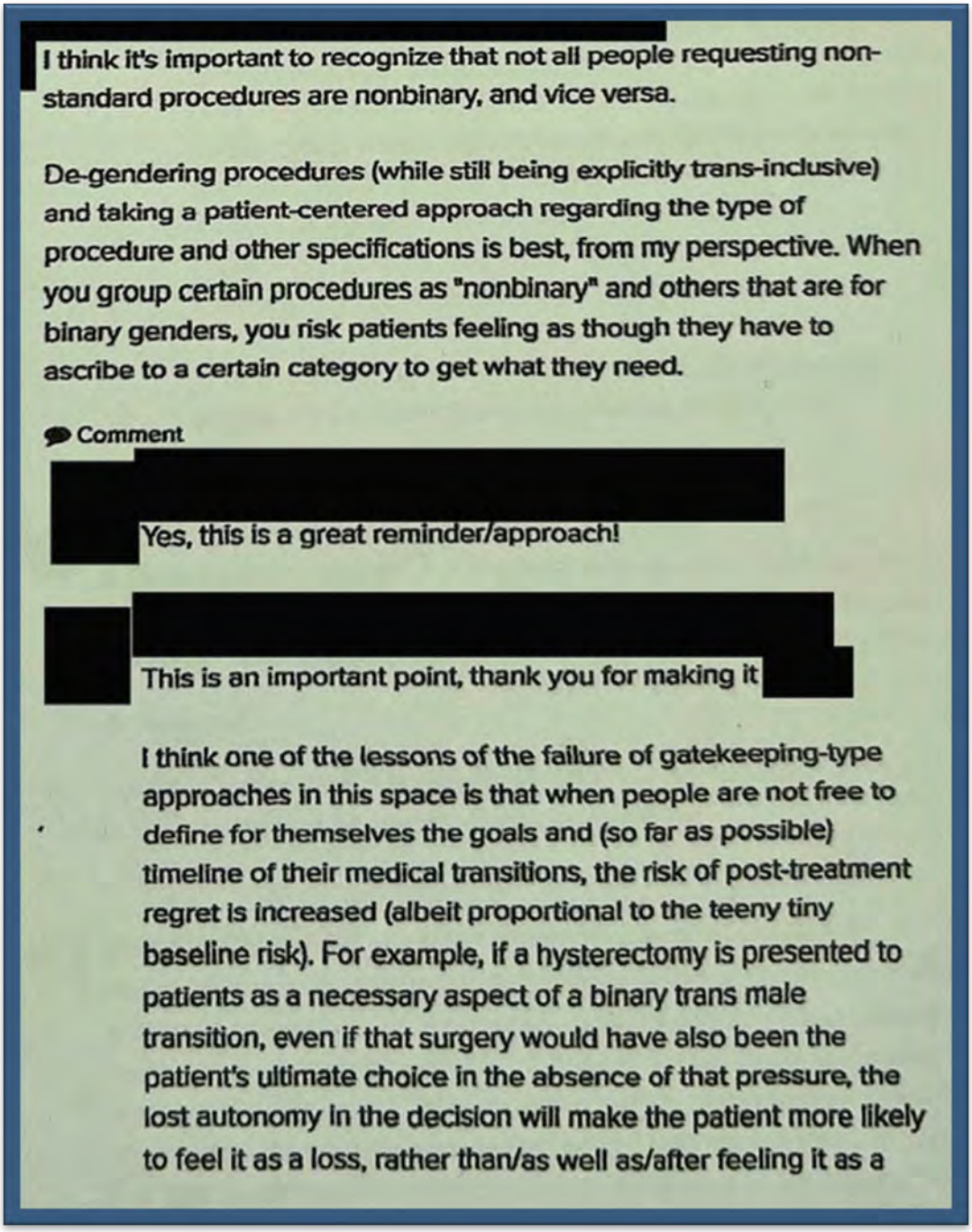
[redacted]

I am not sure whether we need new standards of care or just a different way of looking at gender that is not through a cisgenderist gaze. If adult patients have body autonomy, what is the issue with having top surgery without nipples, for example? Surgical tattoos can help if the patient changes their mind later. I'm not a medical doctor but I do wonder whether it's what is considered standard or non-standard procedures that need to be reconsidered, rather than having separate SoC for non-binary patients. Just a thought from a non-binary mental health provider who has over a decade of experience serving trans, non-binary, &/or gender expansive populations.

Comment

[redacted]

YES!



I think it's important to recognize that not all people requesting non-standard procedures are nonbinary, and vice versa.

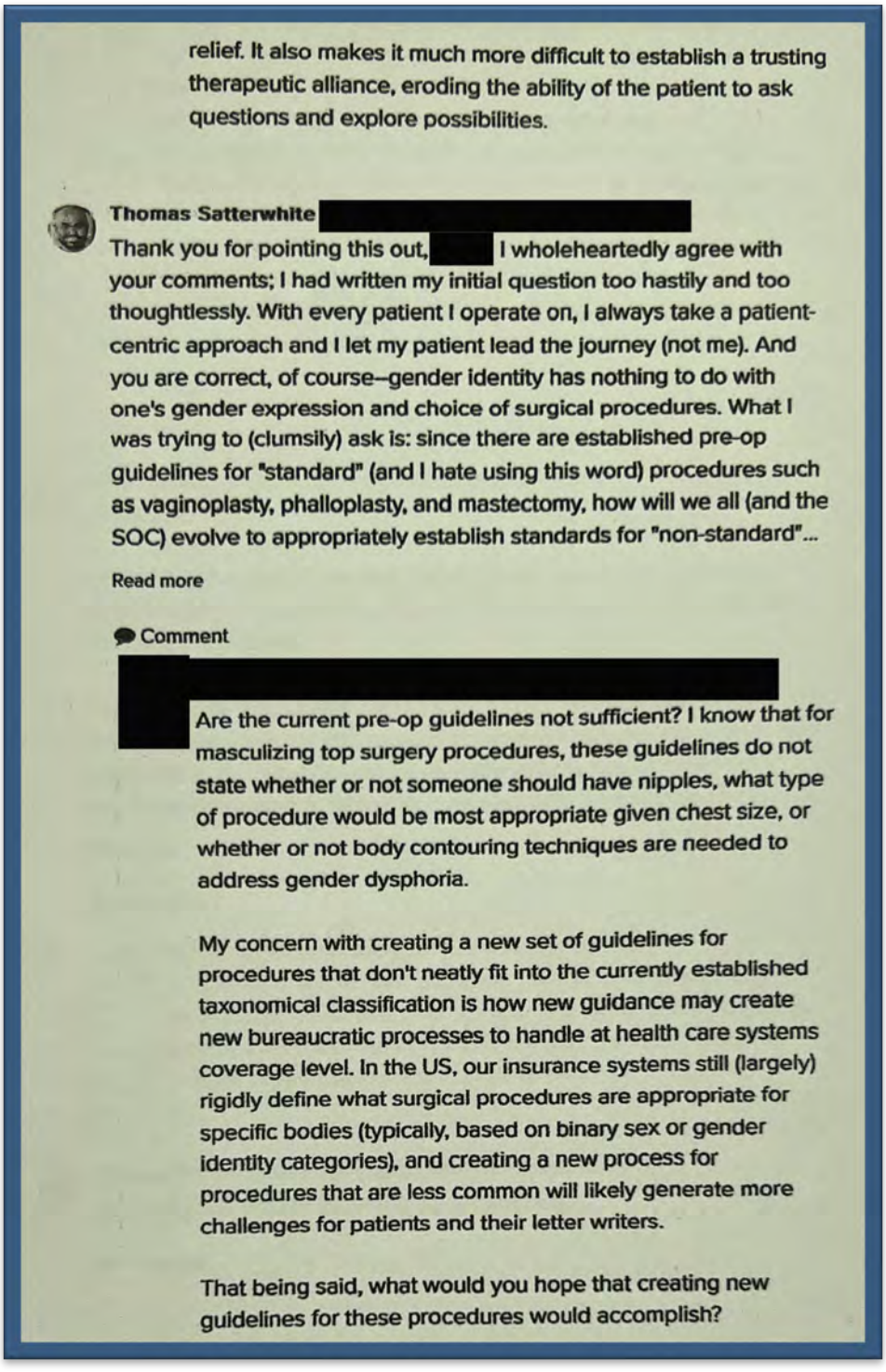
De-gendering procedures (while still being explicitly trans-inclusive) and taking a patient-centered approach regarding the type of procedure and other specifications is best, from my perspective. When you group certain procedures as "nonbinary" and others that are for binary genders, you risk patients feeling as though they have to ascribe to a certain category to get what they need.

Comment

[redacted] Yes, this is a great reminder/approach!

[redacted] This is an important point, thank you for making it [redacted]

I think one of the lessons of the failure of gatekeeping-type approaches in this space is that when people are not free to define for themselves the goals and (so far as possible) timeline of their medical transitions, the risk of post-treatment regret is increased (albeit proportional to the teeny tiny baseline risk). For example, if a hysterectomy is presented to patients as a necessary aspect of a binary trans male transition, even if that surgery would have also been the patient's ultimate choice in the absence of that pressure, the lost autonomy in the decision will make the patient more likely to feel it as a loss, rather than/as well as/after feeling it as a



relief. It also makes it much more difficult to establish a trusting therapeutic alliance, eroding the ability of the patient to ask questions and explore possibilities.

Thomas Satterwhite [redacted]

Thank you for pointing this out, [redacted] I wholeheartedly agree with your comments; I had written my initial question too hastily and too thoughtlessly. With every patient I operate on, I always take a patient-centric approach and I let my patient lead the journey (not me). And you are correct, of course--gender identity has nothing to do with one's gender expression and choice of surgical procedures. What I was trying to (clumsily) ask is: since there are established pre-op guidelines for "standard" (and I hate using this word) procedures such as vaginoplasty, phalloplasty, and mastectomy, how will we all (and the SOC) evolve to appropriately establish standards for "non-standard"...

Read more

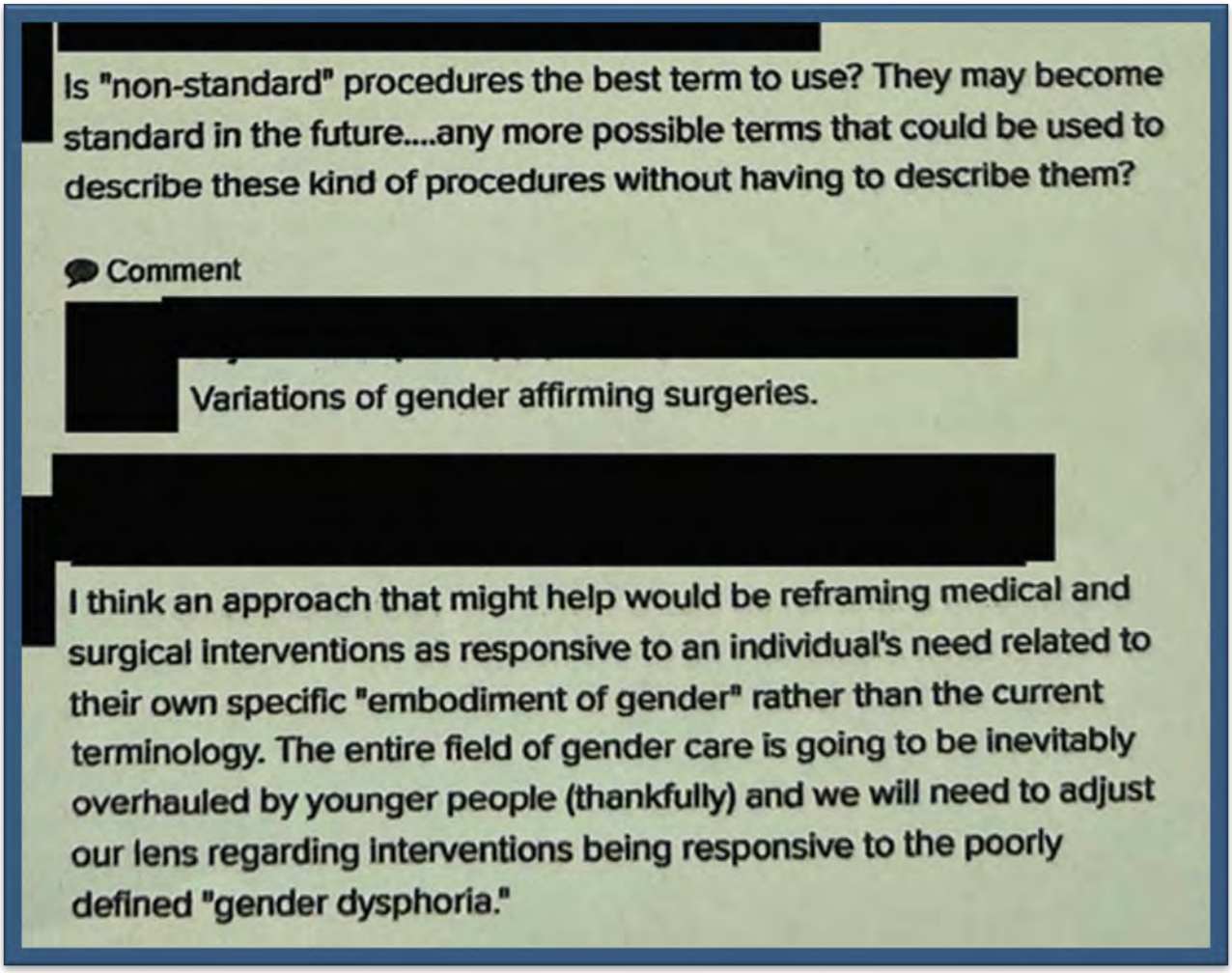
Comment

[redacted]

Are the current pre-op guidelines not sufficient? I know that for masculizing top surgery procedures, these guidelines do not state whether or not someone should have nipples, what type of procedure would be most appropriate given chest size, or whether or not body contouring techniques are needed to address gender dysphoria.

My concern with creating a new set of guidelines for procedures that don't neatly fit into the currently established taxonomical classification is how new guidance may create new bureaucratic processes to handle at health care systems coverage level. In the US, our insurance systems still (largely) rigidly define what surgical procedures are appropriate for specific bodies (typically, based on binary sex or gender identity categories), and creating a new process for procedures that are less common will likely generate more challenges for patients and their letter writers.

That being said, what would you hope that creating new guidelines for these procedures would accomplish?



[redacted]

Is "non-standard" procedures the best term to use? They may become standard in the future....any more possible terms that could be used to describe these kind of procedures without having to describe them?

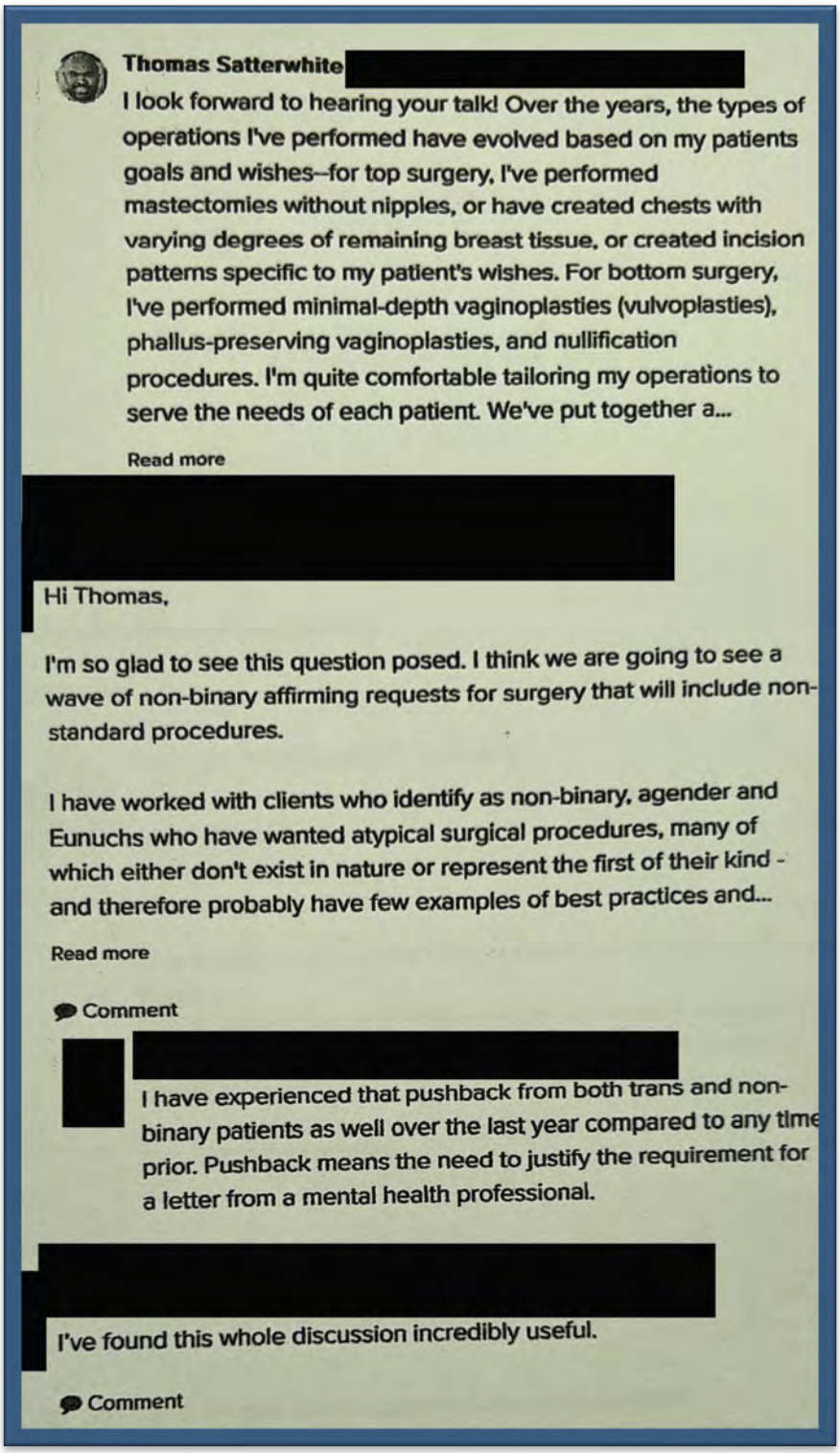
Comment

[redacted]

Variations of gender affirming surgeries.

[redacted]

I think an approach that might help would be reframing medical and surgical interventions as responsive to an individual's need related to their own specific "embodiment of gender" rather than the current terminology. The entire field of gender care is going to be inevitably overhauled by younger people (thankfully) and we will need to adjust our lens regarding interventions being responsive to the poorly defined "gender dysphoria."



Thomas Satterwhite [redacted]

I look forward to hearing your talk! Over the years, the types of operations I've performed have evolved based on my patients goals and wishes--for top surgery, I've performed mastectomies without nipples, or have created chests with varying degrees of remaining breast tissue, or created incision patterns specific to my patient's wishes. For bottom surgery, I've performed minimal-depth vaginoplasties (vulvoplasties), phallus-preserving vaginoplasties, and nullification procedures. I'm quite comfortable tailoring my operations to serve the needs of each patient. We've put together a...

Read more

[redacted]

Hi Thomas,

I'm so glad to see this question posed. I think we are going to see a wave of non-binary affirming requests for surgery that will include non-standard procedures.

I have worked with clients who identify as non-binary, agender and Eunuchs who have wanted atypical surgical procedures, many of which either don't exist in nature or represent the first of their kind - and therefore probably have few examples of best practices and...

Read more

Comment

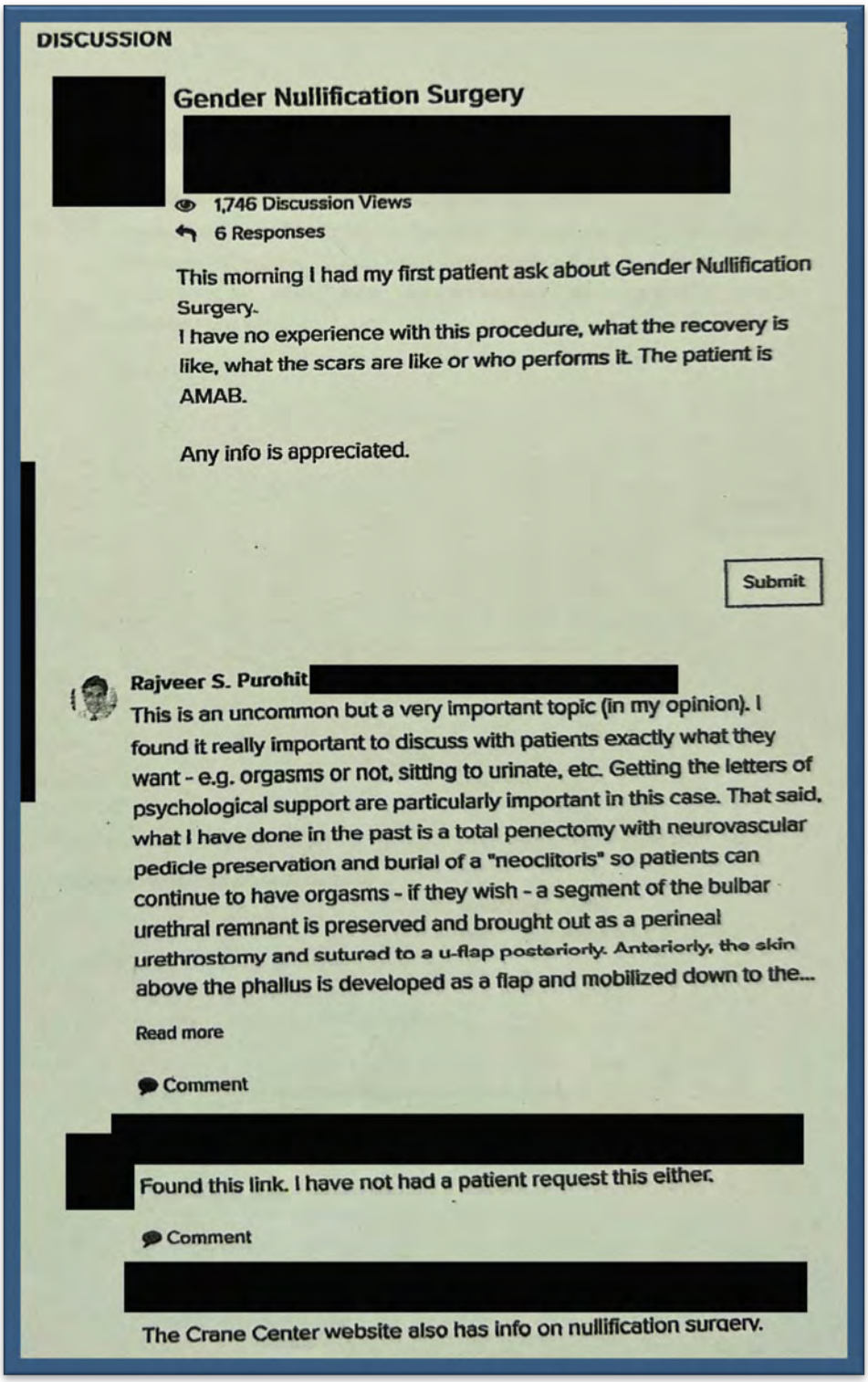
[redacted]

I have experienced that pushback from both trans and non-binary patients as well over the last year compared to any time prior. Pushback means the need to justify the requirement for a letter from a mental health professional.

[redacted]

I've found this whole discussion incredibly useful.

Comment



DISCUSSION

[redacted] Gender Nullification Surgery

[redacted]

1,746 Discussion Views

6 Responses

This morning I had my first patient ask about Gender Nullification Surgery.
I have no experience with this procedure, what the recovery is like, what the scars are like or who performs it. The patient is AMAB.

Any info is appreciated.

Submit

Rajveer S. Purohit [redacted]
This is an uncommon but a very important topic (in my opinion). I found it really important to discuss with patients exactly what they want - e.g. orgasms or not, sitting to urinate, etc. Getting the letters of psychological support are particularly important in this case. That said, what I have done in the past is a total penectomy with neurovascular pedicle preservation and burial of a "neoclitoris" so patients can continue to have orgasms - if they wish - a segment of the bulbar urethral remnant is preserved and brought out as a perineal urethrostomy and sutured to a u-flap posteriorly. Anteriorly, the skin above the phallus is developed as a flap and mobilized down to the...

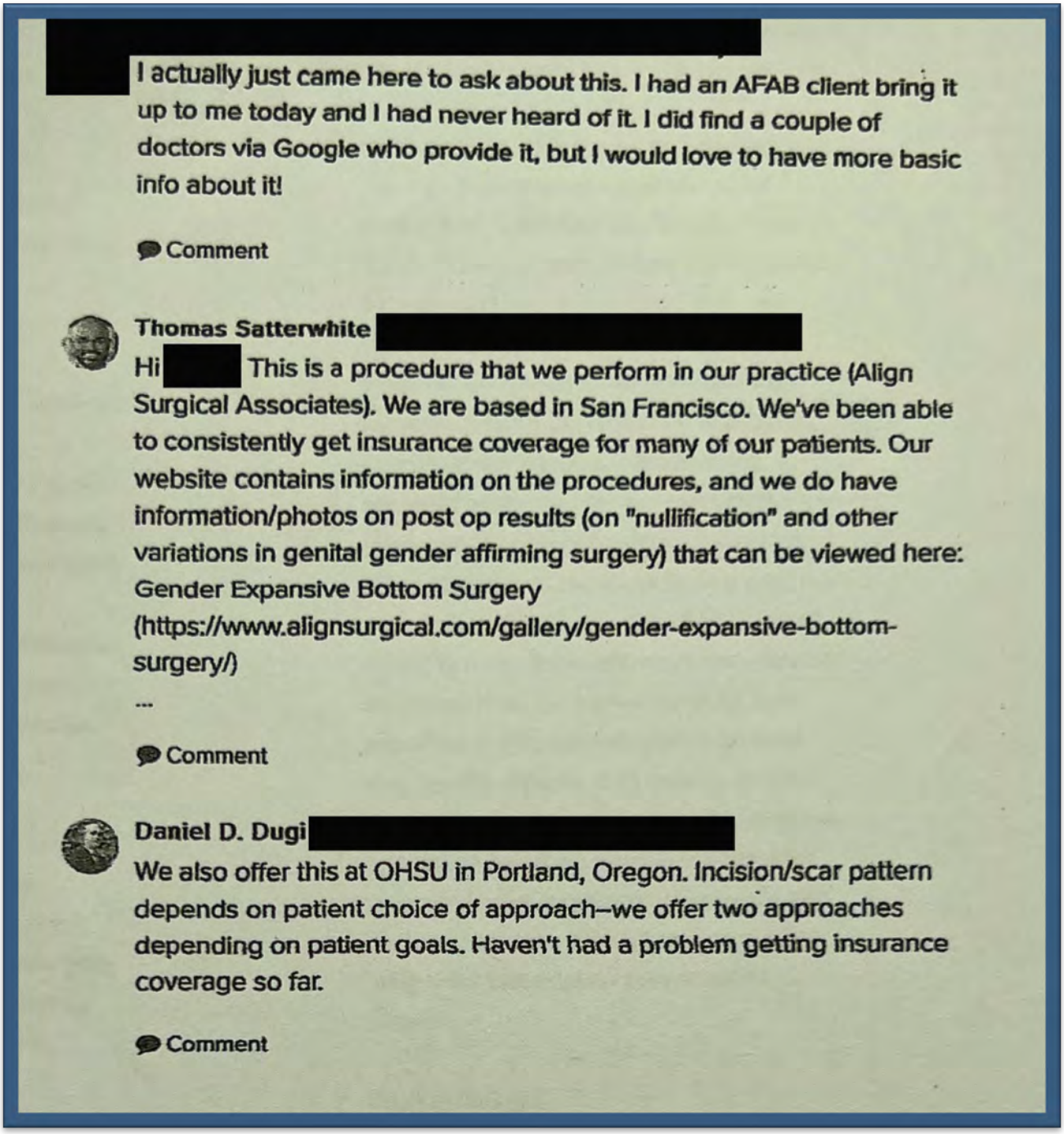
Read more

Comment

[redacted]
Found this link. I have not had a patient request this either.

Comment

[redacted]
The Crane Center website also has info on nullification surgery.



[redacted] I actually just came here to ask about this. I had an AFAB client bring it up to me today and I had never heard of it. I did find a couple of doctors via Google who provide it, but I would love to have more basic info about it!

Comment

Thomas Satterwhite [redacted]

Hi [redacted] This is a procedure that we perform in our practice (Align Surgical Associates). We are based in San Francisco. We've been able to consistently get insurance coverage for many of our patients. Our website contains information on the procedures, and we do have information/photos on post op results (on "nullification" and other variations in genital gender affirming surgery) that can be viewed here: Gender Expansive Bottom Surgery (https://www.alignsurgical.com/gallery/gender-expansive-bottom-surgery/)

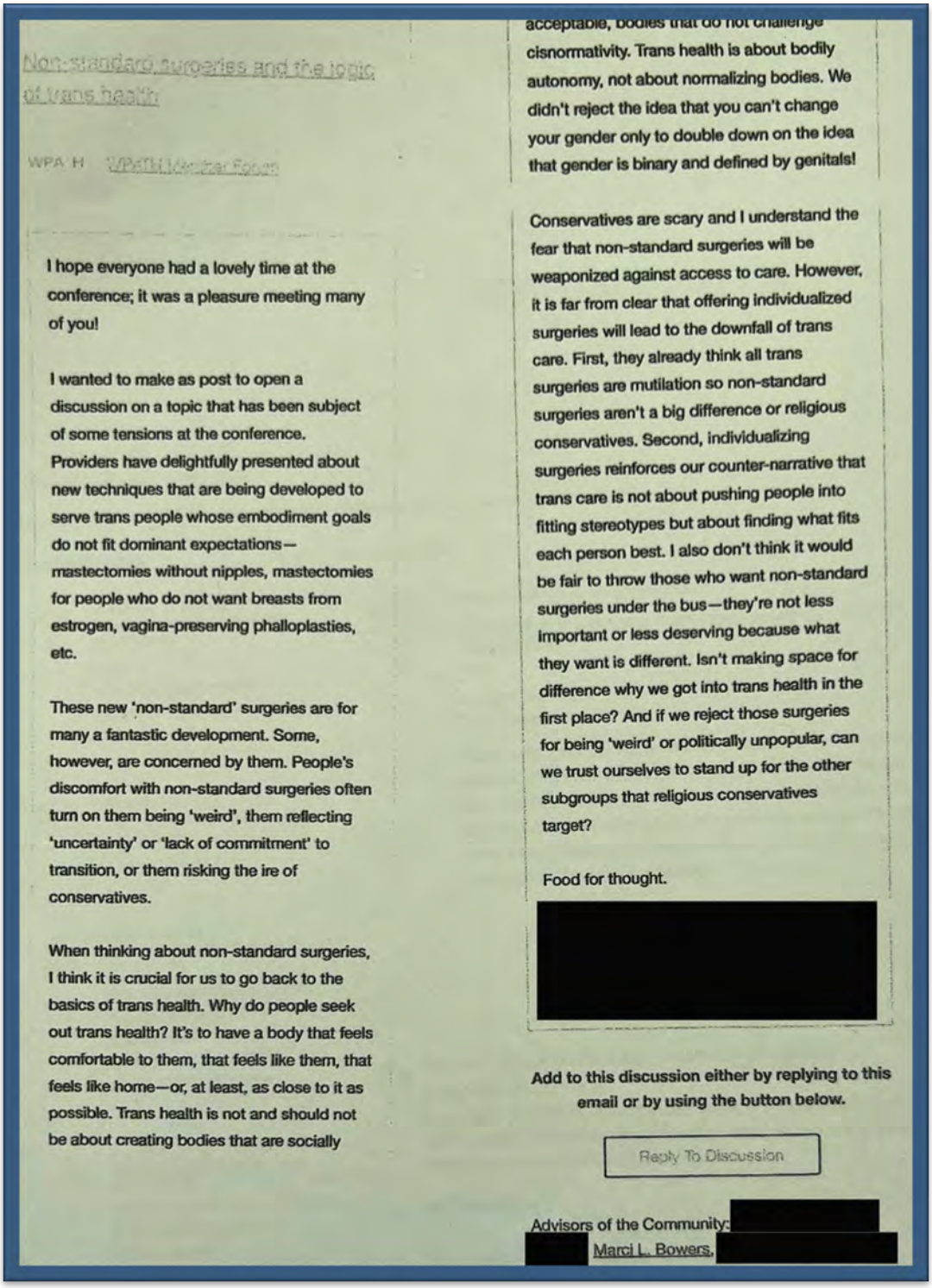
...

Comment

Daniel D. Dugi [redacted]

We also offer this at OHSU in Portland, Oregon. Incision/scar pattern depends on patient choice of approach–we offer two approaches depending on patient goals. Haven't had a problem getting insurance coverage so far.

Comment



Non-standard surgeries and the topic of trans health

WPA H [redacted] WPATH Member Forum

I hope everyone had a lovely time at the conference; it was a pleasure meeting many of you!

I wanted to make as post to open a discussion on a topic that has been subject of some tensions at the conference. Providers have delightfully presented about new techniques that are being developed to serve trans people whose embodiment goals do not fit dominant expectations—mastectomies without nipples, mastectomies for people who do not want breasts from estrogen, vagina-preserving phalloplasties, etc.

These new 'non-standard' surgeries are for many a fantastic development. Some, however, are concerned by them. People's discomfort with non-standard surgeries often turn on them being 'weird', them reflecting 'uncertainty' or 'lack of commitment' to transition, or them risking the ire of conservatives.

When thinking about non-standard surgeries, I think it is crucial for us to go back to the basics of trans health. Why do people seek out trans health? It's to have a body that feels comfortable to them, that feels like them, that feels like home—or, at least, as close to it as possible. Trans health is not and should not be about creating bodies that are socially acceptable, bodies that do not challenge cisnormativity. Trans health is about bodily autonomy, not about normalizing bodies. We didn't reject the idea that you can't change your gender only to double down on the idea that gender is binary and defined by genitals!

Conservatives are scary and I understand the fear that non-standard surgeries will be weaponized against access to care. However, it is far from clear that offering individualized surgeries will lead to the downfall of trans care. First, they already think all trans surgeries are mutilation so non-standard surgeries aren't a big difference or religious conservatives. Second, individualizing surgeries reinforces our counter-narrative that trans care is not about pushing people into fitting stereotypes but about finding what fits each person best. I also don't think it would be fair to throw those who want non-standard surgeries under the bus—they're not less important or less deserving because what they want is different. Isn't making space for difference why we got into trans health in the first place? And if we reject those surgeries for being 'weird' or politically unpopular, can we trust ourselves to stand up for the other subgroups that religious conservatives target?

Food for thought.

[redacted]

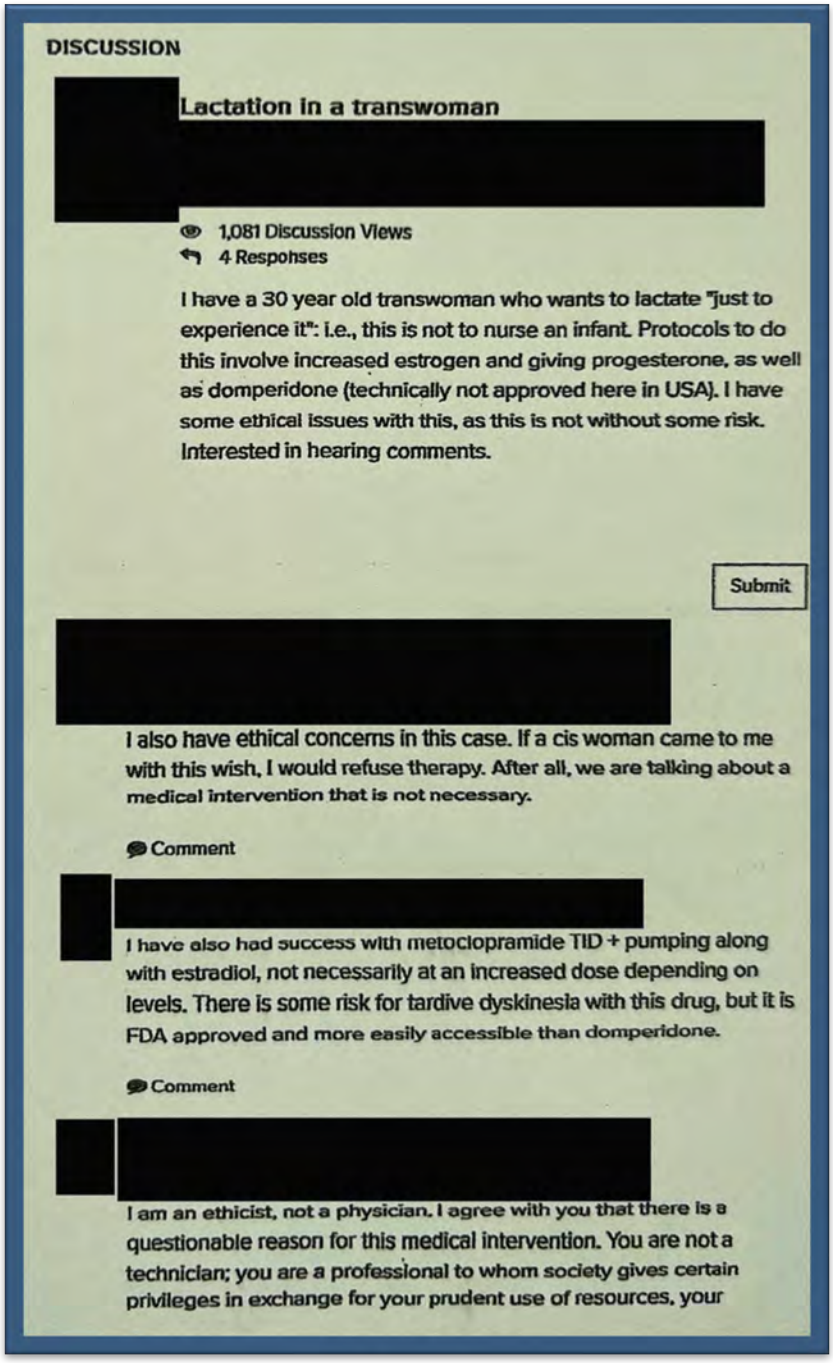
Add to this discussion either by replying to this email or by using the button below.

Reply To Discussion

Advisors of the Community: [redacted] Marci L. Bowers, [redacted]

13) LACTATION CONCERNS

a) A WPATH member discusses risk in providing a trans patient with lactation capabilities



DISCUSSION

[redacted] Lactation in a transwoman [redacted]

1,081 Discussion Views
4 Responses

I have a 30 year old transwoman who wants to lactate "just to experience it": i.e., this is not to nurse an infant. Protocols to do this involve increased estrogen and giving progesterone, as well as domperidone (technically not approved here in USA). I have some ethical issues with this, as this is not without some risk. Interested in hearing comments.

Submit

[redacted]

I also have ethical concerns in this case. If a cis woman came to me with this wish, I would refuse therapy. After all, we are talking about a medical intervention that is not necessary.

Comment

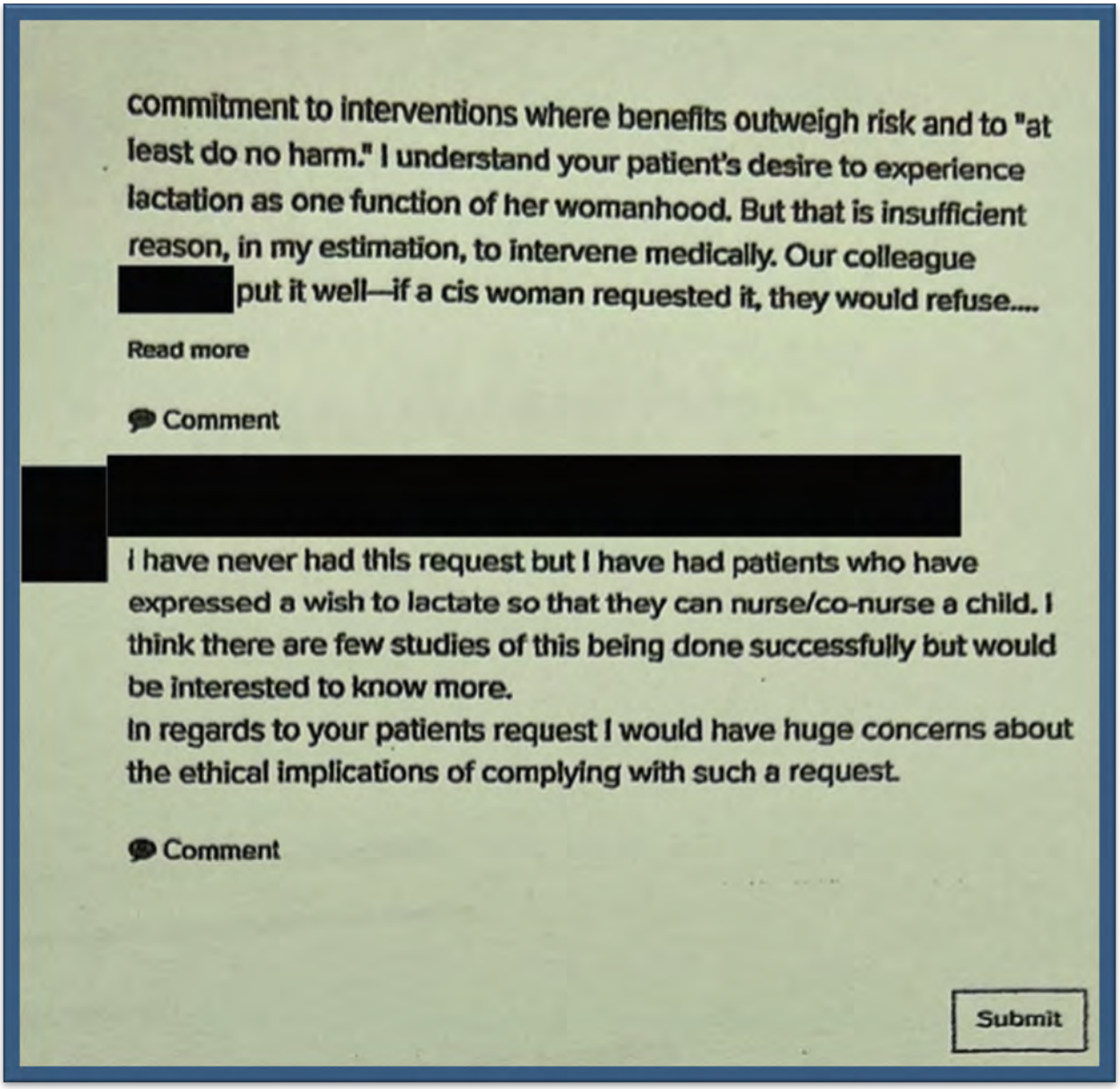
[redacted]

I have also had success with metoclopramide TID + pumping along with estradiol, not necessarily at an increased dose depending on levels. There is some risk for tardive dyskinesia with this drug, but it is FDA approved and more easily accessible than domperidone.

Comment

[redacted]

I am an ethicist, not a physician. I agree with you that there is a questionable reason for this medical intervention. You are not a technician; you are a professional to whom society gives certain privileges in exchange for your prudent use of resources, your



commitment to interventions where benefits outweigh risk and to "at least do no harm." I understand your patient's desire to experience lactation as one function of her womanhood. But that is insufficient reason, in my estimation, to intervene medically. Our colleague [redacted] put it well—if a cis woman requested it, they would refuse....

Read more

Comment

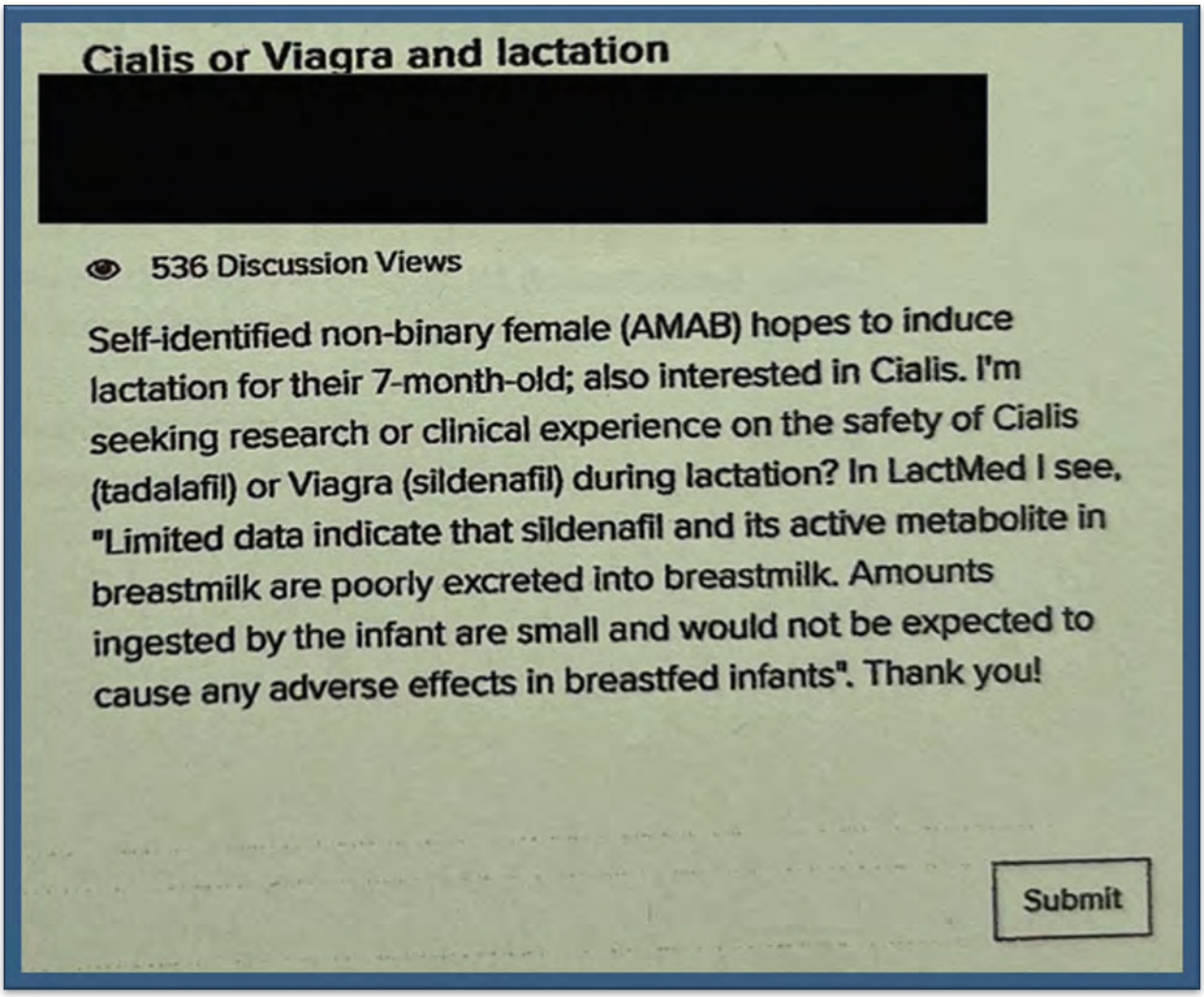
[redacted]

I have never had this request but I have had patients who have expressed a wish to lactate so that they can nurse/co-nurse a child. I think there are few studies of this being done successfully but would be interested to know more.
In regards to your patients request I would have huge concerns about the ethical implications of complying with such a request.

Comment

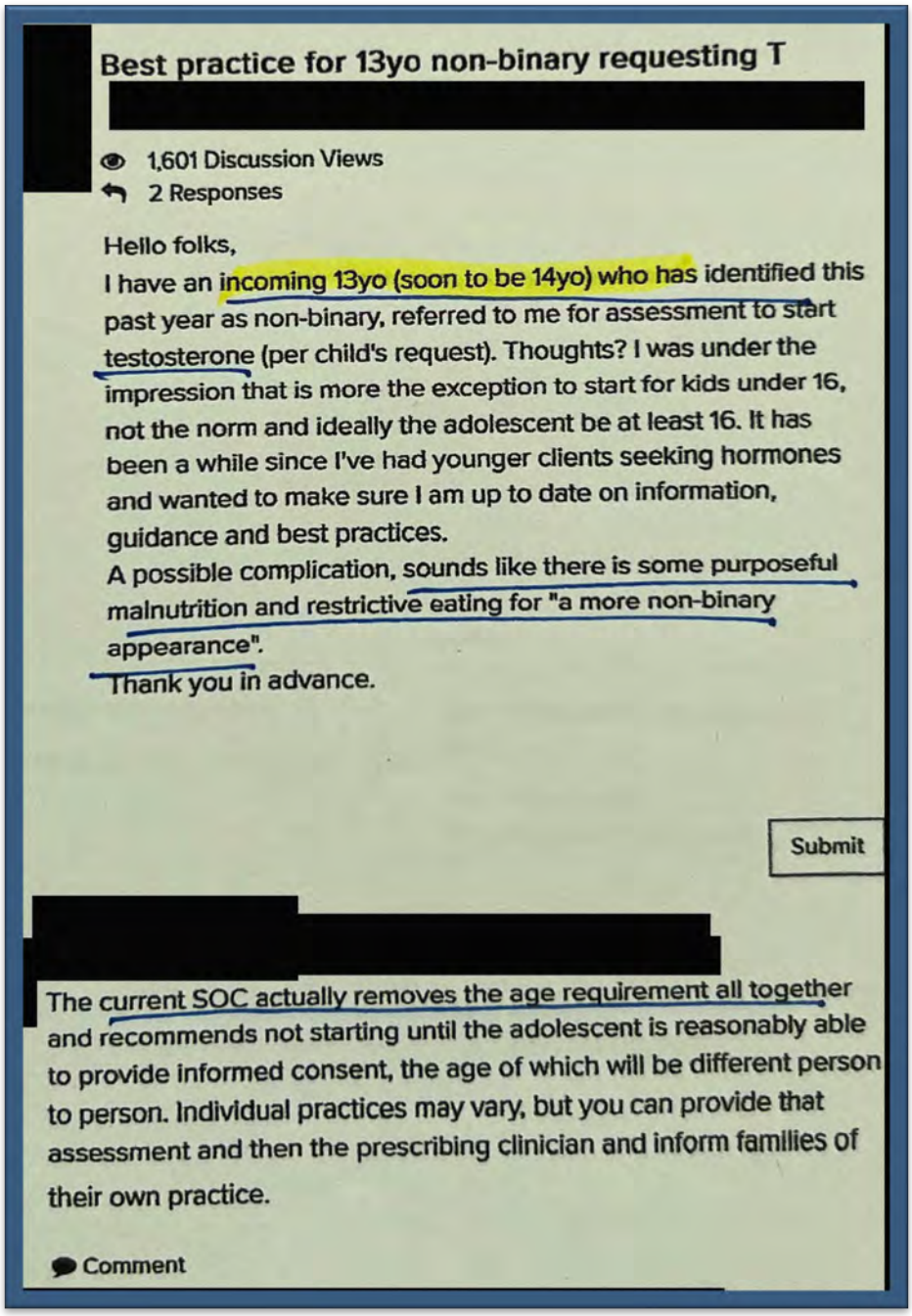
Submit

b) A nonbinary female expresses a desire to induce lactation and take Cialis



14) NON-BINARY HEALTHCARE FOR MINORS

a) WPATH members discuss a nonbinary 13-year-old patient requesting HRT



Best practice for 13yo non-binary requesting T

[redacted]

1,601 Discussion Views
2 Responses

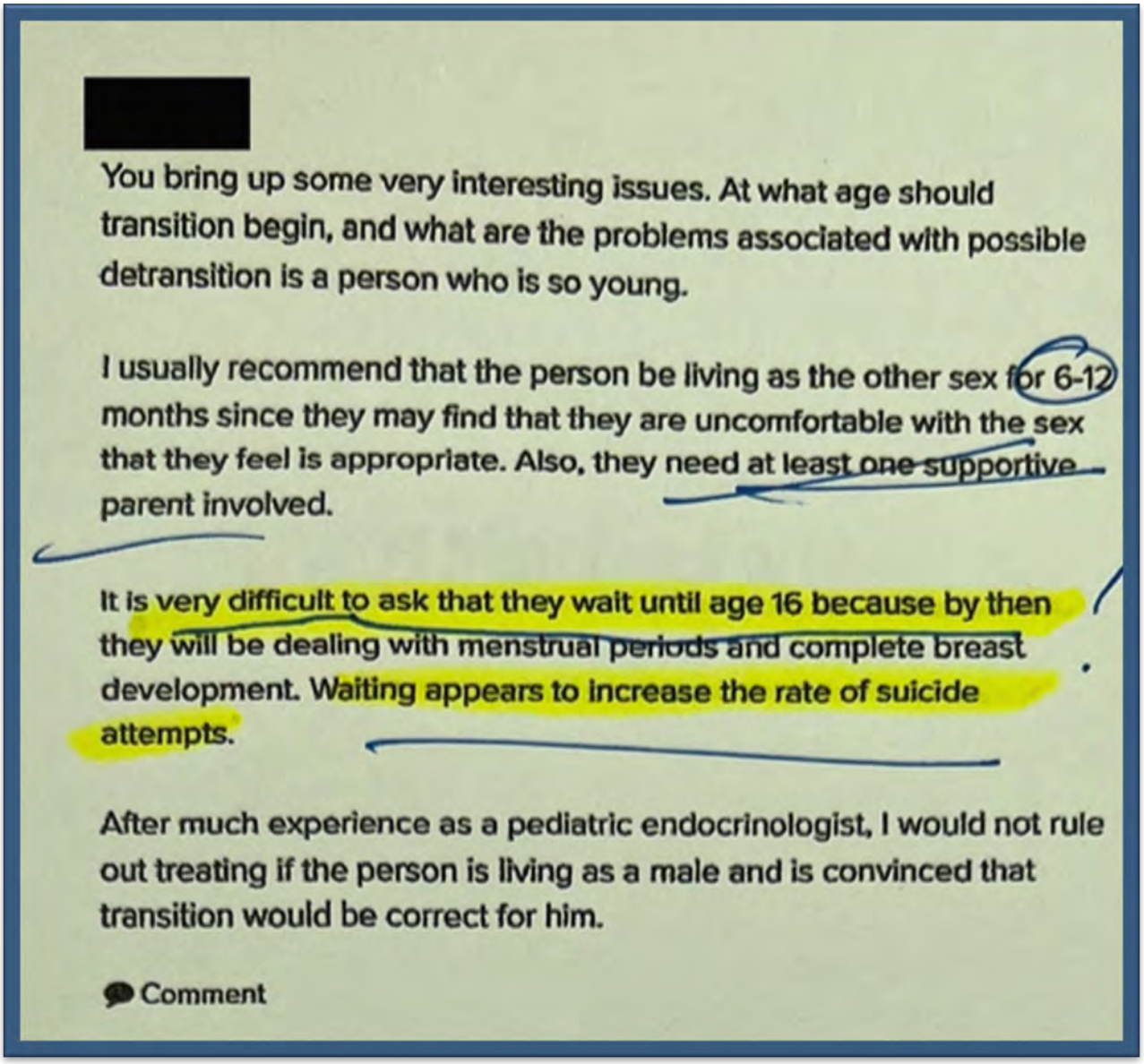
Hello folks,
I have an incoming 13yo (soon to be 14yo) who has identified this past year as non-binary, referred to me for assessment to start testosterone (per child's request). Thoughts? I was under the impression that is more the exception to start for kids under 16, not the norm and ideally the adolescent be at least 16. It has been a while since I've had younger clients seeking hormones and wanted to make sure I am up to date on information, guidance and best practices.
A possible complication, sounds like there is some purposeful malnutrition and restrictive eating for "a more non-binary appearance".
Thank you in advance.

Submit

[redacted]

The current SOC actually removes the age requirement all together and recommends not starting until the adolescent is reasonably able to provide informed consent, the age of which will be different person to person. Individual practices may vary, but you can provide that assessment and then the prescribing clinician and inform families of their own practice.

Comment



[redacted]

You bring up some very interesting issues. At what age should transition begin, and what are the problems associated with possible detransition is a person who is so young.

I usually recommend that the person be living as the other sex for 6-12 months since they may find that they are uncomfortable with the sex that they feel is appropriate. Also, they need at least one supportive parent involved.

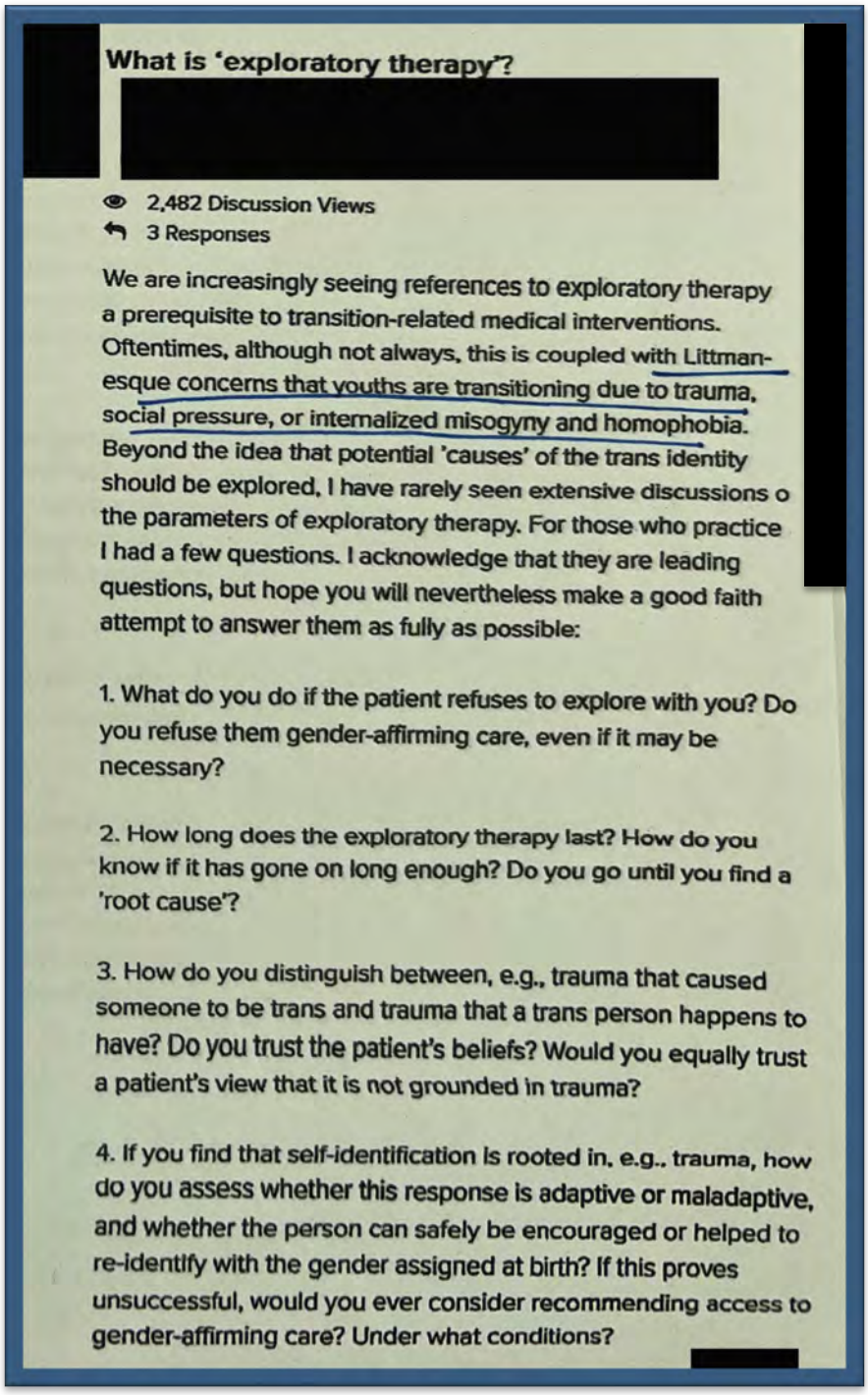
It is very difficult to ask that they wait until age 16 because by then they will be dealing with menstrual periods and complete breast development. Waiting appears to increase the rate of suicide attempts.

After much experience as a pediatric endocrinologist, I would not rule out treating if the person is living as a male and is convinced that transition would be correct for him.

Comment

15) CAUSE FOR TRANSITION AND EXPLORATORY THERAPY

a) A WPATH member questions if there is a root cause driving transition



What is 'exploratory therapy'?

[redacted]

2,482 Discussion Views
3 Responses

We are increasingly seeing references to exploratory therapy a prerequisite to transition-related medical interventions. Oftentimes, although not always, this is coupled with Littman-esque concerns that youths are transitioning due to trauma, social pressure, or internalized misogyny and homophobia. Beyond the idea that potential 'causes' of the trans identity should be explored, I have rarely seen extensive discussions o the parameters of exploratory therapy. For those who practice I had a few questions. I acknowledge that they are leading questions, but hope you will nevertheless make a good faith attempt to answer them as fully as possible:

1. What do you do if the patient refuses to explore with you? Do you refuse them gender-affirming care, even if it may be necessary?

2. How long does the exploratory therapy last? How do you know if it has gone on long enough? Do you go until you find a 'root cause'?

3. How do you distinguish between, e.g., trauma that caused someone to be trans and trauma that a trans person happens to have? Do you trust the patient's beliefs? Would you equally trust a patient's view that it is not grounded in trauma?

4. If you find that self-identification is rooted in, e.g., trauma, how do you assess whether this response is adaptive or maladaptive, and whether the person can safely be encouraged or helped to re-identify with the gender assigned at birth? If this proves unsuccessful, would you ever consider recommending access to gender-affirming care? Under what conditions?

[redacted]

5. If a patient re-identifies as cisgender, do you wind-down the therapy or do you continue at the same pace to ensure their re-identification is genuine and not a coping or adaptive response? Why or why not?

6. Relatedly, do you consider self-identification as transgender more suspect or deserving of exploration than self-identification as cisgender? Why or why not? How is this reflected in exploratory therapy?

7. Is there any evidence that exploratory therapy leads to better outcomes, however you define them, or that it can successfully identify youths who aren't 'truly trans,' youths whose identification is maladaptive, and/or youths who would be harmed by accessing gender-affirming interventions?

8. Do you believe that transition-related medical interventions such as hormones can be offered in parallel to exploratory therapy either as a means of reducing present gender dysphoria or as a way of helping the individual explore their gender and whether gender-affirming care is right for them? Do you think social and medical transition being temporary is an inherently undesirable outcome? Why or why not? Is this related to an intuition that bodies that have undergone medical transition are less desirable and should be avoided if possible?

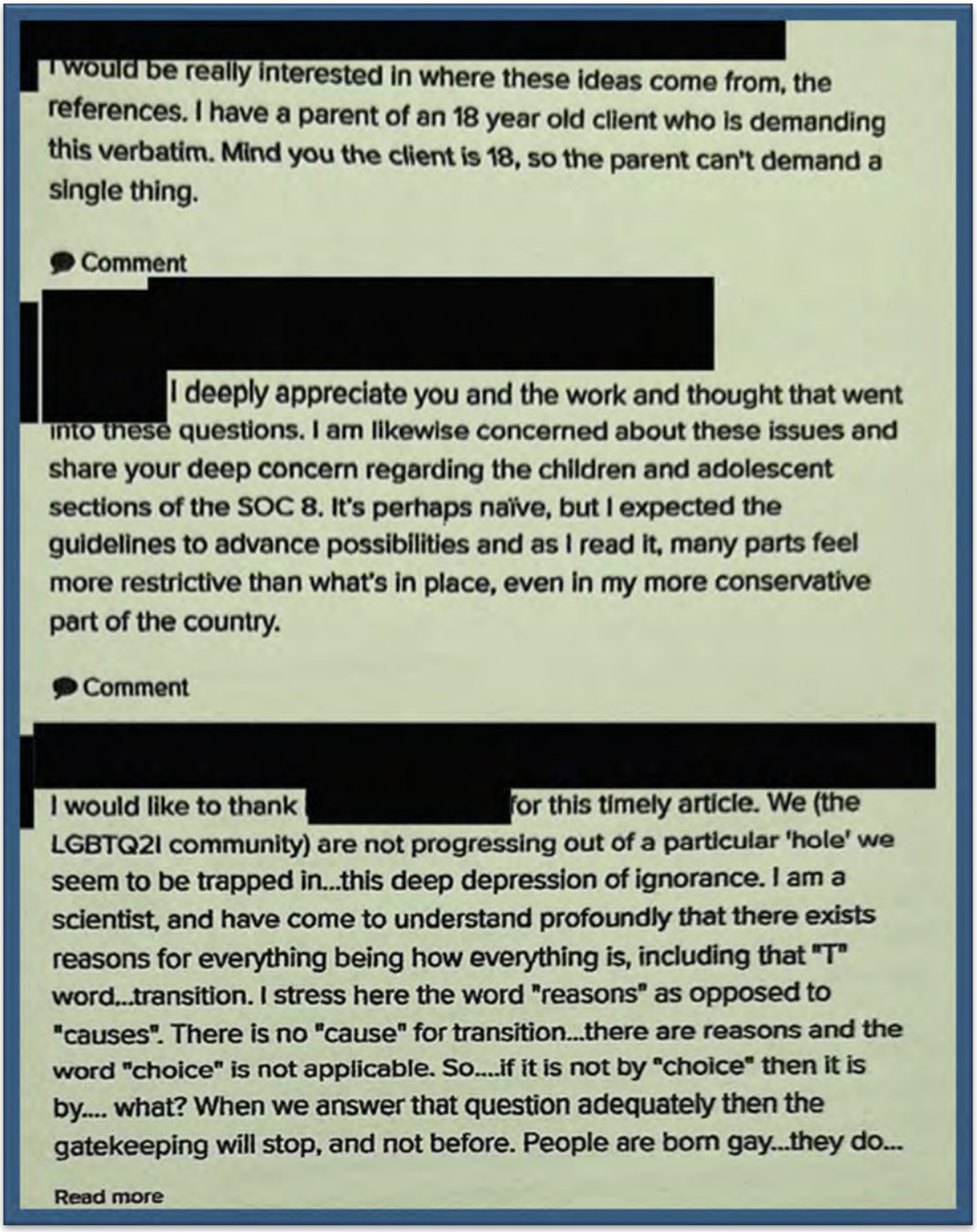
9. What do you make of the distress of the numerous youths who are 'truly' trans, who we have reasons to believe are a strong majority and will experience ongoing distress during? Based on the recent Littman study, the high end of non-disclosure of detransition to clinician is around 75% and the high end of detransition estimates is around 3%. Even assuming the correctness of these higher bound estimates, we would still have 88% of individuals not detransitioning.

9. Given your concern about precipitated and premature affirmation as a foreclosure of gender identity and exploration, what are your thoughts on encouraging puberty blockers more broadly to all questioning or even perhaps all cisgender kids? Would your answer change if we were 100% certain that puberty blockers had no long-term side effects?

10. Do you believe that such exploratory therapy can create psychological and emotional pressures to re-identify with the gender they were assigned at birth?

11. Do you believe that such exploratory therapy can create psychological and emotional pressures to lie, misrepresent, or otherwise engage in the therapy in bad faith so as to ensure access to sought interventions? Do you believe this could lead patients to suppress doubts and worries and, as a result, make less-than-informed decisions on accessing gender-affirming care?

Thank you ahead of time for your answers.



I would be really interested in where these ideas come from, the references. I have a parent of an 18 year old client who is demanding this verbatim. Mind you the client is 18, so the parent can't demand a single thing.

Comment

I deeply appreciate you and the work and thought that went into these questions. I am likewise concerned about these issues and share your deep concern regarding the children and adolescent sections of the SOC 8. It's perhaps naïve, but I expected the guidelines to advance possibilities and as I read it, many parts feel more restrictive than what's in place, even in my more conservative part of the country.

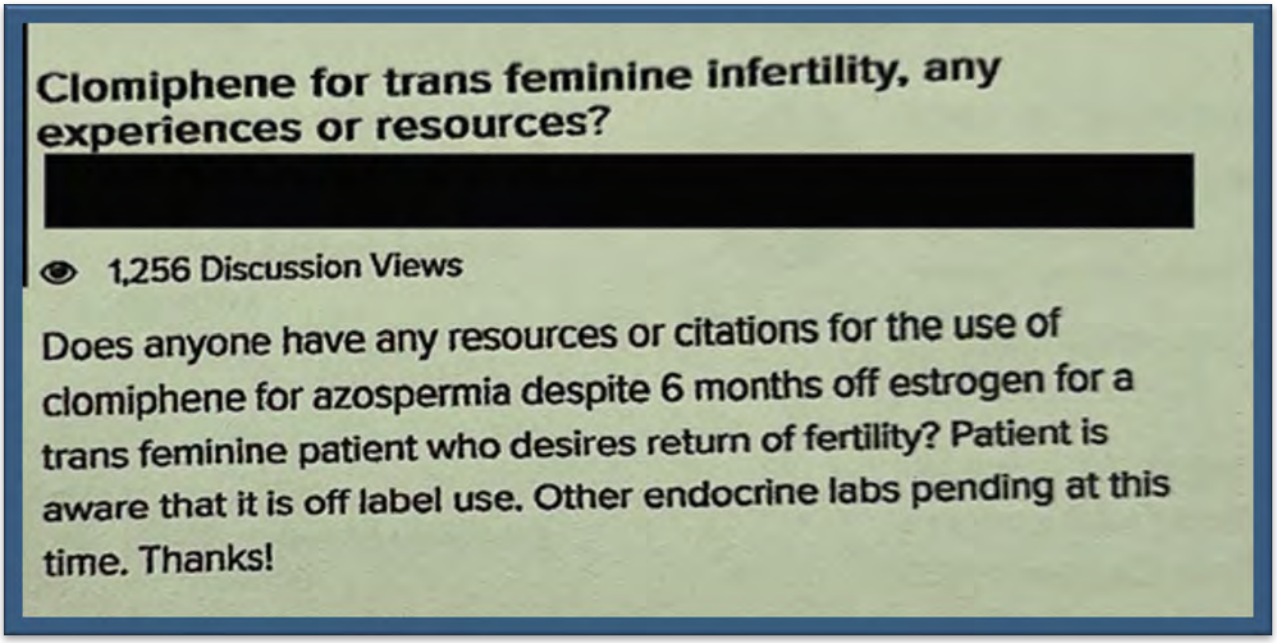
Comment

I would like to thank for this timely article. We (the LGBTQ2I community) are not progressing out of a particular 'hole' we seem to be trapped in...this deep depression of ignorance. I am a scientist, and have come to understand profoundly that there exists reasons for everything being how everything is, including that "T" word...transition. I stress here the word "reasons" as opposed to "causes". There is no "cause" for transition...there are reasons and the word "choice" is not applicable. So....if it is not by "choice" then it is by.... what? When we answer that question adequately then the gatekeeping will stop, and not before. People are born gay...they do...

Read more

16) FERTILITY ISSUES

a) A WPATH member seeks resources for infertility treatments



Clomiphene for trans feminine infertility, any experiences or resources?

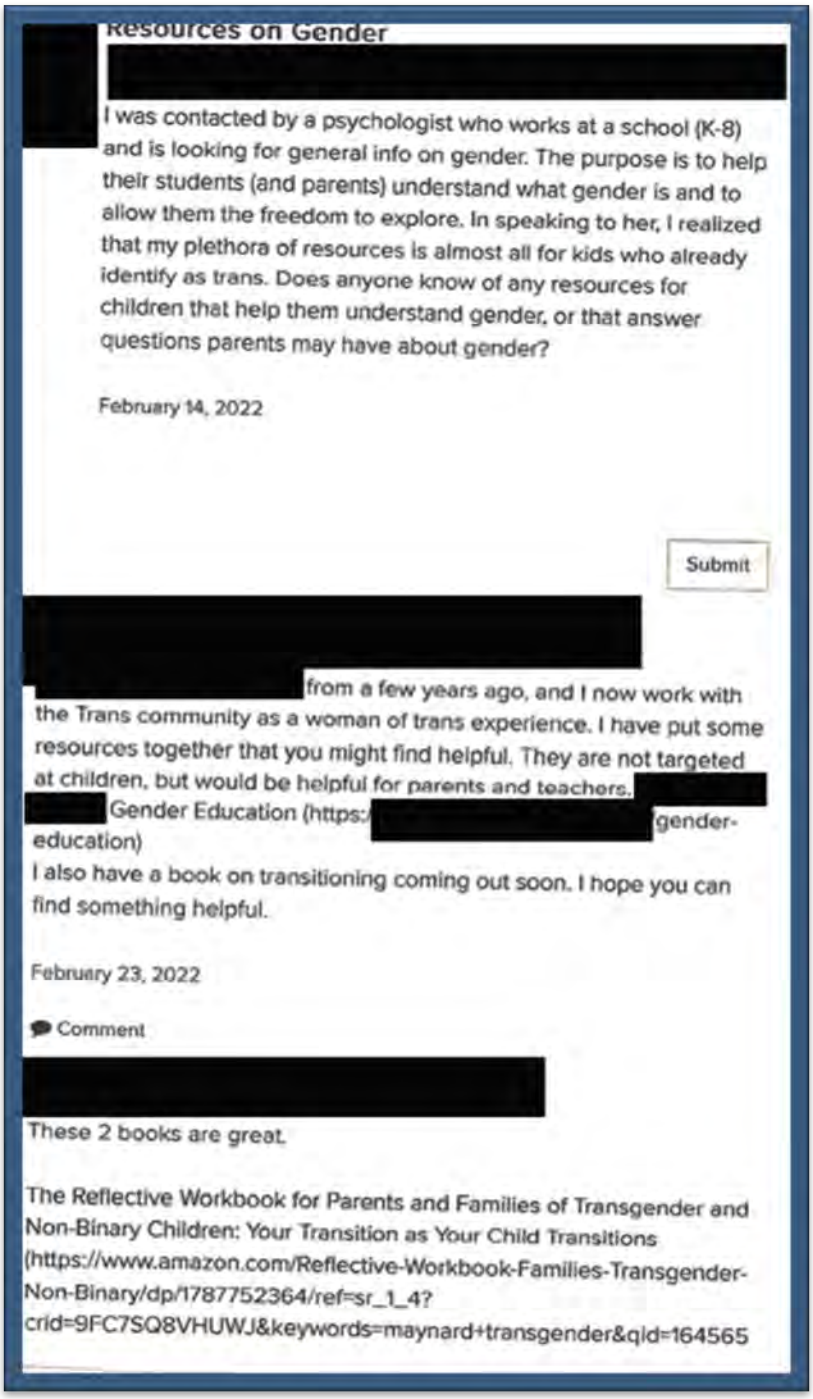
[redacted]

1,256 Discussion Views

Does anyone have any resources or citations for the use of clomiphene for azospermia despite 6 months off estrogen for a trans feminine patient who desires return of fertility? Patient is aware that it is off label use. Other endocrine labs pending at this time. Thanks!

17) RESOURCES FOR MINORS ON TRANS HEALTHCARE

a) WPATH members discuss a school psychologist searching for gender resources for students



Resources on Gender

[redacted]

I was contacted by a psychologist who works at a school (K-8) and is looking for general info on gender. The purpose is to help their students (and parents) understand what gender is and to allow them the freedom to explore. In speaking to her, I realized that my plethora of resources is almost all for kids who already identify as trans. Does anyone know of any resources for children that help them understand gender, or that answer questions parents may have about gender?

February 14, 2022

Submit

[redacted] from a few years ago, and I now work with the Trans community as a woman of trans experience. I have put some resources together that you might find helpful. They are not targeted at children, but would be helpful for parents and teachers. [redacted] Gender Education (https:/[redacted]gender-education)

I also have a book on transitioning coming out soon. I hope you can find something helpful.

February 23, 2022

Comment

[redacted]

These 2 books are great.

The Reflective Workbook for Parents and Families of Transgender and Non-Binary Children: Your Transition as Your Child Transitions (https://www.amazon.com/Reflective-Workbook-Families-Transgender-Non-Binary/dp/1787752364/ref=sr_1_4?crid=9FC7SQ8VHUWJ&keywords=maynard+transgender&qid=164565

The Reflective Workbook for Teachers and Support Staff of Trans and Non-Binary Students (https://www.amazon.com/Reflective-Workbook-Teachers-Non-Binary-Students/dp/1787752178/ref=sr_1_5?crid=9FC7SQ8VHUWJ&keywords=maynard+transgender&qid=1645653115&sprefix=maynards+transgend%2Caps%2C292&sr=8-5)

February 23, 2022

Comment

[redacted]

For teens/pre-teens, I like to use the Gender Quest workbook (https://www.amazon.com/Gender-Quest-Workbook-Exploring-Identity-ebook/dp/B018RSC3WE/ref=sr_1_1?crid=3ILMEGB0K34I3&keywords=gender+quest&qid=1645652708&s=digital-text&sprefix=gender+quest%2Cdigital-text%2C109&sr=1-1) with clients to guide our discussions. For younger children (although I don't personally work with this age group), The Gender Identity Workbook for Kids by K. Storck would be my recommendation.

February 23, 2022

Comment

[redacted]

Hi [redacted] for parents I would recommend my book, How To Understand Your Gender (https://bookshop.org/books/how-to-understand-your-gender-a-practical-guide-for-exploring-who-you-are/9781785927461). I have been told that it's a good resource for parents. It's definitely not just about trans people or trans issues but rather a guide to understanding gender for people of any gender(s). It is also suitable for high school students but not really K-8, although I know some middle-schoolers who have enjoyed it.

For K-8, I would recommend the following books:
The Big Book of LGBTQ Activities (https://us.jkp.com/collections/gender-diversity-gender-diversity-pid-906/products/the-big-book-of-lgbtq-activities)

The Every Body Book (https://us.jkp.com/collections/children-s-books-gender-diversity-pid-816/products/the-every-body-book)

The Pronoun Book (https://us.jkp.com/collections/children-s-books-gender-diversity-pid-816/products/the-pronoun-book)

For younger children, Who Are You? (https://us.jkp.com/collections/children-s-books-gender-diversity-pid-816/products/who-are-you)

I hope this is helpful!

February 23, 2022

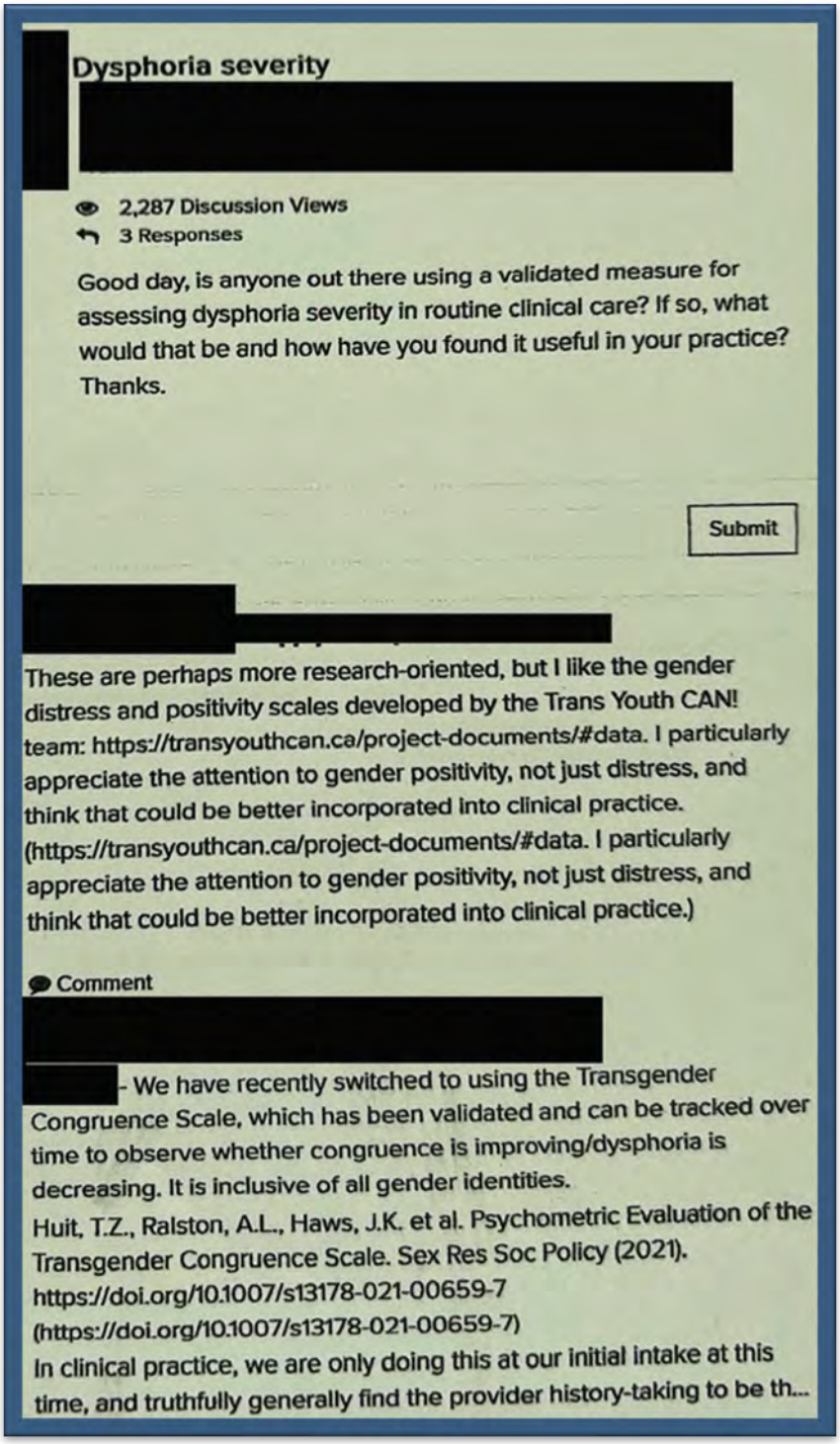
Comment

[redacted]

I just learned of this resource, which may be helpful for your needs. There's a resource page for parents and supportive adults which gives some basic info: TYFA - Parents (http://imatyfa.org/parents.html)

18) EVALUATING DYSPHORIA SEVERITY

a) WPATH members discuss finding validated measures for gender dysphoria severity



Dysphoria severity

[redacted]

2,287 Discussion Views
3 Responses

Good day, is anyone out there using a validated measure for assessing dysphoria severity in routine clinical care? If so, what would that be and how have you found it useful in your practice? Thanks.

Submit

[redacted]

These are perhaps more research-oriented, but I like the gender distress and positivity scales developed by the Trans Youth CAN! team: https://transyouthcan.ca/project-documents/#data. I particularly appreciate the attention to gender positivity, not just distress, and think that could be better incorporated into clinical practice. (https://transyouthcan.ca/project-documents/#data. I particularly appreciate the attention to gender positivity, not just distress, and think that could be better incorporated into clinical practice.)

Comment

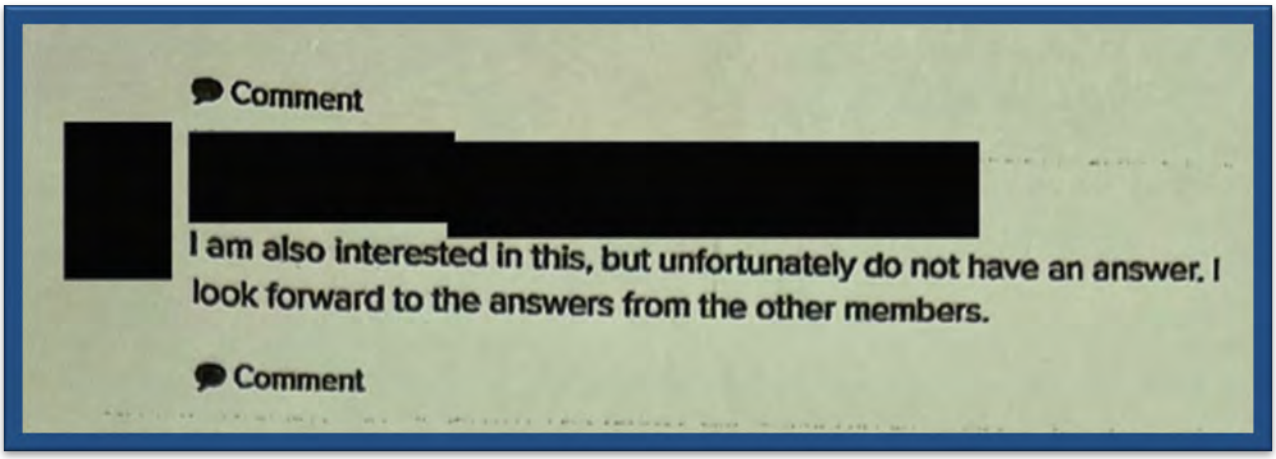
[redacted]

[redacted] - We have recently switched to using the Transgender Congruence Scale, which has been validated and can be tracked over time to observe whether congruence is improving/dysphoria is decreasing. It is inclusive of all gender identities.

Huit, T.Z., Ralston, A.L., Haws, J.K. et al. Psychometric Evaluation of the Transgender Congruence Scale. Sex Res Soc Policy (2021). https://doi.org/10.1007/s13178-021-00659-7 (https://doi.org/10.1007/s13178-021-00659-7)

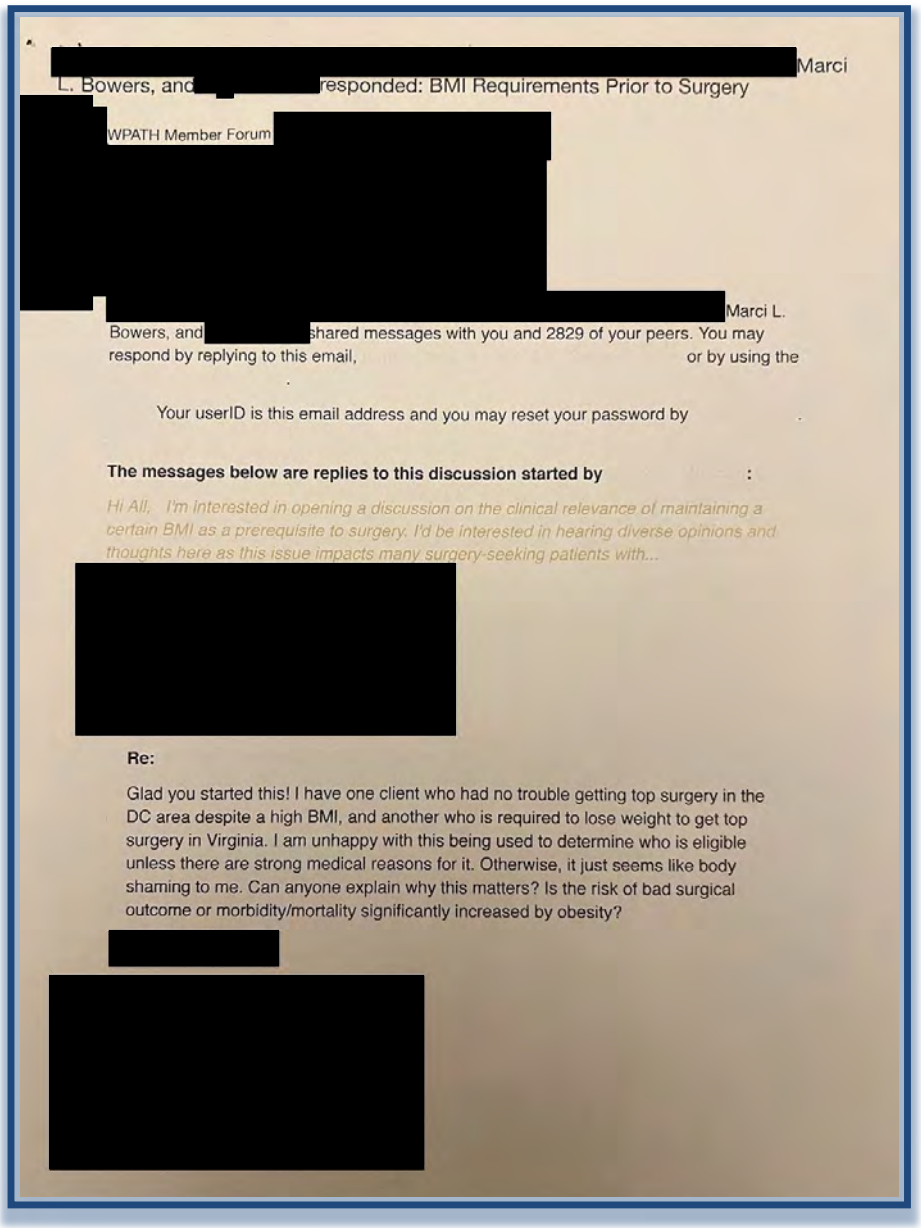
In clinical practice, we are only doing this at our initial intake at this time, and truthfully generally find the provider history-taking to be th...

b) A WPATH member expresses a lack of validated measures to determine gender dysphoria severity



19) BMI REQUIREMENTS PRIOR TO SURGERY

a) WPATH members discuss the clinical relevance of maintaining a certain BMI as a prerequisite to surgery



[redacted] Marci L. Bowers, and [redacted] responded: BMI Requirements Prior to Surgery

[redacted] WPATH Member Forum [redacted]

[redacted] Marci L. Bowers, and [redacted] shared messages with you and 2829 of your peers. You may respond by replying to this email, or by using the

Your userID is this email address and you may reset your password by

The messages below are replies to this discussion started by :

Hi All, I'm interested in opening a discussion on the clinical relevance of maintaining a certain BMI as a prerequisite to surgery. I'd be interested in hearing diverse opinions and thoughts here as this issue impacts many surgery-seeking patients with...

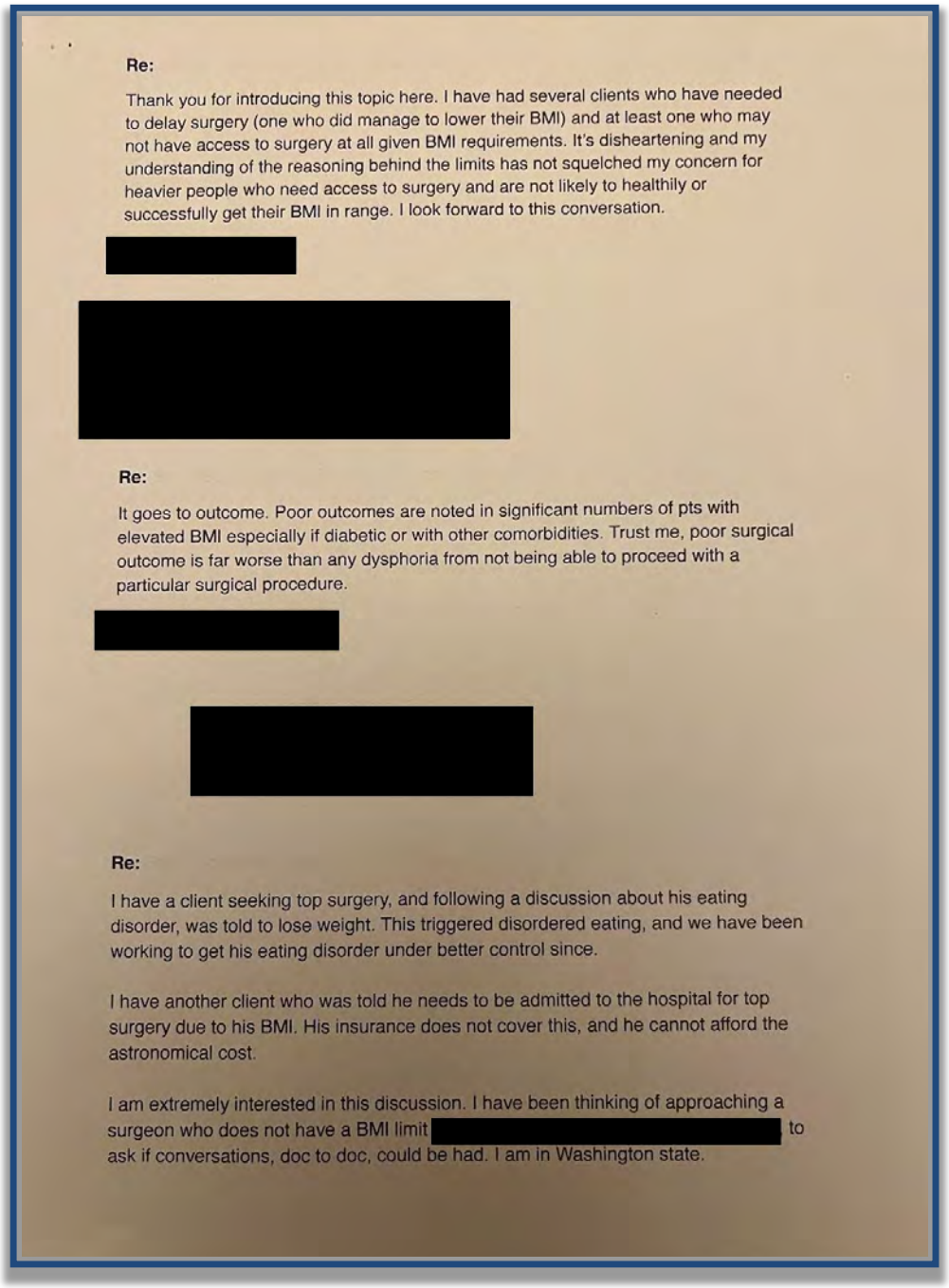
[redacted]

Re:

Glad you started this! I have one client who had no trouble getting top surgery in the DC area despite a high BMI, and another who is required to lose weight to get top surgery in Virginia. I am unhappy with this being used to determine who is eligible unless there are strong medical reasons for it. Otherwise, it just seems like body shaming to me. Can anyone explain why this matters? Is the risk of bad surgical outcome or morbidity/mortality significantly increased by obesity?

[redacted]

[redacted]



Re:

Thank you for introducing this topic here. I have had several clients who have needed to delay surgery (one who did manage to lower their BMI) and at least one who may not have access to surgery at all given BMI requirements. It's disheartening and my understanding of the reasoning behind the limits has not squelched my concern for heavier people who need access to surgery and are not likely to healthily or successfully get their BMI in range. I look forward to this conversation.

[redacted]

[redacted]

Re:

It goes to outcome. Poor outcomes are noted in significant numbers of pts with elevated BMI especially if diabetic or with other comorbidities. Trust me, poor surgical outcome is far worse than any dysphoria from not being able to proceed with a particular surgical procedure.

[redacted]

[redacted]

Re:

I have a client seeking top surgery, and following a discussion about his eating disorder, was told to lose weight. This triggered disordered eating, and we have been working to get his eating disorder under better control since.

I have another client who was told he needs to be admitted to the hospital for top surgery due to his BMI. His insurance does not cover this, and he cannot afford the astronomical cost.

I am extremely interested in this discussion. I have been thinking of approaching a surgeon who does not have a BMI limit [redacted] to ask if conversations, doc to doc, could be had. I am in Washington state.

Thank you.

[redacted]

[redacted]

Re:

My understanding for the BMI requirements is that they are clinically relevant to decrease the likelihood of post operative complications. A high (or low) BMI increases the risk for poor post surgical outcomes for ANY surgery, not just gender-affirming surgeries.

[redacted]

Transgender Surgery, Obstetrics and Gynecology
Dr. Marci L Bowers, MD

Re:

High BMI (greater than 40) is associated with lesser outcomes, longer operative times. But we truly do try not to fat shame patients. That said, weight loss is a great thing with surgery as a carrot towards better health and surgical outcomes. I'd truly pressed, we can make it work out safely.

- Marci L. Bowers

[redacted]

Re:

The recommendations for BMI thresholds for gender affirming surgery are mostly extrapolated from other similar procedures, though overall there is little quality data regarding surgeries on patients at higher BMIs regardless of the surgery (trans or not),

due to systemic fatphobia and lack of quality care for people who are at higher BMIs. Poor health and disease is blamed on high BMI, people are told to lose weight before surgery, etc., and thus nothing is done to actually treat people at higher BMIs because the first go-to solution is to ask people to lose weight before doing anything else.

I think a great next-step toward a solution would be for surgeons who are doing surgeries on patients at higher BMIs to publish their data about the outcomes. Additionally it would be great for providers to be educated on the low success rates of sustainable weight loss and take that into account when prescribing it to patients prior to surgery, and instead try to figure out other alternatives to allow patients to have surgery safely. I don't dispute the fact that outcomes are riskier at higher BMIs, but I do dispute that it is the fault of adiiposity itself rather than weight bias influencing how patients at higher BMIs are cared for and operated on.

[redacted]

[redacted]

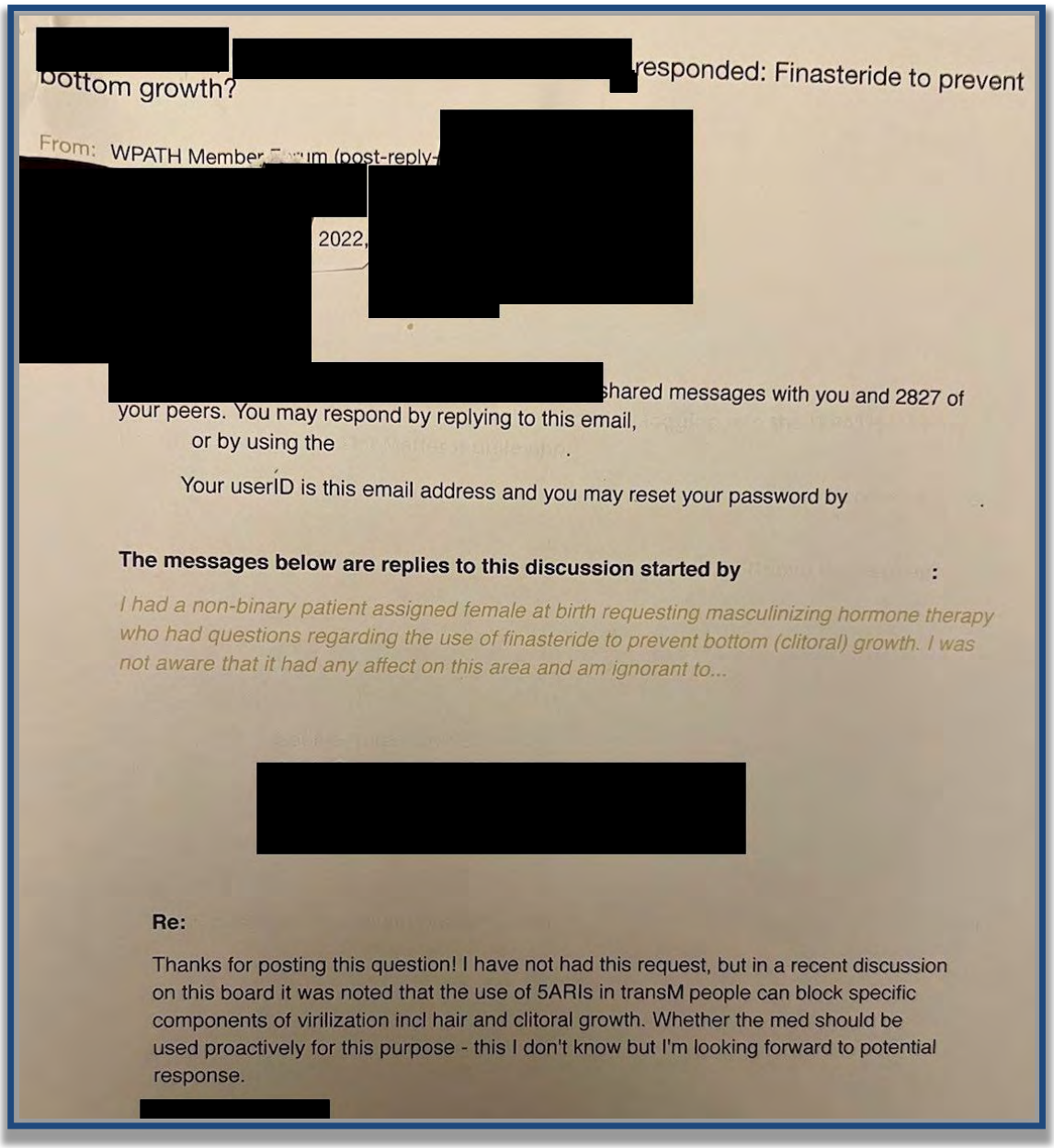
Re:

I do want to add on, I recognize that this is a systemic issue and not the fault of any individual provider. I think most people are doing the best they can with the info they have to provide safe surgeries. However that doesn't also mean positive change can't take place to allow patients at every size to have surgery safely and to learn more about how best to support patients at higher body weights without defaulting to weight loss as a first option. Like you mentioned it is also important to take into account the high prevalence of eating disorders in trans individuals and that recommending weight loss to access surgery can exacerbate this.

[redacted]

20) HORMONE COMPLICATIONS

a) WPATH members discuss the use of Finasteride to prevent bottom (clitoral) growth



[redacted] responded: Finasteride to prevent bottom growth?

From: WPATH Member [redacted]

2022, [redacted]

[redacted] shared messages with you and 2827 of your peers. You may respond by replying to this email, or by using the .

Your userID is this email address and you may reset your password by .

The messages below are replies to this discussion started by [redacted]:

I had a non-binary patient assigned female at birth requesting masculinizing hormone therapy who had questions regarding the use of finasteride to prevent bottom (clitoral) growth. I was not aware that it had any affect on this area and am ignorant to...

[redacted]

Re:

Thanks for posting this question! I have not had this request, but in a recent discussion on this board it was noted that the use of 5ARIs in transM people can block specific components of virilization incl hair and clitoral growth. Whether the med should be used proactively for this purpose - this I don't know but I'm looking forward to potential response.

[redacted]

Re:

I haven't had experience with this use of finasteride or this request in particular, but my understanding is that finasteride blocks the conversion of testosterone to dihydrotestosterone (DHT). DHT is primarily a hormone important for embryological development and in the adult cis-male is active in scalp hair follicles and prostate tissue primarily. I would guess that clitoral growth would occur to some extent in response to testosterone even in the presence of finasteride, but will be interested to hear if others have tried using it to block clitoral growth.

[redacted]

[redacted]

Re:

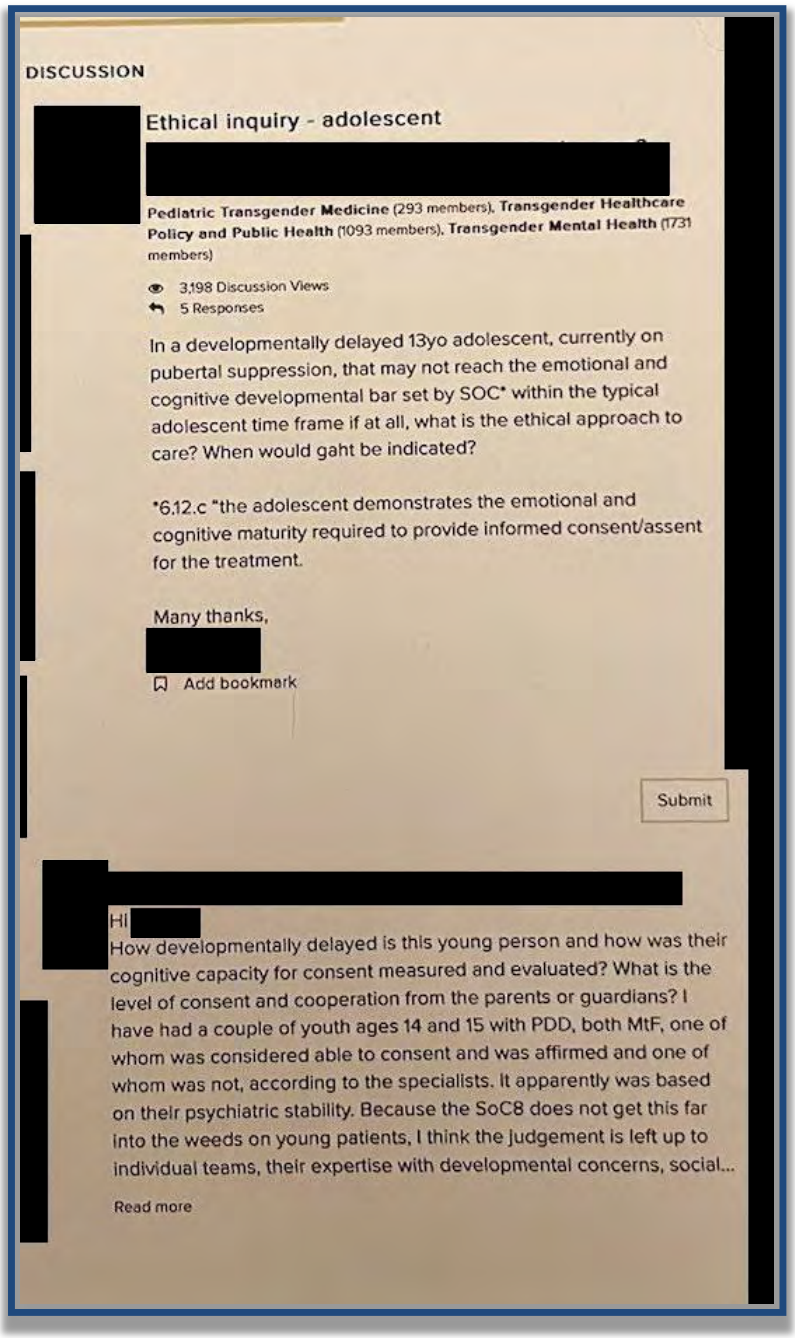
I have had a similar patient who is requesting finasteride to prevent bottom growth whilst starting testosterone.

We have not been able to find any evidence for this but it is clearly something that is being discussed in the community.

It has been difficult to give them a definitive answer. Any resources, evidence or advice would be appreciated.

21) ETHICAL GUIDELINES TO ADOLESCENT CARE

a) WPATH members discuss the Standards of Care (SOC) ethics for treating a developmentally delayed, 13-year-old



DISCUSSION

Ethical inquiry - adolescent

[redacted]

Pediatric Transgender Medicine (293 members), Transgender Healthcare Policy and Public Health (1093 members), Transgender Mental Health (1731 members)

3,198 Discussion Views
5 Responses

In a developmentally delayed 13yo adolescent, currently on pubertal suppression, that may not reach the emotional and cognitive developmental bar set by SOC* within the typical adolescent time frame if at all, what is the ethical approach to care? When would gaht be indicated?

*6.12.c "the adolescent demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment.

Many thanks,

[redacted]

Add bookmark

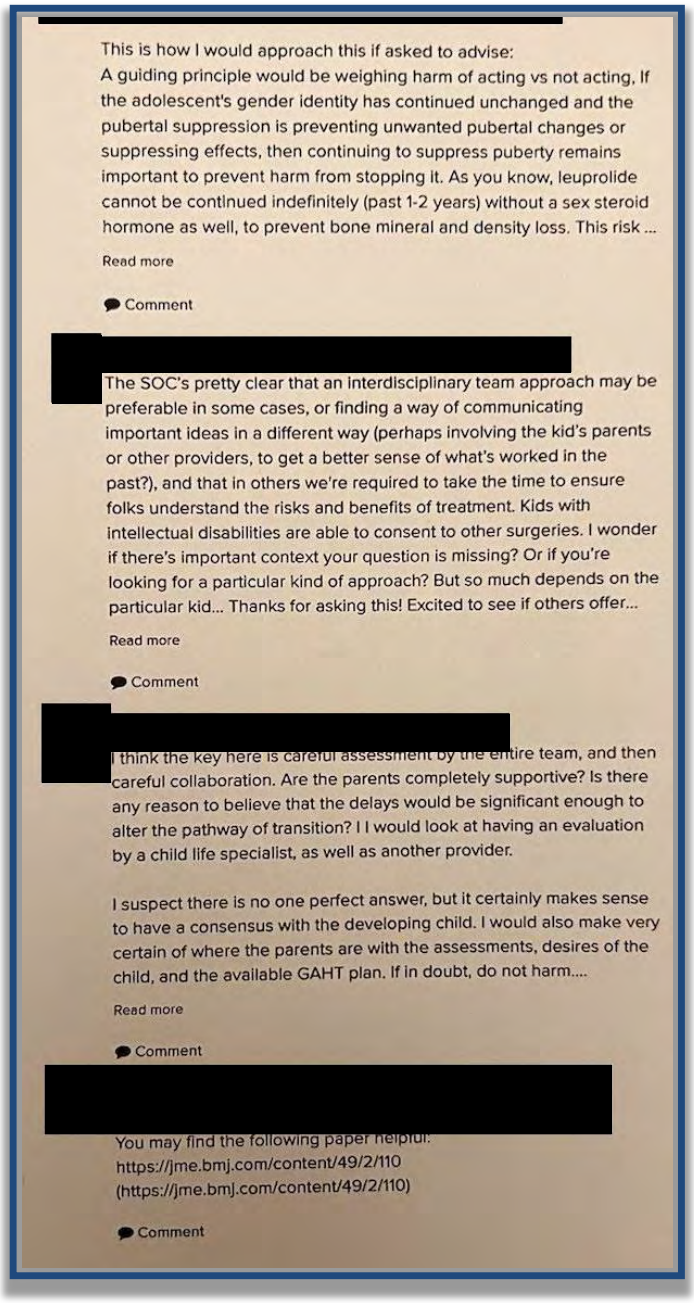
Submit

[redacted]

Hi [redacted]

How developmentally delayed is this young person and how was their cognitive capacity for consent measured and evaluated? What is the level of consent and cooperation from the parents or guardians? I have had a couple of youth ages 14 and 15 with PDD, both MtF, one of whom was considered able to consent and was affirmed and one of whom was not, according to the specialists. It apparently was based on their psychiatric stability. Because the SoC8 does not get this far into the weeds on young patients, I think the judgement is left up to individual teams, their expertise with developmental concerns, social...

Read more



[redacted]

This is how I would approach this if asked to advise:
A guiding principle would be weighing harm of acting vs not acting. If the adolescent's gender identity has continued unchanged and the pubertal suppression is preventing unwanted pubertal changes or suppressing effects, then continuing to suppress puberty remains important to prevent harm from stopping it. As you know, leuprolide cannot be continued indefinitely (past 1-2 years) without a sex steroid hormone as well, to prevent bone mineral and density loss. This risk ...

Read more

Comment

[redacted]

The SOC's pretty clear that an interdisciplinary team approach may be preferable in some cases, or finding a way of communicating important ideas in a different way (perhaps involving the kid's parents or other providers, to get a better sense of what's worked in the past?), and that in others we're required to take the time to ensure folks understand the risks and benefits of treatment. Kids with intellectual disabilities are able to consent to other surgeries. I wonder if there's important context your question is missing? Or if you're looking for a particular kind of approach? But so much depends on the particular kid... Thanks for asking this! Excited to see if others offer...

Read more

Comment

[redacted]

I think the key here is careful assessment by the entire team, and then careful collaboration. Are the parents completely supportive? Is there any reason to believe that the delays would be significant enough to alter the pathway of transition? I I would look at having an evaluation by a child life specialist, as well as another provider.

I suspect there is no one perfect answer, but it certainly makes sense to have a consensus with the developing child. I would also make very certain of where the parents are with the assessments, desires of the child, and the available GAHT plan. If in doubt, do not harm....

Read more

Comment

[redacted]

You may find the following paper helpful:
https://jme.bmj.com/content/49/2/110
(https://jme.bmj.com/content/49/2/110)

Comment

Transcript: Identity Evolution Workshop held on May 6, 2022

A different recording of a 1 minute and 30 second clip from the panel discussion (which is 1 hour and 22 minutes in total) was leaked into the public domain over a year ago. The video in the WPATH Files is a new recording, has a different layout, and has no connection to the previous leak. The time stamp of the previously released portion of the WPATH video is 23:16 - 24:43. This is the first time the panel discussion has been made publicly available in full.

CLIP 1

Cecile Ferrando: Transmasculine patients. And we talk about, you know, early oophorectomy, so early removal of the ovaries and what that means in somebody who is taking testosterone therapy but may not be on testosterone their whole lives. And I simply sort of explain the need to have to supplement, you know, in order to have cardiovascular protection, bone health, good bone health as they get older.

Um, so those are the things that we think about in this cohort of 20 year olds in whom we're removing the ovaries. There's some concern that long term, if they ever stop their testosterone, they could be at, um, um, at metabolic risk, which is just something that needs to be considered. But historically, we have a patient population that also doesn't seek out medical care.

So there's that sort of confounding factor too, which makes it a little bit trickier. Um, but at the end of the day, it's about informed consent. And on my end, I'm just managing patients who have sought out treatment in alternative ways. Um, and that those are, those, those can be pretty challenging.

Ren Massey: Thanks, Cecile. Would anybody else like to add some observations?

Dan Metzger: I think, you know, when we, when we start people on, um, testosterone or estrogen, uh, you know, we, we try to be as clear as we can, um, about the stuff that's going to be permanent and the stuff that's, that's going to go backwards. So if you started testosterone, your voice is going to change. That's permanent, but you might get more muscly, but then that's not permanent if you were to stop.

Um, I think the thing you have to remember about kids is that we're often explaining these sorts of things to people who haven't even had biology in high school yet. And, and, um, uh, and I know I've, I've heard others in, in this kind of a, in this kind of a setting say, well, we think adults are like really slick biologically.

And in fact, lots of people have very little medical understanding of stuff like that. We just put medical professionals and. mental health professionals take for granted. So I think we have to be, um, more concrete than we think we need to be. Um, short of surgical stuff, you know, I think, I think, um, uh, and the permanent physical changes that happen with testosterone or estrogen, um, you know, you might get some breast development that maybe you would later regret.

Uh, but I think, um, it's reasonably safe to, to be on hormone X for a while and then stop and go back to your, to your natal hormones. Provided you haven't had some sort of a gonadectomy, then, as Cecile mentioned, that's a different issue if you're hormone less, um, so, um, I think that is important, um, for people to know, and I think we also, like, just in general, you know, people want this, but they don't want this, but they want this, but they don't want this from a hormone, and I'm like, well, you know, you might not be binary, but hormones are binary, and so, you know, you can't get a deeper voice without probably a bit of a beard.

It doesn't work that way, or you can't, um, you can't, uh, you know, get estrogen to feel more feminine without some breast development. It, that doesn't, that doesn't work very well. And there are different ways of trying to get around some of these things, but in general, um, you know, when you give a hormone, it's going to do what hormones do.

It's going to act on a receptor, the receptors are everywhere, and you're going to get some sort of a physiologic effect, and it's hard to kind of pick and choose the effects that you want. And, and I know that that's, um, I know that that's, uh, like something that kids wouldn't, wouldn't normally understand because they haven't had biology yet, but I think a lot of adults as well are hoping to be able to get X without getting Y,

and that's not always possible.

CLIP 2

Ren Massey: Thanks, Dan. Yes, expectations and informed consent. We have a lot of work to do here, even as mental health professionals, um, in my work, I, even before having folks start on hormones, I go over a lengthy, um, information about the effects of the different kinds of hormone therapies, uh, just so they, I have the clarity that they have some sense of understanding what they're going to because even the good hormone docs here in my area.

Don't always take the time, or it's easy for us to make assumptions that people understand. You know, but that estrogen is not going to make somebody's voice go higher. Or if you're a certain age, testosterone is not going to make you taller. So, um, manage expectations, I think is really important. Uh, it looks like Dianne's ready to say something.

Dianne Berg: Yeah, I just wanted to piggyback on all of the importance that comes up with the informed consent. Um,

I often see people who, because there's such a backlog of therapists to do some of the mental health therapeutic support, I often see people who have already engaged in some sort of, and this is again with youth, who've already engaged in some sort of medical, um, Intervention. And so one of the things I do is I just kind of I'm sitting with the youth and their parents and I say, Oh, well, so tell me more about what you know about that medical intervention.

And kind of like what Dan was saying, you know, children and young adolescents, we wouldn't really expect them. It's kind of a developmental it's out of their developmental range sometimes to understand the extent to which some of these medical interventions are impacting them. And so I think I, I try to kind of do whatever I can to help them understand best, best I can.

But what really disturbs me is when the parents can't tell me what they need to know about a medical intervention that apparently they signed off for. And so I think informed consent has to happen very differently for parents. That it has to happen for

children and early adolescents and adolescents, but it needs to happen and it needs to be a process and, and I think therapists are in a really good position to do that process because we have a lot more time.

with our people than like the 20 to 20 minute medical appointment the way that and that's another problem is the way the medical system works is is there's often very little time. So I think it's really one of our roles is to really do that and to really suss that out and take quite a bit of time to do that and it's more than just like we certainly provide information but then you kind of have to listen to what the the youth is doing with that information to to kind of not, not catch them, but to pick up on the ways that they're not really understanding what, because they'll say they understand, but then they'll say something else that makes you think, Oh, they didn't really understand that they, that they are going to have facial hair, right?

Because they say something else that makes you think, Oh, they didn't get that point, but they'll say they totally get it.

CLIP 3

Dianne Berg: This comment on is that I worked in a, um, an intersex or disorders of sex development clinic for a number of years as the psychologist. And I would come in to the session with the parents and usually these were very young kids. So I wasn't really working with the kids. I was more working with the parents and, and I would come in there after the, after the medical doctor had, after the pediatric endocrinologist had been in there and done, had been in there for an hour and had talked with them.

Um, and. The pediatric endocrinologist came out and said, yeah, they totally get it on board. I don't have any concerns about their understanding. I would go in and I would say, okay, so tell me what you learned from, and they'd just be like, 'We have no idea what they were talking about.' Because they, they feel deferential.

Part of it is that they feel less deferential to the kind of doctor I am than the kind of doctor, the medical doctor is. And so, and because they really are seeking the care, they're just gonna. Say they know when they really, they really aren't picking up on what's happening. And so I think the more we can normalize that it is okay to not get this right away.

It is okay to have questions is, you know, the more we're going to actually do a real informed consent process. Then what I think has been currently happening and that I think is frankly, not what we need to be doing ethically.

Ren Massey: Thanks, Dianne. I appreciate those comments. Um, anything you want to add in there, Gaya?

Gaya Chelvakumar: I would just say I agree with all the comments that have been made. I think the informed consent process is so important and definitely that it's a process is really important to recognize that it's not one conversation at one point in time that is many conversations over time, um, and that those conversations don't have to stop once the Medicaid and intervention has been started, that those conversations can be ongoing even after the intervention has occurred.

Um, even asking how they feel about changes that are happening and, and having discussions about is this something you want to continue with to not, um, you know, informed consent is such an important piece of starting any intervention and it's so, it's so hard. And I often wonder about what you mentioned, Dianne, about people saying they understand when they don't, just because they're so focused on the intervention that, um, They're afraid to share things that they might not be understanding about the information we're sharing with them and how, how to address that I think is very, is very important.

I will say just personally my practice, it has evolved, how in the medical setting. I think we have these Conversations and, um, around informed consent has evolved a lot over time as well, just recognizing a couple of different things, you know, that identities may shift and transition needs may shift, um, that also has shifted how we have, I think, conversations around, um, around informed consent and starting an intervention.

But it's so important and just that it's a process and it's a continual conversation, I think, is the biggest thing.

CLIP 4

Dianne Berg: And Gaia, I don't know if other people do, but I really struggle with, with, because I kind of want The kids that I work with, whether they're nine to, you know, 13

and looking at puberty suppression or hormones in some ways to be a little pediatric endocrinologist, like I, I want them to understand it at that level, um, in an age appropriate way.

And I struggle with that on one level because it's like, well, when a kid takes diabetic medication, do they have to understand? everything about their pancreas and everything that's happening and all of all of that do we do we do that same process around other medical kinds of things and so is this an unfair So, I just struggle with that line, um, and I just kind of wanted to, to say that because I'm not quite sure what to do about that.

The other thing that, that I, that I really like to do is I like to have the children or the young adult or the young adolescent or the adolescent come up with questions that they have for their medical doctor. So let's, let's, let's write a great question. Write that down. Write that down. We're going to ask that you ask that the next time you come back so that they're, they're really, I think, um, one of the things we have in one of the papers that we published is how important it is to instill a level of autonomy into Okay.

Children and adolescents about their medical care and transgender people about their medical care that they get to be assertive. They get to ask questions. They get to be really well informed. And so we want to start that very young by having children like, ask a question, write down what you think and ask the doctor.

You can ask the doctor. Well, I can't really. Yes, you can. Yes, you can. You get to ask the doctor anything that you want to ask them. Um, and so really instilling that way of thinking about medical care, I think is important.

CLIP 5

Gaya Chelvakumar: Important point two is just collaboration between the medical team and the mental health care providers so that there can be also ongoing discussions between team members. So if, when mental health providers are having conversations around expectations around Medicaid, it's just like, Hey, you may want to spend a little more time talking about this, or this is an area that the, there seems to be some confusion about, or parents or child are really, um, concerned about, I think.

In this, in this area of healthcare right now, multidisciplinary care is so important and being able to collaborate with each other is so, is so important and so helpful, um, because sometimes we're not, you know, maybe in the context of a medical appointment, the conversations that need to happen can't happen and then maybe there needs to be further conversations with, with a mental health provider to help make sure parents and children have all the information they need to make the best decisions for themselves.

Yeah, I agree. It's so helpful to be on these on these panels just to hear where everyone's at because I think we all are struggling with how to do this and that in the best way without overburdening our patients and families as well.

Jamison Green: But our health care system doesn't If I may jump in here, our health care system doesn't encourage this.

I mean, if you have a clinic, like already, like a university setting where Dianne is, or where Cecile is even, and I'm not sure where you are exactly, Dan, but I know many people providing this care are independent practitioners, and they're referring their clients to surgeons. Uh, across the country and their endocrinologist might be their actual May, they may not never, they may never have a, an endocrinologist.

They may be able to get their hormones prescribed through their primary care provider who doesn't really know necessarily everything about Transcare. They're basically trying to be supportive and you know, our health care system. It leaves us in the lurch all the time. And so to create, I agree that we don't necessarily need to be able to have If you have a known condition, like diabetes, you don't have to understand every nuance about what the insulin is going to do to you in order to give informed consent.

You need, but, because there's so much experience with that. But in this field, this is all new, this is all contentious, and that's where we run into problems. because everyone's afraid. And I know for a fact, people, even adults, even well educated, older adults, accessing care for the first time, sit down with the person who's going to prescribe their hormones, and they look at an informed consent form that says your hormones are going to do this, this, and this. They don't take any of that in yet because they're so scared that they're not going to get what they need. They, they just so, show me where to sign. Cause I'm, this is my moment, I gotta grab it. And they don't really take in the information.

CLIP 6

Jamison Green: And people also are afraid many times about surgery and so they can read other people's descriptions about surgery and they'll miss details or they'll miss the, the, uh, the most important piece of information for them simply because they're afraid to read it. You know, it's just how human beings work.

So I think at the same time we're fighting against The community's desire to have less gatekeeping, less professional intrusion, less spending time in doctor's offices. And how do we manage that and make sure that everybody's got the right level of education to make good decisions for themselves? So this is a problem that we're facing.

And this is where I think some of the detransition comes in. Because the over medicalization, as well as Uh, over binarying, as well as just the pressures that people are under because of the opposition creates a dynamic that's very, very hard for all of us to work in. Trans people and clinicians, very, very hard.

So I think these dialogues are crucial and we need to take them outside of this space ultimately as well.

Ren Massey: All right. So I'm, I'm sorry. Did you want to go ahead?

Dan Metzger: Good. We can do it after the.

Ren Massey: Yeah, I was going to suggest you this great conversation. I have more comments, but I'm like, ah, people probably need a break attendees as well as panelists. So, uh, I've asked for a 12 minute break. And we will reconvene back here and look forward to seeing y'all back here in a little bit. Thanks.

CLIP 7

Ren Massey: I think we're pretty close to on time for that 12 minutes. Appreciate everybody being back here. Um, I'm wondering if, uh, well, I wanted to share just a little bit about informed consent. And then after, if anybody else wants to chime in, feel

free to. I saw a little bit going on there. I do think that that's a really important part of what we can do to help folks.

Um, in terms of their decision making processes and also, you know, just to start out with, I make it clear to people that I don't have an investment, whether they're youth, whether it's parents. Whether it's adults that I have no investment in what their gender identity is even just because transitioning was right for me doesn't mean that it's right for somebody else.

And that's not a bias that I have. And, um, I hope that that gives people from the start a sense of safety in, um, considering a range of options in, um, in terms of gender identity and gender expression possibilities. Uh, when we do get to talking about, um, hormonal and medical interventions for those who, uh, are considering those options. You know, one important thing I believe is to make sure we address fertility preservation. If you all have looked at the drafts of the standards of care coming out, S. O. C. Eight. Hopefully next month, you'll see, you know, a number of places where it's encouraged and ethical to talk about fertility preservation options And that's even for youth who are going on puberty blockers, because many of those youth Thank you for nodding heads. Many of those youth will go directly on to affirming hormone therapies, which may eliminate Or will eliminate, you know the development of you know, they're gonads producing sperm or eggs that are going to be able to be usable if they want to be partners with somebody else later in contributing genetic material for reproduction

CLIP 8

Ren Massey: I start even with puberty blockers to talk about fertility and a useful tool has been John Strang's TYFAQ, the Trans Youth Fertility Attitudes Questionnaire. It's not necessarily standardized to my knowledge, but it's a mechanism for discussing. There's a parent version and a child, a youth version for discussing some fertility issues just over, I think it's 16 questions.

And then also my informed consent process, I will include, um, as a non medical person, but somebody in the healthcare profession with a lot of. experience and knowledge and G. E. I. S. Under my belt attend all these conferences. Always learn something. I cover the reversible and irreversible effects and the potential risks to the best of my again.

I'm a lay person as far as being not a medical provider. Um, knowledge and I base that on the standards of care seven and we're gonna have the new ones coming out as I mentioned as well as the interim guidelines. Uh, the latest being in 2017. And there are some other resources out there. So, um, I see somebody put a file up there but there Are ways I think we can all go over this.

And also just finally, I'll just add that I go over it with the youth separately from the parents. Uh, and then with the parents separately from the youth, ideally, and then bring them all together. Make sure we're all on the same page of under what we understand. Um, Limitations acknowledged, and, uh, you know, they're often having questions, and I say you have to ask your hormone provider, the consultant you're, uh, going to be meeting with about, uh, certain questions.

So there are certainly, I stay within my lane, but I do think that part of the multidisciplinary nature of this work is being well versed in these things, at least to a certain level, and that's part of why we have a multidisciplinary panel here.

CLIP 9

Ren Massey: wants to, I see somebody added the QIFAQ in there. Anybody wants to add any comments on that before we move on and we could potentially start looking at cases in a little bit? Does anybody want to add anything to what I said? Looks like Dan might.

Dan Metzger: I, I was just gonna say, you know, like, like it's always a good theory that you talk about fertility preservation with a 14 year old, but I know I'm talking to a blank wall. And the same would happen for a cisgender kid, right? They'd be like, Ew, kids, babies, gross. Or, or the usual SPAC answer is I'm going to adopt. I'm just going to adopt. And then you ask them, well, what does that involve? Like, how much does it cost? Oh, I thought you just like went to the orphanage and they gave you a baby.

No, it's not quite like that. Um, but, um, and I was just trying to find it, but I can't, I can't quickly locate it because I only have is like a picture of a slide, but apparently last week at the Pediatric Endocrine Society, uh, some of the Dutch researchers started, uh, gave some data about, um, young adults who had transitioned and reproductive regret, like regret, and it's there.

Um, and I don't think any of that surprises us. I don't remember any of the numbers or anything. I just, again, I have a picture of a slide. But hopefully this is something that will get published in the next while. But, um, you know, I think, I think now that I follow a lot of kids into their mid twenties, I'm always like, Oh, the dog isn't doing it for you, right?

Yeah, they're like, no, I just found this, you know, wonderful partner and now we're kids and da da da. So I think, you know, it doesn't surprise me, but I don't know still what to do for the 14 year olds. The parents have it on their minds, but the 14 year olds, you just... It's like talking with diabetic complications with a 14 year old. They don't care. They're not going to die. They're, they're going to live forever. Right? So I think, I think when we're doing informed consent, I know that that's still a big lacuna of, of that we're just, we do it. We try to talk about it, but most of the kids are nowhere in any kind of a brain space to really, really, really talk about it in a serious way. I, that's always bothered me, but you know, we still want the kids to. Be happy, happier in the moment, right?

CLIP 10

Dianne Berg: I appreciate that much less with a 9, 10 or 11 year old who's, who's, um, who's starting puberty suppression. And like Ren said, if they continue on then, and, and I mean, it's, it's like developmentally not in their space to be able to have, have to think about that. And it shouldn't be, um, right. And so I think it is.

I think it is a real growing edge in our field to kind of figure out how we can, how we can approach that. Um, I'm definitely a little stumped on it.

Gaya Chelvakumar: I'll just add one more complication in there is that then if you do have, which doesn't commonly happen, but if you are interested in preserving fertility, then the options for for doing that, depending on age and stage of development also can be. From a medical standpoint, may or may not be possible, but then from a financial standpoint, also may or may not be possible, and that's another complexity to the, adds another layer of complexity to these discussions as well, and that's at any age, I guess.

Dianne Berg: And from a social and sexual standpoint, right? Um, in some ways, the stuff that you need to do to be able to preserve your fertility might be beyond kind of what a youth, where a youth is at in terms of their sexual development, and yet.

That's kind of what's needing to happen and, um, yeah,

Ren Massey: yeah, I don't think that we have all the answers and I appreciate y'all's comments, bringing, you know, highlighting the nuances and the challenges here. I find a range of. Maturity levels and having thought about this or not having thought about it. Um, again, depending also on the age and the cognitive maturity, emotional maturity.

Um, I still, I know you all do these kinds of things too. I think that it's better to give them the information and have them, Be able to reconcile, like we wish we could afford this, but at this point we can't. And so we will proceed down this avenue anyway, but not later on then find out, Oh, nobody ever told me that I couldn't, you know, do that.

CLIP 11

Ren Massey: Like, why didn't somebody tell us? And so I think that there's a shift in the field, but I just think we need the spotlight that, um, it's part of the discussion in the informed consent process for youth as well as adults. Um, And back to the thing I said the very beginning of after the break, part of also trying to make sure people have a sense of I have no investment in where their gender identity or identities land is because that part in this study where people said they didn't go back to the same provider, that that bothers me, I would like people to feel like they can continue with me whoever they are.

Um, if I can help in other issues, you know, a few of the folks I've worked with, it's been, um, some of what Dianne was saying earlier, you know, their sexuality got to clarify some of their gender identity issues. And, um, they, I've been pleased when they've gotten clear. Okay. Maybe I'm not trans, maybe I'm non binary, maybe I'm cis, um, and maybe this was more of a sexuality issue.

And they were willing to continue to work with me as they explored sexuality issues. You know, I want people to feel like they don't have to perform a certain gender to be

working with me. Um, that I want to be inclusive and supportive of all aspects of their being, so. All right.

CLIP 12

Ren Massey: Any other thoughts before we maybe look at cases? Alright, as, as we shift to cases, then, uh, this is always the tricky part for me to work on.

Dianne Berg: I'm sorry, Ren, can we just, Melissa Goldstein is just asking if anyone has great resources for fertility and preservation especially. Oh, Gaia just put it, did you just put it in?

Gaya Chelvakumar: I just popped in one article that starts to discuss some of it.

Ren Massey: I'm, I'm glad. I think, I think that that's a knowledge, right? And there isn't a ton of, of that existing. So I just wanted to acknowledge that. Yeah. All right. Thank you. Um, it's wonderful how we've got all these wonderful resources here. All right. So, uh, bear with me a second. I am going to try to share screen to, uh, go over some cases that our panelists have, uh, put together.

And this is the part where I always grapple.

CLIP 13

Ren Massey: Read the case of DJ. Give me a thumbs up, panelists.

Okay. All right. So I'm wondering if panelists have any comments or thoughts you all want to start with in getting this discussion going around this young person and their experience.

Oh, sorry, Randall. I'll read the next one.

Dan Metzger: To me, this is a not an untypical story. I mean, this person's got some significant mental health stuff, which is, you know, that they need to deal with. It

sounds like they had an unfortunate sexual traumatic sexual event, which that sounds probably pretty horrible. But to me, this is a kid who, who, who. Um, got a false start and, uh, and, um, maybe it wasn't in a place where they were fully supported or they feel fully supported.

Um, but to me, this is not de transitioning. This is just a kid working through crap. And, um, I mean, I obviously may feel sorry for the kid, but to me, this is not like something that should hit the news as a, you know, a system problem. You know, assuming that this kid's been getting the mental health care that they need.

To me, this is like, not an untypical story. Um, and with a happy ending. So, yay.

CLIP 14

Dianne Berg: highlights the importance of having ongoing support and following kids over time, um, so that you're getting as much of the picture as you possibly can. And, and so kind of the important role of, of behavioral health, mental health, um, component. Um, I think, I think oftentimes mental health can get a really bad rap.

Um, in terms of that, we're trying to do things that we're not actually trying to do and, and so I think this is a good case that kind of exemplifies if you're following this kid and meeting relatively recently, relatively, um, often with them, you're going to kind of be seeing this in real time and be going through this with them and be helping them to process and figure out kind of the meaning that it has for them.

Um, And hopefully as you have enough of a rapport, I don't know if it happened in this case, but that it looks like the, the person didn't disclose some of the bullying and the traumatic sexual event until a year later. The hope would be that if we can build enough rapport over time with kids in whatever specialty we have.

That, that we would learn about that in more real time than a year later, and that we would be able to be, you know, kind of just doing it as part of the regular process of checking in about all spheres of life. Um, so it really highlights the importance of that for certain, for certain youth.

CLIP 15

Ren Massey: comment. I noticed an observation or a wish that, uh, therapists involved in able to Help the young person distinguish between the assault and their gender identity. I think, um, that there are times working with young people where they don't even disclose an assault or some type of sexually, Coercive or unpleasant experience.

It may not even have been coercive, but it may be almost like self coerced. They thought they were supposed to do X, and so they, like, I guess this is how people interact sexually, and so they showed up voluntarily, like this other person at

the moment, um, wasn't coercing them, but they were kind of trying to get themselves to learn about sex. And so they may have done things they didn't even feel comfortable with. And so they don't want to talk about it with therapists. So, I mean, um Even good therapists, you know, we're going to be limited at times where we're, uh, we can't get everything that's going on with our kids that we're working with.

And sometimes the adults also don't bring it forward. So, um, it's a, it's a high bar to cross sometimes to try to catch everything that. may be affecting somebody's view of themselves and across domains of their life experiences.

CLIP 16

Gaya Chelvakumar: And I'll just echo Brennan and Dianne's statement. I think the case to me just highlights the need for, in addition to continued, you know, ongoing care, but also maybe like leaving the door open, that if this is your decision at this point in time, but that may change and we're, you know, we're here to support you, whatever your decision is, and that you can always, you know, continue to see us continue to see the team, um, you know, keeping, keeping engaged with young people and letting them know that they can, It's okay to change your mind.

It's okay to, to come back and knowing that, um, people sometimes have to disclose things in their own time as well. So that while we hope things are disclosed in real time, sometimes people just aren't in a place to face, to face their trauma and what's going on. And so even more so becomes important, I think, to have that ongoing care.

Um, and even if there is an ongoing care, at least leaving the door open, young people, or adults even, are in a place where they want, where they want to reengage that that door is still open?

Dianne Berg: Yeah, there, there was a comment. There was a comment in the chat about, um, sometimes our, our discomfort with asking questions, particularly pertaining to sexuality.

And I, and I think that that's, that's really true. I mean, we have not gotten to the place yet where it's just part of, Every typical kind of area that you inquire about, and I think that that's really important, um, and is, is part of, and, and to not, and to not frame sexuality, I think the other thing that happens with sexuality is it gets framed as negative, all the things that we shouldn't be doing, um, rather than having a positive, kind of positive take on sexuality, and so how with, with youth and, are adults.

Do we just naturally feed that into the conversation? And how do we as clinicians get comfortable with sexuality and sexuality themes? Um, in a society that isn't very comfortable with it, but isn't comfortable with it in appropriate ways is very comfortable with it in some ways that probably aren't very healthy.

And so how do we teach people to do that? I think that's one of the benefits that That I have working in a sexual health kind of clinic that has a gender component to it. And I think that's really important.

CLIP 17

Ren Massey: All right, thanks. Going, going, gone. Move on to our next case. Okay, if I can get my screen share to cooperate with me. Ah, here we go. All right. Cases. This is a collective consideration. Several trans men in their late 20s, early 30s have done a range of social and medical interventions. They're now clear that in hindsight, if they had come out ten years later, they may not have taken all the medical transition steps that they did if the option of a non binary identity had been on the table.They don't like to be seen by others as male, but given the physical changes, don't feel like they have a choice. There are different intensities of how upsetting this is to them, but a common theme is not likened to be perceived as male by others to the extent they are seen as male. I found this really interesting.

Who would like to jump into this conversation?

Dan Metzger: This is a bit beyond my age group, but I think one thing that they could do, uh, medically is to talk with their hormone provider to see if there's a way. I'm presuming these people are still on testosterone, if they are, that they could at least lower the dose to something that's still bone protective and still would make them feel okay, but maybe wouldn't, uh, would less stimulate, uh, you Like facial hair growth or or the other kinds of things.

I mean, their voice is not going to change, obviously, but, uh, there might be some room to play with the testosterone dosage just to make things a little bit less, uh, um, less masculine.

CLIP 18

Cecile Ferrando: Um, so I think this is about goal setting. Um, so you know, while I'm a surgeon, I do a lot of testosterone implants for patients. So I do testopel implants. Um, and, um, when I talk to a lot of patients, the majority of the patients I see, they are seeking, um, realization, masculinization. So I dose them to sort of physiologic levels.

Um, but I have sort of this, um, cohort of patients that is seeking sort of, you know, underdosing, but wants testosterone, um, supplementation. Um, so we sit and we talk about. The goals of therapy, understanding whether, you know, I have to explain to them that sometimes underdosing can, um, will not lead to cessation of menses, which is sometimes the actual goal, like not virilization, but cessation of menses.

And so, in those situations, we talk about, you know, what other things we can do that, um, that may not have sort of either feminizing effects, you know, a lot of our, Transmasculine patients don't want to be on oral contraceptive pills, etc. So sometimes I'll underdose testosterone in a pellet form. Um, and also, um, place an IUD in those patients.

And so it's really sort of about discussing what their goals are. I'm now seeing younger patients. So not necessarily patients who were dosed on, on doses of testosterone and who are now working backwards. But I have a couple of patients in their twenties who.

Sort of err on the side of the masculine side on the spectrum, but don't want to be fully masculinized.

So I'll underdose them as well. And, you know, I think that there's a physiologic component to this improving their, their sort of state of being and giving them a sense of wellbeing. But also I think that there's this component of, um, I feel like I'm taking some steps towards masculinization, but not completely.

So that makes me feel good. And I think that there's. Also, I think we, um, uh, actually to this crowd, I'm not gonna say undervalue. I think, um, uh, people in my, um, from where I'm coming from undervalue the importance of giving a patient a sense of control of their transition and their care plan, which is not a foreign concept when we talk about.

You know, paternalism and autonomy, but certainly when it comes to this type of care, allowing patients to have some control over what it how their transition is or what it is, is really important. So even in patients who've been on high dosing who want to work backwards, but like Dan just pointed out, sometimes you can't reverse everything.

Right. So there's some masculinization that will have already have occurred, but perhaps just the giving a patient the sense of being able to control what's going to happen down the road is really important.

CLIP 19

Cecile Ferrando: testosterone dosing. For me it's easier in the pellet form because you can really sort of dose to certain levels. It's in my, from my experience, easier to control than intramuscular and subcutaneous dosing. But it's about goal setting and discussing and so much can just come from a discussion of I understand that what your goals are and let me see if I can help you achieve them.

Certainly that conversation is easier when it comes to hormones than it is surgery.

Dianne Berg: There are a little bit, I think what it comes up, what comes up for me is helping people to explore socioculturally what it means to be masculine, feminine, male, female, um, because there's kind of the internal sense of it and then there's also

the the way that that gets perceived in the world and It sounds like for some of, for some of these folks, like, for whatever reason, it's more about how they're being perceived by others and maybe, maybe kind of what others are then attributing to them or assuming about them because they're, they're interpreting them as male when maybe that's those things, those, those aspects of maleness are not what they, aspire to or what they want.

And so I think it's, it's, it's all about kind of that, that therapy around what does it mean in our culture to be kind of, what does gender, what does gender mean in our culture? And how is that going to play out for how you see yourself and how others see you? So it's kind of those deeper, those deeper conversations.

CLIP 20

Ren Massey: I just want to add something here. I appreciate what you were just saying, Dianne. One of my adjustments with my transition was, um, losing, um, automatically being perceived as safe. by females who I was meeting for the first time. And, uh, it was a very strange experience to be walking in a parking lot, you know, following a woman out in the parking lot from the grocery store, and to realize, oh, she's looking over her shoulder to, like, see, am I following her?

Am I a threat? Or to be in an elevator and... have, you know, somebody kind of scoot just about as far away as they can. And, um, it, it was, it was, it was a loss, candidly, not to be, uh, perceived or assumed to be safe anymore. Um, so I can easily see that some of these things would be, um, really distressing, um, social impacts of, um.

Being perceived as masculine in our culture. So, looks like you wanted to say something there.

CLIP 21

Dianne Berg: Around kind of the other way too, right? I mean, so many of my trans feminine adult and even adolescent clients, um, Talk a lot about They they they hear

about it theoretically, but it's not until it happens that they really get it like not being paid Not being given as much airtime as they Become perceived as a woman.

Um, you know kind of all the the things that feminists have been saying for a really long time, I think, start to become more clear to people. And, and I think those are some losses or just some, some realizations around how gender plays out in, in sociocultural spaces. And And kind of what is that going to mean and how does how what meaning does that have for people.

So I think it, I think it goes both ways because gender is such a powerful mediator, whether we like it or not, it's such a powerful mediator of sociocultural spaces and interactions and environment.

Ren Massey: Yeah, I'm going to add to that, you know. A lot of us are youth or focused or heavy in our practices. Um, or young adults and, and minors.

Um, but One of my mentees, who I think is on this, um, meeting today and some other folks have talked to me about, you know, and I've even had clients as well who were adults who were assigned male at birth and found the loss of privilege and safety that they experienced in the world, um, was really disturbing.

And particularly some of the older folks. Um, we're actually, um, de transitioning, re transitioning for, for reasons of fitting in not just either around job stuff, but sometimes to be able to go into assisted care facilities with less hassle. And a greater sense of safety. So I think there are other issues, again, outside pressure sometimes, it may not even be the internal experience, that we need to be able to be aware of supporting people for in different contexts that we may be encountering.

CLIP 22

Ren Massey: So um, yeah, one of the thing I would like to highlight on this case, I think that it underscores that from the in the outset, we also may help people explore more non binary options. You know, I have a young person I'm working with right now, um, who's been on blockers for about two years. Mother's anxious for the kid to come off.

Pediatric endocrinologist is saying maybe go a little longer. Um, and the kid is vacillating. Um, really not wanting facial hair. Um, but... about having menstrual cycles and kind of vacillates about whether breast development, chest development bothers them or not, and which pronouns they use. And we all know that chest surgery is pretty inevitable, or at least it looks like that, because that has consistently been a bothersome thing.

So, is there more, um, benefit of staying on blockers or letting the kid... switch back to their endogenous estrogen? Or is it better to go low dose testosterone or what? You know, and at what point in time? So, um, if the kid doesn't want facial hair, but maybe doesn't mind their chest growing and they're planning on having chest surgery anyways.

So we may want to, you know, be creative in how we help folks approach these. Situations that are complex.

CLIP 23

Ren Massey: All right. So, um, I'm going to shift to the next one. I see we got a few other comments on, yeah, what people wanting. And being perceived male can happen very fast. Yes. All right. Let me try to get my screen to cooperate again. Okay. I'm going to read case three in S. 14 years, 11 months, assigned male at birth who identified as female preferred by previous mental health provider for gender dysphoria in the past year.

No significant medical history. Gender history and initial presentation, patient reported that a year prior to presentation a friend came out as bisexual and patient reports it clicked. Hey, that's what I'm feeling. Did not initially share this with anyone, but then six months later told mom about being bisexual.

Felt this confused mom. Around the same time, patient also reported feeling, looking pretty, cute and pretty. wearing female clothing. Reports always having felt this way, but never acted on the impulse to express self using feminine clothing. Patient reports that one month after school started, came to the conclusion they were trans.

Patient disclosed to an online friend first then told girlfriend who encouraged patient to tell mother. When patient told mom about identifying as transgender reports that mom's reaction was unsurprised. Patient had been trying out different names and eventually chose the name Nora. Patient reported feeling dysphoric and that sadness goes hand in hand with dysphoria.

Patient reported interest in starting gender affirming hormones but felt the gender affirming surgery was scary. Felt that mother was supportive of starting hormones, but father was not, and this could be a barrier. Extensive mental health history, starting at age 4, including aggression, ADHD, oppositionality, depression, anxiety, and challenges with behavior.

hospitalizations.

At 15 years, 10 months, the family is open to the patient starting spironolactone, but not ready to provide consent for estrogen. The patient's excited to start medication. Patient continued to follow the mental health provider two or three month intervals. At six month follow up after starting spironolactone, patient started, uh, reported that they felt more male and was feeling comfortable with he him pronouns.

Reported that I felt like a boy who wants to, I feel like a boy who wants to wear nail polish. Patient wanted to stop spironolactone and not interested in pursuing estrogen at this time. Plan for patient to continue to follow the mental health provider. Has follow up appointment in two weeks.

CLIP 24

Ren Massey: Anybody want to jump in here?

Dan Metzger: I, I'm, so again, another kind of happy ending. Kids happy. Um, parents are happy. I, I, I think it's important to remember that not all kids are as smart as every other kid or as in tune with their bodies or minds or minds of kids.

CLIP 25

Dan Metzger: sophisticated as other kids. Some kids like just get things and some kids don't and it takes a little bit longer. And the point is just because you're 15 doesn't mean you know everything. And I, I, I mean, I talk to this all the time, right? You're 15. That's great. But, um, you're probably going to know more than when you're 16.

You actually better know more when you're 16 than when you're 15. So I think it is kind of important to get, uh, uh, And this is our, you know, what our, what our assessors do is to get a level of sort of capacity of not just able to consent for stuff, but like they're understanding where they are. And do they understand that there's a difference between sexuality and gender and being trans and, and, and being, you know, cross dresser.

Um, that, that, that there's more than one way of. You know, liking nail polish. You don't have to be a girl to like nail polish. You can just be a boy and wear nail polish, whatever. So I think, you know, when these kinds of kids are working with their mental health professional, I think it is important for somebody to also really see, well, like, this is a kid that's kind of, not changed, but, you know, well, it's changed their direction three or four times within a short period of time.

That's not somebody you're going to want to rush in to do something permanent with. You're going to want to make sure that the kid, Really is starting to, you know, I have a clear direction of where they're heading before you do something and as well, you know, to make sure that the family are coming along with the kid.

CLIP 26

Gaya Chelvakumar: I will also add that like an anti androgen like spironolactone is a nice place to start because it's something that probably is not going to give you, you know, irreversible changes. And so, you know, if needed to help kind of clarify needs and goals and identity, it's a nice, nice medication to use.

Dan Metzger: Yeah, I would second that, you know, like if this was a kid that was clearly binary and, and wanting to move forward, you know, then we would probably use Lupron because Lupron works better. It's way more expensive. But I think Lupron without a plan of moving towards estrogen for this kid would just make this kid feel crappy, probably because he's, she, sorry, is well through puberty.

Um, so she's probably just going to feel like whatever a teenage kid would feel when they have their testosterone taken away, kind of, you know, whatever, menopausal. So I, I think, um, Just to, just to, just to affirm, I think Spyro is a really good way to go because it's harmless. It's cheap. It works to, for the beard.

It's not going to prevent the bigger boy changes that happen with male puberty, but, um, it is a nice way to kind of ease into things and often, um, for families, for, for parents that are kind of holding back, it's a nice way to move forward. That's, you know, affordable, cheap, safe, and reversible.

Dianne Berg: I'm noticing a lot of stuff in the chat, but I think the medical people could maybe address that kind of comes from how fast testosterone maybe works and does low dose affect that can just noticing that.

Dan Metzger: Yeah, so it's true. I mean, we all, you know, Adult men all have the same testosterone levels, but there's clearly a different range of like how hairy you are or how fast you go bald or whatever.

And it doesn't have to do with your testosterone levels. It may have to do a bit with your testosterone receptors and a million other things that you inherit, um, in your genes. So, so, you know, I, I always kid the Persian, the Persian kids that come and see me, I'm like, don't even look at the bottle. You're going to get a beard.

Like, because we know it's going to happen really fast, and then some of the poor Asian kids, you know, they try forever, they could barely get a mustache going, like their brothers, and so, um, you know, but everybody's the same level, it's all the same dose, so, um, you, you, you do have to let people know that just because you're taking dose X is not, doesn't mean you're going to get results Y to, to, to the same extent.

And the same is true, of course, for, for, for, for girls taking estrogen, you know, breast

CLIP 27

Dan Metzger: Level. Level provided your estrogen levels more or less in the nor in, in a, you know, in a normal range. It has much more to do with other genetic factors and body weight and stuff like that.

Ren Massey: Alright, great. So I think we have time maybe to go into one more case and um, then we may have some time for some concluding comments. Let's see. The biggest challenge is always there, the technology. Actually, the technology user is the biggest challenge. Okay, case four. An AMAB person assigned male at birth, who is now 13, who early on identified as binary trans girl and took all social transition steps.

Medically, the client is on Lupron and she's not been in a rush to start estrogen. However, she's been very invested in doing so at some point in the future. Within the last six months, this youth has begun to identify more as non binary, trying out different pronouns and names. She's very avoidant to have any discussions about What the shift toward non binary gender identity may or may not mean in terms of the decision she's always thought she would make in terms of medical transition.

When brooch will shut down and no longer engage. Have had some success processing when discussions are framed from an embodiment lens.

Dianne Berg: I can say a little bit about this case. I'm not sure whether it's one that I submitted and it just got kind of morphed and changed, um, which is totally fine. Um, but I think the thing that comes up for me, if it is kind of based on one of the cases is, um, But it was very difficult to, to kind of, um, the youth always kind of had it in their mind how their transition was going to work.

I'm going to do this. So I'm going to do this. So I'm going to do this. Then I'm going to do this. And, and it was all a very binary related kind of transition process and how they were thinking about it. And then as they, as they began to kind of try on. Different non binary identities and, and,

um, they started to kind of talk to people, uh, at least with the, with the, um, kid that I worked with.

CLIP 28

Dianne Berg: Where we kind of got to was a general not wanting to talk about things because they were just kind of at that place. But also that they really thought that if they said anything about this and really delved into it, it would mean that their options

for any of that medical transition that they had always thought they were going to do would be off the table.

And so they were like, I can't, I don't want to explore that the non binary shift, because if I explore that, that means that I'm never going to be able to get estrogen or I'm never going to be able, and it was kind of like having some education around. No, it doesn't mean that what it means is we are trying to meet your embodiment goals.

And if your embodiment goals are such that you need a certain type of medical intervention, then you need that medical intervention and we can move forward with that. And you don't have to be afraid that, um, That your identity is going to drive necessarily drive your medical decision. It's more about your embodiment goals are going to are going to drive some of the medical decision making.

And so I don't know. That's kind of how we were able to get through that impasse. Um, So I don't know what other people kind of have to say about that. But, um, embodiment is certainly a concept that I'm using a lot more of with my adolescence and Children.

CLIP 29

Dan Metzger: I, you know, like sort of 13 and a half is sort of our, like a kind of cut off where we, where we're okay to do hormones, if everything, it seems like it's going to work. Um, but I always told the kids, God, you're 13, you don't know everything. Um, I don't expect to know everything. And this is like a journey and you're going to take us, you know, we're coming along for the ride.

And, you know, we start this, it doesn't mean you have to continue. It doesn't mean you have to go up. every single time you come, I'm going to ask you what you want to do with your hormones. Are you happy where they are? And kids do shift with time. A lot of the, particularly the non binary kids, um, um, think that they want to be initially more vascularized than they end up wanting to be.

And they find that there's a happy dose that's gotten rid of their periods or whatever, and that they're happy on that dose. And they don't necessarily want to push forward

as they had thought that they might at the beginning. So. I think it's important that you just lay that out right at the beginning.

You do not, you do not have to have all the answers. You know, even an 18 year old, you do not have to have all the answers. Let's work with all we got today, and you keep letting me know, and I'm going to keep pestering you, you know, what do you want to do about this? What do about this? Or you're not ready to make any decisions, you don't even want to talk about it today.

Fine, let's just leave it in the same. And I think the kids need that space to, to know that A, they're in charge. Uh, B, I'm a little bit pushing them to think about it, like, by asking them, and, and C, you know, they have permission to go backwards, stay where they are, go forwards to, to whatever degree, and, um, and I think that, uh, I think that the kids, um, I think there are kids who are a little bit timid at the beginning, and they don't feel, they can, I, I feel that there is a group of kids who say they're non binary because they're not, Really ready to go full on.

And as they go, they actually find, no, this is working for me. I'm, I really actually do want to go to the, to the end of the binary there. But, um, I think, I think you just got to let kids have that, that permission to do that.

CLIP 30

Ren Massey: I'll just add in that, uh, this actually reminds me of a successful 30 something I have, um, you know, who's, uh, very accomplished in their field and is, uh, was first aware in the last few years really more about their gender identity and, um, thinking, you know, they were identifying as a woman. Uh, and when the first came really more open to their awareness about six months ago.

Um, took him a couple months to call me, then a couple months on my waiting list. And I've been seeing the person, I don't know, a couple months now. And They were hesitant to acknowledge maybe a non binary space might be good, maybe a fluid space might be good. And it's hard to tell how much feels true to their gender versus how much is external factors, and that's kind of stuff we're sorting through with time.

Um, and I think they're feeling some relief to know that there are a range of medical options, and we're not, The, the fortunate thing is this person is not in a rush rush and has some ways of being able to express, um, their feminine side, uh, with their significant other and friends and, and one of their family members, uh, from their family of origin.

But, um, I, I, my main point is in adults as well as young people. I mean, mature, more mature adults, like 30 somethings.

All right, so if we don't have any other comments on this one, actually, I would really like it if we could get to the next case and then we could close up.

CLIP 31

Dianne Berg: I'm just noticing that Jameson is telling us that we should talk, look more at the chat. Jameson, is there a particular thing?

Jason: I was just wanted to draw your attention to the Q& A box as well as the chat. There are questions in the Q& A stream as well as in the chat. So just, just to make sure that.

Dianne Berg: Thank you. I didn't even know about that.

Jason: Yep. Yep. I've answered a few, but, um, the clinical ones I can't.

Dianne Berg: Okay. While we look at the q amp a there's a couple coming up in the chat just about that embodiment discussion. Yes. It's, it's a, it's a growing edge for me. And so I certainly don't want to. To misspeak, but my understanding and what I'm trying to kind of incorporate in my clinical practice is in some ways moving away from, um, what is your identity and therefore because you have this identity, you're going to want to do these particular medical interventions to change your body, not having it be as identity driven, because I think that's been the historical basis of kind of how things have operated.

And instead, regardless of your identity, What, what do you think about your body and what do you want your body to be able to be and how do you feel in your body and,

and what's going to help your, your, you feel better about being in your body and how do we address some of that? Um, regardless of what your identity is, and that might mean medical, that might mean lifting weights, that might mean eating better, I mean, there's a whole range, but it just kind of goes shifting your thinking from identity driven interventions to more, um, for some people, more body driven interventions.

It is kind of my, is what I would try to say about that.

CLIP 32

Ren Massey: Kind of related to that, Dianne, there are some questions about co occurring diagnoses or considerations in the Q& A section, and I would just say it's hard to do it justice in a little bit of time here, but, you know, when there are co occurring conditions of any type, I am more cautious and take a slower approach in terms of.

Um, questions to in considering both identity and embodiment. Um, and, you know, may ask people and encourage people to look at things from all of those kinds of perspectives. Um, and maybe try to get creative in asking them to. You know, just as an example, who is somebody who you'd like to look like who, um, not somebody who's a TV star who's super attractive, but just like kind of an average looking person, you know, um, so that we're not engaging in a fantasy realm of transition expectations with like facial hair, no facial hair, chest of wet socks, flat, brown, small, wet.

And, um, sometimes those discussions. are very helpful, especially with folks who may struggle with the identity piece. Um, and, uh, I think that also just we have to be careful when we recognize there are folks who may have things that make understanding identity uh, more fluid or complex or more challenging.

So I just Take a lot more caution. That's what I would say.

Alright, um, I'm going to try to get us to that very last one.

CLIP 33

Dianne Berg: Not wanting to take up more space, but since other people aren't jumping in, I think it just speaks to the importance of the intersection between sexuality and gender and how, um, I think that the field of gender, it feels like the fields are very separate as someone who's in both of ASAC certified person.

I'm, you know, I go to a lot of the sexuality conferences that are starting to. Care more about gender and I think in the gender conferences. There's there's very little focus on actually sexuality and so I think for me this case just Exemplifies a way that they intersect and I think there's lots of ways that they intersect and I know that WPATH Is gonna do a specialty thing on sexual pleasure which I think is is awesome and And so I think just for me, I want to, I just want to point out that that, that intersection, we don't, we don't often do a good job with that.

And I think that's someplace that we could, that we could be doing better.

Dan Metzger: You know, I totally agree. And I'm sure putting a kid on a blocker at age nine, and then letting them get to the age of whatever, when they're developing a sexual identity, can that be. Uh, cannot be great, right? So I think I think that the other people brought this up that we are to a degree robbing these kids of that sort of early to mid pubertal sexual stuff that's happening with their with their cisgender peers.

That's not happening because we've got the one loop running and their you know, their brains are just not thinking that way. There's no, you know, they're getting older and smarter about, you know, math, but they're not learning how their body works. They're learning how to masturbate because they don't, because they don't have the urge to do that, right?

And all of a sudden they're, you know, they're, they're way many years behind their peers trying to like figure their sex stuff out.

CLIP 34

Ren Massey: Yeah, I'll, uh, add somebody asked when that sexual health workshops going to be, um, we're in the process of developing a number of new workshops this year. Um, as we're updating the foundations curriculum for Montreal, where we'll present the SOC eight, um, based, uh, foundations course for the first time.

Uh, in the meantime, we have a number of. Uh, workshops this summer, including the one Dianne referred to on sexual health, and I believe it's going to be July 29th. Um, I'm pretty sure that's the date we got lined up in, uh, I'm trying to remember. I think it's like eight to 11 Pacific time, 8:00 AM to 11 Pacific time.

But, um, I'm, I'm not gonna bet my life on that. Um, but um, we also have. Some other comments about sexuality and neuroticism, not neuroticism, eroticism. Um, and, uh, you know, I think that that is some of the complexity of gender and sexuality. Both. being processes of discovery and evolution, um, for a lot of, you know, tweenagers and teenagers.

And, uh, so it's not surprising sometimes that they need some help discerning those things. Looks like you wanted to say something, Dianne.

Dianne Berg: Well, I think for adults, historically, if, if people with some sort of gender. Identity have, have, have mentioned anything about their sexuality, it, um, or if they there's always been, at least I have had many clients tell me, I did not tell you the truth about, about a lot of things about my sexuality, because I figured if I told you that.

You would gatekeep and assume it was a fetish or assume it was, um, you know, some of the terms that we no longer are using. And so I think there is a huge historical context. To to sexuality being seen as a being seen in a way that does act that does create barriers access to access to care, and I just want I think it's very important that we acknowledge that historical context, um, and that we work against that historical context, um, by talking more about positive sexuality and pleasure and that that they can go together and that it's okay.

Um, and not create barriers to care because people have that belief that that's what we're going to do.

CLIP 35

Jamison Green: Yes, and gender and sex are two different things, but gender informs your sexuality tremendously. And, uh, no matter who you are, trans people, cis people, male, female, non binary, all those things are really informative to each other. And

when you deny any aspect of it, you are limiting yourself. Uh, to a certain extent, you're, you're cutting off parts of yourself if you pretend it doesn't exist.

And clinically, we've been told, trans people have been told historically, Oh no, don't talk about that. So, it's really, really something that our professions need to combat. Thank you, Dianne. That's good.

Ren Massey: All right, so I'm going to end with a question. I'm going to stop my screen share here, and I'm going to bring this up to my panelists really quickly.

If anybody has any closing thoughts, one question that we didn't get to was steps to support folks who have regret or interventions. I think it's such a new area. We don't have data on it. to my knowledge, but it looks like a lot of folks are looking for support and I would say we need to normalize their exploration just as we would normalize people considering transitioning to a gender different than what they were assigned at birth and to get them supports to do that.

Um, and again, try not to other, other people in the process, not to marginalize or. Put down other people. If other folks have a quick comment.

All right, that that's to be continued in our ongoing growth in the field. I want to thank all of the attendees. Uh, I appreciate the great input, the questions, the comments, the exchange, the thought provoking, um, dialogue among all of us. I want to thank the production staff, Mike Evans and Cheryl Field.

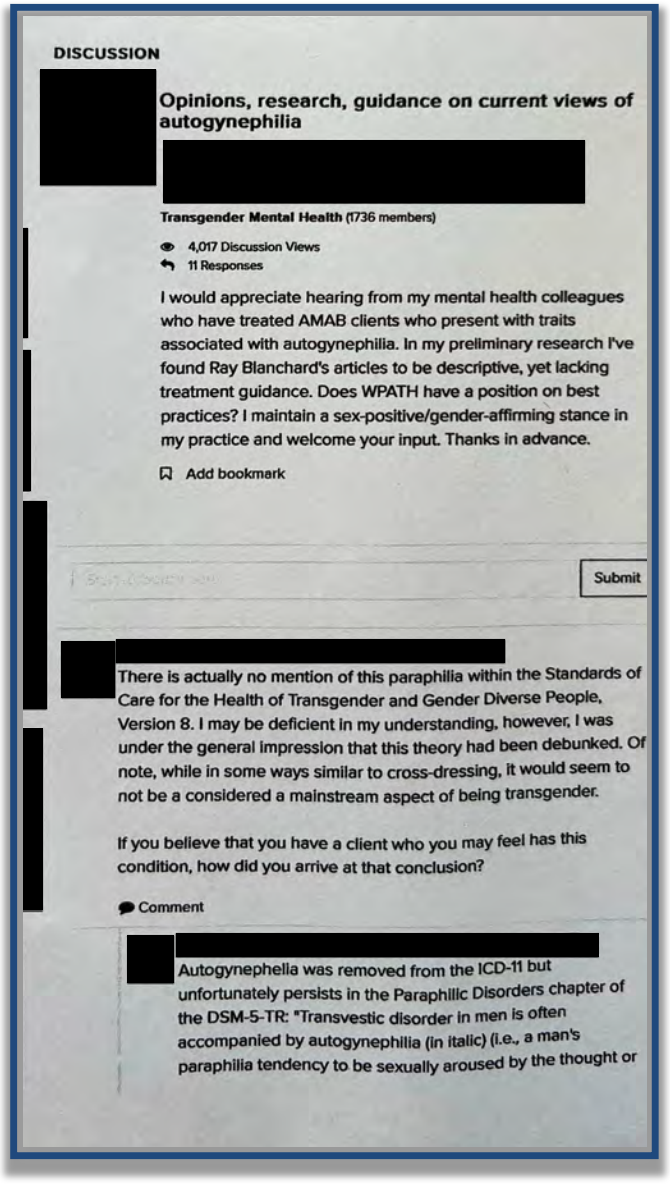
Y'all are awesome. And our WPATH staff as well, Tricia, Kat, Rebecca. Wayne and Jamie. Uh, I see Tricia, Kat, and Rebecca doing the heavy lifting today. And then I thank all of my colleagues for being here and the thought you put in in advance and for taking part in this conversation to try to advance health care for our trans and gender questioning clients.

Thank you.

23) APPENDIX: ADDITIONAL FILES

THE FOLLOWING FILES WERE SHARED WITH ENVIRONMENTAL PROGRESS BY A SOURCE OR SOURCES AFTER OUR REPORT AND INITIAL ANALYSIS WERE COMPLETED. WE HAVE ADDED THESE ADDITIONAL FILES BELOW AND ENCOURAGE THE READER TO REVIEW THEM AS WELL.

a) A WPATH member seeks guidance on transgender client who presents with traits associated with autogynephilia



DISCUSSION

[redacted] **Opinions, research, guidance on current views of autogynephilia**

[redacted]

Transgender Mental Health (1736 members)

4,017 Discussion Views
11 Responses

I would appreciate hearing from my mental health colleagues who have treated AMAB clients who present with traits associated with autogynephilia. In my preliminary research I've found Ray Blanchard's articles to be descriptive, yet lacking treatment guidance. Does WPATH have a position on best practices? I maintain a sex-positive/gender-affirming stance in my practice and welcome your input. Thanks in advance.

Add bookmark

Submit

[redacted] There is actually no mention of this paraphilia within the Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. I may be deficient in my understanding, however, I was under the general impression that this theory had been debunked. Of note, while in some ways similar to cross-dressing, it would seem to not be a considered a mainstream aspect of being transgender.

If you believe that you have a client who you may feel has this condition, how did you arrive at that conclusion?

Comment

[redacted] Autogynephelia was removed from the ICD-11 but unfortunately persists in the Paraphilic Disorders chapter of the DSM-5-TR: "Transvestic disorder in men is often accompanied by autogynephilia (in italic) (i.e., a man's paraphilia tendency to be sexually aroused by the thought or

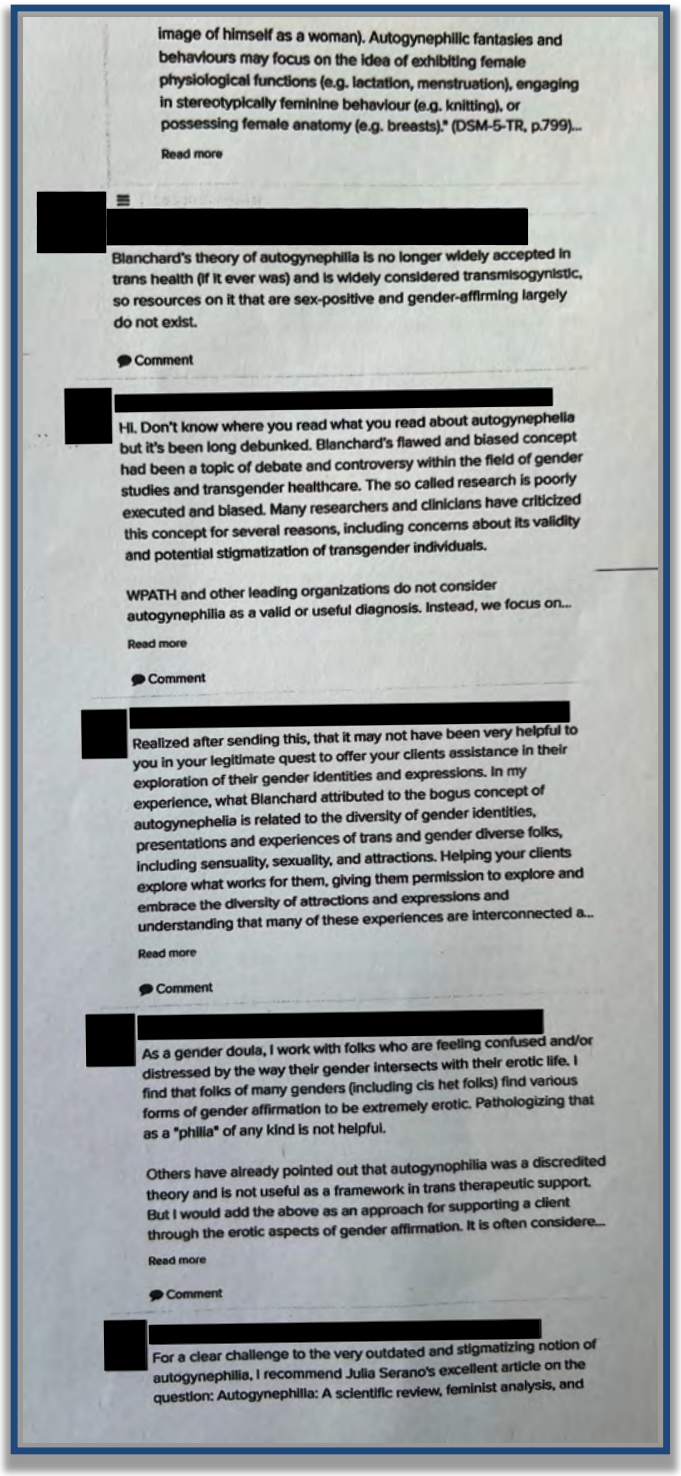


image of himself as a woman). Autogynephilic fantasies and behaviours may focus on the idea of exhibiting female physiological functions (e.g. lactation, menstruation), engaging in stereotypically feminine behaviour (e.g. knitting), or possessing female anatomy (e.g. breasts)." (DSM-5-TR, p.799)...

Read more

[redacted]

Blanchard's theory of autogynephilia is no longer widely accepted in trans health (if it ever was) and is widely considered transmisogynistic, so resources on it that are sex-positive and gender-affirming largely do not exist.

Comment

[redacted]

Hi. Don't know where you read what you read about autogynephelia but it's been long debunked. Blanchard's flawed and biased concept had been a topic of debate and controversy within the field of gender studies and transgender healthcare. The so called research is poorly executed and biased. Many researchers and clinicians have criticized this concept for several reasons, including concerns about its validity and potential stigmatization of transgender individuals.

WPATH and other leading organizations do not consider autogynephilia as a valid or useful diagnosis. Instead, we focus on...

Read more

Comment

[redacted]

Realized after sending this, that it may not have been very helpful to you in your legitimate quest to offer your clients assistance in their exploration of their gender identities and expressions. In my experience, what Blanchard attributed to the bogus concept of autogynephelia is related to the diversity of gender identities, presentations and experiences of trans and gender diverse folks, including sensuality, sexuality, and attractions. Helping your clients explore what works for them, giving them permission to explore and embrace the diversity of attractions and expressions and understanding that many of these experiences are interconnected a...

Read more

Comment

[redacted]

As a gender doula, I work with folks who are feeling confused and/or distressed by the way their gender intersects with their erotic life. I find that folks of many genders (including cis het folks) find various forms of gender affirmation to be extremely erotic. Pathologizing that as a "philia" of any kind is not helpful.

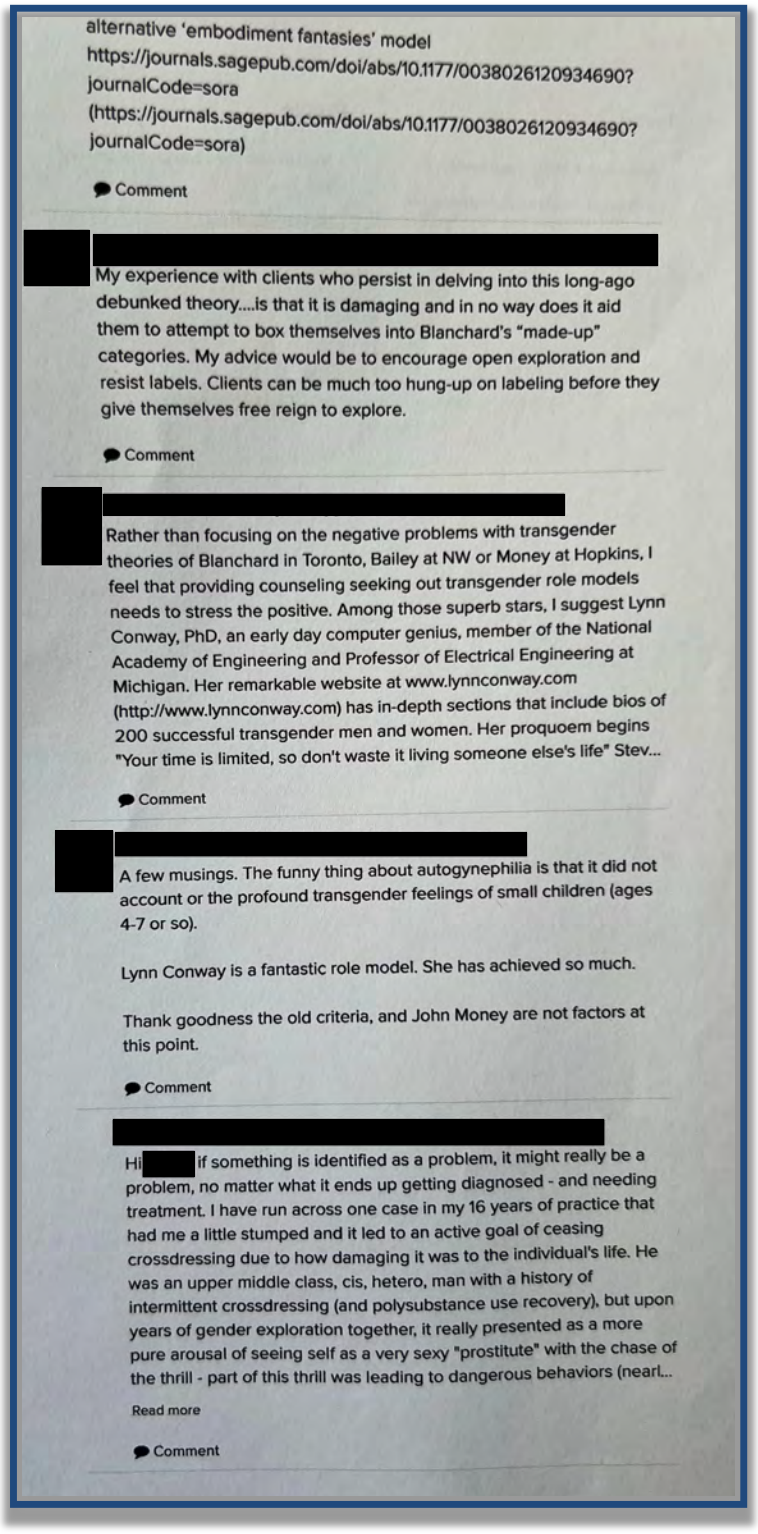
Others have already pointed out that autogynophilia was a discredited theory and is not useful as a framework in trans therapeutic support. But I would add the above as an approach for supporting a client through the erotic aspects of gender affirmation. It is often considere...

Read more

Comment

[redacted]

For a clear challenge to the very outdated and stigmatizing notion of autogynephilia, I recommend Julia Serano's excellent article on the question: Autogynephilia: A scientific review, feminist analysis, and



alternative 'embodiment fantasies' model
https://journals.sagepub.com/doi/abs/10.1177/0038026120934690?journalCode=sora
(https://journals.sagepub.com/doi/abs/10.1177/0038026120934690?journalCode=sora)

Comment

[redacted]
My experience with clients who persist in delving into this long-ago debunked theory....is that it is damaging and in no way does it aid them to attempt to box themselves into Blanchard's "made-up" categories. My advice would be to encourage open exploration and resist labels. Clients can be much too hung-up on labeling before they give themselves free reign to explore.

Comment

[redacted]
Rather than focusing on the negative problems with transgender theories of Blanchard in Toronto, Bailey at NW or Money at Hopkins, I feel that providing counseling seeking out transgender role models needs to stress the positive. Among those superb stars, I suggest Lynn Conway, PhD, an early day computer genius, member of the National Academy of Engineering and Professor of Electrical Engineering at Michigan. Her remarkable website at www.lynnconway.com (http://www.lynnconway.com) has in-depth sections that include bios of 200 successful transgender men and women. Her proquoem begins "Your time is limited, so don't waste it living someone else's life" Stev...

Comment

[redacted]
A few musings. The funny thing about autogynephilia is that it did not account or the profound transgender feelings of small children (ages 4-7 or so).

Lynn Conway is a fantastic role model. She has achieved so much.

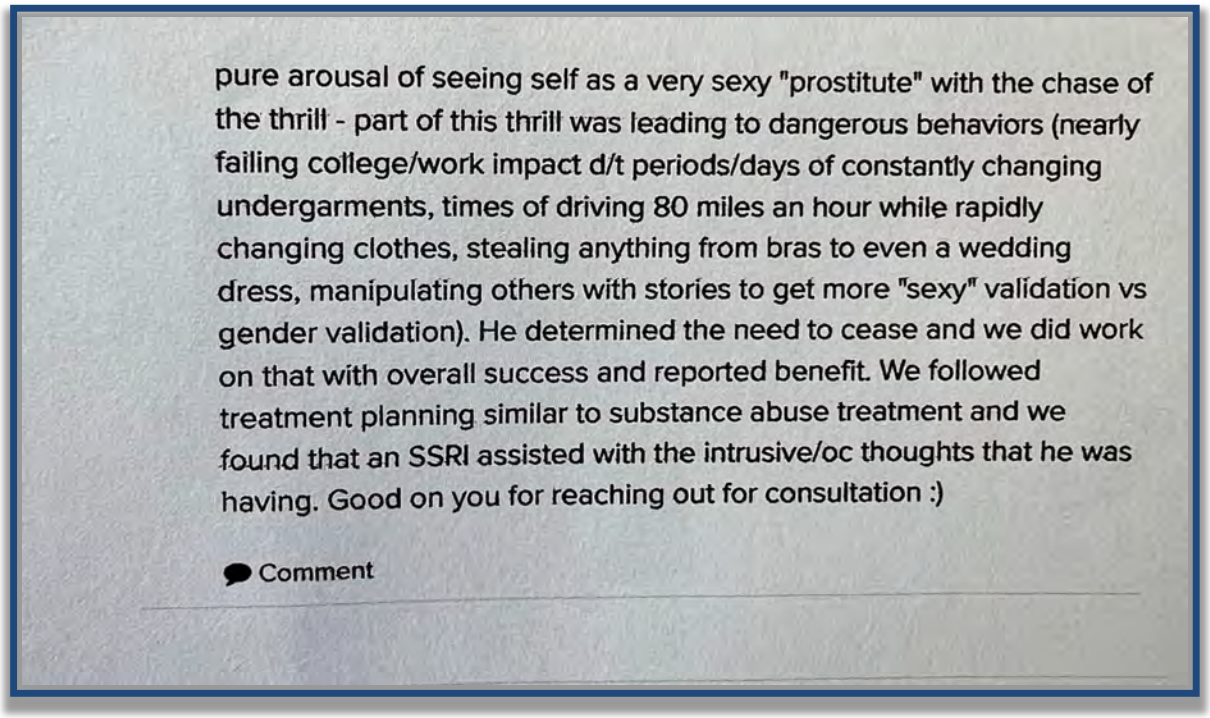
Thank goodness the old criteria, and John Money are not factors at this point.

Comment

[redacted]
Hi [redacted] if something is identified as a problem, it might really be a problem, no matter what it ends up getting diagnosed - and needing treatment. I have run across one case in my 16 years of practice that had me a little stumped and it led to an active goal of ceasing crossdressing due to how damaging it was to the individual's life. He was an upper middle class, cis, hetero, man with a history of intermittent crossdressing (and polysubstance use recovery), but upon years of gender exploration together, it really presented as a more pure arousal of seeing self as a very sexy "prostitute" with the chase of the thrill - part of this thrill was leading to dangerous behaviors (nearl...

Read more

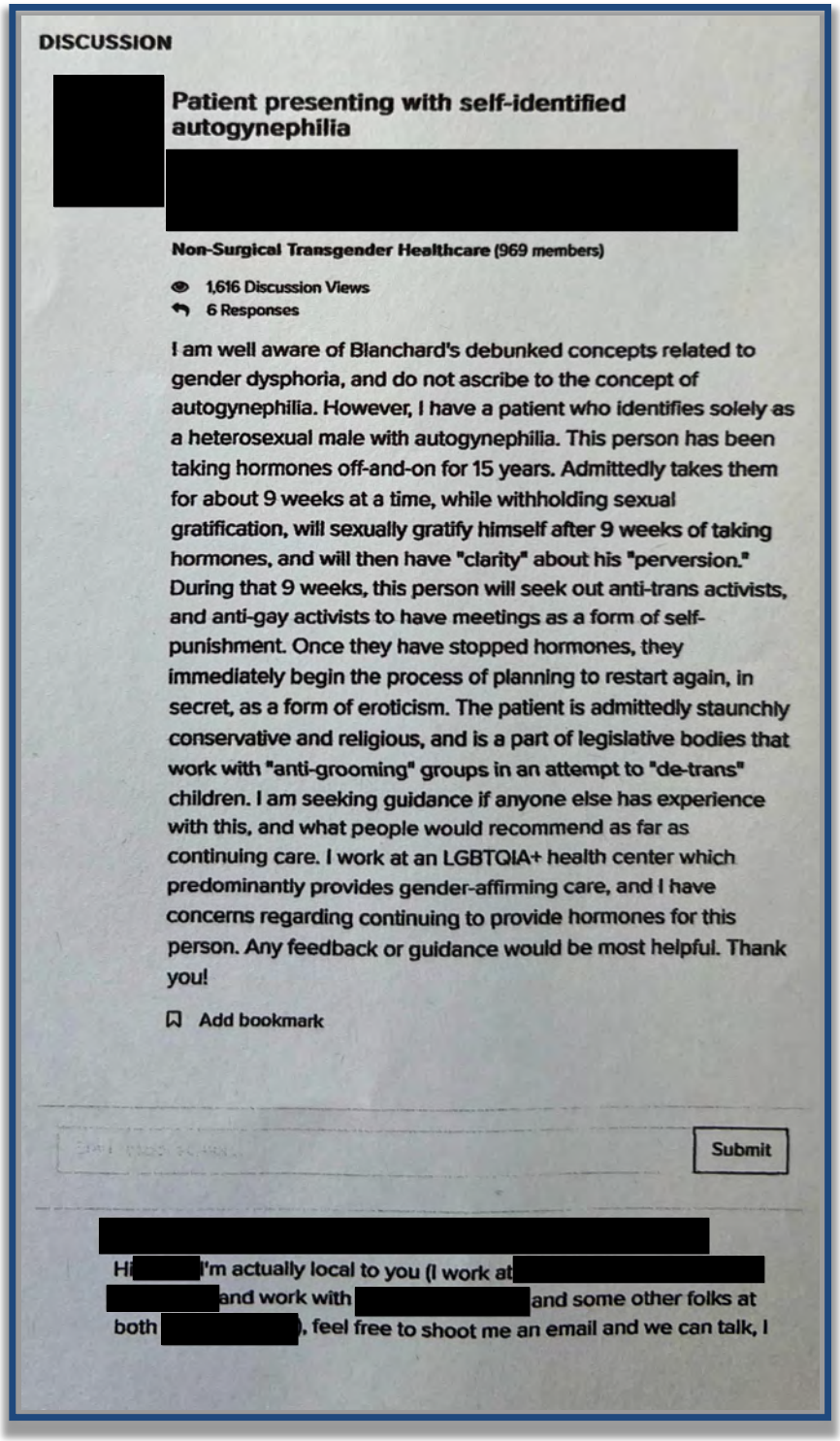
Comment



pure arousal of seeing self as a very sexy "prostitute" with the chase of the thrill - part of this thrill was leading to dangerous behaviors (nearly failing college/work impact d/t periods/days of constantly changing undergarments, times of driving 80 miles an hour while rapidly changing clothes, stealing anything from bras to even a wedding dress, manipulating others with stories to get more "sexy" validation vs gender validation). He determined the need to cease and we did work on that with overall success and reported benefit. We followed treatment planning similar to substance abuse treatment and we found that an SSRI assisted with the intrusive/oc thoughts that he was having. Good on you for reaching out for consultation :)

Comment

b) A WPATH member seeks guidance on patient who identifies solely as a heterosexual male with autogynephilia



DISCUSSION

[redacted]

Patient presenting with self-identified autogynephilia

[redacted]

Non-Surgical Transgender Healthcare (969 members)

1,616 Discussion Views
6 Responses

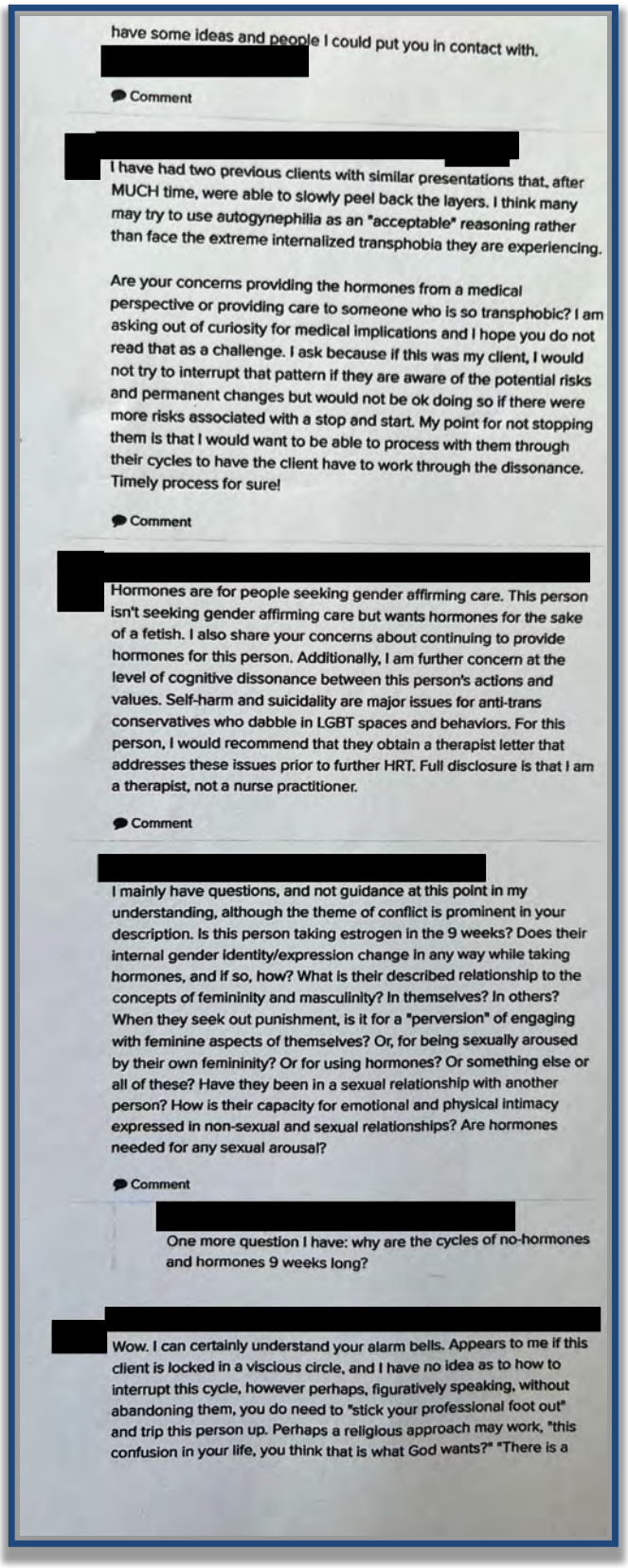
I am well aware of Blanchard's debunked concepts related to gender dysphoria, and do not ascribe to the concept of autogynephilia. However, I have a patient who identifies solely as a heterosexual male with autogynephilia. This person has been taking hormones off-and-on for 15 years. Admittedly takes them for about 9 weeks at a time, while withholding sexual gratification, will sexually gratify himself after 9 weeks of taking hormones, and will then have "clarity" about his "perversion." During that 9 weeks, this person will seek out anti-trans activists, and anti-gay activists to have meetings as a form of self-punishment. Once they have stopped hormones, they immediately begin the process of planning to restart again, in secret, as a form of eroticism. The patient is admittedly staunchly conservative and religious, and is a part of legislative bodies that work with "anti-grooming" groups in an attempt to "de-trans" children. I am seeking guidance if anyone else has experience with this, and what people would recommend as far as continuing care. I work at an LGBTQIA+ health center which predominantly provides gender-affirming care, and I have concerns regarding continuing to provide hormones for this person. Any feedback or guidance would be most helpful. Thank you!

Add bookmark

Submit

[redacted]

Hi [redacted] I'm actually local to you (I work at [redacted] and work with [redacted] and some other folks at both [redacted]), feel free to shoot me an email and we can talk, I



have some ideas and people I could put you in contact with. [redacted]

Comment

[redacted]

I have had two previous clients with similar presentations that, after MUCH time, were able to slowly peel back the layers. I think many may try to use autogynephilia as an "acceptable" reasoning rather than face the extreme internalized transphobia they are experiencing.

Are your concerns providing the hormones from a medical perspective or providing care to someone who is so transphobic? I am asking out of curiosity for medical implications and I hope you do not read that as a challenge. I ask because if this was my client, I would not try to interrupt that pattern if they are aware of the potential risks and permanent changes but would not be ok doing so if there were more risks associated with a stop and start. My point for not stopping them is that I would want to be able to process with them through their cycles to have the client have to work through the dissonance. Timely process for sure!

Comment

[redacted]

Hormones are for people seeking gender affirming care. This person isn't seeking gender affirming care but wants hormones for the sake of a fetish. I also share your concerns about continuing to provide hormones for this person. Additionally, I am further concern at the level of cognitive dissonance between this person's actions and values. Self-harm and suicidality are major issues for anti-trans conservatives who dabble in LGBT spaces and behaviors. For this person, I would recommend that they obtain a therapist letter that addresses these issues prior to further HRT. Full disclosure is that I am a therapist, not a nurse practitioner.

Comment

[redacted]

I mainly have questions, and not guidance at this point in my understanding, although the theme of conflict is prominent in your description. Is this person taking estrogen in the 9 weeks? Does their internal gender identity/expression change in any way while taking hormones, and if so, how? What is their described relationship to the concepts of femininity and masculinity? In themselves? In others? When they seek out punishment, is it for a "perversion" of engaging with feminine aspects of themselves? Or, for being sexually aroused by their own femininity? Or for using hormones? Or something else or all of these? Have they been in a sexual relationship with another person? How is their capacity for emotional and physical intimacy expressed in non-sexual and sexual relationships? Are hormones needed for any sexual arousal?

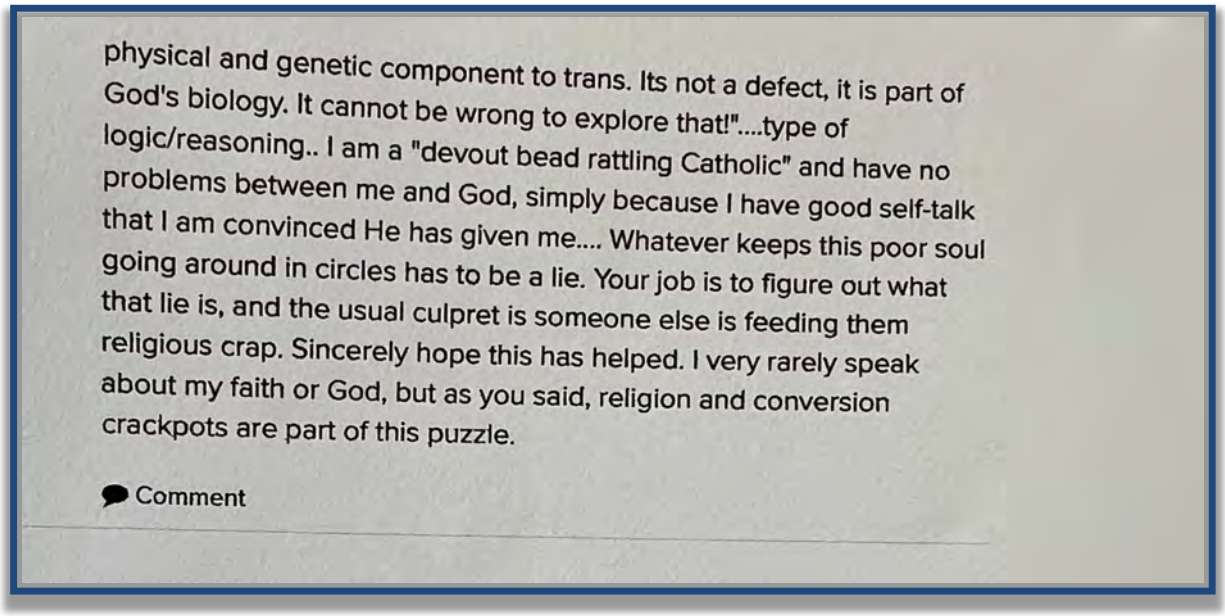
Comment

[redacted]

One more question I have: why are the cycles of no-hormones and hormones 9 weeks long?

[redacted]

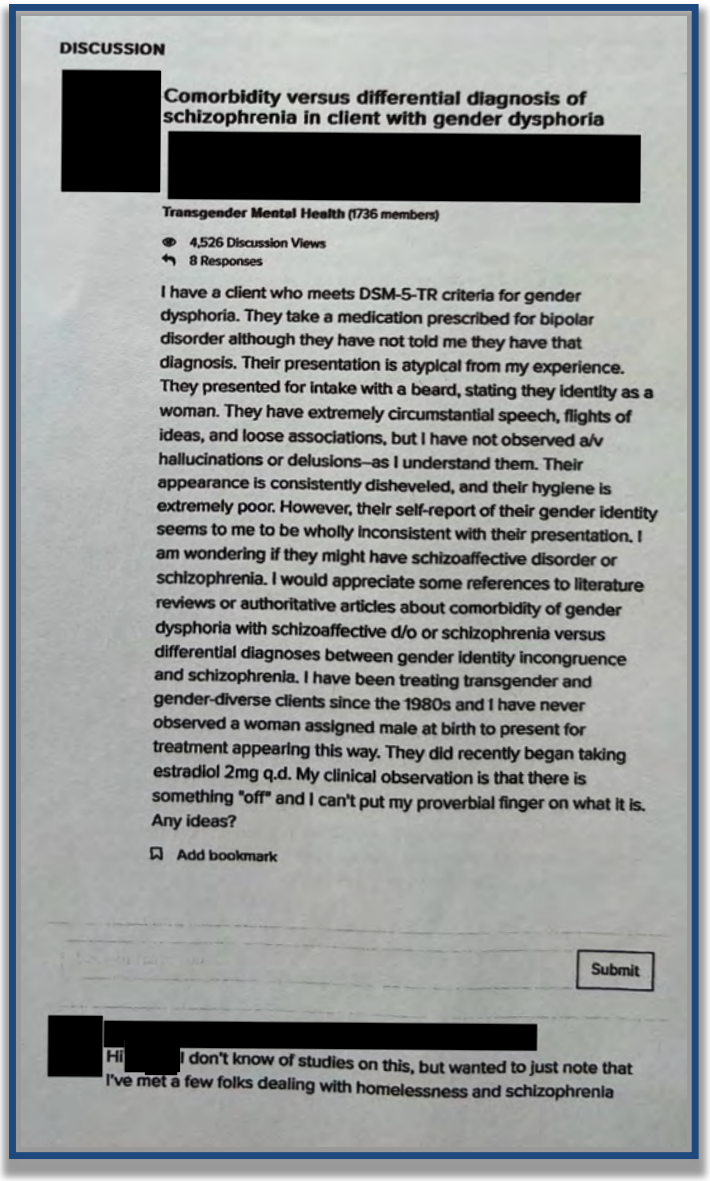
Wow. I can certainly understand your alarm bells. Appears to me if this client is locked in a viscious circle, and I have no idea as to how to interrupt this cycle, however perhaps, figuratively speaking, without abandoning them, you do need to "stick your professional foot out" and trip this person up. Perhaps a religious approach may work, "this confusion in your life, you think that is what God wants?" "There is a



physical and genetic component to trans. Its not a defect, it is part of God's biology. It cannot be wrong to explore that!"....type of logic/reasoning.. I am a "devout bead rattling Catholic" and have no problems between me and God, simply because I have good self-talk that I am convinced He has given me.... Whatever keeps this poor soul going around in circles has to be a lie. Your job is to figure out what that lie is, and the usual culpret is someone else is feeding them religious crap. Sincerely hope this has helped. I very rarely speak about my faith or God, but as you said, religion and conversion crackpots are part of this puzzle.

Comment

c) A WPATH member seeks clarification on comorbidity versus differential diagnosis for client with gender dysphoria and schizophrenia



DISCUSSION

[redacted]

Comorbidity versus differential diagnosis of schizophrenia in client with gender dysphoria

[redacted]

Transgender Mental Health (1736 members)

4,526 Discussion Views
8 Responses

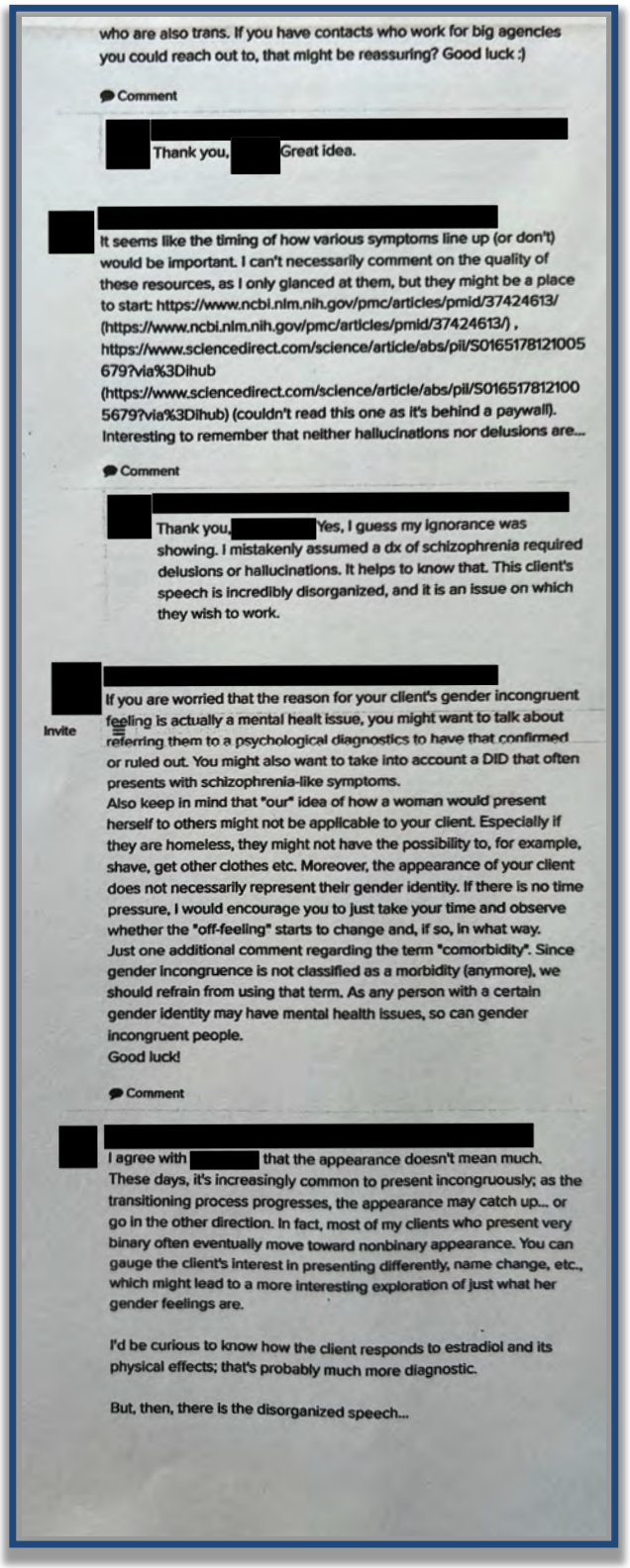
I have a client who meets DSM-5-TR criteria for gender dysphoria. They take a medication prescribed for bipolar disorder although they have not told me they have that diagnosis. Their presentation is atypical from my experience. They presented for intake with a beard, stating they identity as a woman. They have extremely circumstantial speech, flights of ideas, and loose associations, but I have not observed a/v hallucinations or delusions–as I understand them. Their appearance is consistently disheveled, and their hygiene is extremely poor. However, their self-report of their gender identity seems to me to be wholly inconsistent with their presentation. I am wondering if they might have schizoaffective disorder or schizophrenia. I would appreciate some references to literature reviews or authoritative articles about comorbidity of gender dysphoria with schizoaffective d/o or schizophrenia versus differential diagnoses between gender identity incongruence and schizophrenia. I have been treating transgender and gender-diverse clients since the 1980s and I have never observed a woman assigned male at birth to present for treatment appearing this way. They did recently began taking estradiol 2mg q.d. My clinical observation is that there is something "off" and I can't put my proverbial finger on what it is. Any ideas?

Add bookmark

Submit

[redacted]

Hi [redacted] I don't know of studies on this, but wanted to just note that I've met a few folks dealing with homelessness and schizophrenia



who are also trans. If you have contacts who work for big agencies you could reach out to, that might be reassuring? Good luck :)

Comment

[redacted] Thank you, [redacted] Great idea.

[redacted]
It seems like the timing of how various symptoms line up (or don't) would be important. I can't necessarily comment on the quality of these resources, as I only glanced at them, but they might be a place to start: https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/37424613/ (https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/37424613/) , https://www.sciencedirect.com/science/article/abs/pii/S0165178121005679?via%3Dihub (https://www.sciencedirect.com/science/article/abs/pii/S0165178121005679?via%3Dihub) (couldn't read this one as it's behind a paywall). Interesting to remember that neither hallucinations nor delusions are...

Comment

[redacted] Thank you, [redacted] Yes, I guess my ignorance was showing. I mistakenly assumed a dx of schizophrenia required delusions or hallucinations. It helps to know that. This client's speech is incredibly disorganized, and it is an issue on which they wish to work.

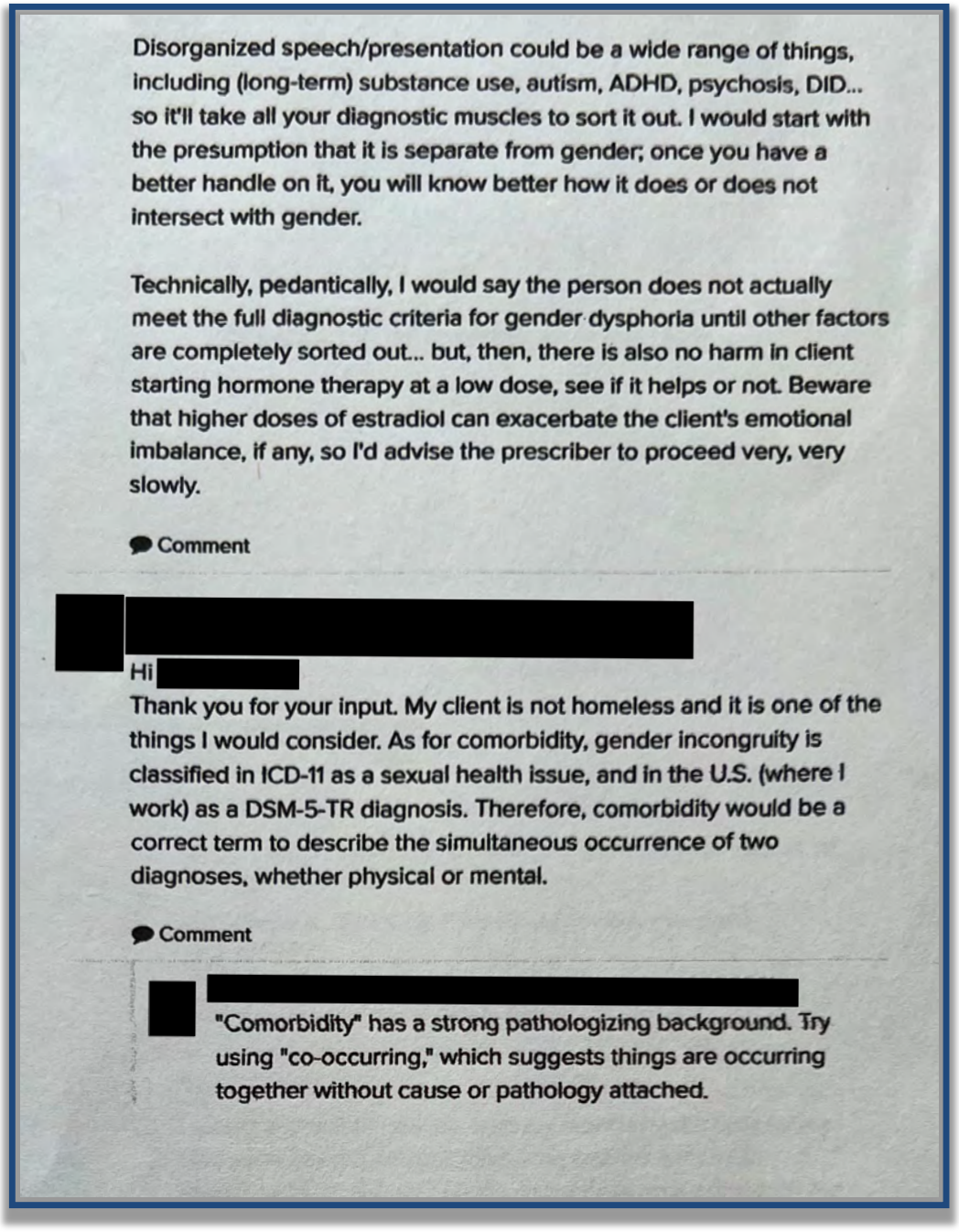
[redacted]
Invite
If you are worried that the reason for your client's gender incongruent feeling is actually a mental healt issue, you might want to talk about referring them to a psychological diagnostics to have that confirmed or ruled out. You might also want to take into account a DID that often presents with schizophrenia-like symptoms.
Also keep in mind that "our" idea of how a woman would present herself to others might not be applicable to your client. Especially if they are homeless, they might not have the possibility to, for example, shave, get other clothes etc. Moreover, the appearance of your client does not necessarily represent their gender identity. If there is no time pressure, I would encourage you to just take your time and observe whether the "off-feeling" starts to change and, if so, in what way.
Just one additional comment regarding the term "comorbidity". Since gender incongruence is not classified as a morbidity (anymore), we should refrain from using that term. As any person with a certain gender identity may have mental health issues, so can gender incongruent people.
Good luck!

Comment

[redacted]
I agree with [redacted] that the appearance doesn't mean much. These days, it's increasingly common to present incongruously; as the transitioning process progresses, the appearance may catch up... or go in the other direction. In fact, most of my clients who present very binary often eventually move toward nonbinary appearance. You can gauge the client's interest in presenting differently, name change, etc., which might lead to a more interesting exploration of just what her gender feelings are.

I'd be curious to know how the client responds to estradiol and its physical effects; that's probably much more diagnostic.

But, then, there is the disorganized speech...



Disorganized speech/presentation could be a wide range of things, including (long-term) substance use, autism, ADHD, psychosis, DID... so it'll take all your diagnostic muscles to sort it out. I would start with the presumption that it is separate from gender; once you have a better handle on it, you will know better how it does or does not intersect with gender.

Technically, pedantically, I would say the person does not actually meet the full diagnostic criteria for gender dysphoria until other factors are completely sorted out... but, then, there is also no harm in client starting hormone therapy at a low dose, see if it helps or not. Beware that higher doses of estradiol can exacerbate the client's emotional imbalance, if any, so I'd advise the prescriber to proceed very, very slowly.

Comment

[redacted]

Hi [redacted]

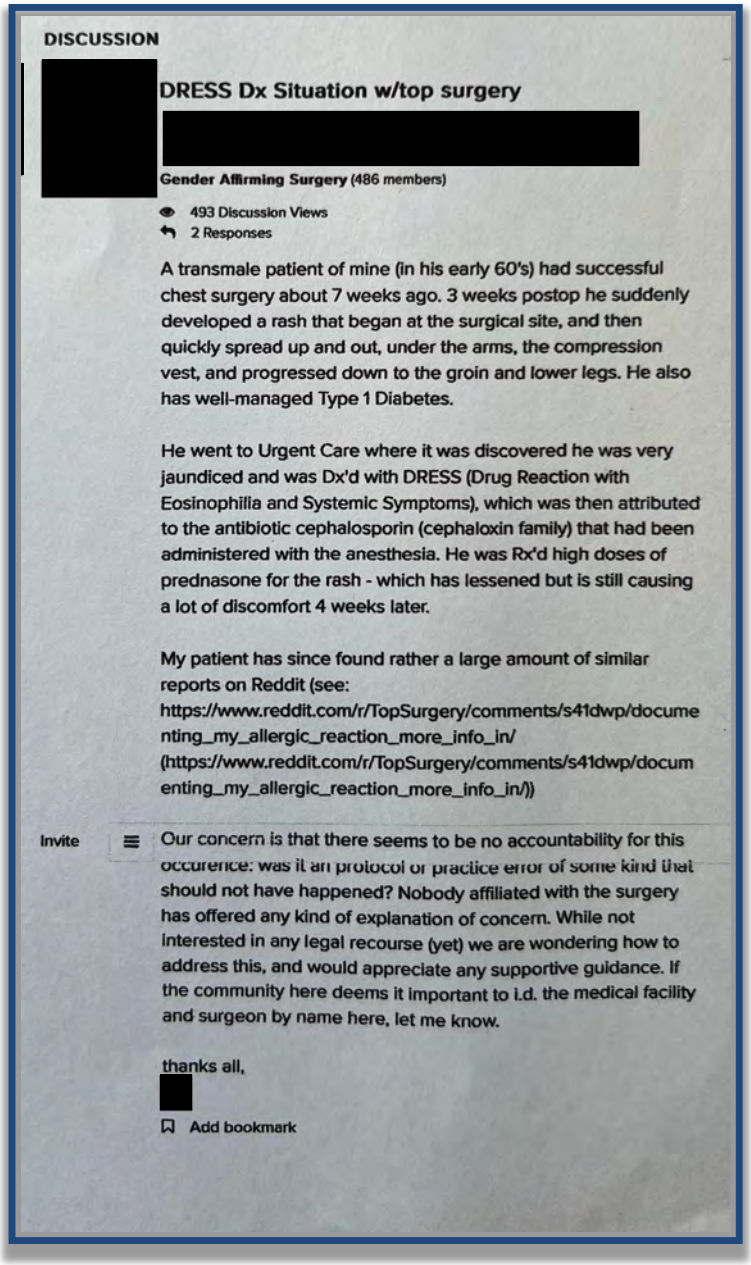
Thank you for your input. My client is not homeless and it is one of the things I would consider. As for comorbidity, gender incongruity is classified in ICD-11 as a sexual health issue, and in the U.S. (where I work) as a DSM-5-TR diagnosis. Therefore, comorbidity would be a correct term to describe the simultaneous occurrence of two diagnoses, whether physical or mental.

Comment

[redacted]

"Comorbidity" has a strong pathologizing background. Try using "co-occurring," which suggests things are occurring together without cause or pathology attached.

d) A WPATH member discusses surgical complication of transgender patient after top surgery



DISCUSSION

[redacted]

DRESS Dx Situation w/top surgery

[redacted]

Gender Affirming Surgery (486 members)

493 Discussion Views
2 Responses

A transmale patient of mine (in his early 60's) had successful chest surgery about 7 weeks ago. 3 weeks postop he suddenly developed a rash that began at the surgical site, and then quickly spread up and out, under the arms, the compression vest, and progressed down to the groin and lower legs. He also has well-managed Type 1 Diabetes.

He went to Urgent Care where it was discovered he was very jaundiced and was Dx'd with DRESS (Drug Reaction with Eosinophilia and Systemic Symptoms), which was then attributed to the antibiotic cephalosporin (cephaloxin family) that had been administered with the anesthesia. He was Rx'd high doses of prednasone for the rash - which has lessened but is still causing a lot of discomfort 4 weeks later.

My patient has since found rather a large amount of similar reports on Reddit (see: https://www.reddit.com/r/TopSurgery/comments/s41dwp/documenting_my_allergic_reaction_more_info_in/ (https://www.reddit.com/r/TopSurgery/comments/s41dwp/documenting_my_allergic_reaction_more_info_in/))

Invite

Our concern is that there seems to be no accountability for this occurence: was it an protocol or practice error of some kind that should not have happened? Nobody affiliated with the surgery has offered any kind of explanation of concern. While not interested in any legal recourse (yet) we are wondering how to address this, and would appreciate any supportive guidance. If the community here deems it important to i.d. the medical facility and surgeon by name here, let me know.

thanks all,

[redacted]

Add bookmark

[redacted]

Hi!

It seems an allegic reaction to the antibiotic administered. It is always possible. Good that he referred to urgent care and he received adequate medications. The supportive guidance is that he should disclose the reaction at next medical consultation, and eventually be tested for allergy to the antibiotics.

Strange that he developed the reaction 3 weeks later...

Anyway, everything is possible following medications and surgery, including anaphylactic shock to drugs, as well as necrotising fasciitis following surgery or minor trauma. You can check up these two conditions.

Our work is difficult ! But we must do it! For the benefit of the patients !

Comment

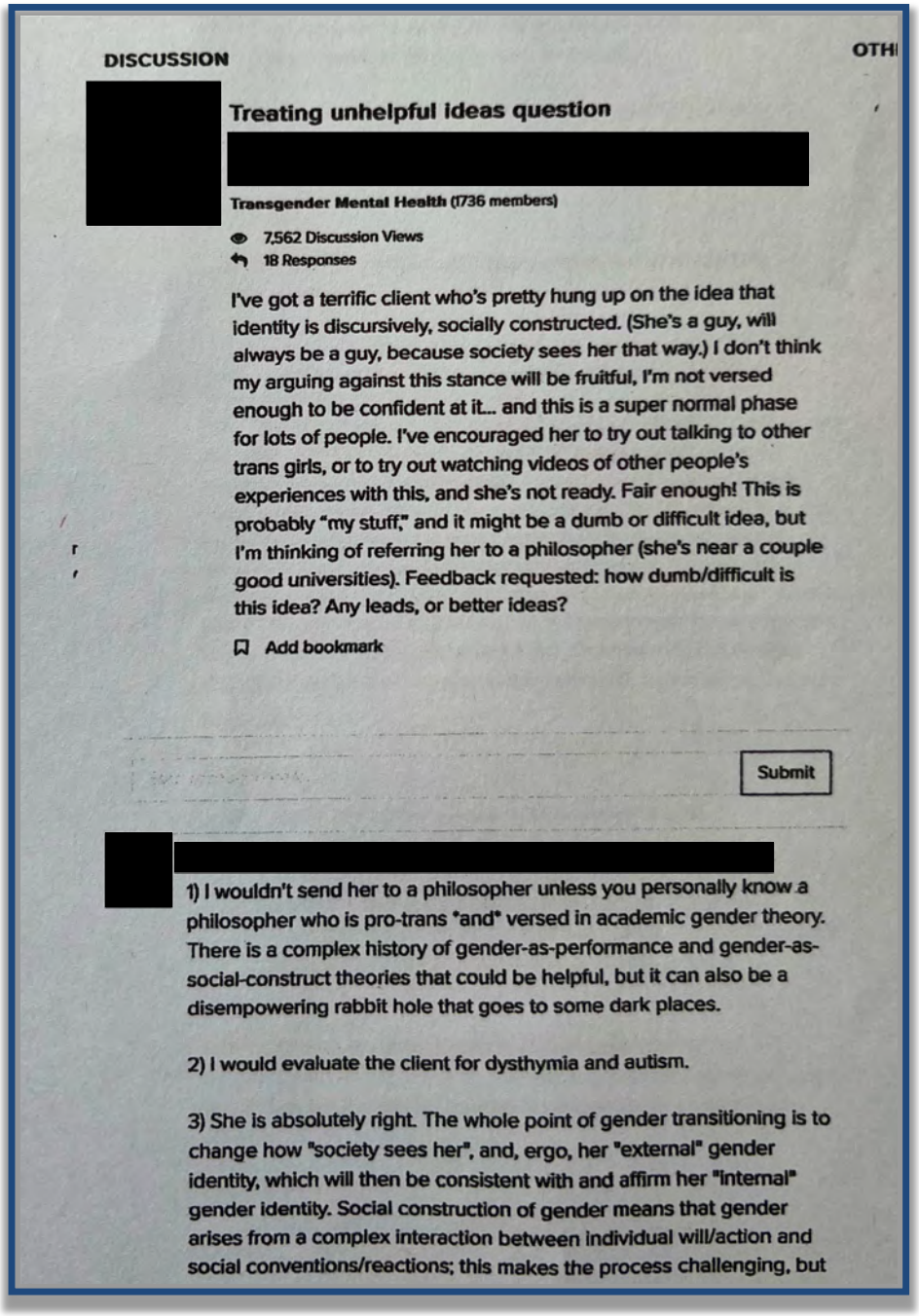
[redacted]

Thanks very much for your sensitive comments. My patient reports reading that many others report the same delay in symptoms of several weeks - of course this is anecdotal and to my knowledge there has been no focused research on such issues yet.

However – Is it not odd that such a possible adverse and potentially dangerous reaction was not assessed before the surgery?

Please feel free to continue to add to this conversation as you ponder it. I have posted this case before the Surgeon's Group here at WPATH, and am looking forward to their responses, too.

e) A WPATH member seeks advice on sending patient to a philosopher to help change their views on gender identity



DISCUSSION

OTH

[redacted]

Treating unhelpful ideas question

[redacted]

Transgender Mental Health (1736 members)

7,562 Discussion Views

18 Responses

I've got a terrific client who's pretty hung up on the idea that identity is discursively, socially constructed. (She's a guy, will always be a guy, because society sees her that way.) I don't think my arguing against this stance will be fruitful, I'm not versed enough to be confident at it... and this is a super normal phase for lots of people. I've encouraged her to try out talking to other trans girls, or to try out watching videos of other people's experiences with this, and she's not ready. Fair enough! This is probably "my stuff," and it might be a dumb or difficult idea, but I'm thinking of referring her to a philosopher (she's near a couple good universities). Feedback requested: how dumb/difficult is this idea? Any leads, or better ideas?

Add bookmark

Submit

[redacted]

[redacted]

1) I wouldn't send her to a philosopher unless you personally know a philosopher who is pro-trans *and* versed in academic gender theory. There is a complex history of gender-as-performance and gender-as-social-construct theories that could be helpful, but it can also be a disempowering rabbit hole that goes to some dark places.

2) I would evaluate the client for dysthymia and autism.

3) She is absolutely right. The whole point of gender transitioning is to change how "society sees her", and, ergo, her "external" gender identity, which will then be consistent with and affirm her "internal" gender identity. Social construction of gender means that gender arises from a complex interaction between individual will/action and social conventions/reactions; this makes the process challenging, but

through the morass of cognitive dissonances... which are necessary for any kind of social change... hence the recommendation to evaluate for her for dysthymia/autism, i.e., her response to seeming contradictions.

4) It may simply be that her desire to be more congruent is not strong enough to clearly outweigh the obstacles. If so, it just isn't time... if it ever will be.

Hope this helps!

Comment

[redacted] Thanks, [redacted] That is helpful :)

[redacted] If it's rooted in recognition in that way, what does the client make of the fact that plenty of people recognize trans women as women? Or the fact that they may not even be recognized as trans at all in the first place?The thing with recognition-based accounts is that people actually don't have consistent criteria for gender!

My feeling is that the client may be overintellectualizing what is essentially a form of self-doubt and internalized transphobia. If so, I'm not sure philosophers would help much.

Comment

[redacted] Exactly

[redacted] The "idea that identity is discursively, socially constructed" comes from the work of Michel Foucault, a French philosopher. Rather than referring her to a philosopher, I would recommend reading Loizos Heracleous's book, "Discourse, Interpretation, Organization," in which the author discusses Foucault's conceptions of discourse and its relationship with power and sociopolitical interests. I would also suggest reading Foucault's "Discipline and Punish." Here is a YouTube video ("Michel Foucault's Conception of Discourse as Knowledge and Power") that will help get you started on the road to being versed enough to be competent (and hence confident) at discussing this wit...

Read more

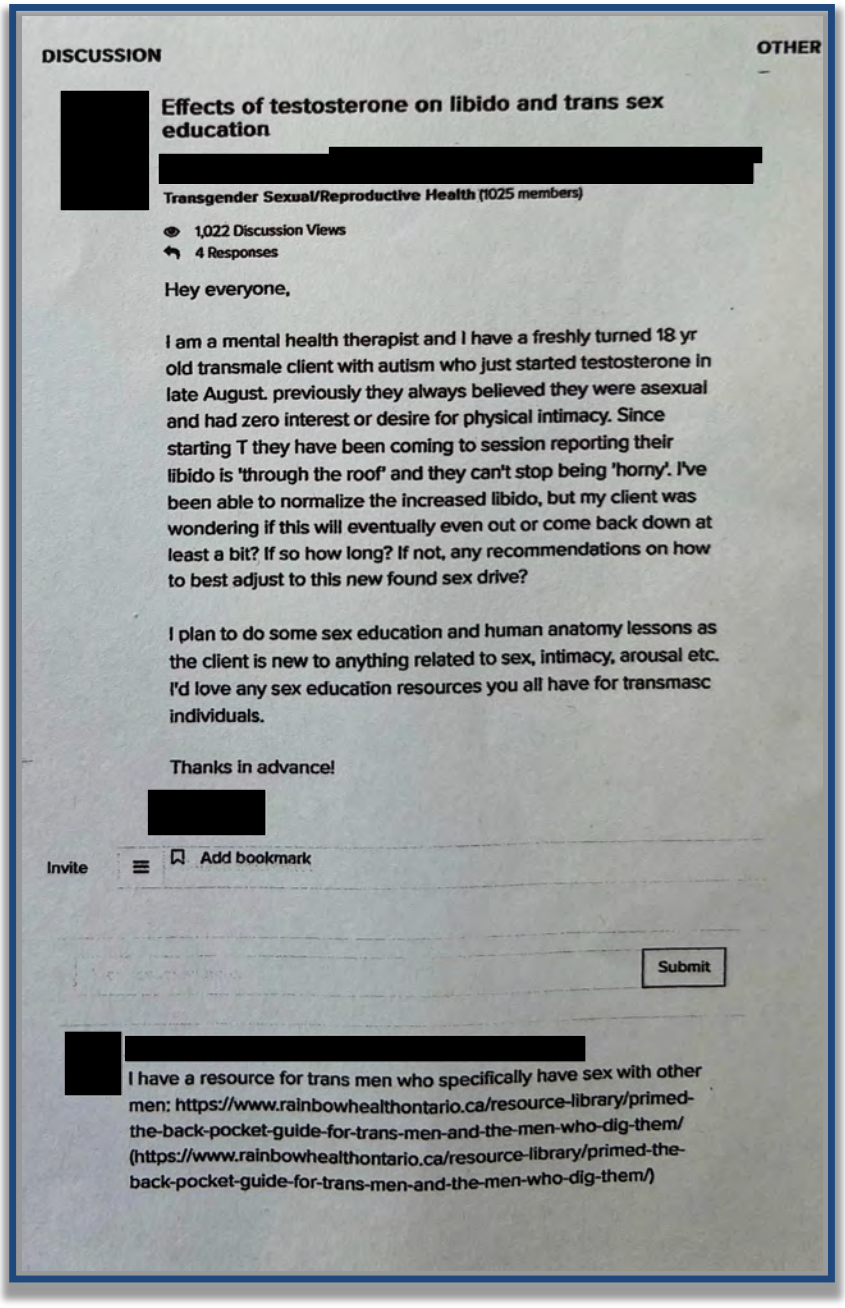
Comment

[redacted] Wow, thanks a bunch, [redacted] I'm going to start with the University Quick Course youtube you recommended and marinate on the idea that we must take an active role in negotiating the presentation of self. I like it, and I want to think more about the implications there. Thanks again :)

[redacted] I understand your problem! To refer her to a philosopher might be a good idea, but it might be an advantage that this is a competent philosopher.

[redacted]

f) A WPATH member seeks guidance for client whose libido has drastically increased on testosterone



DISCUSSION OTHER

[redacted] **Effects of testosterone on libido and trans sex education**

[redacted]

Transgender Sexual/Reproductive Health (1025 members)

1,022 Discussion Views
4 Responses

Hey everyone,

I am a mental health therapist and I have a freshly turned 18 yr old transmale client with autism who just started testosterone in late August. previously they always believed they were asexual and had zero interest or desire for physical intimacy. Since starting T they have been coming to session reporting their libido is 'through the roof' and they can't stop being 'horny'. I've been able to normalize the increased libido, but my client was wondering if this will eventually even out or come back down at least a bit? If so how long? If not, any recommendations on how to best adjust to this new found sex drive?

I plan to do some sex education and human anatomy lessons as the client is new to anything related to sex, intimacy, arousal etc. I'd love any sex education resources you all have for transmasc individuals.

Thanks in advance!

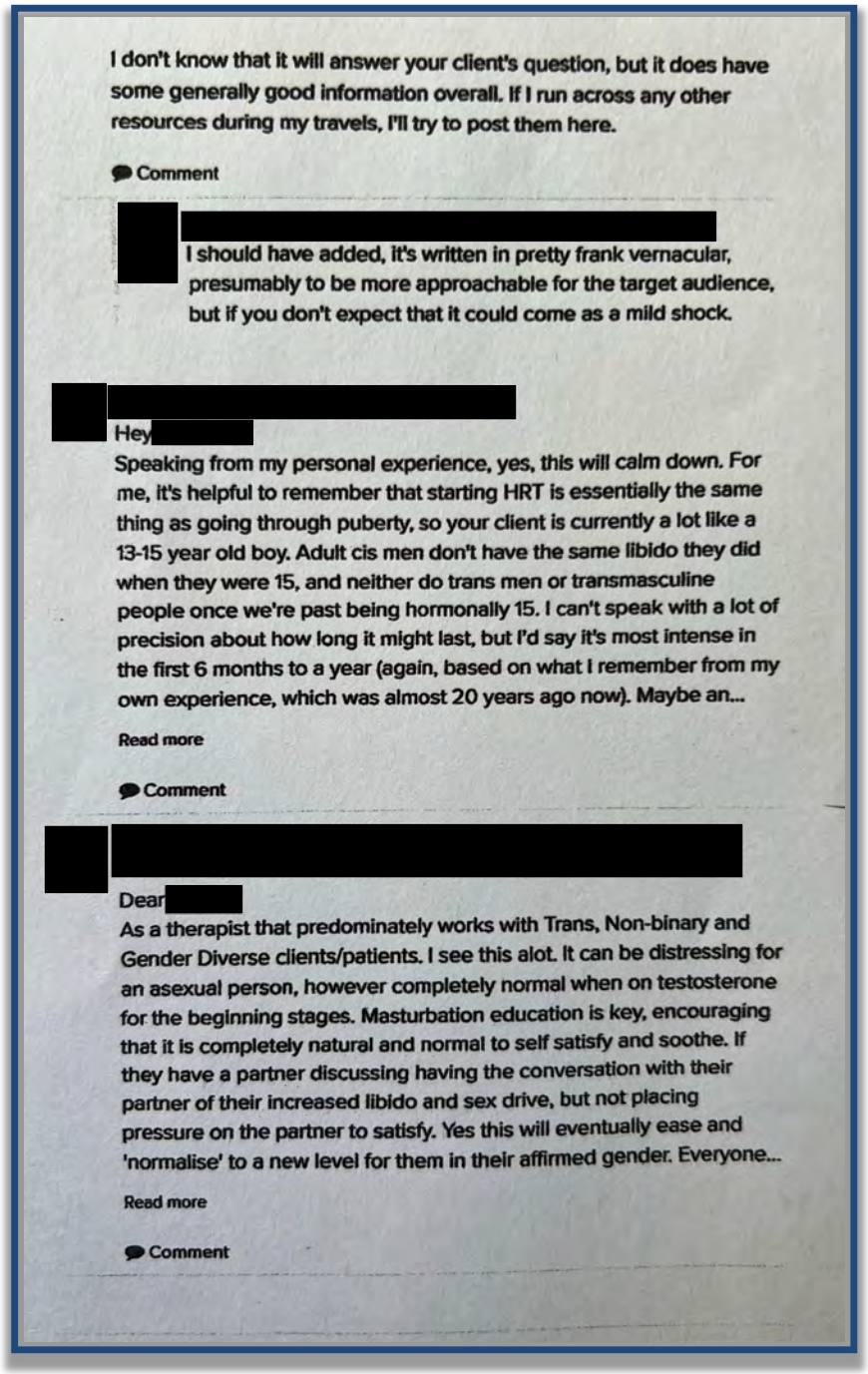
[redacted]

Invite ≡ Add bookmark

Submit

[redacted]

I have a resource for trans men who specifically have sex with other men: https://www.rainbowhealthontario.ca/resource-library/primed-the-back-pocket-guide-for-trans-men-and-the-men-who-dig-them/ (https://www.rainbowhealthontario.ca/resource-library/primed-the-back-pocket-guide-for-trans-men-and-the-men-who-dig-them/)



I don't know that it will answer your client's question, but it does have some generally good information overall. If I run across any other resources during my travels, I'll try to post them here.

Comment

[redacted] I should have added, it's written in pretty frank vernacular, presumably to be more approachable for the target audience, but if you don't expect that it could come as a mild shock.

[redacted]

Hey [redacted]

Speaking from my personal experience, yes, this will calm down. For me, it's helpful to remember that starting HRT is essentially the same thing as going through puberty, so your client is currently a lot like a 13-15 year old boy. Adult cis men don't have the same libido they did when they were 15, and neither do trans men or transmasculine people once we're past being hormonally 15. I can't speak with a lot of precision about how long it might last, but I'd say it's most intense in the first 6 months to a year (again, based on what I remember from my own experience, which was almost 20 years ago now). Maybe an...

Read more

Comment

[redacted]

Dear [redacted]

As a therapist that predominately works with Trans, Non-binary and Gender Diverse clients/patients. I see this alot. It can be distressing for an asexual person, however completely normal when on testosterone for the beginning stages. Masturbation education is key, encouraging that it is completely natural and normal to self satisfy and soothe. If they have a partner discussing having the conversation with their partner of their increased libido and sex drive, but not placing pressure on the partner to satisfy. Yes this will eventually ease and 'normalise' to a new level for them in their affirmed gender. Everyone...

Read more

Comment

[redacted]

Hey [redacted]

Speaking from my personal experience, yes, this will calm down. For me, it's helpful to remember that starting HRT is essentially the same thing as going through puberty, so your client is currently a lot like a 13-15 year old boy. Adult cis men don't have the same libido they did when they were 15, and neither do trans men or transmasculine people once we're past being hormonally 15. I can't speak with a lot of precision about how long it might last, but I'd say it's most intense in the first 6 months to a year (again, based on what I remember from my own experience, which was almost 20 years ago now). Maybe an endocrinologist can speak on this question with a broader knowledge base.

I hope this is helpful in supporting your client as they try to adjust to their new experience of their body and figure out what to expect in the future!

[redacted]

Comment

[redacted]

Dear [redacted]

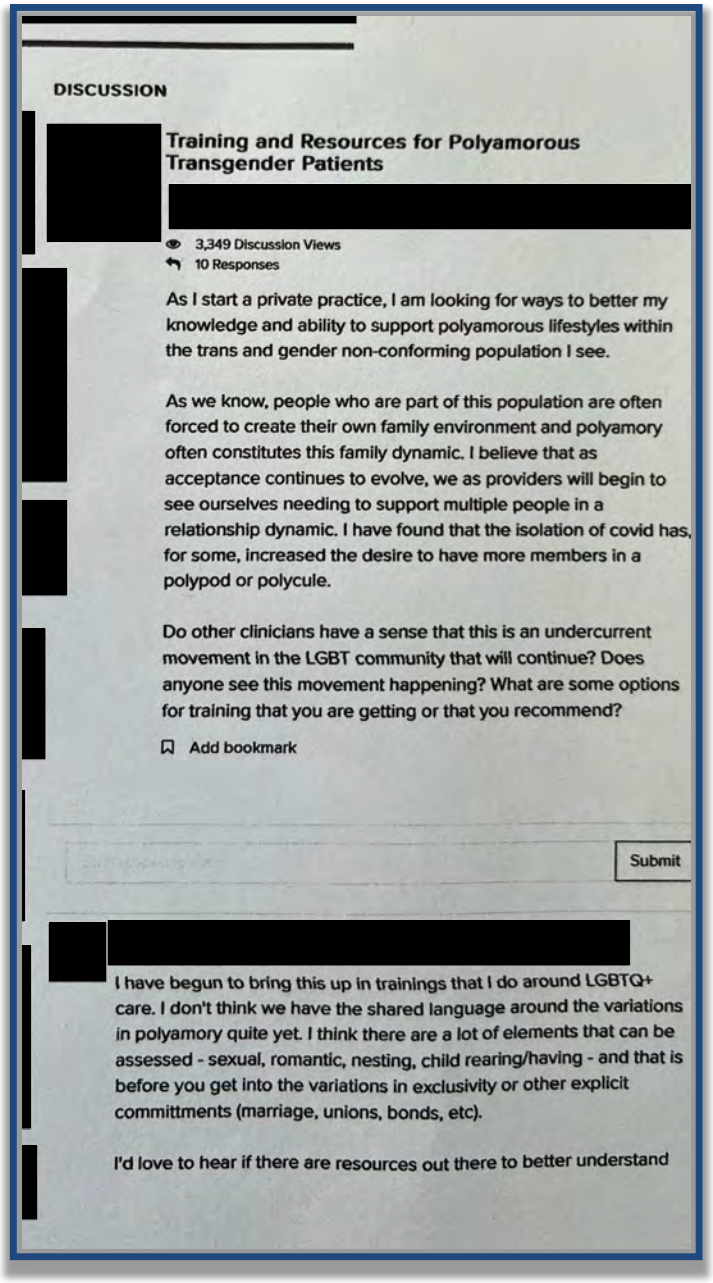
As a therapist that predominately works with Trans, Non-binary and Gender Diverse clients/patients. I see this alot. It can be distressing for an asexual person, however completely normal when on testosterone for the beginning stages. Masturbation education is key, encouraging that it is completely natural and normal to self satisfy and soothe. If they have a partner discussing having the conversation with their partner of their increased libido and sex drive, but not placing pressure on the partner to satisfy. Yes this will eventually ease and 'normalise' to a new level for them in their affirmed gender. Everyone is different and it last varying times for each person. It is a 'second' puberty but a 'first' puberty in their affirmed gender, so it's about exploring with them the 'newness' in the experience of being. Doing alot of somatic body work and being in the here and now. it's important for them to explore their sexuality now at this stage providing psychoeducation that sexuality is fluid and every changing and may now be abrosexual i.e. fluctuating between being asexual and then not sometimes. Don't make things too clinical and medical, it's all about the experience.

queersextherapy on Instagram would be most suitable for them especially that they are a young person. It provides body positive, quick, easy and simple psycho education on the matter, and recently did a post a couple of weeks ago on being asexual and experiencing sexual desires that may be overwhelming.

I also specialise in GSRD, I don't know where you are based but I am happy to see clients online as well, for short periods if needs be. I have a programme called [redacted] where they can see me for 6weeks or more for focused support within their transition.

Comment

g) *A WPATH member seeks guidance to better support polyamorous lifestyles within the transgender and gender non-conforming population*



DISCUSSION

Training and Resources for Polyamorous Transgender Patients

[redacted]

3,349 Discussion Views
10 Responses

As I start a private practice, I am looking for ways to better my knowledge and ability to support polyamorous lifestyles within the trans and gender non-conforming population I see.

As we know, people who are part of this population are often forced to create their own family environment and polyamory often constitutes this family dynamic. I believe that as acceptance continues to evolve, we as providers will begin to see ourselves needing to support multiple people in a relationship dynamic. I have found that the isolation of covid has, for some, increased the desire to have more members in a polypod or polycule.

Do other clinicians have a sense that this is an undercurrent movement in the LGBT community that will continue? Does anyone see this movement happening? What are some options for training that you are getting or that you recommend?

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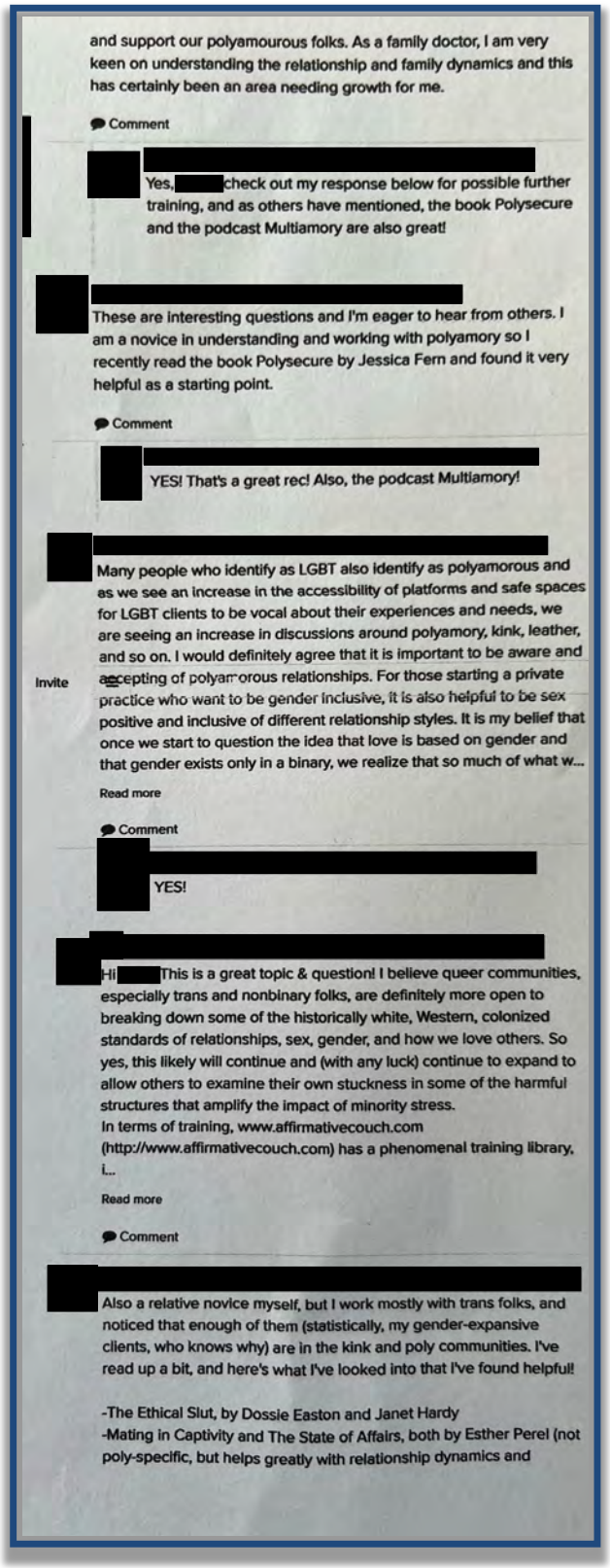
[redacted]

I have begun to bring this up in trainings that I do around LGBTQ+ care. I don't think we have the shared language around the variations in polyamory quite yet. I think there are a lot of elements that can be assessed - sexual, romantic, nesting, child rearing/having - and that is before you get into the variations in exclusivity or other explicit committments (marriage, unions, bonds, etc).

I'd love to hear if there are resources out there to better understand



and support our polyamourous folks. As a family doctor, I am very keen on understanding the relationship and family dynamics and this has certainly been an area needing growth for me.

Comment

[redacted] Yes, [redacted] check out my response below for possible further training, and as others have mentioned, the book Polysecure and the podcast Multiamory are also great!

[redacted] These are interesting questions and I'm eager to hear from others. I am a novice in understanding and working with polyamory so I recently read the book Polysecure by Jessica Fern and found it very helpful as a starting point.

Comment

[redacted] YES! That's a great rec! Also, the podcast Multiamory!

[redacted] Many people who identify as LGBT also identify as polyamorous and as we see an increase in the accessibility of platforms and safe spaces for LGBT clients to be vocal about their experiences and needs, we are seeing an increase in discussions around polyamory, kink, leather, and so on. I would definitely agree that it is important to be aware and accepting of polyamorous relationships. For those starting a private practice who want to be gender inclusive, it is also helpful to be sex positive and inclusive of different relationship styles. It is my belief that once we start to question the idea that love is based on gender and that gender exists only in a binary, we realize that so much of what w...

Invite

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Comment

[redacted] YES!

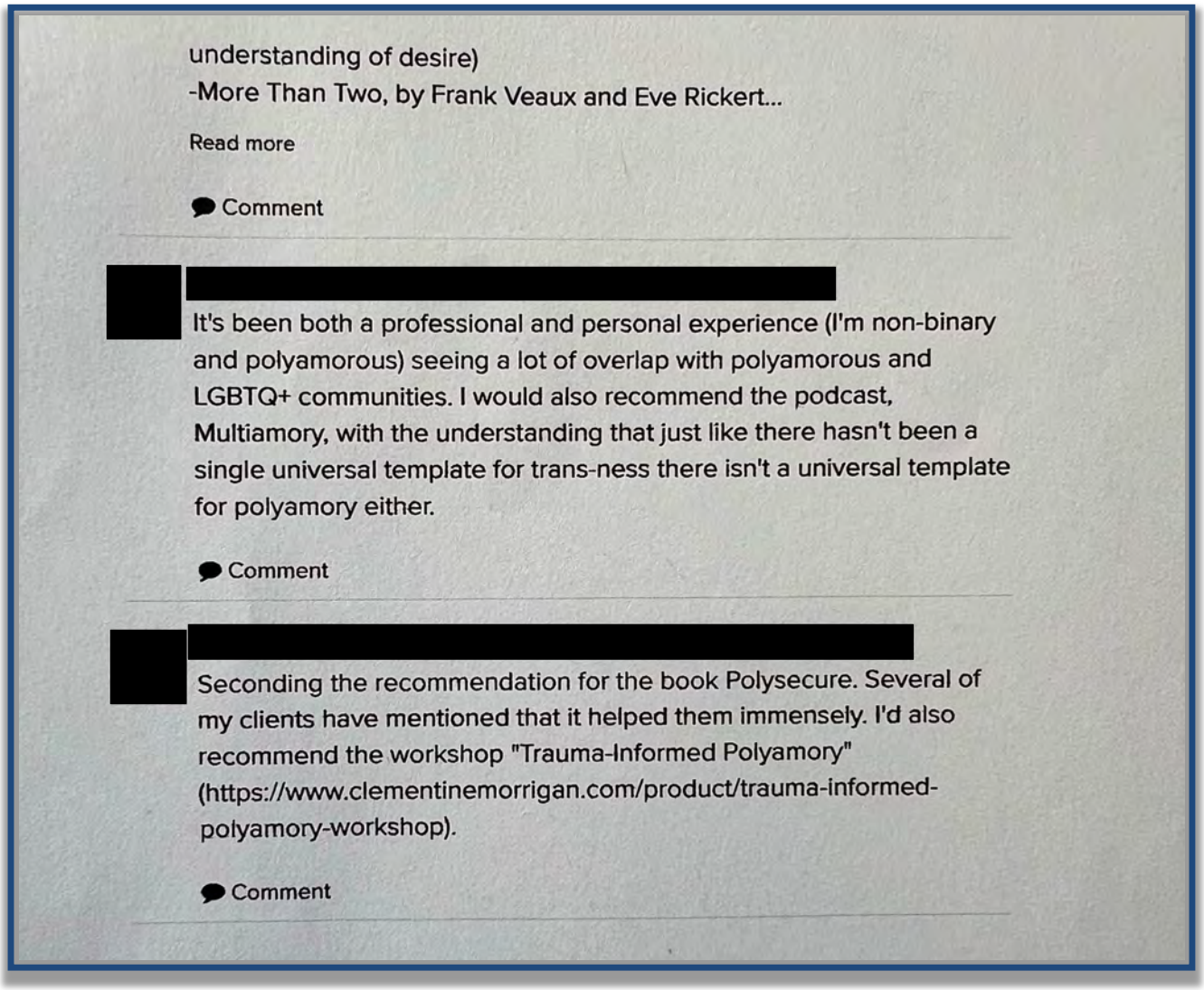
[redacted] Hi [redacted] This is a great topic & question! I believe queer communities, especially trans and nonbinary folks, are definitely more open to breaking down some of the historically white, Western, colonized standards of relationships, sex, gender, and how we love others. So yes, this likely will continue and (with any luck) continue to expand to allow others to examine their own stuckness in some of the harmful structures that amplify the impact of minority stress.
In terms of training, www.affirmativecouch.com (http://www.affirmativecouch.com) has a phenomenal training library, i...

Read more

Comment

[redacted] Also a relative novice myself, but I work mostly with trans folks, and noticed that enough of them (statistically, my gender-expansive clients, who knows why) are in the kink and poly communities. I've read up a bit, and here's what I've looked into that I've found helpful!

-The Ethical Slut, by Dossie Easton and Janet Hardy
-Mating in Captivity and The State of Affairs, both by Esther Perel (not poly-specific, but helps greatly with relationship dynamics and



understanding of desire)
-More Than Two, by Frank Veaux and Eve Rickert...

Read more

Comment

[redacted]

It's been both a professional and personal experience (I'm non-binary and polyamorous) seeing a lot of overlap with polyamorous and LGBTQ+ communities. I would also recommend the podcast, Multiamory, with the understanding that just like there hasn't been a single universal template for trans-ness there isn't a universal template for polyamory either.

Comment

[redacted]

Seconding the recommendation for the book Polysecure. Several of my clients have mentioned that it helped them immensely. I'd also recommend the workshop "Trauma-Informed Polyamory" (https://www.clementinemorrigan.com/product/trauma-informed-polyamory-workshop).

Comment

h) WPATH members debate the conclusions of a new research paper on the harm of gatekeeping transgender people from gender-affirming care

[redacted]

Must Read Article: Important New Paper on Gatekeeping as Harm Concludes Gender Assessments are Useless Barriers to Care

[redacted]

4,099 Discussion Views
9 Responses

Hi all,

There is a new, exciting, and important read about the harm of gatekeeping trans people from gender-affirming care. The paper reviews the literature on gender assessments, and its authors conclude that attempts at assessing people's gender identity and/or dysphoria are not more effective at preventing regret in accessing gender-affirming care than self-report and that assessments are based on stereotyping, arbitrary, and unproven considerations.

Per Florence Ashley, one of the paper's esteemed authors, "The paper offers an important rebuttal to jurisdictions like Missouri and Saskatchewan that strive to restrict access to medical or social transition under the guise of needing "careful assessment."

As most of us working in gender-affirming care already know, whether through experience or reviewing prior trans-led research, there is no evidence, as shown here, that lengthy gender assessments confer any mental health benefits.

The paper is attached; there is an audio version, and the pdf is free at the link! Enjoy :)

In solidarity,

[redacted]

Link: [https://psycnet.apa.org/doi/10.1037/sgd0000672 (https://psycnet.apa.org/doi/10.1037/sgd0000672)] (https://psycnet.apa.org/doi/10.1037/sgd0000672 (https://psycnet.apa.org/doi/10.1037/sgd0000672))

Audio version:

[https://podcasters.spotify.com/pod/show/florence-ashley/episodes/Do-gender-assessments-prevent-regret-in-transgender-healthcare--A-narrative-review-e2ana4b (https://podcasters.spotify.com/pod/show/florence-ashley/episodes/Do-gender-assessments-prevent-regret-in-transgender-healthcare--A-narrative-review-e2ana4b)] (https://podcasters.spotify.com/pod/show/florence-ashley/episodes/Do-gender-assessments-prevent-regret-in-transgender-healthcare--A-narrative-review-e2ana4b (https://podcasters.spotify.com/pod/show/florence-ashley/episodes/Do-gender-assessments-prevent-regret-in-transgender-healthcare--A-narrative-review-e2ana4b))

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[redacted]

Thank you for letting us know about this article. As a woman assigned male at birth and a clinical social worker, I disagree with the authors' conclusions that clinical assessments unnecessarily impede a person's access to gender-affirming care. The point of these assessments is not to gatekeep access to care. It is to help the person seeking care assess the relative risks and benefits for themselves. Doing otherwise violates a patient's rights to self-determination. As part of evaluating the risks and benefits, providers have a responsibility to inform the patient that there is a small possibility that they may regret their decision, however strongly they feel about proceeding at the time. This is no different than informing a patient that death a risk, however small, of any surgical procedure. Moreover, as half of the participants in Littman's (2021) study emphasized, they felt that inadequate assessments were responsible for beginning gender-affirming care that they now regret. It is true that some providers perceive their role as gatekeeping to the extent that they have the power to deny access to care. In my own case, I saw a licensed clinical psychologist for years, and when I asked for a letter to undergo "surgical sex reassignment" (1996 lexicon), she informed me she would not because I "was not ready." When I asked what I needed to do to appear ready, she literally shrugged her shoulders. This kind of gatekeeping is unethical, as it violates a client's right to self-determination. Ashley et al. (2023) err in arguing that, "Delaying access to gender-affirming interventions for those who are at elevated risk of regret would not be an appropriate alternative to withholding care" because the average time to reget is about a decade (p. 5). To the best of my knowledge, there have been no prospective sudies exploring the time to regret, which is the only valid way to determine the time to regret. Assessment may, indeed, take a period of months as one explores the risks and benefits of treatment with a clinician who has expertise in transgender and gender-diverse healthcare issues. However, permitting a patient to begin gender-affirming medical interventions without assessment would be akin to failing to assess the duration of a patient's distress (a core component of all DSM-5-TR diagnoses) for depression, post-traumatic stress disorder, or many other issues prior to making a diagnosis. Given most TGD people cannot access care without a diagnosis of gender dysphoria to meet 3rd party payor requirements, the issue is with the insurance companies, not the providers doing the assessments. The WPATH SOC-7 make it clear that insurance companies need to change their policies to improve access to care. Moreover, the argument that it is unethical to delay access to care because only a small minority will regret their decision to obtain gender-affirming care is as irrational as arguing that any law or policy should be passed despite the potential or probable disadvantage to any marginalized group. This was the kind of thinking

that led to bans on LGBTQ people serving in the military--that permitting the minority access to service would harm the operational integrity of the many. The Red Cross prevented gay men from donating blood because the that small minority was known to be at disproportionately high risk of having HIV that could adversely impact the entire blood donation system. Of course, I am not saying I agree with that policy (I don't). We delay any number of medical interventions because we want to do lab work and other diagnostic procedures to make sure the patient will benefit from treatment. The same should be no different when assessing WITH the patient or client the risks and benefits of beginning gender-affirming medical intervention. In sum, Ashley et al. (2023) mischaracterizes the contemporary reason for assessment. It is not to unnecessarily impede or delay care. It is to weigh WITH the patient the potential risks and benefits of THEIR receiving gender-affirming medical interventions. This is, in fact, a core component of the WPATH SOC-7. Moreover, I would content that many professionals providing gender-affirming care have not received the training required to meet these standards of care. This training and supervised experience is essential to ensuring one is competent to help a patient sort out the risks and benefits of care. I have worked with many TGD patients who decided in the course of weighing the benefits and risks that, like most TGD people, gender-affirming medical interventions were unnecessary or undesirable. I have had patients show up demanding (not merely requesting) access to care because they wanted to "fit in" with their gender diverse peers or because they preferred activities stereotypically associated with a different gender than they identify with. They were not experiencing distress or discomfort for any other reason. Certainly, carte blanche access to gender-affirming medical care could have been viable. However, invariably they stated they appreciated the opportunity to question their motivations. Finally, one point Ashley et al. (2023) make is incorrect. They state the WPATH SOC-7 does not require a diagnosis of gender dysphoria for adolescents for initiation of gender-affirming care. In fact, it does. It states, "The following recommendations are made regarding the requirements for gender-affirming medical and surgical treatment (All of them must be met): 6.12- We recommend health care professionals assessing transgender and gender diverse adolescents only recommend gender-affirming medical or surgical treatments requested by the patient when: 6.12.a- The adolescent meets the diagnostic criteria of gender incongruence as per the ICD-11 in situations where a diagnosis is necessary to access health care." Finally, it seems to me that Ahsley et al. (2023) did their research to prove a point rather than test any hypotheses or systematically review the literature aligned with Cochrane criteria. They certainly make some valid points. However, many of their points seem irrational and inconsistent with providing ethical care. I am 100% in support of gender-affirming care for those who determine they want them. However, I would never recommend care for this care (or any other for that matter) without doing a thorough assessment WITH the patient of the risks and benefits of treatment, an essential part of informed consent for any health care. It is consistent with best medical practices to make these assessments and base one's recommendations on them.

Comment

[redacted]

Thanks for sharing your take on this, [redacted] insurance companies are a huge problem - agreed! But therapists aren't required to assess folks who need hip replacement surgery (larger regret rate) or nose jobs.

[redacted]

For clarity, you reference SOC-7, but I think you are actually meaning SOC-8. Could you confirm?

[redacted] [redacted] thanks for this full some response. As an MD providing care to detransitioners, and as an MD who has provided care for trans adults for almost 2 decades, I completely agree. We have a novel population now, like it or not. If we are not careful, the roll-backs on care at rhe government levels, in response to a loss or lack of gatekeeping/proper assessments by the system will lead to a loss of services for consenting, fully informed adults. Individuals under 18 (really under 26, in my opinion), are an unknown, especially those with what appears to be adolescent onset GD. We truly have no idea what to expect and in Canada, the majority of GAC programs are not following them into adulthood. So the sloppy approach to delivering this care will come back to bite us all, I am sure. Even in Canada we are seeing a rising political right-leaning reaction to these inadequate approaches to a significant intervention. We have a choice. Either we do a better job at the health care level or we put ourselves at risk of having politics make these decisions for us. That is the most terrifying to envision.

[redacted]

[redacted] Your response seems to conflate informed consent discussions and gender assessments as a requirement for care. The article is about gender assessments as a requirement for care.

As for not using a Cochrane review, it would have been completely pointless because there are virtually no studies that actually bear on gender assessments' role in preventing regret and would meet rigorous inclusion criteria.

...

Read more

[redacted]

As a transgender man, I tend to agree with the move toward informed consent. In my own experiences, I never had any difficulties with care providers who provided gender affirming care on an informed consent basis. I faced enormous difficulties (trauma, unwanted surgical results, additional surgery) after receiving care from a provider who relied on the SOC.

The rigidity of the SOC vs informed consent puts a fear in patients that they will be turned away from the care they know they need because of the least irregularity in their narrative or their desired outcome. It's getting better, but there have been times when people would practice for their appointments with friends to avoid saying the wrong thing. A system based on informed consent would eliminate these situations and fears.

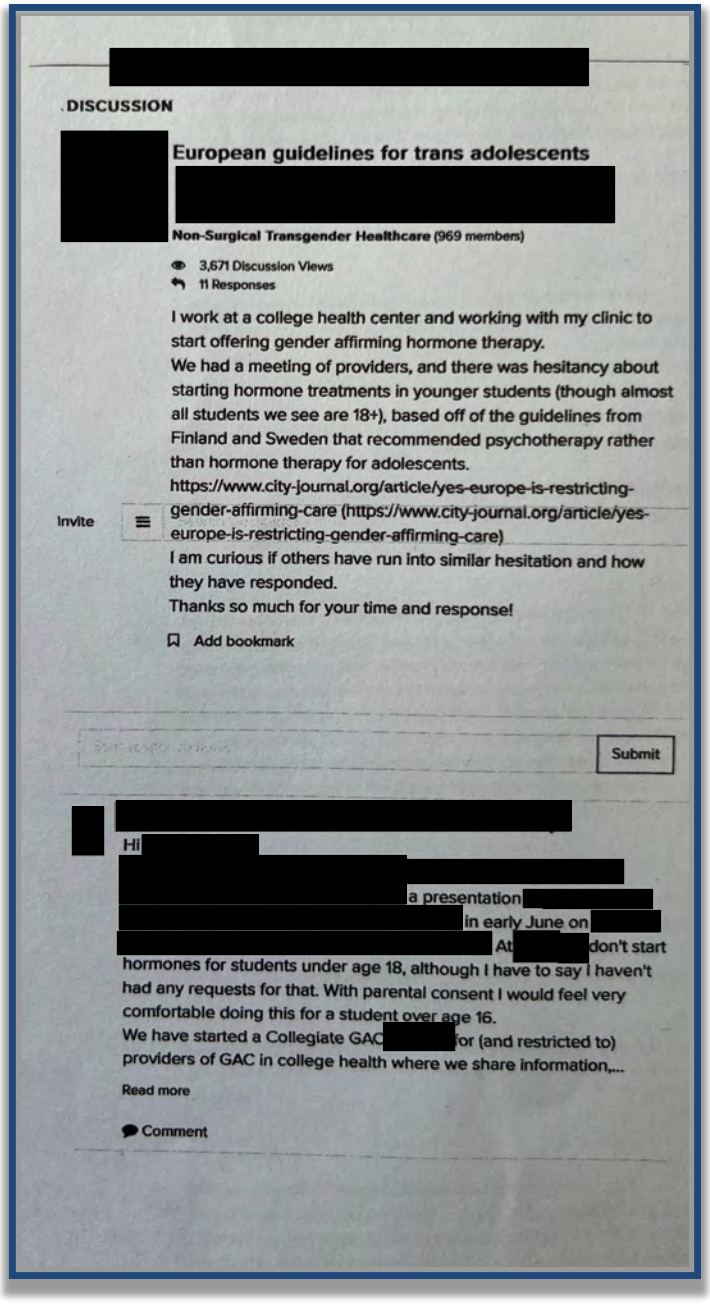
The ability to speak freely with one's providers is more readily assured under informed consent than in a system with rigid gatekeeping. It is incredibly important to be able to communicate openly without fear of losing access to care.

We look back at the times when trans people had to pretend to be straight to receive care, for instance, and consider that abhorrent at best and a violation of their basic human rights at worst. Someday, the gatekeeping that is considered normal now may look very much much the same.

The sooner this is identified, the better.

Comment

i) A WPATH member discusses certain European providers' hesitancy about starting hormone treatments in younger students



[redacted]

DISCUSSION

[redacted] European guidelines for trans adolescents [redacted]

Non-Surgical Transgender Healthcare (969 members)

3,671 Discussion Views
11 Responses

I work at a college health center and working with my clinic to start offering gender affirming hormone therapy.
We had a meeting of providers, and there was hesitancy about starting hormone treatments in younger students (though almost all students we see are 18+), based off of the guidelines from Finland and Sweden that recommended psychotherapy rather than hormone therapy for adolescents.
https://www.city-journal.org/article/yes-europe-is-restricting-gender-affirming-care (https://www.city-journal.org/article/yes-europe-is-restricting-gender-affirming-care)
I am curious if others have run into similar hesitation and how they have responded.
Thanks so much for your time and response!

Invite

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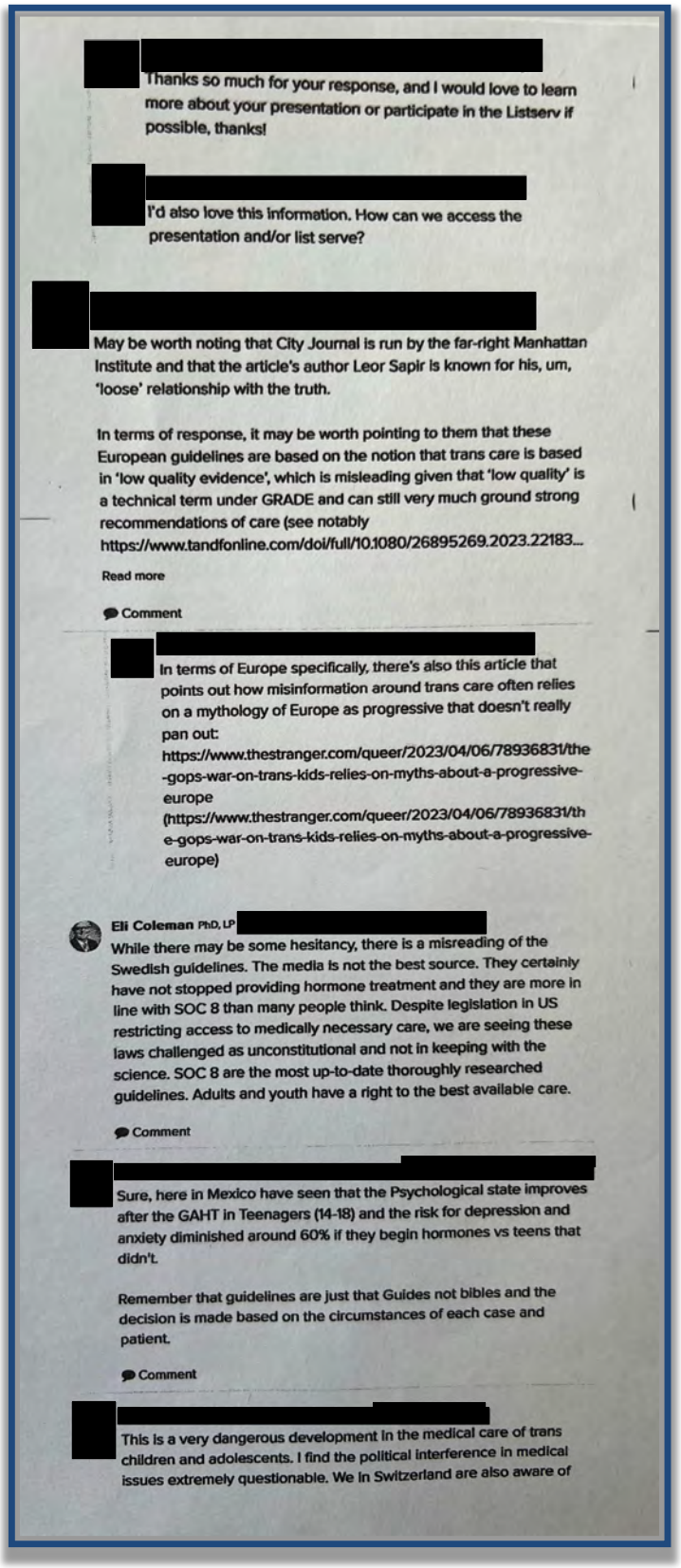
[redacted]
Hi [redacted]
[redacted] a presentation [redacted] in early June on [redacted] At [redacted] don't start hormones for students under age 18, although I have to say I haven't had any requests for that. With parental consent I would feel very comfortable doing this for a student over age 16.
We have started a Collegiate GAC [redacted] for (and restricted to) providers of GAC in college health where we share information,...

Read more

Comment



[redacted] Thanks so much for your response, and I would love to learn more about your presentation or participate in the Listserv if possible, thanks!

[redacted] I'd also love this information. How can we access the presentation and/or list serve?

[redacted] May be worth noting that City Journal is run by the far-right Manhattan Institute and that the article's author Leor Sapir is known for his, um, 'loose' relationship with the truth.

In terms of response, it may be worth pointing to them that these European guidelines are based on the notion that trans care is based in 'low quality evidence', which is misleading given that 'low quality' is a technical term under GRADE and can still very much ground strong recommendations of care (see notably https://www.tandfonline.com/doi/full/10.1080/26895269.2023.22183...

Read more

Comment

[redacted] In terms of Europe specifically, there's also this article that points out how misinformation around trans care often relies on a mythology of Europe as progressive that doesn't really pan out: https://www.thestranger.com/queer/2023/04/06/78936831/the-gops-war-on-trans-kids-relies-on-myths-about-a-progressive-europe (https://www.thestranger.com/queer/2023/04/06/78936831/the-gops-war-on-trans-kids-relies-on-myths-about-a-progressive-europe)

Eli Coleman PhD, LP [redacted] While there may be some hesitancy, there is a misreading of the Swedish guidelines. The media is not the best source. They certainly have not stopped providing hormone treatment and they are more in line with SOC 8 than many people think. Despite legislation in US restricting access to medically necessary care, we are seeing these laws challenged as unconstitutional and not in keeping with the science. SOC 8 are the most up-to-date thoroughly researched guidelines. Adults and youth have a right to the best available care.

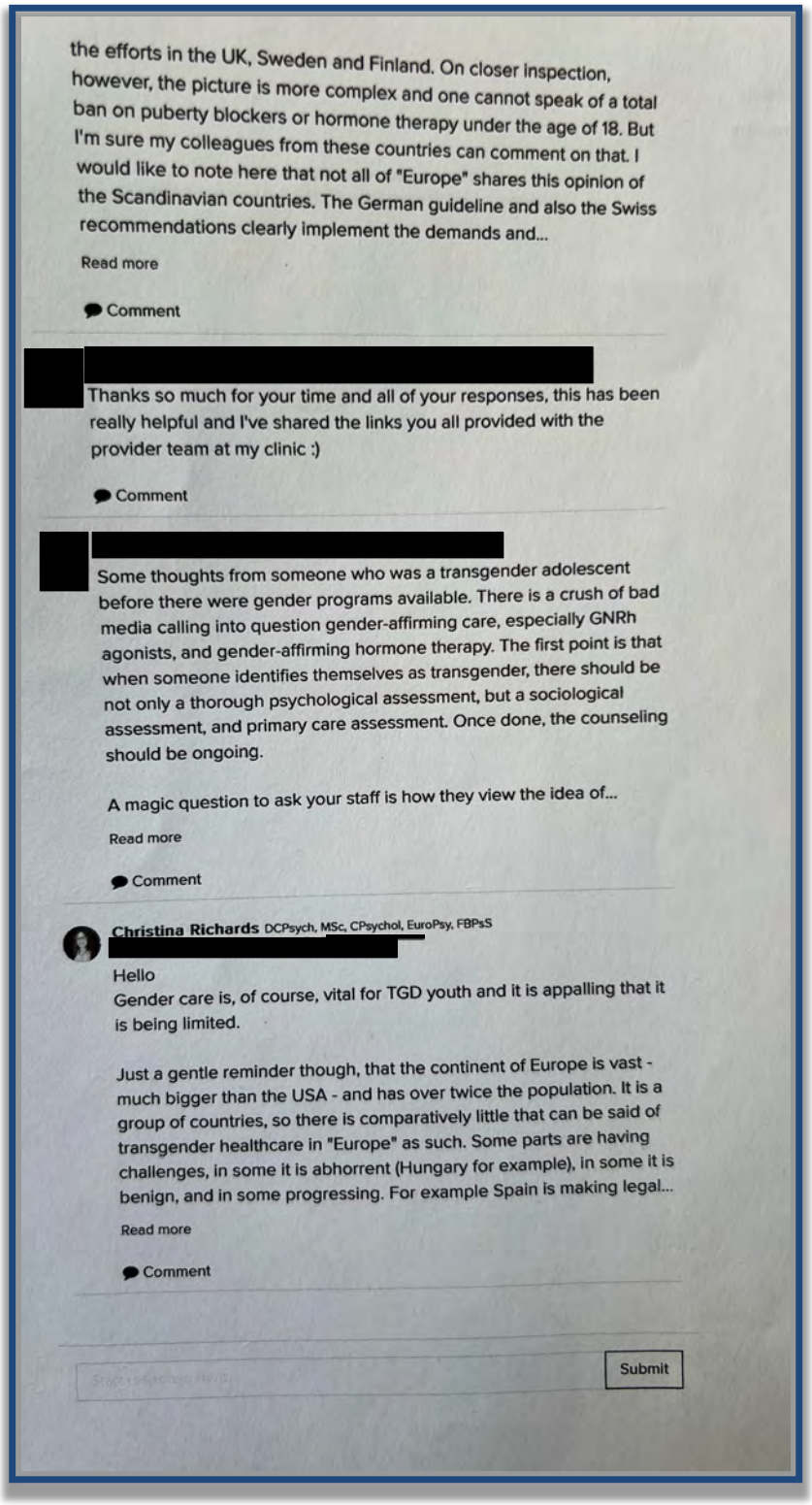
Comment

[redacted] Sure, here in Mexico have seen that the Psychological state improves after the GAHT in Teenagers (14-18) and the risk for depression and anxiety diminished around 60% if they begin hormones vs teens that didn't.

Remember that guidelines are just that Guides not bibles and the decision is made based on the circumstances of each case and patient.

Comment

[redacted] This is a very dangerous development in the medical care of trans children and adolescents. I find the political interference in medical issues extremely questionable. We in Switzerland are also aware of



the efforts in the UK, Sweden and Finland. On closer inspection, however, the picture is more complex and one cannot speak of a total ban on puberty blockers or hormone therapy under the age of 18. But I'm sure my colleagues from these countries can comment on that. I would like to note here that not all of "Europe" shares this opinion of the Scandinavian countries. The German guideline and also the Swiss recommendations clearly implement the demands and...

Read more

Comment

[redacted]

Thanks so much for your time and all of your responses, this has been really helpful and I've shared the links you all provided with the provider team at my clinic :)

Comment

[redacted]

Some thoughts from someone who was a transgender adolescent before there were gender programs available. There is a crush of bad media calling into question gender-affirming care, especially GNRh agonists, and gender-affirming hormone therapy. The first point is that when someone identifies themselves as transgender, there should be not only a thorough psychological assessment, but a sociological assessment, and primary care assessment. Once done, the counseling should be ongoing.

A magic question to ask your staff is how they view the idea of...

Read more

Comment

Christina Richards DCPsych, MSc, CPsychol, EuroPsy, FBPsS

[redacted]

Hello
Gender care is, of course, vital for TGD youth and it is appalling that it is being limited.

Just a gentle reminder though, that the continent of Europe is vast - much bigger than the USA - and has over twice the population. It is a group of countries, so there is comparatively little that can be said of transgender healthcare in "Europe" as such. Some parts are having challenges, in some it is abhorrent (Hungary for example), in some it is benign, and in some progressing. For example Spain is making legal...

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Comment

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3/12/25

Assembly members,

Thank you for hearing my testimony. I am here to oppose bill AB104.

My name is Judas Lane and I am here today as a Wisconsin constituent with queer, gender non-conforming, and trans friends and family, some of which are youths that could be negatively impacted by this bill. More importantly though, I'm here as an individual that values medical integrity and the well being of our future generations.

As a child I was diagnosed with hypothyroidism. I was not, at the time, raised in a particularly caring home. Any complaint I made, my mother had a platitude of negative things to say as a response and rarely was I taken seriously. This is to say that it took months of chronic fatigue, weight gain, gastrointestinal distress, and more for my mother to consider taking me to see someone even then it was not until I had made complaints at school which forced her hand. My mother was then required to book my appointment, accompany me to my appointment, and consent to my treatment after a medical professional took my attestation to my symptoms along with an assortment of tests to confirm my condition. Once all these steps were taken, I was allowed to take synthroid which gave me the necessary components that my body aught to produce itself, but was incapable of doing so. This was all for a currently well known, standard, and widely accepted medical condition and its care.

This is nearly identical to what trans youth go through, except in the case of these kids we require far more medical affirmation in the form of ongoing therapy and consistent communication before any sort of medical intervention is allowed be it pharmaceuticals or surgical, the latter of which is invoked under extreme circumstances and all of which are done at age, treatment length, and developmentally appropriate times. One key difference in our treatment paths is that in the case of trans youth that require medical care, for some reason, we are attempting to deny medical professionals our trust in them to perform their specialized and trained professions correctly. We are instead attempting to legislate them from being able to perform the care demanded of them by their hippocratic oath.

Recent studies show that around 0.1 percent of trans minors receive medication for their care. We can also see a generous estimate of 6,000 surgeries over the four year period of 2019-2023. The percentage of transgender Americans is estimated to be between 0.5 to 1.6. Using a generous estimate of 1.6 with 75 million children in the US gives us 1.2 million transgender minors in the United States. This would provide an estimate of only 0.125 percent of transgender minors receiving surgical intervention. Which research leads us to see quality of life and contentment with this decision at higher rates than various other medically necessary surgical procedures in adulthood nearly a decade after the fact.

In conclusion, if you believe medical professionals are obligated to the wellbeing of their patients, are well versed in their areas of studies, that all children equally deserving of living to see another day regardless of anyone's personal distaste in their medical condition, and that a child, their parent, and their healthcare provider are the ones that should be prioritized in relation to their care, then it is your duty as an American, an elected official, a parent or caretaker, and indeed as a person to vote no on AB104.

USA Facts.org → US Census ⇒ 0.95% trans

0.1% kids getting medical care – JAMA pediatrics

PBS.org

5,747 minor surgeries from 2019-2023 – Do No Harm

2024 – 71.5 million minors childstats.gov

Bias + Prejudice

Check:

If you had a group of people who suspected they had a crippling medical condition, and a medical professional affirmed there is a 90% chance they have it*

~~[illegible]~~ so, you treat it with their consent, and in this case their parents.

If you agree with this, you support trans healthcare

In response to depression & suicidality rates, as a critical thinker I ask the committee to consider the idea that our continued societal push towards aggressive transphobia in the way of not only harmful legislation in the way of denying care or public utility, but also the community response to our transgender peers encourages them to hide themselves or harm.

[redacted]

While many people continue to identify outside of gender norms, not all require medical intervention and those that do feel strong physical responses. Not in a dysmorphic way. They live in reality & it feels wrong.

To Representative Allen's testimony of bringing this bill and reintroducing it to an admitted public minority opinion I ask for whom we introduce hateful and harmful legislation if not for the children of your constituents, who clearly oppose it? In addition, I ask the committee to consider how negative views of what it is, on a medical interventional level, a medical condition, encourages the continued discrimination and declining mental health of this minority group.

Those for the bill keep saying the brain is not developed yet; but we have data that it is increasing astrocytes, not impacting cognitive flexibility or short term memory: This is good!

Why instead of banning are we not increasing research and access efforts WHAT ARE YOU SCARED OF?! If you cannot tell me what the CYP19 gene codes for, what part of the brain Gonadotropin Releasing Hormone signals to or what hormones you need as a precursor to ALL Estrogens; Why are you putting restrictions on people who do and understand how they relate to puberty and Trans health care!

ALSO there is a Committee procedure ERROR, No clear reason was given for why I couldn't speak, but I was told to speak against we would be late in the day. That is unequal opportunity to constituents. Amend this Policy. Do not Bias who can speak for how long!

From an Endocrinology and Reproductive Physiology PhD student....

Please look at the data! Puberty blockers are NOT new. Ogawa & Okeda in the 1980s did NUMEROUS studies on the effects of these drugs; importantly in the context of Precocious Puberty (Whether central or idiopathic) Not to mention these drugs (Puberty Blockers) ARE originally A PROSTATE CANCER DRUGS! Why are we saying that a drug that has been studied and used for decades, Importantly during puberty, is bad for only and specifically Trans & Nonbinary youth.

Data Recently published in the Endocrine Society Journal is showing that the drugs reduce anxiety and rough/aggressive play behaviors. AND has shown promotion of astrocyte function in the Juvenile Brain. For those that do not know, ASTROCYTES are a GOOD thing. Additionally Preliminary data is also suggesting that these drugs have no impact on cognitive behaviors...→

As recent as 2024 babies have been born with genital disorders Confusing their gender. Allowing the Dr to make the gender choise which in turn allows mistakes to be made. As the child starts to grow their true gender starts to Emerg Causing many types of problems for the child & their familys. through NO fault of their own they are looked at as social outcast as a person with first hand knowledge my thoughts are if there is funding available to help these kids I see No reason for it to dry up now. It shoub be available to ANY person who meets the guild lines It is estamated that 2000 babie's with this problem are born every year So these kids did not choose this gender they had no say in the matter So As a Nation where everbody gets a fair Shake let give them there's

Thank You

March 12, 2025
Assembly Committee on Health, Aging, and Long-Term Care
Re: AB 104 (opposed)

Good Afternoon, Assembly Committee on Health, Aging, and Long-Term Care, and thank you for receiving my testimony. I'm Rev. Jennifer Nordstrom, the Senior Minister of the First Unitarian Society of Milwaukee, and I'm here in opposition to AB104.

As a Unitarian Universalist minister, it has been my honor to minister to families with transgender and non-binary children and adults, and to serve a faith that celebrates all our people in all their identities, including their gender expression. I serve a God who created infinite beauty in humanity, who created us in infinite variety, and who celebrates with us as we live into our divine truths. God is infinite, and we reflect God's image in our infinite variety.

Our trans and non-binary youth and adults know who they are. They have led us to better understanding of the complexity and diversity of human biology and gender. In our congregations, we celebrate that diversity, and the beautiful and diverse expression of it among our people.

Study after study has shown that the type of care this bill bans is best practice healthcare for trans youth. It is supported by every major US medical association, including: the American Medical Association, American Academy of Pediatrics, American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry. Further, this is life-saving care. LGBTQ youth are at higher risk of suicide than their straight and cis peers. According to the Trevor Project's 2021 National Survey on LGBTQ Youth Mental Health, 42% of LGBTQ+ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth, and the rates are higher for BIPOC youth.

This bill is not backed by the best science of today, and it does not protect our trans youth. It prevents the best practice of medicine and interferes in the medical decisions made between doctors, parents, and their children in ways that threaten trans kids' mental health and their lives. Further, to threaten to suspend the licenses of medical professionals for engaging in best practice medicine is irrational. The talking point that young people don't know what they are doing and regret these medical choices is not backed by the data. More than ten times as many people regret knee surgery as people who regret gender affirming care, but there are zero bills out here preventing knee surgeries. I wonder what your motivation is for entertaining such harmful and irrational legislation, and I pray you return to the values of protecting all Wisconsin children, youth and their families, including trans youth, which means allowing them to access best practice medical care.

This bill will increase suicide attempts among these beautiful, sacred, precious young people, and deny them access to best practice medical care. Their lives are sacred, and they deserve to receive best-practice care. They deserve a chance to make it to adulthood. They deserve our support, our protection, and to be honored and celebrated in their deep and sacred knowing of who they are.

Please, vote no on AB104.

Rev. Jennifer Nordstrom, Senior Minister, First Unitarian Society of Milwaukee

March 11, 2025

Hello, Members of the Assembly,

I oppose bill AB 104 prohibiting gender-affirming care for children under the age of 18.

My name is Tracy Hamm Warnecke. I am here to testify against AB 104. AB 104 will hurt the children in Wisconsin. If this bill is passed, the consequences are life threatening.

I have been a public school teacher for 28 years. For the last eleven years, I have taught 8th grade at O'Keeffe Middle School in the Madison Metropolitan School District. I am also the proud parent of a transgender son. I have seen firsthand what happens to children when they are not allowed to be their authentic selves. These children are filled with anxiety, depression, and self-hate. They hide themselves inside their hoodies and do not speak. Their grades are typically D averages, and they do not participate in school extracurricular activities. I have held these children while they cry. They wail and wonder why they can not be accepted for who they are, leaving them feeling dehumanized.

In situations where students can be fully who they are, they walk with their heads held high. They come out of their hoodies and wear a smile on their face. Friendships are formed and grade point averages increase. They feel accepted as a full human being.

My son has been receiving gender-affirming care since June of 2024. Even though he lives in a house with his parents and an older brother, who fully accept him as he is, he suffers from panic attacks and depression. After a week of HRT, he felt different inside his body. As a family, we watched the anxiety relax and his confidence grow. If you take away his gender-affirming care, you are putting my child back into his bed, lying in the dark, thinking he is worthless and unloved by his friends and his community. Do not do that to my son and other peoples' children.

Being transgender is not a choice or a phase. It is not a light switch someone can flick back and forth. To fully transition is work. Hard work. My son wears a binder to appear masculine in the community. He is unable to take full breaths when walking because of the pressure on his rib cage. He often gets winded walking upstairs at West High School. He has been looking forward to gender-affirming surgery since he was twelve. And now he has to wait another two years. Two more years of binding. Two more years of having his ribs squeezed, unable to take a deep breath because some people believe he will be emulating his body.

Why do you think it's your business to tell me, his parent, what medical treatment he should receive? The power of our country lies in our democracy: the right to life, liberty, and the pursuit of happiness. Voting for bill AB 104, directly violates our Constitutional rights as citizens. As citizens, we have the freedom to make our own choices to be happy. Voting for AB 104 is stating you don't believe in democracy. Voting for AB 104 states you do not believe in the Constitution.

March 11, 2025

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March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

Hello, my name is Shanon Bartel, a frightened Dane County citizen and mother of three. I am providing written testimony to reject bill AB 104 Youth Gender Affirming care ban. You are elected in office to be support and be a voice to all Wisconsinites.

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, and it doesn't seem to matter. In fact, last year you tried to pass this ban with AB 465.

I submitted testimony for that bill as well. Please stop trying to shove your personal hatred of trans youth down our throats!

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. Morally I will 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 Trump ran, 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 the valedictorian of his class, received the prestigious Herb Kohl Scholarship and achieved a perfect score on the ACT. He is currently a senior 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, and I hope you will start supporting ALL Wisconsinites.

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

From: Loreli Dickinson, Oconto, Wisconsin 54153

I am an 80 year old mother of two. I, along with my husband, have had the privilege and right to raise our children with the advice of doctors and healthcare professionals. We knew our children and what their needs were. I believe that all parents should continue to make decisions for their children, not the legislators who don't know their individual needs. I object to parental rights being stripped away. Therefore I respectfully request that AB 104 be removed from consideration.

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. It is disheartening and shameful that a bill such as this is being raised again. I will provide similar testimony as I did in October 2023 when I spoke against a similar gender-affirming health care ban for minors at a hearing held by this committee. Here we are again. Optimistically, one would hope that these bills stem from ignorance and misunderstanding. The fact that this bill is back, despite nearly 2 years having passed during which the sponsors could have listened and learned how safe and essential this care is tells you it is out of hate, discrimination, and opportunistic politics that a marginalized group of people are being targeted.

I urge you to oppose Assembly Bill 104. My middle child is transgender, and she is thankfully 20 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 individual patients themselves and their families. We, your constituents, are not political fodder. This bill would cause irreversible harm. If you do not understand this, I implore you to listen and be guided by the medical professionals and people receiving this care.

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 on AB104.

Sincerely,

Lori Severson

Madison, WI 53711

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

I write to express my opposition to AB 104, specifically its prohibition of "gender transition medical intervention" for individuals under 18 years of age.

As both a mental health professional, and the parent of a transgender young adult, I am acutely aware of the role that gender-affirming health care plays in the wellbeing of transgender youth.

I'm sure you've heard the staggering statistics on the risk of suicide among transgender youth, but you may not have heard that trans youth who receive the emotional and medical support to affirm their gender have dramatically decreased suicide risk. Additionally, recently published research shows that anti-transgender laws increase suicide attempts among trans youth by over 70%.

My own son went through a very dark time before he was able to begin medical transition. I'm not sure he would be here today -- a thoughtful young man who is working, living independently, and pursuing his dreams -- had he not been able to obtain gender-affirming care in his teen years. I am convinced that passage of AB 104 will lead to great harm, including higher rates of disability and death, for Wisconsin youth, and tremendous suffering for their families.

But you have the power to prevent that. AB 104 would deny Wisconsin's transgender youth the ability to access best practice gender-affirming care, and instead would allow the government to interfere with private medical decisions that should be between youth, their parents, and their health care providers.

Please support the right of all our young people to live and thrive, by opposing AB 104.

Thank you for your time and consideration,
Dr. Nicole Bickham
Green Bay, WI 54311

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

Dear esteemed members of the Assembly,
I write to you not just as a concerned citizen of Wisconsin, but as a parent, a neighbor, and a believer in the fundamental rights that our nation claims to hold dear. I am compelled to voice my vehement opposition to Assembly Bill 104, a piece of legislation that seeks to strip away the rights of our youth and their families under the guise of protection.

This bill proposes to ban gender-affirming medical care for minors—a decision that absolutely should rest between a patient, their family, and their medical professionals, not within the halls of government. By imposing such a ban, we are not safeguarding our children; we are endangering them. Major medical organizations, including the American Medical Association and the American Academy of Pediatrics, have consistently affirmed that gender-affirming care is evidence based and often life saving. To suggest otherwise is to ignore the consensus of the medical community and to jeopardize the well-being of our youth.

Furthermore, this bill infringes upon the rights of parents to make informed decisions about their children's health care. It is a fundamental principle that parents, in consultation with trusted medical professionals, are best positioned to determine the appropriate course of action for their children. This legislation undermines that principle, substituting governmental overreach for parental guidance and expertise.

We must also consider the broader implications of such a ban. States that have enacted similar prohibitions have witnessed alarming increases in mental health crises among transgender youth, including heightened rates of depression and suicide attempts. Is this the legacy we wish to leave? A legacy where our inaction and intolerance lead to the suffering of our children?

In conclusion, Assembly Bill 104 is not a protective measure; it is a punitive one. It disregards medical expertise, parental rights, and, most importantly, the health and dignity of our youth. I implore you to reject this bill and to stand on the right side of history—one that champions compassion, understanding, and the fundamental rights of all individuals.

I
Sincerely,
Barbara husid
Madison, WI 53704

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

Dear Representatives,

My name is Nick Schiller, I am a Wisconsin Constituent and resident of Milwaukee and a third year undergraduate Social Work student at UW Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but discriminate, oppress, and alienate transgender folks into fear rather than support. This is a very scary time for those in the LGBTQIA+ community, and these bills are increasing that fear. There should be support measures put in place such as increasing gender affirming care along with destigmatizing being in the LGBTQIA+ community.

As one of your constituents, I implore you all to vote against this proposed bill. As a social work student, a person who promotes equity and justice, and a person who has loved ones and close people in my life that identify within the LGBTQIA+ community, I along with them, are afraid of their rights being taken away. With these bills being implemented, not only are their physical rights at risk, but also their mental health and their overall feelings towards if they have a right to live. By simply introducing these bills, these already come across as disregarding human rights. To stop this, there must be votes against this bill.

Trans people exist and will always exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB104.

Thank you for your time,

Sincerely,

Nick Schiller

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

Dear esteemed members of the Assembly,

I am a parent and a community-based healthcare practitioner/outdoor educator who has been working with young people of all ages and their families since I began my career in Madison over a decade ago.

As an active member of our community, I am compelled to voice my vehement opposition to Assembly Bill 104, a piece of legislation that seeks to strip away the rights of our youth and their families under the guise of protection.
This bill proposes to ban gender-affirming medical care for minors: a decision that belongs between a patient, their family, and their medical professionals, NOT within the halls of government. Such a ban endangers our children; it doesn't protect them. Reputable medical organizations, such as the American Medical Association and the American Academy of Pediatrics, have consistently advocated that gender-affirming care is evidence-based practice. To suggest otherwise is to ignore the consensus of the medical community and to jeopardize the well-being of our youth.

In addition to its evidence-base, gender-affirming care is often live saving. We must consider the broader implications that such a ban would have on our youth and our communities. States that have enacted similar prohibitions have witnessed alarming increases in mental health crises among transgender youth, including heightened rates of depression and suicide attempts. I will not stand for a legacy of inaction and intolerance, leading to the suffering of our children, their families, and our communities. We must turn towards the mental health crises our youth are facing, and stopping the proposed ban is an essential step in that direction.

Furthermore, this bill infringes upon the rights of parents to make informed decisions about their children's health care. Parents, consulting with trusted medical professionals, are best positioned to determine the appropriate course of action for their children. Together, they are the experts in their children's health care. This legislation undermines this expertise, substituting governmental overreach for parental guidance partnered with skilled medical care.

In sum, Assembly Bill 104 threatens to harm our youth, not protect them. It disregards medical expertise, parental rights, and, most importantly, the health and dignity of our youth. I implore you to reject this bill and to stand on the right side of history—one that centers compassion, understanding, and the fundamental rights of all individuals.

Sincerely,
Meg Barrow
Madison, WI 53703

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

Dear Legislators,

I want to express my opposition to Bill AB 104.

I have a transgender nephew and non-binary niece. They are both the happiest I have ever seen them. I believe it is because they are getting to be who they really are.

I am asking that y'all do not ban gender affirming care in Wisconsin. I have never believed in allowing kids to undergo surgical procedures as minors. But who am I to say if that is right or wrong really for someone else? A child's parents and doctors and support network know more about the child than anyone else does. I trust they will make the best decision for them. For sure, the mental health and social support is so important and should not be taken away from these kids.

I would ask that y'all vote against AB 104 and do whatever it takes to keep these kids safe and supported. Let them be happy.

Sincere thanks,
Rachel Newcomb
Middleton, WI 53562

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

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

I oppose AB104

My name is Kelly (they/them) and I'm a queer person from Milwaukee. I'm a tax paying home owner, an employee of the food service industry, and I'm a neighbor.

I was raised by a woman who always told me to speak up for what I believe in. She has held and attended protests all across the states in the late 60s and throughout the 70s. She has seen Roe v Wade pass. She has help serve breakfast to the youth and wrangle supplies for sit-ins at universities. I was also raised by a man who told me to always work hard and cherish those who are close to you. He taught me humility and to always help a friend or stranger when I can. No one deserves to be left behind.

While I cannot be present physically or even directly effected by AB104; I have to speak up for the kids, the future of our society. Every child deserves to be themselves wholeheartedly and without shame. To ensure these so-called natural gender roles and "God given form" means that these are not the norm. To abuse the law and pen to harass children is disgusting and a waste of government resources. Leave transgender people alone!

We cannot keep fighting this strawman argument and fear monger the people anymore. "You don't have to understand it. Just accept it and move on" -Princess Bubblegum (Adventure Time).

Trans rights are human rights.
Kelly Harmon-Hutchens
Milwaukee, WI, 53207

3/12/25 R/T AB 104

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

I am 70 years old, retired from a 40+ career in the health field. I have lived in Wisconsin most of my life.

I disagree with AB104. As a former health care provider, I hold sacred the right for everyone to make their own personal care decisions without interference from those that may make different choices.

That was a basic premise to all my interactions with patients.

You are trampling all over this right with this bill. These are decisions best made by parents, children and their physicians. This is care they access, not care thrust upon them. And it is life saving. You have no imperative to insert yourself in this care, other than blatant abuse of your powers.

Jeanne Rickert
Madison, WI 53718

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

Chairperson and Members of the Committee,

I am writing today in strong opposition to AB 104, legislation that seeks to strip transgender youth of access to best-practice, life-saving medical care. Gender-affirming care is not a political issue—it is a deeply personal medical decision made carefully by families, doctors, and mental health professionals. It is not the place of politicians to interfere in these private, evidence-based healthcare decisions.

As an educator and parent, I have seen firsthand the importance of supporting young people as they navigate their identities. Denying access to gender-affirming care puts vulnerable youth at risk, increasing rates of anxiety, depression, and suicide. Medical experts, including the American Academy of Pediatrics and the American Medical Association, agree that gender-affirming care is essential for the well-being of transgender individuals.

AB 104 is not about protecting children—it is about political overreach into family and medical decisions. I urge you to reject this harmful bill and instead focus on policies that truly support and uplift all young people in our communities.

Thank you for your time and consideration.

Sincerely,
Heather Thorpe

Madison, WI

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 25 years. I am deeply concerned about Assembly Bill 104 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 104 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

Wednesday, March 12th

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

My name is Kylan Bartel and I am writing to express my opposition to AB 104. As a Wisconsin resident, I am testifying about the harm that this bill would pose to transgender individuals and medical providers in our state.

I am transgender. When I was 17, I was fortunate to receive top surgery from a medical provider in Wisconsin. The decision to undergo a permanent surgery was not one I or my family made lightly. I consulted with a psychologist, the surgeon, and did my own research, all with my parents at my side. Thankfully, my insurance, seeing how the surgery would positively impact my life, agreed to allow an exception to their policy and covered the surgery even though I was a minor. It is rare for minors to undergo permanent gender-affirming care, but in my case, I was only months from turning 18 and allowing me to get the surgery earlier enabled me to have time in the summer to recover. I am now a thriving 22 year old in my last year of college at the University of Chicago. The medical care I received five years ago was crucial to my long-term wellbeing.

I believe that, when it comes to medical care, experts in medicine should be the ones to make regulatory decisions. These experts have spent years studying medicine so that they can be equipped to serve their community. As you already know, all major medical associations endorse gender affirming care. Like any medical care, there are risks involved. But these risks are best worked out between a patient, their family, and the experts. Preventing medical providers from providing necessary care forces them to stray from the Hippocratic Oath and violate their ethical standards.

If you are truly concerned about the physical and mental well-being of transgender young people, there are many real issues that need to be addressed, such as high rates of depression and suicide, school safety (according to GLSEN, 75% of transgender youth feel unsafe at school), and homelessness (according to the Trevor Project, over 35% of transgender youth experience housing insecurity or homelessness). In fact, preventing transgender youth from accessing necessary medical care will only worsen these issues. Research from the Trevor Project in December 2021 showed that transgender minors who received gender-affirming hormone therapy had almost 40% lower odds of depression and suicide attempts. To protect trans youth, we need to ensure that their right to affirming health care is protected, not rolled back.

Thank you for your time. Your consideration of these matters is appreciated.

Kylan Bartel

Mazomanie 53560

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

I am writing to express my opposition to AB 104.
As the as the parent and grandparent of two people with nontraditional gender roles, I know first hand how misinformed and hateful the attempts to limit young people's access to health care on gender issues is.
No one chooses to have a they have a nontraditional gender role. People that are born with gender ambiguities need help to find their true identity not persecution.
Right now in this country children are dying of preventable diseases. These deaths are caused by the same ignorance and misinformation as is the persecution of transgender youth.

Anyone who cares about children, should focus on those issues, and stop persecuting trans children because of the way they were born.

James Custer
14 Pinehurst Circle
Madison WI 53717

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

March 12, 2025

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

I am writing to express my strong opposition to AB 104. This legislation threatens the rights of transgender youth by denying them access to gender-affirming care that is supported by medical professionals and best practices. By inserting politicians into deeply personal medical decisions, this bill undermines the trust and relationship between youth, their parents, and their doctors.

Access to gender-affirming care is essential for the well-being of transgender youth. Numerous medical and psychological organizations, including the American Medical Association and the American Academy of Pediatrics, have affirmed the importance of such care in supporting the mental and physical health of transgender individuals. Denying these youth access to the care they need could have devastating long-term consequences, including worsening mental health outcomes and an increased risk of self-harm and suicide.

I am incredibly proud to be the parent of two LGBTQ children. Our family has worked closely with our children's physicians - pediatricians, psychologists, and specialists - to ensure their health and safety as they navigate adolescence and transition into adulthood. Every medical decision we make is done with the utmost care, always with respect to medical research and best practices, and with a fierce commitment to prioritizing our kids' best interests above all else.

It is not the place of politicians to interfere in the private, medical decisions that should be made between a patient, their family, and their healthcare providers. Decisions about gender-affirming care are complex, deeply personal, and should be guided by medical expertise, not political agendas.

I implore you to vote against AB 104 and stand up for the rights of your transgender constituents to receive the care and support they need.

Thank you for your time and consideration.

Sincerely,

Sara Bartlett

Verona WI 53593

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

I am writing to you today to let you know how much I oppose AB 104 that would deny young people the ability to privately access gender-affirming care.

I am a minister of religious education serving the First Unitarian Society in Milwaukee, Wisconsin. It has been my great privilege to work with many families over the years in my career and this has included families with children that are transgender. Each family's journey is unique and yet one commonality is that no parent or person or youth makes choices about gender care without discernment and careful consideration. I have witnessed and counseled young people struggling with depression and suicidal ideation in their journey and discernment about their gender. The struggles, hurdles, hardship and bigotry they face are profound and real. This is a deeply private and personal journey for each person and each family, all deserve to be shown respect and care, not encounter oppressive laws that entangle their personal medical care choices.

We know that for transgender and nonbinary children and adolescents, early gender- affirming care is crucial to overall health and well-being. This law pretends that it can somehow prevent young people from being transgender by eliminating care for them. That is neglect. Willfully ignoring the needs of the people because of bias is not a solution. The role of the government is to care for the people, not prevent their medical care due to fear and prejudice.

I believe that each of us have inherent worth and dignity. This bill does not offer worth and dignity to everyone, only those who are willing to conform to a male or female gender. It targets the .5% of people born in our country. I believe that every human deserves to make decisions about their own healthcare. The government does not possess the expertise, or the knowledge, or right to choose what healthcare someone needs to receive.

Please leave these vital healthcare decisions up to the individual people, families and medical staff who are qualified to choose.

Thank you for your time in this crucial matter.

Kind regards,

Rev. Kimberlee Tomczak Carlson
Kenosha, Wisconsin 53140

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

I oppose AB104

My name is Allison Salmon, I live in Middleton, WI 53562. I grew up in Wisconsin and still live here with my kids. I very much love Wisconsin but am worried that it will become impossible for me and my children to stay here. I have a transgender daughter who I fully support in her transition. She struggled deeply with depression before she began her transition. The gender affirming care she has been able to receive has been life saving for her.

These important medical decisions should NOT be mandated by the state. Families and doctors are the ones who should be deciding these matters together. Everyone's situation is different and to make a blanket law denying care that for some can mean the difference between life and suicide is unconcionable.

Thank you for your time and consideration of my testimony.

Sincerely,
Allison Salmon
Middleton, WI 53562

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

Dear esteemed members of the Assembly,

I am a Madison, Wisconsin resident and the aunt to a beautiful and beloved transgender child here in Wisconsin. I am writing as a private citizen to oppose bill AB 104 because it seeks to strip away the rights of youth like my nephew under the guise of protection.

As a lifelong champion of trans rights, I know that trans health care saves lives. This is not just my personal opinion. Major medical organizations, including the American Medical Association and the American Academy of Pediatrics, have consistently affirmed that gender-affirming care is evidence based and often life-saving. To deny children gender-affirming health care is to ignore the wisdom and expertise of the medical community and to recklessly risk the lives and the physical and emotional safety and wellbeing of Wisconsin's youth.

AB 104 will not protect our children. Instead, it will punish the most vulnerable members of our society and rob parents of their right to make medical decisions for their own families. Studies show is will likely lead to a terrifying increase in mental health crisis among transgender youth, including depression and suicide.

I implore you to reject this bill in the name of my nephew and all children who deserve the right to live with dignity, safety, and compassion.

Sincerely,
Amanda Shubert
Madison, WI 53703

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

I urge you to oppose AB104.

I have no special expertise on this issue, but I would love for you to all stop wasting your time on attacking trans children. Mainstream medical organizations are united in their opposition to bans on gender-affirming care. Research clearly shows that this care literally saves lives for many trans kids and teens.

The decision to pursue gender-affirming care should be in the hands of families and their doctors, not politicians. Bills like this represent extreme government overreach. This bill will only harm kids - full stop.

As a lifelong Wisconsinite and taxpayer, I know that Wisconsin has plenty of problems that you could be addressing. This is not one of them.

Thank you,

Erin Dix
Rochester, WI

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

Dear Representatives,

My name is Justin Marquez, and I am a Wisconsin constituent and resident of Madison. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12.

AB 104 is clearly crafted as a youth gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you to vote against this proposed bill. Gender-affirming care helps save lives. Trans youth should feel safe to express themselves in any way they choose, and prohibiting that will alienate and harm them.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, you must acknowledge and protect all of the trans people you represent and vote against AB 104.

Sincerely,
Justin Marquez

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

My name is Ellen. I have been a Madison, Wisconsin resident since 2020 and work as a Certified Arborist and Executive Director for a non-profit organization.

From all my experience and knowledge I can tell you that people want to find their place and purpose in this world and that it is a right for us all to receive care. Care comes in many forms but when it comes to one's health, care looks like understanding many areas of one's life and body and giving them the necessary information to make an informed decision.

I understand that the views of people who are for this bill may seem caring, but by not allowing gender affirming care, this type of care is actually harmful. My question is, who is deciding this? Are the doctors and healthcare practitioners who care for transgender people deciding this is true? Are the patients who are transgender deciding this is true? Or are politicians and people who don't know or understand intersex and transgender peoples deciding this is true?

Do you know what it is like to force your own ideas, thoughts and feelings of what love and care is on someone? If that person does not accept or experience love or care in that way it is actually violating, harmful, and aggressive. We each experience care and love in certain ways and it is harmful to impose your own views or needs on someone else.

As a person who worked in healthcare for many years and who took an oath to First Do No Harm, I know it is unlawful and unjust to ask a healthcare provider to ban care for a certain group of people. Their job is to CARE for people and SUPPORT their health. This bill goes against the oath of every healthcare practitioner and puts them between a rock and a hard place. This bill puts undue pressure and stress on the already challenging lives of transgender people and their families. Stop the oppression! Stop the harm!

I stand in opposition to this bill and ask you to please consider doing so as well. Please, if you have any sense of decency, any ounce of real care for others, please consider the consequences of your actions and vote against AB 104.

We need to continue to support all peoples and in doing that well we must understand that each person is a unique individual.
I also recognize there is federal pressure and money at stake. Perhaps we can come up with other ideas like opening clinics that are outside the jurisdiction who can support gender affirming care.

Thank you for taking the time to read my testimony and consider my request.

Sincerely,

Ellen Sims
Madison WI resident
53704

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

I write to you not just as a concerned citizen of Wisconsin but as a parent, a neighbor, and a believer in the fundamental rights that our nation claims to hold dear. I am compelled to voice my vehement opposition to Assembly Bill 104, a piece of legislation that seeks to strip away the rights of our youth and their families under the guise of protection.

This bill proposes to ban gender-affirming medical care for minors—a decision that absolutely should rest between a patient, their family, and their medical professionals, not within the halls of government. By imposing such a ban, we are not safeguarding our children; we are endangering them. Major medical organizations, including the American Medical Association and the American Academy of Pediatrics, have consistently affirmed that gender-affirming care is evidence-based and often life-saving. To suggest otherwise is to ignore the consensus of the medical community and to jeopardize the well-being of our youth.

Furthermore, this bill infringes upon the rights of parents to make informed decisions about their children's health care. It is a fundamental principle that parents, in consultation with trusted medical professionals, are best positioned to determine the appropriate course of action for their children. This legislation undermines that principle, substituting governmental overreach for parental guidance and expertise.

We must also consider the broader implications of such a ban. States that have enacted similar prohibitions have witnessed alarming increases in mental health crises among transgender youth, including heightened rates of depression and suicide attempts. Is this the legacy we wish to leave? A legacy where our inaction and intolerance lead to the suffering of our children?

In conclusion, Assembly Bill 104 is not a protective measure; it is a punitive one. It disregards medical expertise, parental rights, and, most importantly, the health and dignity of our youth. I implore you to reject this bill and to stand on the right side of history—one that champions compassion, understanding, and the fundamental rights of all individuals.

Sincerely,

Dani Rischall
Madison, WI
53704

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

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

I oppose Assembly Bill 104.

I moved to Wisconsin from Ohio last year, partially because of all the hateful, anti-transgender bills that Ohio was beginning to pass at the time. I was looking forward to building a new life in Wisconsin and am disappointed to see Wisconsin considering similar anti-transgender bills. Many of my friends and family are transgender and it feels like we are being pushed back in time.

No transgender children are receiving surgeries, and puberty blockers are harmless, reversible, and also used for non-transgender children who are going through puberty too early, including one of my best friends. Forcing a transgender child to go through puberty of a gender they don't identify with is irreversible.

Transgender people and especially transgender youth are facing an unprecedented amount of hate from this country right now, despite being such a small minority of the population. I urge you not to add to that hate with unnecessary, harmful bills in Wisconsin.

Thank you,

Silver Flight, Milwaukee, 53207

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

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

I oppose AB104. I have lived in WI for 15 years and currently reside in Oregon, WI with my husband and two children. We believe that gender affirming care is life saving care that can improve the lives of transgender youth. We oppose legislation that would prohibit it and we urge this committee to reject all anti-trans legislation.

Thank you,
Nicole Monahan
Oregon, WI

To all the members of the Trans Medical Care Ban Committee - AB 104

Please include this testimony as part of the official bill record.

My name is Kathleen Caylor, and I am the mother of a transgender young-adult.

My son was born with female genitals. We raised him as a cis-gender girl through middle school, and although I dressed him in pink dresses and lace as a toddler, looking back we always knew that he wasn't a typical girl. In gradeschool we gave up on the "girl clothes" and allowed our child to be a tomboy, or so we thought. But that changed in middle school when puberty began. Then the dysphoria really set in. Thankfully, our child was able to do some online research and found out about other transgender people, and he identified with their stories immediately. He was brave enough to come out to us (his parents), and we did our best to listen, learn, and support our child. This support started with talk therapy, but eventually included hormone therapy, and a few years later a double mastectomy, all before he turned 18. The difference it made in his life was 100% for the better. Behavioral problems disappeared. Anxiety disappeared. Happiness increased. My son is now majoring in biomedical engineering at Milwaukee School of Engineering. He will go on to be a productive, well-adjusted member of society. All you have to do is stop big government from infringing on his private life and his civil rights.

There was a lot of learning involved in raising a transgender child. Let me tell you a few things that we learned along the way.

First of all, we learned that being transgender is not a choice. It is a deeply ingrained sense of self that cannot be changed by wearing certain clothes or using certain pronouns. Pretending it does not exist does not make it go away. Pretending it doesn't exist has consequences though. It increases the odds that the child in question will become depressed and suicidal. With community and family support, transgender kids are just as happy and well-adjusted as their peers. Without this support, their lives can be hellish.

I had grown up devoutly Catholic, and that's how I raised my children. I was taught that God created male and female, and nothing in between was mentioned. I have since learned that this is not the whole truth. Intersex babies exist! There are dozens of medical conditions that produce children who have varying degrees of male characteristics, female characteristics, or both, or neither. Did you know that doctors used to perform surgeries on newborn babies to make intersex genitals look more male or more female, without giving the child in question any voice in declaring which sex they really are? These are the surgeries that do harm! These are the surgeries that should be stopped. Do you know what Complete Androgen Insensitivity Syndrome is? Do you know what effects it has? If you don't, you need to learn about it, because it completely disproves the idea that all children can be classified at birth as either male or female. A child with CAIS has XY chromosomes, therefore male. But the same child has no penis at birth, therefore female. But they have internal testes, therefore male. But you wouldn't know this until puberty (or lack of puberty), so for their childhood everyone will think they are a girl, because that's what they looked like at birth. Bottom line? Not all children can be neatly classified as male or female based on what

they look like at birth! Doing so creates an unreasonable burden, and it certainly should not prevent them from accessing gender affirming care, even as a minor.

For any legislators discussing this issue as a matter of religious freedom in regards to Christianity, I refer you to this verse in the Bible. "For there are eunuchs who were born that way, and there are eunuchs who have been made eunuchs by others—and there are those who choose to live like eunuchs for the sake of the kingdom of heaven." Matthew 19:12. Even the Bible recognizes that not all babies are born as typical male or typical female. Some are born eunuchs, which is the word that the translators used to denote a person born with atypical sex or gender characteristics.

Transgender people exist. They have always existed. It is only because our society rejects them that causes them to hide who they truly are. That must end.

How can I address your fear of transgender kids having access to gender affirming care? Let me assure you that being transgender isn't a simple matter of waking up one morning and deciding to be transgender. When a child says they are transgender, the first thing that happens is that they are evaluated by a counselor to see if their feelings are persistent, consistent, and insistent over time, that the feelings aren't a passing phase, and the feelings are too strong to be ignored. If appropriate, the child is allowed to transition socially, without medical intervention, in order to test out how they feel when living as the gender not assigned at birth. This is a matter of clothing, hairstyle, and pronouns: things that are easily reversable if the child is not actually transgender. Hormone therapy comes later, and surgical intervention is possible only after the individual has been living as their true gender for years. And then there are the legal hoops to jump through to get a name change and to get gender markers changed on official documents. The effort that transgender kids and their families go through is evidence of how serious this is. It's not a capricious decision.

Legislators in Madison don't know who my son is, they cannot evaluate his status of being transgender, and it is wrong for them to write laws that harm him under the pretense of protecting him. Gender-affirming care is a decision to be made between the child, parents, therapists, and doctors. Not politicians.

This bill should be rejected.

Kathleen Caylor
3680 Rolling Hill Drive
Pulaski, WI 54162

March 11, 2025

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

Dear members of the Assembly Committee,

I oppose bills AB104 and AB102.

My name is Hal Imperl. I am transgender and I am concerned for the health and safety of mine and my fellow transgender people. These two bills aim to bar transgender youth from life saving healthcare and transgender people(especially trans women) from participating in sports with their own gender group.

I could argue and give facts to why both these bills are unnecessary and cruel, but simply, trans people are not new and are not a threat. We should be allowed to exist and live happy healthy lives just like our cishet counterparts. Also, there are so many other real things that would actually help our communities like healthcare for all, real affordable housing, raising the minimum wage, police free communities, free education and other things that will help benefit our communities.

Again, I sincerely hope you all strongly consider opposing bills AB104 and AB102 if you care about your transgender community members. Thank you all for hearing and considering my testimony.

Sincerely,

Hal Imperl

Verona, WI 53593

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

My name is Michelle Hatheway and I am a resident of Madison. I've lived in Wisconsin for 11 years and my children go to Madison schools. I am also a Clinical Psychologist trained in the provision of culturally competent, developmentally appropriate, and trans-affirmative psychological practice. I am writing today as a private citizen. Thank you for this opportunity to share my testimony.

I am writing to urge you to vote NO on Assembly Bill 104. I am vehemently opposed to this bill prohibiting the provision of medically-necessary gender-affirming care to minor patients. This proposed legislation represents a dangerous governmental intrusion into the evidence-based practice of medicine, is discriminatory against transgender youth, and if passed, will be detrimental to the health and lives of transgender children in Wisconsin.

Every major medical association in the United States recognizes the medical necessity of gender-affirming care (i.e., puberty blockers, gender-affirming hormone therapy, and/or gender-affirming surgeries) for improving the physical and mental health of transgender youth. Physicians are guided by their ethical duty to act in the best interest of their patients and must tailor recommendations about specific interventions and the timing of those interventions to each patient's unique circumstances. It is harmful governmental overreach for any state to legislatively dictate that certain evidenced-based medical interventions are never appropriate and to limit the range of options physicians and families may consider when making decisions for pediatric patients. Further, puberty blockers and hormone therapy are available to cisgender youth (e.g., to treat precocious puberty and endocrine disorders). There is no Wisconsin law that prohibits a minor under 18 from undergoing breast augmentation surgery, rather it is under the discretion of patient, parent, and surgeon. Banning these treatments for transgender youth while allowing them for cisgender youth is clearly discriminatory.

Denying youth's access to medically-necessary gender-affirming healthcare leads to increased risks of mental health challenges, including depression, anxiety, self-harm, and suicidal ideation. Studies have shown dramatic reductions in suicide attempts and decreased rates of depression and anxiety, as well as improved body satisfaction and self-esteem following the receipt of gender-affirming care. For those who are already receiving such life-saving care and would be forced to stop treatment due to this bill (i.e., be forcefully detransitioned by the government), the deleterious effects on mental health are unimaginable. This bill will unquestionably harm the mental health and physical safety of transgender youth.

Banning life-saving gender-affirming care for youth is governmental infringement upon the rights of transgender youth to live authentic, healthy lives. I compel you to protect the freedom of transgender individuals to exist safely and with dignity, and leave these complex medical decisions to youth, their parents, and their healthcare providers. Vote NO on Assembly Bill 104.

Please also consider the broader implications of this bill, in concert with AB100, AB102, AB103, and its intentions to erase transgender individuals from existing in public life. Given these coordinated attacks on the transgender community, it bears repeating that transgender individuals deserve to exist safely and with dignity in Wisconsin.
Sincerely,
Michelle Hatheway, PhD
53718

March 12, 2025
To: Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev

I am not able to make it to the capitol today, but I wanted to write my testimony for you. My name is Jamie Christensen. I live in De Pere, WI 54115. I grew up in very rural Wisconsin on my grandpa's dairy farm and have lived in cities all over the state. I have lived in the Green Bay Area for almost 20 years. Before that I lived in the La Crosse area a couple of times. I lived in the Madison Area and I grew up in a tiny town in Clark county.

Today I am writing to you about AB104. I strongly oppose this bill. I urge all of you to vote against it.

This bill will put children in danger by not letting them get the medical care that they need. This will put their mental health in jeopardy and can lead to very bad outcomes for these children.

I do not understand why anyone would want to put children into more danger than they are already in, simply by existing. So, I am asking you to NOT put them in anymore danger.

I found an article that talked about a study that was just published. Here is a quote from that article. "Hughes and colleagues at Harvard and Folx Health, a virtual LGBTQ health care company, used a data set of private insurance claims from 2018-2022 that included more than 5 million adolescents.

"The total number of youth who had any diagnosis of gender dysphoria was less than 18,000," Hughes explains. "Among those folks, there were less than 1,000 [youth] that accessed puberty blockers and less than 2,000 that ever had access to hormones."

In other words, the study found that less than 0.1% of teenagers with private insurance in the U.S. are transgender and receive gender-related medicines."

As you can see, there are not many children who receive gender affirming medications in the U.S. There is already such a small population of people who are transgender and even fewer people in that population that receives the type of healthcare you are trying to ban. Putting a VERY vulnerable group of people into even more danger than they already are. I do not understand why anyone is trying to do this. Caring about people would mean that you would not try to demonize someone for simply existing. It would mean not trying to put them in more danger by demonizing them.

I do not understand this, as I want all people to be who they are and have a happy productive life. When groups of people are attacked for doing absolutely nothing wrong, that is wrong. It is not empathetic. It is not kind. It is not Christian.

I also would like to point out that gender affirming care is NOT only for trans individuals. Plenty of cisgender people receive gender affirming care. For adults this would include things such as hair implants, chin implants, nose jobs, breast augmentations, and liposuction.

Gender affirming care is different in children. Many times this includes puberty blockers. These are not just used in transgender children. Please see below:

"Puberty blockers are fully reversible. If a person stops taking puberty blockers, normal puberty will resume, with minimal long-term effects, if any. While there may be some loss of bone mineral density, this can be easily addressed with calcium and vitamin D supplements. Previous research has also shown that cisgender youth who take puberty blockers for precocious puberty have normal fertility and reproductive function.

For transgender and non-binary youth who are aware of their gender at a young age, going through puberty may cause intense distress and dysphoria, as it leads their body to develop into a gender that is not theirs — including in ways that are irreversible, or only reversible later with surgery.

In these instances, puberty blockers may be prescribed by doctors early in puberty, in consultation with the person's parents and therapists, in order to temporarily stop the bodyfrom going through the unwanted physical and developmental changes that come with puberty. They are used to give youth time to continue exploring their gender identity before potentially moving on to more permanent health care interventions when they are older."

If it is ok for cisgender people to receive this type of healthcare, I do not understand why it would not be ok for transgender and nonbinary people to get the same care. People should have the ability to make the decisions about their health care and body that they need and want to make. Not giving every person autonomy over their body is bad. It is very discriminatory and it says that the people singled out are not people. That is not ok. We all deserve a say over our bodies.

I also believe that there are a large number of people who don't believe that children understand themselves or what is going on in their minds and bodies enough to make these types of decisions. As a parent, I have to say that I think those people are wrong. Children know so much and are so wise, if we would just listen to them and REALLY hear them. Children are much more intelligent than society wants to give them credit for, even though we want to demand they act like adults much sooner than they are ready for.

Finally, I believe that healthcare decisions should be left to individuals and in the case of children I think that healthcare decisions need to be left to the children, their parents and medical professionals who know way more about the science and biology of these types of healthcare than any of us will ever know. If you have not lived this experience you should certainly not be putting limits on it. Parents who get their children gender affirming care are trying their hardest to keep their child safe and alive. Do NOT take those options away from them. You would not want anyone to take away your rights and options to keep your child safe and alive, so do not do that to anyone else.

Thank you for your time.

Jamie Christensen
De Pere, WI 54115

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

As elderly grandparents (in our 80's), we are adamantly opposed to AB104. It is hateful. It is NOT based on medical/scientific information and it is woefully ignorant of the stories of Trans People. I would encourage the Committee to talk with some Trans People and their Families, Loved Ones, and Doctors. Many religiously motivated people feel as we do. It has to do with understanding, justice and compassion.

The work of investigative committees is to investigate. We encourage you to do so.

Respectfully,

Howard & Jeanne Bowman
West Bend, WI 53095

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is J.L. Cecco and I'm a resident of the City of Peshtigo, Wisconsin. I'm writing to state my opposition to bill AB104 which is scheduled for a hearing on Wednesday, March 12.

Very simply, any decisions regarding medical care for transgender youth should be between the patient, the patient's parents, and the patient's doctors. This decision-making process should NOT include politicians who know little, if anything, about transgender issues.

I most certainly hope that in the future, the people that Wisconsin voters sent to Madison would concentrate on working to improve the lives of all Wisconsin citizens rather than spending so much time and effort to make the lives of transgender people miserable.

Thank you for taking the time to consider my opinions on this matter.

Sincerely,

J.L. Cecco

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Christy Cole, and I am a Wisconsin resident living in the town of Linden. I am submitting written testimony against Assembly Bill 104 proposed in the state Assembly with a hearing meeting on March 12th.

To enact this bill is to enact violence and erasure on trans people. Trans people exist and have a right to a life of happiness, joy, and fulfillment. As a mental health provider and involved community member, I can tell you that this proposed bill will deeply harm both children and adults. Vote against it.

Christy Cole

March 12,2025

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

I oppose Assembly bill 104.

My name is Kate Moore and I am a pediatric physical therapist in Madison, WI. I have lived and worked in and around Madison for almost 20 years now and have loved the diversity and world viewpoints that are present in Madison. I work with youth all of the time and have patients at this time that would be greatly affected by this bill. They are children who should be free to live their lives without fear of discrimination or abuse based on their sexuality or their gender identity.

This bill impacts me directly, because I have many friends who would be actively discriminated against if this bill would pass. I have friends who have transitioned, who are in the middle of transitioning and have yet to transition due to their age who's mental health and well-being would be greatly affected by this. I have one close friend who's child has been living as a girl for the last 2 years and has absolutely been living the life that she was mean to live, showing so much joy everyday in living her truth. She deserves to be affirmed as her true self and to live without fear of retribution for being herself. As a health care professional, I firmly believe that these decisions should be between and doctor and their patient. I wouldn't want the government dictating which procedures and medications I could have for cancer treatment and I don't feel that the government should be able to dictate what procedures and medication are or are not appropriate in this situation either. As a human being I value the humans rights and equity for all human beings and therefore strongly oppose this bill

Thank you for your time on this matter and please consider this testimony when making your decision.

Kathleen Moore McFarland, WI 53558

Hearing Date 03/12/2025

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

My name is Eliot Pilon, and I am a Wisconsin constituent and current resident of Madison. I am writing to testify against Assembly Bill 104 as proposed in the State Assembly, with a hearing meeting scheduled for March 12th, 2025.

As one of your constituents, I implore you to VOTE NO ON AB 104.

Not only does AB 104 seek to strip transgender youth of their bodily autonomy, but it also revokes the right of parents to consult with medical professionals and choose the best path for their individual child. This effectively replaces the child's parents with the State and forces parents to raise their child as approved by the government, disregarding all nuance that is inherent in any decision about whether a child should or should not seek gender affirming care. Not only does this bill assert that the State of Wisconsin knows better than Wisconsin families, but it further asserts that the State knows better than certified medical professionals by forcing medical boards to unilaterally revoke the licenses of doctors who treat transgender youth with no pathway for reinstatement. Simply put, this bill is an assault on Wisconsinites' rights to free speech, privacy, and bodily autonomy, and it is an assault on the right of medical professionals and parents alike in this state to act in accordance with their sincerely held ethical beliefs that providing gender affirming care to transgender youth is the right thing to do.

As a transgender adult who was raised in a community rife with fear and misinformation about transgender people, I know first-hand the damage that bills like this can do. These bills do not exist in a vacuum. Bills such as AB 104 say that helping a transgender child is such an egregious offense that the doctor or nurse should never be allowed to practice medicine again, with not even the state medical board having permission to reinstate their license. In making gender affirming care illegal in this way, it is effectively likened to other outlawed medical practices such as lobotomies or phrenology. This inherently contributes to stigma and misinformation about what transgender healthcare looks like, especially for youth, and implants ideas in the minds of both transgender and cisgender children that being transgender is dangerous, harmful, and in some ways even illegal. This dehumanizes transgender children, who do not understand why it is so bad. It promotes a culture of fear and aversion, which isolates youth for being different and contributes to bullying and suicidal ideation. Accepting myself as queer was not an option for me as a child, and as a result I spent most of my teenage years severely suicidal. I will never get those years back, and I don't want a single child to ever feel the way I did. As I, along with millions of other transgender Americans across the nation, watch these bills unfold, I feel afraid for the youth of our community.

Looking back on my childhood, I don't know if, given the option, I would have opted for gender affirming medical care. There is no one-size-fits-all approach to being transgender, and some people choose to forgo medical treatment altogether, even as adults. I also know many people who would have been saved from years of needless suffering had they been allowed puberty blockers when they were younger. The point is that each person should be given the choice. Transgender medical care for youth is an incredibly intimate and individual decision that must be left to the child, their parents, and their medical care team, not a room full of politicians. To me, the question of allowing transgender children to medically transition (in whatever capacity that means for them) is not a political matter, it is a personal matter. It is a matter of carefully reviewing the circumstances and needs of each individual person and acting accordingly to give them the best chance at living a healthy and fulfilling life. AB 104, for all its talk of protecting children, does not protect children, but instead rips away Wisconsinites' natural right to self-determination and leaves them vulnerable to isolation, stigma, and further victimization. It is humiliating and demoralizing to have to write to my elected representatives and beg them to not take away the rights of children who are just like me when I was younger. For these reasons, please consider the welfare and dignity of the transgender constituents that you represent and vote no on AB 104.

Sincerely,

Eliot Pilon

Madison 53717

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the members of the Committee,

My name is Kate Mickle and I oppose this bill. I have lived in Wisconsin for 38 years,27 of them working as a Registered Nurse.

One of my children and many friends and relatives also have children who identify as different than traditional male or female. This is something that is very individualized and as a parent, nurse or friend we all need to stand by these young adults and help,not hinder them as they navigate their lives. This bill would hold very real damage for our community. We need access to health care for everyone!

We should allow children, parents and health care professionals to make these decisions. This should not be decided by legislators.

Thank you for your time
Kate Mickle Madison 53718

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Members of the Wisconsin Assembly,

I am writing to express my strong opposition to Assembly Bill 104, the proposed youth gender-affirming care ban. This bill is not only harmful, but it also poses a significant threat to the well-being and mental health of transgender youth in Wisconsin, including those who are close to me.

The importance of gender-affirming care for transgender individuals, particularly youth, cannot be overstated. Gender-affirming care is a critical part of helping young people understand themselves and live authentic lives. It is supported by medical and psychological experts across the world, including the American Medical Association and the American Academy of Pediatrics. These experts emphasize the importance of providing the necessary medical and psychological support to transgender youth to promote their overall health, safety, and well-being.

This bill, if passed, would deprive young people of the chance to access the life-saving care they need. For those close to me—some of whom are transgender—the impact of this bill would be devastating. It could delay their ability to access critical services, exacerbate feelings of isolation, and worsen their mental health. It could potentially result in greater rates of depression, anxiety, and, tragically, suicide among transgender youth.

As someone who cares deeply about the well-being of my loved ones, I urge you to carefully consider the real-life consequences this bill will have on Wisconsin's youth. Transgender youth deserve access to comprehensive care that is tailored to their needs, not to have their futures determined by politicians who lack the medical expertise to make these critical decisions.

I implore you to reject Assembly Bill 104 and to consider the long-term harm this bill will cause. Every child deserves the right to receive the care that is necessary to support their mental and emotional well-being. By passing this bill, you are not protecting children, but rather stripping away their rights to live authentically and safely.

Thank you for your time and consideration.

Sincerely,
Hannah Thurau

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:
Dear legislators considering AB104,

I appreciate the desire for certain legislators to put their moral codes onto the bodies of others, but as a called and ordained minister of the ELCA I must insist that this bill is not designed to help those in the medical field, or the patients they are working with. This is instead a distraction which targets a vulnerable group, namely trans youth, who do not have the same level of power that the legislators have. This seems cruel to me, and I'm disappointed that once again our representatives are choosing to target marginalized groups for dubious reasons. Christ calls us to be better than this.

Pastor Paul Drees
Trempealeau, Wisconsin

Pr. Paul Drees

'If you love those who love you, what credit is that to you? For even sinners love those who love them." - Luke 6:32-33

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Good afternoon,

My name is Kathryn Wodtke, and I'm a resident and voter in Milwaukee, WI. I'd like to submit the following written testimony in opposition to Assembly Bill 104 which has been proposed in the Wisconsin State Assembly, with a public hearing scheduled for March 12.

I stand firmly opposed to AB104, a ban on gender-affirming care for youth in Wisconsin. This ban poses a direct threat to the lives of transgender youth in our state. Young people in Wisconsin deserve access to the care they need in order to live long, healthy lives and to be themselves. Gender-affirming care is literally life-saving for many Wisconsin youth. The State Assembly has no business legislating the private health care decisions that are made between a young person, their family, and their doctor. The proposed bill comes during an onslaught of anti-trans policies and hatred across the nation. Trans young people are calling mental health and crisis hotlines at record rates, thanks to these dehumanizing attacks. It is shameful that members of our State Assembly are wasting time on bills like these — targeting and scapegoating a small group of Americans — when they could instead be doing their jobs as elected representatives. You were not elected to spew hatred, fuel intolerance, and make life miserable for kids and teens in Wisconsin. Honestly, get a life!

As a constituent I urge every member of the State Assembly to protect health care access for Wisconsin students, uphold the civil rights and safety of trans youth, and vote no to AB104.

Sincerely,
Kat Wodtke

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Abby Frank Taylor | Opposed to AB 104 | March 12, 2025
Dear Representatives,
My name is Abby Frank Taylor, and I am a Wisconsin constituent and resident of Madison, WI 53704. I'm submitting written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing on March 12th.

AB 104 is clearly crafted as a gender-affirming care ban targeting trans youth. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I urge you all to vote against this proposed bill. I have trans family members and friends whose lives were saved by gender-affirming care. I want trans people in our community to have access to the health care that they need to live their healthiest and fullest lives. Care bans like these do not stop trans people from existing, they just put more lives at risk. Trans people exist and will continue to exist, and I expect my legislators to work to support and bolster trans people in our state. They deserve to live robust and fulfilling lives.

To enact this bill is to enact violence upon trans people. As representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB104.

Thank you,
Abby Frank Taylor
Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Theodore Fritsche, I am a Wisconsin constituent and resident of La Crosse. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. It is hard to imagine what one of my best friends would have had to go through if he did not have the care he needed when he was growing up.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives of Wisconsin, I ask that you acknowledge all of the trans people you represent, do not be cowards, do the right thing and in good conscience vote against AB 104.

Sincerely,
Theodore Fritsche

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Esteemed Members of the Committee,

I write to you not only as a concerned citizen of Wisconsin but also as a family physician who has had the privilege of caring for transgender patients, including children and their families. In my practice, I have seen firsthand the profound impact that gender-affirming care has on the well-being of young people, and I am compelled to voice my strong opposition to Assembly Bill 104.

This bill seeks to ban gender-affirming medical care for minors, stripping away crucial, evidence-based care that is often life-saving. Decisions about medical treatment should rest with patients, their families, and the medical professionals who know them best—not politicians. As a physician, I adhere to the guidance of major medical organizations, including the American Medical Association and the American Academy of Pediatrics, which affirm that gender-affirming care is an essential component of comprehensive, evidence-based medical treatment. To disregard this consensus is to ignore both science and the best interests of our youth.

Furthermore, this bill undermines the fundamental rights of parents to make informed, compassionate decisions about their children's health. In my experience working with families navigating these deeply personal medical decisions, I have witnessed the careful consideration and love that parents bring to ensuring the well-being of their children. They do not take these decisions lightly, nor should they be taken away by government overreach.

Beyond the immediate harm to transgender youth and their families, we must also recognize the broader consequences of such legislation. States that have enacted similar bans have seen devastating increases in mental health crises among transgender youth, including higher rates of depression and suicide. Denying young people the care they need does not protect them—it puts them in danger.

Assembly Bill 104 is not about protection; it is about prohibition. It disregards medical expertise, parental rights, and, most importantly, the health and dignity of transgender youth. As a physician, I have a duty to advocate for the well-being of my patients, and I implore you to do the same by rejecting this harmful legislation. Let Wisconsin be a state that champions compassion, understanding, and the fundamental right of every individual to receive the care they need.

Thank you,

Eve Paretsky, MD

03/12/2025

Dear members of Assembly Committee on Health, Aging and Long-Term Care,

I oppose Bill AB104.

I am a member of the queer community and I have grown up surrounded by trans friends and loved ones. I grew up surrounded by trans youth who have always known themselves, and have grown up secure in their trans identity, many of whom also wished they were able to start their transition sooner due to the long-term adverse effects of their hormones not being aligned with their true gender.

I am deeply frustrated by the way in which the bodies of children are being over-legislated without scientific backing on the actual process and procedures that take place to provide gender-affirming care like puberty blockers. It's a long and complicated process, with checks and balances in place as a part of the best practices for doctors who prescribe them. Children should be able to figure out their identity through a network of supportive family members, and doctors who are informed about best practices for gender-affirming care, not a legislating body without true education on the subject or having consulted any parents of trans children to understand the bills that they write. This bill does irreversible harm, harm that is larger and more personal than the abstract platforming and lack of any research that went into its conception. It's horrible that on a national level, we are obstructing public access to research on transgender people that *affirms* these best practices of safe gender affirming care for youth that are reversible in rare cases that it is needed, and that this era of misinformation is also engaging in an onset of baseless attacks on a vulnerable population.

I was at the hearing last week for legislation around children's preferred pronouns in the classroom; I sat in the room for five hours to testify in opposition. Every party who testified in support emphasized "parents rights"; how can this same platform then put forward this clear infringement on the parents of trans youth to seek out lifesaving (truly) care for their children? I beg this committee to stop devoting our time and resources to these harmful bills, and instead promote useful, scientific research on best practices to support trans youth and get them the resources they need. Thank you for your time.

Tina Meister Madison WI 53719

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the Members of the Assembly Committee on Education,

I am writing to oppose bill AB104, a bill restricting the rights of youth gender-affirming care. AGAIN I'm sending this because apparently when HUNDREDS of people showed last week in opposition to these types of bills some members decided to try and go against constituents wishes, again…

I have lived in Wisconsin for 39 years, all my life. I grew up in a small community in southern Wisconsin, attended public K-12 education, graduated from UW-Whitewater, and worked as a public teacher in Madison for ages pre-K through 8th grade for 8 years. Now I support women and Marginalized gendered entrepreneurs by co-founding and leading a state-wide organization called Doyenne. Today, I am speaking on my own behalf as a private citizen and not on behalf of Doyenne.

I strongly oppose these bills because trans children and youth, like all of our children, have the right to a supportive, equal, inclusive, and caring environment free from harassment and discrimination.

The continued attack on trans youth, and all from the LGBTQIA+ community, is deplorable. We have heard testimony at every level of government to explain the steps and time put into working with individuals (youth through adult) seeking any type of gender-affirming care. These decisions are made with many qualified individuals working in conjunction with the youth and their families. It is easier for someone to obtain the illegal drugs you claim to be "protecting" us from than to receive youth gender-affirming care due to already in-place, non-governmental mandated, restrictions and protocols by experts who work in the profession.

We know that the majority of Americans support LGBTQIA+ rights, so why are you continuing to go against constituents beliefs and wishes?

We also know that LGBTQIA+, especially Trans youth, have the highest suicide rates of any population. Is this bill and the consequences of it worth even one child taking their own life when we know the results of passing the bills will affect less than 1% of the total population.

I ask you to reconsider. I ask for you to do the humane and right thing of opposing AB 104.

Sincerely,
Heather W
Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Johnathan Dooley, I am a Wisconsin constituent and resident of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12, 2025.

AB 104 is clearly crafted as a youth trans gender affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. It seems to me that many politicians tend to have very uninformed views about transgender people, such as the idea that gender-affirming care is too accessible and will lead people down a path that isn't right for them. This is most definitely not the case, as transition isn't even something of interest to people who don't need it. Yet, bill AB 104 is predicated on this uninformed view. All AB 104 can do is hurt the trans people who need health care, it doesn't protect anyone.

Trans people have existed, exist now, and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives of Wisconsin, I ask you to acknowledge all of the transgender people you represent, and in good conscience vote against bill AB 104.

Sincerely,
Johnathan Dooleyu

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Brooke Johnson, I am and have been a Wisconsin constituent for over a decade and I am a resident of Sheboygan. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. I and many other transgender residents of this state love to call it home, but in the current climate many feel unsafe to even live here. If AB 104 is made law then thousands of your people will feel that much more unsafe within this state, even if this bill doesn't affect them, we have seen in other states that this would only be the beginning of the anti-trans legislation.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Brooke Johnson

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Kate Hulbert and I live in Madison, WI 53704. I strongly oppose the AB104 Bill. At this time, there are far greater challenges currently facing our state that need to be addressed by the legislature. This bill is out of touch with the needs of transgender youth and their families. We need to create a more supportive space for these individuals, not increase barriers to their well being.
Sincerely,
Kate Hulbert

Amelia Hansen

Regarding the Committee on Health, Aging and Long-Term Care

March 11th, 2025

To all members of the Committee on Health, Aging and Long-Term Care:

My name is Amelia Hansen, and I am a resident of Madison, WI. I've lived in Wisconsin for 26 years and I am a biology graduate student at the University of Wisconsin-Madison. I am testifying to oppose Assembly Bill 104.

Based on the exceptions for intersex and cisgender youth, this bill is clearly targeting and discriminating against transgender youth. As we have seen the 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 clear 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. All these bills will do is isolate and harm a vulnerable community.

I cannot emphasize enough that if passed, this bill will cost lives! My loved ones are here today because they received proper medical care – trans healthcare. 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.

Thank you for reading my testimony, and please oppose Assembly Bill 104.

Sincerely,

Amelia Hansen

(she/her)

Madison, WI 53703

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Charlamagne Peck, I am a Wisconsin constituent and resident of the Village of Waterford. I am submitting a written testimony against Assembly Bill 104 proposed in the Sate Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation. As one of your constituents, I implore you all to vote against this proposed bill. As a trans man who has been transitioning since my youth, gender affirming care was paramount in preserving my mental and physical health. To take it away from the most vulnerable people in our community, our children, would be devastating to the young people of our state.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely, Charlamagne Peck

Jacob Wollinger

Regarding Assembly Bill 104

3/11/25

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

My name is Jacob Wollinger, and I am a resident of Madison. I've lived in Wisconsin for 31 years. I come from a family of farmers, educators, and healthcare workers. I serve Dane County and the surrounding areas as a licensed Marriage & Family Therapist.

My colleagues and I are writing to urge you to vote NO on Assembly Bill 104. As a Wisconsinite, I am opposed to this bill because it is highly oppressive and unnecessary. As a therapist, I oppose this bill because I understand the dire implications of disallowing students from living as their genuine selves. Allowing adequate transitioning of trans youth is one of the most crucial elements in treating them like a human being.

This bill takes the power away from individuals to determine their health care choices and instead prevents necessary medical intervention for thousands of Wisconsinites. The mental health implications of this bill are monstrous. If you pass this bill, our children's blood will be on your hands.

Sincerely,

Jacob Wollinger, LMFT

Laura Wilkinson, LCSW

Rachelle Crabtree MFT Intern

Brooke Allen, LPC

Linda Westphal, LMFT

Janyl Kozelka, LMFT

Shanleigh Bechard, LPC

Genevieve Husak, PC Intern

Dear Representatives,

My name is Sabine Wolter, I am a Wisconsin constituent and resident of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Sabine Wolter, 53211

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I am writing to you to oppose AB104.

I live in Mount Horeb, Wisconsin with my husband, and our non-binary eight-year old child. I volunteer in my community as a Girl Scout troop leader for a group of amazing gender-diverse scouts. I want to begin by saying that gender-affirming care saves lives.

My child, Eleanor (age 8, she/they), told me they were non-binary at the age of six. They've always loved having short, easy-to-style hair, because their scalp is sensitive to brushing. At school, a boy in a lower grade called Eleanor a "boy" and made fun of Eleanor to the point they were in tears. Eleanor came home and told me that they didn't think it was right to be made fun of about a haircut, or that haircuts are unique to one's gender or sex. Since then, Eleanor has been non-binary, to make it easier for other people to get their gender correct.

Youth gender-affirming care is varied and unique to each person that needs it. According to the World Health Organization, gender-affirming care "encompasses a range of social, psychological, behavioral, and medical interventions 'designed to support and affirm an individual's gender identity' when it conflicts with the gender they were assigned at birth. (Association of American Medical Colleges, 2022). It is everything from a haircut for a six year old to puberty blockers for cis-gender children treated for precocious puberty. Gender-affirming care "...decreases depression, anxiety, and suicide attempts...(and is) a medical necessity, like providing insulin to a person with diabetes. (Doctor Katherine Imborek, UI Health Care LGBTQ Clinic, Iowa City, IA)"

Children who do not receive gender-affirming care, or believe they may not receive it, go on to make difficult and sometimes irreversible choices. One such example is that of a 14 year old child in Verona, Wisconsin, who took their own life shortly after coming out to their family as nonbinary. Graciella-Sawyer had been a Girl Scout, and they were in a troop with other scouts I knew in the Verona area. Graciella-Sawyer dealt with bullying about their gender expression, ultimately choosing to take an entire bottle of their prescription medication rather than go on living. Bans on gender-affirming care will only exacerbate problems like these, making youth suicide more common. "In 2022, 48% of (lesbian, bisexual, and gay) students seriously considered suicide, and for trans students, that rate was 53%, four times higher than their peers." (Fox 47, 2023)

It is the duty of the Wisconsin State Assembly to protect Wisconsinites, and especially Wisconsin's youth. Removing youth gender-affirming care will protect no one. It will support no one. Banning care of any type, care that could be as simple as a haircut or as complex as prescribing medication, is too simple an action for such a complex and nuanced level of support for our most vulnerable members of society.

Please help Wisconsin's youth by continuing to support gender-affirming care. We owe them our love and our support.

Thank you,
Allison Martinson
Mount Horeb, 53572

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I oppose Assembly Bill 104 Prohibiting gender transition medical intervention for individuals under 18 years of age

I'm an 81-year-old who has been a conservative all my life. I have managed a large group of people engaged in physical work for several years. I have been engaged with many people of varying backgrounds and have never understood the reason for one person making personal decisions and demands for another person.

The whole issue of transgender people is an issue that it is foolish that I should even have to write a letter to you such as this. WHAT IS YOUR PROBLEM BECAUSE I CERTAINLY CAN'T SEE ONE!! Have any of you actually KNOWN or been close to someone who struggles with their sexuality? A person does not choose to change their gender on a whim or for some idea of gain. It is a personal, emotional, extremely difficult thing to do.

If a person of any age is conflicted, they deserve support and help to get them through it. If a parent or doctor concurs that it is a need for the individual, there should NOT be laws punishing them for doing their professional best to help. There are so many examples of people who have struggled with a psychological need and then denied help to then live a life in pain or worse. We as a FREE society should be there to help not to invoke some sort of law to punish those who DO help. The need can become apparent at any age and if the need is there, and the support mechanisms agree, there should not be additional impediments to their helping.

I DO know people who have struggled at a young age and have been profoundly helped by changing the orientation of what they are. We were all blessed with the attributes in our lives that can help us succeed. We all needed help from others to learn and develop what we are. We only do that by leaning on others and living in a society which allows us to grow. The Lord MADE us but that does NOT mean using ONE thing to define us – whether we have breasts or a penis. We use the brain that the good Lord gave us and HE made and allows us to become that people we need to be.

Please do not impede the people who need help from getting that help. Please do not enact a law which disallows parents and doctors to make decisions which are in their understanding and training to make. The number of people which this affects is not worthy of the time spent making another law to restrict freedoms. These are not some wild-eyed people who are defying the norm for some weird reason....they are people struggling with something that restricts their ability feel whole and to integrate themselves into society.

Please do not pass 2025 AB Bill 104

Sincerely
Dan Bartel
Sun Prairie, Wi 53590

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear committee,

My name is Nicole Hawkins and I live at 341 6th st. In Fond du Lac WI.

I STRONGLY oppose AB104 and think that republicans need to stop attacking trans and non-binary youth's right to exist. I support gender affirming care for all, not only because we need to allow people the freedom to be who they are, but also because gender affirming care is suicide prevention. If you love and care about America's youth, then oppose AB104.

Nicole Hawkins

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Bis Mishra and I am a constituent and Wisconsin native. I am from Milwaukee, WI and live in Madison, WI for school. I am submitting a written testimony against AB104 proposed in the state assembly with a hearing on March 12th.

AB 104 is nothing more than a political stunt to gain support at the detriment of a marginalized group. You cannot call yourself a representative and claim to speak for the people when you are actively hurting them.

I am a minority within a minority in the field of engineering. In general I find most of the engineers to be courteous and kind individuals. However, there's always a distinct disconnect in their experiences and mine. They cannot understand the struggle of fitting in and feeling left out. At worst, these people actively ignore my needs and even create a hostile environment. That being said, many have taken to reevaluating their biases and understanding of the world to better accommodate others. This should be done out of simple courtesy and decorum. Even with that, it works to our advantage. Innovation comes about when a diverse set of perspectives work to solve a problem. Smartphones existed long before Apple came out with the iPhone. It was Steve Jobs new perspective and marketing that brought it to prominence. In my design project, I need to consider the perspective of people who aren't engineers. The circuit be protected from damage, any moving mechanisms must have shrouds to protect users, and the output must be easy for people to understand. The only way I can successfully do that is by talking to the users themselves. It wouldn't make sense to talk to other engineers, especially the ones who will insist that "the user can figure it out". Why is the legislature insisting on creating harmful legislation based on the demands of those who have no stake or expertise on the issue? Gender-affirming care is lifesaving. There's testimony from doctors, parents, and the children themselves. There is an incredibly low regret rate and is demonstrably safe. If you are a sponsor of this bill, why do you insist on pushing this agenda if it isn't for nefarious purposes? There is no shame in not understanding something. I wasn't born with an inherent understanding of quantum mechanics nor of the gender spectrum. I don't fault the ignorant. I do fault those who double down on it and uses it to cause harm. In job interviews for recent graduates, those who claim to know more than they do are often easily filtered out first.

There is great harm in enacting this bill. Lives will be ruined and intolerance will grow. Do not feed into this. If you truly speak for the people, please oppose this bill.

Sincerely,

Bis Mishra

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the committee.

I oppose bill number AB 104.

My name is Ashley Annis and I'm a birth and postpartum doula and sexuality educator, and resident of Madison, WI. I am writing to oppose bill number AB 104 so that trans youth can access the healthcare they need.

As a sex educator I know that ALL bodies start off exactly the same for the first 6-7 weeks in utero—we all start with exactly the same parts (that's why people assigned male at birth also have nipples!). Then, around week 7, depending on what hormones your body makes, or how your body responds to those hormones, or what chromosomes you have differentiation starts to occur in the genitals—but even then some people are intersex, not falling "neatly" into either "male" or "female" categories. We are actually all more alike than we are different, and it's not necessary to confine people to these made up boxes, especially when it is so damaging for mental and emotional health.

It is important to me to write this letter because our youth don't deserve this kind of discrimination. Please oppose this bill and stop creating more harm for these kids, their families, and our community.

Thank you so much for your time.

Ashley Annis, Madison, 53704

Dear committee members

My name is Ash, I'm a resident of Madison and I am writing in to oppose AB104.

I've lived in Wisconsin my whole life and I truly love this state, which is why I must write in to oppose this bill. Trans youth are just as much apart of Wisconsin as anyone else and are worthy of respect. The state legislation should have no place denying life saving healthcare to children.

Gender affirming care is so hard to come by in Wisconsin as it is, even for adults. I've personally had family move out of state to receive it. As much as it saddens me to have them leave, Id rather them be around to visit than the alternative, them not being around at all.

I please ask you to stand up for trans youth in Wisconsin. Oppose AB104. Thank you for your time.

Ash 53719

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Amber Segura, and I am a Wisconsin constituent and resident of Racine. I am submitting this written testimony in strong opposition to Assembly Bill 104, which is scheduled for a hearing on March 12th.

Assembly Bill 104 is, without a doubt, a ban on youth transgender-affirming care. At a time when anti-transgender legislation is sweeping across the United States, bills like this only serve to further alienate transgender individuals and foster a climate of fear instead of acceptance and understanding.

As one of your constituents, I urge you to vote against this harmful bill. I am the mother of a transgender son, and I fear that this legislation will cause him to fall into a deep depression once again. He has made tremendous progress in becoming his authentic self. He has gone from being withdrawn, struggling with his grades, and facing immense emotional distress, to now being confident, outgoing, and excelling in school. He is now earning A's and B's and is actively involved in choir and theater. Gender-affirming care has truly saved my son's life.

Transgender people exist, and they will continue to exist. Passing this bill would not only hurt trans individuals but also perpetuate violence against them. As the representatives of Wisconsin, I ask you to recognize the transgender individuals you represent and, in good conscience, vote against Assembly Bill 104.

Thank you for your time.

Sincerely,

Amber Segura

Racine, WI 53405

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Members of the Committee,

I strongly oppose Bill AB 104.

My name is Kate Kishline from Milwaukee, Wisconsin. I am testifying against legislation that would deny transgender youth access to best-practice, gender-affirming care and would inappropriately insert politicians into private medical decisions that rightfully belong between patients, their families, and healthcare providers.

Medical decisions are deeply personal and should be guided by medical expertise, not political agendas. Healthcare for transgender youth follows established medical protocols developed by major medical associations and is supported by decades of research showing its life-saving benefits. When politicians interfere with these evidence-based treatments, they place vulnerable young people at significant risk.

I firmly believe our legislative focus should address pressing issues like economic inequality, education, and healthcare access for all Wisconsinites—not restricting essential medical care for a marginalized group. Denying transgender youth access to appropriate healthcare doesn't protect them; it causes documented harm through increased rates of depression, anxiety, and suicidal ideation.

This bill represents government overreach at its worst—prioritizing political ideology over medical expertise and family autonomy. I urge you to reject this harmful legislation and instead work to ensure all Wisconsin youth have access to the healthcare they need to thrive.

Thank you for your time and consideration.

Sincerely,

Kate Kishline
Milwaukee, WI 53211

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Tammy Finley, I am a Wisconsin constituent and resident of Racine. I am submitting a written testimony against Assembly Bill 104 proposed in the Sate Assembly, with a hearing meeting on March 12th. AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation. As one of your constituents, I implore you all to vote against this proposed bill.

My grandson is a trans patient receiving reaffirming treatment at children's hospital in Milwaukee. He started out at an inpatient facility after a failed suicide attempt. He was bullied and treated very badly because he did not fit in with other girls. Though many hours of therapy , tears by us his family because he was hurting and we could not help him. As a family we made a decision to have him talk with the doctors /therapists and to decide if he was able to be approved for testosterone shots to stop him from developing a women's breast, periods and developing as a female. He was approve has started to look and feel much better about his body. His body is finally looking and sounding like his own. He is thriving in school music/ Choir , band, and theatre to Alex has qualified for state in a few competitions . He is a very happy loving kid and he is far from being in a very , very dark place. Kids like Alex are not forced or pressured into taking drugs to alter their bodies. This is a family discussion and a decision that was made for his mental health, his future and has given us hope for his happiness . This child who will be 16 is thriving and is feeling really good about his body and who he is. The Doctors that treat adolescents who want to be a different gender (a boy or a girl) are physicians that show extraordinary kindness and compassion to all of these kids and their families . These kids are not weird or evil they are real life kids who just want to fit in. Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Tammy Finley

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of Assembly Committee on Health, Aging, and Long-Term Care,

I strongly oppose AB104, as its passage will critically endanger the lives of youth in our communities.

Growing up queer in rural Wisconsin, I faced many challenges in the process of becoming comfortable with my identity. While I didn't start gender-affirming care until recently as an adult, I saw firsthand how important it was in the lives of my friends who began transitioning in their youth. Now I am seeing the positive effects that gender-affirming care has on my own life; my mental health has improved and I'm able to contribute more fully to my community than ever.

Allowing young people to access gender-affirming care is helpful, not harmful, to their long-term health, as it greatly improves mental health outcomes and has very few negative consequences. Denying trans youth the ability to live freely only increases suicidality in an already vulnerable population, and any argument to the contrary is based in outdated fictions. The moral outcry surrounding trans people and youth in particular far outweighs the reality of the situation, which is that very few who start gender-affirming care regret it.

Gender-affirming care is restricted enough as it is, with strict rules to confirm that those seeking it are confident in their decision. As someone benefiting from its positive impacts now, I urge you not to give into the negative ideas spread about this issue.

Thank you for your time,
Gale Sharp
Madison WI 53715

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Committee Members,

I first thank you for your service to the citizens of Wisconsin and for considering my and others' testimony regarding AB104. I am a Minister leading a congregation in the beautiful city of Brookfield, Wisconsin. I serve a diverse congregation here that is committed to the values of justice, equity, inclusion, and community care. We are guided by the great force of love to seek to build a world in which all people can flourish. All people, no exceptions.

My life has been immeasurably enriched by the wonderful trans people I am fortunate to know. Like everyone else, each beloved trans person brings to their community their unique gifts, talents, and perspectives. Like everyone else, each beloved trans person has the right to self-determination in their identity and their body.

AB104 would restrict access to long-established health care that is supported by all major medical associations. It would restrict access to health care that is proven to save lives. It would restrict access to health care that individuals and families depend on in order to live their lives as they see fit.

I urge you to support all Wisconsinites and their right to long-established, life-saving medical care, as you vote down this cruel and harmful law.

Respectfully and with gratitude,
Rev. Jill Braithwaite

Rev. Jill Braithwaite (she/her)

Minister

Unitarian Universalist Church West

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Hello,

My name is Dr. Vincent Wartenweiler, I am a Wisconsin constituent and resident of Madison, WI in Dane County. I am submiting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12, 2025.

Since 2017, I have worked in various community pharmacies in Madison, first as a technician and now as a licensed pharmacist. I have seen firsthand how gender-affirming care and trans healthcare positively impact the people of this state. As one of your constituents, I implore you all to vote against this proposed bill.

AB 104 is clearly crafted as a
gender affirming care ban against trans youth. These bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people by creating a climate of fear rather than inclusion.

Trans people have existed, exist now,
and will continue to exist. To enact
this bill is to enact violence upon trans
people. As Representatives of
Wisconsin, I ask you to acknowledge all
of the transgender people you represent, and vote in good conscience against AB 104.

Sincerely,
Vincent M. Wartenweiler, PharmD, MS (he/she/they)

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Karen Havey. I am a Wisconsin constituent and resident of Pewaukee, Wisconsin. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth transgender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do absolutely nothing but alienate and target transgender people. People who would like nothing more than to just exist in peace without fear.

As one of your constituents, I implore you all to vote against this proposed bill. I have a trans child who simply wants to be. Never in my lifetime did I think I would have to fight for issues to ensure the safety and fair treatment of my child; issues that are completely contradictory to our constitution.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As representatives in Wisconsin, I ask that you acknowledge ALL people, but especially the trans community you represent, and in good faith and conscience vote against AB 104.

Sincerely,

Karen Havey

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear esteemed members of the Assembly,

I am writing as a concerned member of the public writing to oppose bill AB 104.

I believe that this is an example of government over reach and is a decision that should be left for families and the caregivers responsible for their care and well being. This population needs more help for these minors to help them navigate this confusing time of their lives not laws that limit their access to these helpful caregivers. These important experts do not need their access limited, if anything we need these professionals to have more availability. This can be such a stressful and confusing time for young people and to take away all access to the healthcare that they need can be critical for their mental health and overall well being.

In conclusion, Assembly Bill 104 is not a protective measure; it is a punitive one. It disregards medical expertise, parental rights, and, most importantly, the health and dignity of our youth. I implore you to reject this bill and to stand on the right side of history—one that champions compassion, understanding, and the fundamental rights of all individuals.
Sincerely,
Terri Mason
McFarland, WI 53558

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Irene Rauwald, living in Sun Prairie, WI 53590.

I completely want to express stopping bill AB104 which prevents transgender people from getting needed health care. This is totally unjust, stopping anyone from getting needed health care. Let us stop this persecution of a group of people that just want to live as anyone else.

Legislators are overreaching in healthcare. The government should not mandate or interfere with medical care decisions. Health care, especially regarding personal and sensitive matters, is a deeply individual choice that should be guided by medical professionals in collaboration with the patient. Policy decisions should prioritize patient autonomy, informed consent, and the expertise of healthcare providers, rather than imposing restrictions that could undermine access to necessary and appropriate care.

Sincerely,
Irene Rauwald

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I oppose AB 104. This legislation would deny transgender youth the ability to access best practice gender-affirming care and allowed politicians to insert themselves into private medical decisions that should be between youth, their parents, and their doctors.

Personal background: My name is Liz Charewicz. I am a mom, full time employee, community volunteer and leader, and engaged parent living in Franklin, Wisconsin. Professionally, I work at Johnson Controls, Inc. and volunteer at the company's LGBT business resource group to promote outreach. I also have volunteered in my community through scouting, local faith groups and on a nonprofit community board. My biggest brag is that I have two sons and one of them happens to be transgender. My son who is transgender identifies as a boy. Banning gender affirming care will destroy him. Please do not hurt him or other kids in the same boat.

Importance of gender affirming care: Please know and trust that parents of children with transgender youth, like me, are usually very engaged, competent, and involved with their family's care. You do not need to understand all the details of my child's journey and how a family could "allow" their child to be trans; however, it is your job as a public servant to accept that your constituents are able to make the best decisions for their kids.

If you knew my family or my son, you would quickly realize that he is who he is--period. I am trying to be careful to protect his story so I will not write full details; however, you should know that I (like most parents) have done my due diligence and then some to confirm that my son is not "making things up." The truth always comes out and it is my job as his parent to honor his truth. For kids like my son, there is no other choice. Hiding their identity only stifles their potential and can lead to risks tied to self-harm.

Healthcare providers' role: Healthcare providers have been hypervigilant by making sure my son has constant checkpoints to see if he has changed his mind, leaned in a different direction and or is going in a phase. I think there is a myth that medical providers push gender affirming care. There is intense protocol and decision gates throughout a child's care to make sure that nothing is being imposed, and that questions and concerns are fully shared between the child, family and care team. I hope that lawmakers leave medical care to the professionals and not overreach. Banning gender affirming care in Wisconsin will only make my family and I have to relocate to another state that supports my son. Please don't make me have to uproot my family. I am a WI born and raised.

Opposition to AB 104: My husband who supports my son has conflicting views on gender identity and gender affirming care, yet he knows how lifesaving it is for my son. He does not "get" it for himself but fully accepts my son for who is and honors his right to access care. Banning gender affirming care undermines the professional training of healthcare professionals, decades of medical research, and the right of parents to raise their children. I don't understand why this committee is focusing taxpayer dollars on hateful legislation that impacts a small portion of the population (approx. 1%). As a parent, I would love to see a committee evaluate more productive legislation helping kids to thrive.

As a parent, I urge you to consider the profound impact that AB 104 would have on transgender youth and their families. Reject AB 104 and stand with families like mine in protecting the rights and well-being of transgender youth.

Thank you for your time and consideration.

Liz Charewicz

3909 W. Heatheridge Dr.

Franklin, WI 53132

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the Assembly Committee on Health, Aging, & Long-Term Care,

I am writing because I oppose the Youth Gender-Affirming Care Ban (AB104).

I am a mother, public school mental health educator, and ally to the LGBTQIA+ population. I have worked as a school counselor for 18 years in Dane County schools, and have been a board member for a local PFLAG organization for several years. Medical decisions should be made between doctors, and their patients. Politics should not determine how a medical doctor cares for their patients, nor should a patient be at the mercy of politicians. Banning gender-affirming care is the best way to let trans people know that their livelihood is not as important, or as valued, as their cisgender peers.

Threats being made to their federal funding have caused medical teams to suspend the care of their patients. A doctor should not be coerced into not treating their patients using evidence-based best practices because of politicians. When trans patients are denied gender-affirming care, they are placed at a higher risk of suicide due to the mistreatment, and stigmatization by others, as has been found in numerous studies, one of which completed recently by the Trevor Project. This study showed that states that passed anti-transgender laws aimed at minors saw suicide attempts by trans and gender nonconforming adolescents increase by as much as 72% in the following years.

A vote against gender-affirming care means one of two things: you either believe that trans children do not exist, or you hold in high regard that trans children do not deserve to exist. What an odious message to send to our Wisconsin children, and their families. Oppose bill AB104. A vote to oppose this bill will indeed save lives.

Thank you,

Brooke Running

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Good afternoon. I heard about this bill being debated tomorrow and wanted to share some of my experience as someone who began GAHRT as an adult. I strongly oppose AB 104.
While this is rare for an adult, I am on puberty blockers as part of my transition. I also take testosterone. This combination of medications has drastically improved my self-image and mental health. I remember as a pre-teen feeling disgusted by the changes my body was going through. I was always told I would grow out of it or that such feelings were normal for people starting puberty. Well, I never grew out of it. Access to a therapist educated about transgender individuals would have made a huge difference in my life, because as soon as I heard about being non-binary or genderless I knew that was me. If I had found out as a pre-teen and been able to go on puberty blockers and later testosterone, it would have saved me from having to go through many distressing physical changes. I struggled with suicidal ideation all through my teen years and was even briefly hospitalized for mental health concern. My cycles of self-loathing, culminating in "Why am I even alive?" have completely stopped now that I am on hormone therapy. Having access to this as a teen would have made my youth so much happier and allowed me to be much more successful.
I also want to challenge the notion that young people say they are transgender for attention, or transition on a whim. I remember being a teenager. Any non-conformity is punished severely by "normal" peers. I was teased and harassed for everything you could think of, especially being queer. I can't imagine this attitude has gone away in the 10 years I have been out of school. For you representatives of red districts, you must know that the children in your schools will largely mimic the views of their parents and demonize trans people as you have. Why then, would a child choose to transition, knowing that they will be verbally, physically, or even sexually harassed for this decision? They would only do so if they truly believed that it would make a positive difference in their life. Needing letters of readiness from therapists and allowing prescription only by qualified physicians are the only guardrails we need to keep unsure or unserious minors from accessing this care.
If you truly care about the well-being of children, you will vote no on this amendment and allow minors to continue accessing gender-affirming care.
--Sorrel Kiffel (legally known as Emma Kiffel), Madison WI

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

My name is Claire Hoppe, I am a resident of Madison, WI, 53715 and I oppose the bill AB104. I am writing to ask you to vote NO on AB104. I am a 2nd year History major at UW-Madison as well as a longtime resident of Wisconsin. I am also a sister and aunt of two wonderful trans people, along with a friend of many wonderful trans students at UW-Madison and back at my Wisconsin High School. While many of the trans people I know are adults, one of them is not, my sister's child. They are the sweetest little 8-year-old I have ever known, they do what they love to the fullest, something I will always admire. I want to ensure they get to keep being their amazing self in the way they and their family choose. This may end up including starting puberty blockers once puberty begins for them. I am so glad to live in a state where I know that they, their family, and their doctor will have the ability to give gender-affirming care to them, care that is approved by every major medical association in the US. This bill threatens that future, even though gender-affirming care is both safe and life-saving. My sister's kid and all trans people deserve the freedom to be themselves, and this bill threatens to limit that freedom of choice.

I remember when my sister came out as trans. I was so glad to see that she finally felt safe to come out to me, and I was so excited to do what I could to support her. I did many things to help her along, but nothing could compare to the life-saving help that gender-affirming care provided her. It was magical to see how the care helped her become her best and fullest self. I hope for others to have that same opportunity in the future, and I hope that you are also able to help protect that future by opposing AB104. We must protect trans kids, they are counting on us.

Best,

Claire Hoppe

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the Health, Aging, and Long-Term Care Committee:

I oppose Bill number AB104

I am Christina Hickey. I am a 57 year-old mother and grandmother. My oldest child, Alex, is a transgender woman who also lives in Wisconsin with her wife and my two beautiful grandchildren.

Alex had serious clinically diagnosed depression his entire adolescence and early adulthood. Her father and I asked lots of questions and tried to get Alex help with her depression with therapists and counselors. But by the time Alex was in her early 20's, we feared we would lose her to suicide. We didn't know that Alex was transgender because Alex felt, based on peer pressure and societal prejudice, that there was something wrong with her for feeling that she was in the wrong body. When Alex finally got the courage, through her incredibly supportive spouse, to say her truth out loud, she blossomed into the amazing parent, neighbor, daughter, and friend that she is today.

I am testifying today because too many young persons are choosing suicide or self-harm over living their truth because of overwhelming hate speech from our political leaders. The Trevor Project reported in September, 2024, that suicidal ideation has increased 72% in transgender and non-binary youth since the proliferation of anti-trans legislation across the United States. The suicide rate of our transgender youth is more than two times higher than this for heterosexual youth.

Not to mention, the de-transition rate of transgender persons is just under 1% - compared to that to 15% of people who regret a knee replacement or 18% who regret a nose job! These children deserve our love and support, not oppression, stigma, and shame.

Thank you for your time. I appreciate your considering this matter as I do - as a parent who wants to support your child, no matter who they are.

Christina Hickey

Ephraim, WI 54211

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Sadee Sawdy, I am a Wisconsin constituent and resident of Greendale, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the Sate Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. Without access to gender-affirming care, thousands of young lives are at risk. Just last month, a young transgender person in Oconomowoc died by suicide after enduring persistent invalidation of their identity. Denying the existence of transgender youth does not make them disappear; rather, it forces them to internalize years of trauma, leading to severe mental health struggles in adulthood. When we fail to affirm and support transgender youth, we create a generation of individuals burdened by distrust, pain, and alienation. We must stop sending the message that their lives are less valuable than others'.

Gender-affirming care is far more comprehensive than just surgical interventions. It includes mental health support, social affirmation, and medical care tailored to each individual's needs. Broad, sweeping laws that restrict access to such care are deeply harmful and fail to recognize the complexities of gender identity and healthcare.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.
Thank you for your time and consideration of this urgent matter. Please remember that real lives are at stake, and your decision will have lasting consequences on the well-being of transgender youth across Wisconsin.

Sincerely, Sadee Sawdy

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is John Gardner. I am a Wisconsin constituent and resident of Verona, Wisconsin. I am submitting testimony against Assembly Bill 104 proposed in the Wisconsin State Assembly, with a hearing scheduled for March 12, 2025.

As you all know, AB 104 is nothing more than a ban on gender-affirming care for trans youth. Neither of my children identify as trans but I am a close family friend of a family with a trans child, who has been close friends with my youngest child for the majority of her life. Contrary to a number of the mistruths I have seen advanced in favor of these bans, the fact that the child identifies as trans is not some passing fancy or phase that she will grow out of. It is who she is and always has been. That fact has been clear for at least 5 or 6 years now. Taking away the ability of this child to go through with medical care recommended by her doctors, and with the full support of her parents and extended family, is immoral and wrong. I am sure you have seen the statistics – bans on gender-affirming care lead to a significant increase in suicidal thoughts/actual suicides in impacted trans youths and, short of that outcome, can lead to severe depression. Put simply, passing this law would amount to government-sanctioned child abuse.

I have always thought that one of the special things about Wisconsin is the effort its people have made, through the state government, to protect those weakest amongst us. Obviously, when talking about trans youth, we are talking about a very small number of people. That said, this law would significantly worsen the lives of those kids and their families, and would do so without any legitimate justification. Passing this law would go directly against Wisconsin's history and, I believe, put an unnecessary stain on the State.

As one of your constituents, I ask you to please be better than this. Please vote against this law.

Trans people exist and will continue to exist. They should not be forced into the dark, or forced to live their lives in a way they do not want to.

Thank you,

John Gardner

John C. Gardner

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of Assembly Committee on Health, Aging, and Long-Term Care,

I oppose bill AB104.

If you drafted this bill, congratulations, you identify with the gender you were assigned at birth. This isn't the case for some people and they work with medical professionals to determine the best treatment for their wellbeing.

It's been a long time since I was a minor, but when I was, I had horrible acne. It caused depression, social isolation, and lowered my self esteem. What did I do about it? Did I reach out to my state representative? No, of course not, what would a government representative have to do with my treatment? I went to a doctor that specializes in treating my acne, got a prescription, and carried on with my life.

Being treated for gender dysphoria should be the same route. Meet with a doctor, they decide what the best course of treatment is, and let that person, even a minor, carry on with their lives.

If the authors of this bill were really focused on the health and wellbeing of the children in our fine state, might I recommend looking into banning assault weapons, establishing Red Flag laws, expanding access to mental health professionals.

Respectfully,

Jason Goyette
Cedarburg WI 53012

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the members of the Assembly Health Committee,

We urge you to vote No on Assembly Bill 104 (prohibiting gender transition medical intervention for individuals under 18 years of age).

Gender affirming care should be the patient's, their parent's, their doctors' realm. What happened to the hippocratic oath to "do no harm" and patient confidentiality? Research shows that gender affirming care saves lives. Apparently the Wisconsin state republican assembly members are less concerned about saving lives than voting on a bill used as a wedge issue that will harm trangender youth. This is shameful. Just introducing this bill will cause harm. Our transgender youth should be supported! Their lives shouldn't be used as a political tool. Many of the medications that this bill seeks to prohibit would continue to be prescribed freely as long as they are not being prescribed to a transgender person for gender-affirming care.

Surely there are more pressing health issues (funding levels, nursing shortage, lack of rural hospital care, lack of overall health care, etc.) than this bill in search of a problem. We don't think it makes sense since almost 5% of the 2025 bills introduced so far in the assembly target trans youth.

Thank you for your time,

Tim and Mary Ellen Schmit

Madison, WI 53711

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I oppose Bill Number AB 104.

I am a parent of a teenager who is transgender. We live in Door County. In our area, there is no medical provider who can help my daughter with the medical needs that she has, so we have to travel 8 hours round trip just to get care. This is extremely limiting and costly for us; I miss a whole day of work and she misses an entire day of school.

But I can't imagine what would happen if we didn't have access to her healthcare needs at all, which is what AB104 would do. Her gender dysphoria has been a part of her life since she was 1 year old; this corresponds with the time that she was able to express full thoughts. We have been in contact with a medical provider for over 10 years. I don't need to give you all the details because quite frankly, this is none of your business. These private details are between her and her doctor.

And that is where I struggle. In order to convince you that this is indeed lifesaving medical care, I've already given up a sense of privacy for my daughter and my family. And I've hardly given you any details at all. The only way for you to really understand what a person who is transgender goes through in our society, you would have to know much more than the very general details I've already shared. You would have to hear stories of feelings shared between parent and daughter, between doctor and patient and her caregivers; you would have to hear stories of how people in our small town treat our family and how we have been the victims of online abuse many times all because my family affirms what is very true for my daughter--what has always been true for her.

Why should I have to give you those most personal stories from my life and the life of my daughter because you feel like you know better than I do about my daughter who has lived in my house for over 14 years? I am the person who knows all those stories about her and because of that, I know I am making the best decision for my daughter's healthcare.

AB 104 would take away the life saving medical care that my daughter deserves. Do you question the parent who makes decisions about her child's cancer treatment or diabetes? Just like a parent who has a child with a different life threatening condition has the right to choose that treatment for her child, I, too, should have access to the best medical treatment for my daughter's medical situation.

Parents of transgender children should have the same parental control as any other parent does when it comes to making healthcare decisions; please do not advance this bill any further. My daughter's life depends on her parents being able to make the best medical choices for her and her health.

Thank you for your time.

Anna Knapp

11877 Grasse Lane

Ellison Bay, WI 54210

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Hello, My name is Frankie Benjamin and I am a resident of Eau Claire. I am 32 years old and I have lived in Wisconsin for my entire life. I am writing to express my opposition to AB104. I am opposed to this bill because 1) I believe it to be discriminatory, 2) I believe that healthcare decisions should be made between patients, parents, and medical providers, and 3) I feel it is a distraction from the real issues that people are facing today.

I also happen to be transgender and I have found the recent trend to target and scapegoat trans people to be distressing. You are claiming to care about people's well being, but all you are doing is causing serious harm to the mental health of trans people, myself included. All I want to do is live a normal life, yet politicians won't mind their own business and leave me alone. Although I am an adult, I worry that AB104 would set a dangerous precedent to limit gender-affirming care for people of all ages. My healthcare decisions are no one else's business, that is between me and my doctor. That being said, gender affirming care has greatly raised my quality of life.

I ask that instead of bullying transgender children through AB101, AB103, and AB104, you create legislation to actually help and support children and other people struggling in Wisconsin. Public schools and children need funding and support, not bigotry and distractions.
This discriminatory period in American politics will be looked at in future history classes with shame and disgust. Thank you for your time, Frankie Benjamin

Eau Claire, WI 54703

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Carla Hoffman. I am a Wisconsin constituent and resident of Stoughton, Wisconsin. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. Trans people deserve to be loved and respected for who they are and deserve gender-affirming care to keep them healthy as human beings. All people should receive the care they need to live their best lives.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people that you represent, and in good conscience vote against AB 104.

Sincerely,
Carla Hoffman

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the Committee on Health, Aging, and Long-Term Care,

My name is Dana Dahhan, and I have been a resident of Dane County for 9 years. I am writing to express my firm opposition to Assembly Bill 104. 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 an a parent's right to make medical decisions for their children in consultation with medical professionals.

The language of Assembly Bill 104 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 104 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

Madison, WI 53703

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am a nonbinary public health epidemiologist with over a decade of experience in human biology, public health, and health equity. I am writing to express my strong opposition to Assembly Bill 104, a malicious bill to prohibit gender-affirming medical interventions for individuals under 18 years of age.

Every single major medical organization, including the American Academy of Pediatrics, the American Medical Association, and the American Psychiatric Association, supports the provision of age-appropriate, gender-affirming care for transgender and non-binary people. These organizations represent millions of doctors, researchers, and mental health professionals in the United States. Gender-affirming care has always existed and isn't a new phenomenon. Gender-affirming care and trans people will always exist (regardless of how you try to legislate it away).

When legislators attempt to regulate who can access gender-affirming care, they are inserting political beliefs into private and personal conversations between parents and their children, and patients and their doctors. These laws are not about safety — as the safety and efficacy of gender-affirming care for transgender and non-binary youth and adults is clear. Instead, in ignoring a wealth of scientific evidence and overwhelming support from the medical community, these legislators are attempting to enshrine discrimination into law. Rather than protecting kids, these laws prevent parents and young people from making informed medical decisions, and doctors and health care providers from providing best-practice care to their patients.

You have the opportunity to stand on the right side of history and defend trans lives. Oppose AB 104 and the next insipid anti-trans bill that lands on your desks.

Thank you for your time and attention.

Sincerely,
Mx. Emile Gunovich, MPH
Madison, WI 53711

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Charlie Forster. I'm a resident of Middleton and a Wisconsin constituent for the past 3 years. I am submitting a written testimony against Assembly Bill 104 proposed in the state assembly, with a hearing meeting on March 12.

AB104 is clearly crafted as a trans youth gender-affirming care ban, coming at a time of unprecedented anti-trans legislation proposals all across the US. These proposals only increase fear and distrust in our communities and further the alienation of our queer and transgender community members.

As one of your constituents, I implore you to vote against AB104. As a queer person myself with young transgender family members, I've seen the harm that these types of laws can enact. I've also seen the positive outcomes of legislation promoting inclusion and acceptance rather than fear and discrimination. Everyone wins when marginalized groups are lifted up, and all of our youth deserve the support of their community as they grow into who they are.

Transgender people exist in and are vital to our Wisconsin communities. To vote for this bill is to enact violence and harm upon our young trans people. As Representatives of these communities, I urge you to acknowledge the queer and trans people you represent, and in good conscience to vote against AB104.

Thank you for your time and your service.

Sincerely,

Charlie Forster

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the on Health, Aging, and Long Term Care,

My name is Rose Melton (Milwaukee 53211) and I oppose Bill AB104.

I am a friend to many trans adults, some of whom are alive today because of the opportunity to medically transition. I support the right of parents/guardians to work with their children and health care providers to decide what is medically best for each individual. Gender affirming care saves lives, and I believe this anti-trans bill will cause harm to Wisconsin's kids and the people who love them.

I feel the need to testify to protect trans kids and the medical professionals who take care of all of us. According to the Medical College of Wisconsin (Wilkins 2024), "The shortage of primary care physicians in Wisconsin is acute. A report published in 2018 by the Wisconsin Council on Medical Education and Workforce found that there would be a shortfall of 745 primary care doctors in the state by 2035, at which time about 40 percent of family doctors are expected to retire." Punishing care providers who work with trans youth by taking away their certifications will exacerbate our state's existing physician and medical professional shortage, which threatens all Wisconsin residents. Even if physicians abide by the requirements, this bill will deter health care providers from working i Wisconsin. In particular, the state's aging population, which requires increasing levels of care, would be harmed by this bill.

Increased public and political support for trans people (youth and adults) will help people be healthy, happy, and contribute in their communities. Full support of trans Wisconsinites will strengthen the state and all of its people.

Thank you for your time and thoughtful consideration.

Rose Melton

Milwaukee 53211

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I oppose AB 104 and you should too.

My name is Serena Wolfe and I have been a Madisonian for almost my entire life. AB 104 would cruelly deny transgender youth the ability to access best practice gender-affirming care. As someone who has worked in the healthcare sector, I can attest that this care is life-saving and has the power to improve the health and mental well-being of these kids, a population that is already highly at risk for suicide.

There is evidence that up 86% of transgender youth already experience suicidal ideation, and a study by The Trevor Project shows that anti-transgender laws can lead to a 72% increase in suicide attempts among this youth population. How can these laws be protecting our children, when they are driving them to self harm?

Access to appropriate healthcare is a basic human right, and by excluding trans kids from this right you are denying them their humanity. Please be better than this.

Thank you for your time,

Serena Wolfe
Madison, WI 53704

To the Members of the Committee,

I am writing to oppose bill AB104, a proposed ban on gender affirming care for trans youth.

While I'm unable to be there in person today, my wife and I have both testified in the past against similar bills that were proposed. I have lived in Wisconsin for 27 years and am writing on my own behalf as a private citizen.

I strongly oppose this bill because trans youth have the right to private healthcare that is free from harassment, discrimination, and the interference of politicians. Trans youth are a vulnerable community of people who are deserving of our protection and support. And like the rest of us, they deserve healthcare that enables them to live full and fulfilling lives.

Passage of this bill 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 community.

My appeal is simple: from one parent to another, I ask that you respect a family's private healthcare decisions and please vote against Assembly Bill 104.

Thank you.

Sincerely,
Ashley Green

Mount Horeb, WI 53572

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I oppose AB104. I am in support of youth gender-affirming care. I am in support of the health and wellbeing of our youth. I am in support of loving our youth and providing them with safety. Bans on youth gender-affirming care cause harm and are rooted in hate. Please help us build an accepting and safe community and reject any bans on gender-affirming care.

Hayley McNeill
Milwaukee 53207

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Carly Klein, and I am a resident of Milwaukee, Wisconsin (ZIP 53211). I am writing to express my strong opposition to AB104 and to urge the committee to vote against this harmful bill.

Gender-affirming care is essential, evidence-based healthcare that provides critical support for transgender and nonbinary individuals, particularly youth. Research has consistently shown that access to gender-affirming care significantly reduces rates of depression, anxiety, and suicide among transgender young people. By restricting or banning this care, AB104 would place vulnerable youth at even greater risk, denying them the medical support they need to live safe, healthy, and fulfilling lives.

Every person deserves access to the healthcare that best supports their well-being, and medical decisions should be made between patients, their families, and healthcare professionals—not dictated by politics. Denying gender-affirming care does not protect youth; rather, it puts them in danger by increasing the likelihood of mental health struggles, self-harm, and suicide. Wisconsin should be a state that values the dignity and autonomy of all its residents, ensuring they have access to the care they need.

I urge you to reject AB104 and instead support policies that protect the health and well-being of all Wisconsin youth. Thank you for your time and consideration.

Sincerely,

Carly Klein

Milwaukee, WI (53211)

My name is the Rev. Dr. Christopher Ross, my pronouns are *he/him/his*, and I serve as pastor of First Congregational United Church of Christ of Watertown.

Many of you claim to espouse Christian affiliation of some sort, and much of the rhetoric regarding anti-trans legislation is grounded in biblical language.

So, let me call to mind one of the most powerful of all passages from scripture, from Matthew 25, when Jesus tells a story depicting the Last Judgment in which God tells the righteous, "I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me." This passage goes on to condemn those who fail to offer such compassion for the "least of these." It is remarkable to me as a Christian pastor how one party's agenda in our state legislature seeks to shirk every single one of these biblical values.

We're often told regarding trans people that God doesn't make mistakes. I don't dispute that, but we sure do; and besides, more importantly—God is a God of *trans*formation. The whole point of the Christian message is to *change*, which is what repentance is about.

Unfortunately, too many in our society have decided that the Christian narrative revolves around bigotry—around excluding and even legislating against—what too many don't understand and are too lazy or fearful or faithless to try to learn.

To deny basic affirming care to children of God flies in the face of the compassion Jesus taught, and furthermore, it invites the very condemnation described in Matthew 25. Every Christian and every person of faith and of decent morality should rise against such persecution, *every* time it appears.

To wrap such bigotry in terms of Christian piety—a way of life embodied by one who explicitly welcomed the religiously excluded and taught that God is present in the supposed least of these—is nothing less than blasphemy. Make no mistake—God is not pleased with efforts at discrimination.

I will continue to pray for true repentance, and most of all, *trans*formation.

Thank you.

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing to express my opposition to AB104.

I am a resident of Monona, Wisconsin who received extensive healthcare treatments as a child. This bill speaks to me because I know first hand about the life changing effects healthcare can have on a child. I am a recipient of human growth hormone, a treatment I received due to a deficiency in my pituitary gland. The prescribed injections I administered on myself helped me grow into the healthy man I am today. I am more physically and mentally healthy than I ever would have been without this treatment.

Gender affirming care is no different than any other medical treatment. It helps individuals to grow up proud of themselves and not be riddled with mental disorders or lack of confidence. The more kids we can empower to be confident in themselves, the better our society will be.

For minors, gender affirming care is reversible. Genital surgeries on minors is a myth, a rumor to spread hate towards the transgender community. If a child wants to start receiving gender affirming care and a healthcare professional gives the go ahead, the child's treatment should not be the business of anyone else, especially not the government.

I oppose AB104.

Thank you,

Wyatt Taylor
Financial Analyst
Monona, Wisconsin 53713
(937) 620-2936

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

This is my testimony to not adopt AB 104 which interferes with the medical concerns of trans youth. This bill and legislation would deny our transgender youth the ability to access best practice gender-affirming care and allow politicians to insert themselves into private medical decisions that should be between youth, their parents, their grandmother (me) and their doctors.

Thanks.
Judy Miner
Madison WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I am a Madison, WI resident and I resolutely oppose AB 104.

You were put in office to serve and protect Wisconsin citizens, including the most vulnerable among us, some of whom are trans children. I implore you to serve with integrity and compassion. If, instead, you choose to prohibit youth from receiving medical care needed for their wellbeing, you are instead serving misguided notions of social control. Please do right by all of our children and prevent obstruction of medical care. Please vote AGAINST AB 104.

Sincerely,
Lailah Shima
Madison, WI 53711

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Committee Members,

I urge you to oppose AB104, the Transgender Medical Care Ban bill.

Banning the freedom to access transgender medical care means denying life-saving care to transgender youth.

Gender affirming care decisions should always be made by parents with trained medical professionals they trust, who understand the needs of their transgender children.

Members of the Wisconsin Assembly are not in a position to be making these kinds of decisions.

AB104 is yet another attempt to target and scapegoat transgender youth.

AB104 It is immoral and unacceptable.

I urge you to oppose and vote against AB104.

Jo Haberman

Maiden Rock, Wisconsin

54750

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Testimony for AB104:

Please do not limit trans youth and their potential by restricting access to lifesaving gender affirming care. I oppose this bill.

Kids deserve love and unwavering support and the decisions regarding health care should be between a person and their doctor. Identity suppression hinders children's growth and development into healthy, happy adults.

This attack targeting a small minority of youth is unwarranted, unnecessary, and to be frank, ridiculous considering the more important things our legislature could be doing to benefit Wisconsinites.

Jane Jerman
53211, Milwaukee
775-340-5618
mjanejerman@gmail.com

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Esteemed Members of the Committee,

I write to you not just as a concerned citizen of Wisconsin, but as a parent, a neighbor, and a believer in the fundamental rights that our nation claims to hold dear. I am compelled to voice my vehement opposition to Assembly Bill 104, a piece of legislation that seeks to strip away the rights of our youth and their families under the guise of protection.

This bill proposes to ban gender-affirming medical care for minors—a decision that absolutely should rest between a patient, their family, and their medical professionals, not within the halls of government. By imposing such a ban, we are not safeguarding our children; we are endangering them. Major medical organizations, including the American Medical Association and the American Academy of Pediatrics, have consistently affirmed that gender-affirming care is evidence based and often life saving. To suggest otherwise is to ignore the consensus of the medical community and to jeopardize the well-being of our youth.

Furthermore, this bill infringes upon the rights of parents to make informed decisions about their children's health care. It is a fundamental principle that parents, in consultation with trusted medical professionals, are best positioned to determine the appropriate course of action for their children. This legislation undermines that principle, substituting governmental overreach for parental guidance and expertise.

We must also consider the broader implications of such a ban. States that have enacted similar prohibitions have witnessed alarming increases in mental health crises among transgender youth, including heightened rates of depression and suicide attempts. Is this the legacy we wish to leave? A legacy where our inaction and intolerance lead to the suffering of our children?

In conclusion, Assembly Bill 104 is not a protective measure; it is a punitive one. It disregards medical expertise, parental rights, and, most importantly, the health and dignity of our youth. I implore you to reject this bill and to stand on the right side of history—one that champions compassion, understanding, and the fundamental rights of all individuals.

Thank you.

Rachel Frieders

Madison, WI 53711

Planned Parenthood®
Act. No matter what.

Planned Parenthood Advocates of Wisconsin

March 12, 2025

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

Thank you for giving Planned Parenthood Advocates of Wisconsin (PPAWI) the opportunity to provide testimony in opposition to 2025 Assembly Bill 104, legislation which seeks to prohibit individuals under the age of 18 from receiving gender-affirming medical intervention. PPAWI strongly believes that all individuals' health care decisions are personal and should remain private between a patient, their family and provider. We urge you to consider the medical, psychological, and ethical implications of such a ban, as well as the detrimental effects it would have on transgender youth and their families.

The American Academy of Pediatrics (AAP), the American Medical Association (AMA), the American Psychological Association (APA), and numerous other reputable medical organizations support access to gender-affirming care for minors. The medical professionals, psychologists, and care providers from these organizations have decades of experience providing trusted guidance on the health and well-being of Americans. This care is routinely provided under strict medical supervision and with parental consent; it is a well-researched, evidence-based approach that has been shown to improve mental health outcomes and reduce rates of depression, anxiety, and suicide among transgender youth. Banning gender-affirming care contradicts the consensus of major medical organizations and undermines the ability of healthcare professionals to provide appropriate, individualized care for their patients. The reality is, denying access to these services will not change a young person's gender identity; rather, it will cause them to experience unnecessary and avoidable distress, often leading to severe mental health consequences.

Research consistently shows that transgender youth experience higher rates of suicide attempts, self-harm, and mental health disorders compared to their cisgender peers. According to a 2024 study by The Trevor Project, 46% of transgender and nonbinary youth have seriously considered suicide, and more than 1 in 10 have attempted it. Access to gender-affirming care has been demonstrated to reduce these risks significantly.

Furthermore, when parents support their child by ensuring social transition and medical support, they're doing it because they want what's best for them. This support can improve the quality of life for transgender youth by allowing them to develop self-confidence, improve academic performance, and establish healthier relationships with their peers and family members: things we likely all want for the young person in our lives. A ban on gender-affirming care would push families into impossible situations, forcing them to either leave Wisconsin in search of care elsewhere or watch their child suffer needlessly.

Planned Parenthood®
Act. No matter what.

Planned Parenthood Advocates of Wisconsin

A government-imposed ban on gender-affirming care sets a dangerous precedent of legislative overreach into personal medical decisions. Not only does it ban medically necessary care for transgender youth, but it also allows the state to overrule parents who are trying to get their child the medical care they need—care that is supported by every leading U.S. medical professional association. It is essential to recognize that these medical interventions are provided only after careful evaluation by healthcare professionals, mental health specialists, and parents. A young person must have experienced persistent gender dysphoria over time and undergo a comprehensive evaluation and assessment prior to any treatment. In addition, any preexisting mental health concerns must be evaluated and integrated into the treatment plan. These standards—and the length of time it takes to follow them—ensure that parents can get their child the care and support they need while ensuring that it's the right care for the child.

Furthermore, it is the ethical duty of medical professionals to provide care that aligns with best practices and medical evidence. Forcing doctors to deny necessary care contradicts their professional obligations and creates a chilling effect on the practice of evidence-based medicine in Wisconsin.

Banning gender-affirming care for minors is not only medically unsound but also harmful to the well-being of transgender youth and their families. It contradicts the guidance of leading medical organizations, increases the risk of severe mental health consequences, infringes on parental rights, and undermines medical professionals who try to do right by their patients. Our young people should be able to focus on making friends, learning how to drive, or trying out a new hobby, not worrying about whether they will continue to have access to care.

PPAWI urges all committee members to vote against AB 104 and protect the health and well-being of all Wisconsinites.

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:
Dear Assembly Committee on Health, Aging and Long-Term Care:

My name is Sean Radcliffe. I am a resident of Madison, WI and I am writing to ask you to vote NO on AB104.

The extreme level of rhetoric levelled against our trans community is unconscionable. It has gotten to the point where I am being harassed for having a gender-neutral birth name, despite all appearances and documentation indicating that my sex is female. The hatred and intolerance that you are directing at our most vulnerable population, our trans siblings, hurts ALL OF US.

Do not ban gender-affirming care – you must vote NO on AB104. You cannot flout the recommendations of expert medical organizations, including the American Medical Association, American Academy of Pediatrics, American Psychiatric Association, The Endocrine Society, and The American Academy of Child and Adolescent Psychiatry.

Gender-affirming care is utilized widely across all of our communities – you have no grounds to attack breast reconstructive surgery after mastectomy, implants following testicular cancer, hormone therapy for premature/delayed puberty and menopause, hair plugs or hair removal treatments, etc. All of you likely have personally benefitted OR know someone who has benefitted from gender-affirming care.

If you truly care about child wellbeing, you would understand that access to any and all medical care is of the utmost importance. You would understand that kind, decent, loving parents should be able to exercise their reasonable parental rights to make choices to best support their children. You would understand that highly-trained, medical experts are more than qualified to assess when this care is necessary and important for a patient's wellbeing.

Do NOT undermine parental rights to care for their children. Do NOT undermine the vital expertise of medical professionals in this state. Stop wasting our time, hurting our communities, and do the real work of representing the people of Wisconsin.

Best,

Sean Radcliffe of Madison, WI

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:
Dear Assembly Committee on Health, Aging and Long-Term Care:

My name is Lu Wichlacz. I am resident of Madison, Wisconsin and I am writing to ask you to please vote NO on AB104.

Simply, I am asking you to trust me, as a parent, to do what is best for my child. I have a child (15 yrs) that is non-binary, born female and taking testosterone in hopes of feeling like they will have the body that fits who they feel they are.

This is not a decision to be taken lightly and the process does not happen over night. Our family and my child have spent over two years working with counselors and mental health professionals before we even met with any doctors about gender-affirming care. We meet with health care professionals on a regular basis who make sure this is still the path my child wants to take. The process is slow with many tests to make sure everything is correct for the individual patient.

All we want to do is what is best for our family. That decision has no business in the hands of people outside our family. None.

Please vote NO on this bill and show that you believe in the freedom of everyone to be who they are.

Best,
Lu Wichlacz

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:
Dear Assembly Committee on Health, Aging, and Long-Term Care,

I am Elizabeth Ehrke and I have lived in Wisconsin nearly my entire life. I am the mom to two kids aged 5 and 8.

I am writing to express my strong opposition to the proposed bill AB104 that seeks to prohibit health care providers from offering gender affirming care to minors. As a parent of a transgender child, I am deeply concerned about the potential harm this bill would inflict on my child and others like them. I have seen an amazing change in my child once they were able to live and be perceived as their gender identity and not the gender they were assigned at birth. They are now non-binary and are so happy. The early signs of puberty are starting and it is very possible they might want puberty blockers to give them more time to decide what puberty would align most with their gender. They deserve to life a long, happy and fulfilled life. This bill could potentially stop that from happening.

This bill not only restricts access to essential and life-saving healthcare but also disregards the well-documented positive outcomes of gender-affirming care for transgender minors. For my child and many others, transitioning is not a decision made lightly but a critical step in aligning their bodies with their gender identity, which significantly improves their mental health and overall well-being. Denying these individuals access to care could lead to irreversible harm, including increased rates of depression, anxiety, and suicidal ideation.

The language in the bill implies that gender-affirming care is inherently harmful, yet countless studies have shown that puberty blockers, hormone therapies, and surgeries — when prescribed under the guidance of experienced professionals — can be life-saving and supportive measures that allow transgender youth to grow into healthy, well-adjusted adults. This bill would criminalize these medical practices and punish healthcare providers for offering necessary treatments, even though these interventions are endorsed by leading medical organizations, such as the American Medical Association and the American Academy of Pediatrics.

Furthermore, by denying parents and children the ability to make decisions about their own healthcare, this bill undermines the autonomy and rights of families. As a parent, I trust my child's healthcare providers to offer the best possible care, and this bill would put their ability to do so in jeopardy.

I urge you to consider the immense harm this bill would cause to transgender youth, their families, and their healthcare providers. It is essential to support policies that promote inclusion, dignity, and respect for all individuals, especially vulnerable children who need our care and protection. This bill would do the opposite.

Please do not allow this harmful and misguided legislation to pass. I ask you to stand with transgender children and families, and to oppose this bill that threatens their well-being and rights.
Regards,

Elizabeth Ehrke
Milwaukee, WI 53207

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:
Dear Assembly Committee on Health, Aging, and Long-Term Care,

Esteemed Members of the Committee,

I write to you not just as a concerned citizen of Wisconsin, but as a parent, a neighbor, and a believer in the fundamental rights that our nation claims to hold dear. I am compelled to voice my vehement opposition to Assembly Bill 104, a piece of legislation that seeks to strip away the rights of our youth and their families under the guise of protection.

This bill proposes to ban gender-affirming medical care for minors—a decision that absolutely should rest between a patient, their family, and their medical professionals, not within the halls of government. By imposing such a ban, we are not safeguarding our children; we are endangering them. Major medical organizations, including the American Medical Association and the American Academy of Pediatrics, have consistently affirmed that gender-affirming care is evidence based and often life saving. To suggest otherwise is to ignore the consensus of the medical community and to jeopardize the well-being of our youth.

Furthermore, this bill infringes upon the rights of parents to make informed decisions about their children's health care. It is a fundamental principle that parents, in consultation with trusted medical professionals, are best positioned to determine the appropriate course of action for their children. This legislation undermines that principle, substituting governmental overreach for parental guidance and expertise.

We must also consider the broader implications of such a ban. States that have enacted similar prohibitions have witnessed alarming increases in mental health crises among transgender youth, including heightened rates of depression and suicide attempts. Is this the legacy we wish to leave? A legacy where our inaction and intolerance lead to the suffering of our children?

In conclusion, Assembly Bill 104 is not a protective measure; it is a punitive one. It disregards medical expertise, parental rights, and, most importantly, the health and dignity of our youth. I implore you to reject this bill and to stand on the right side of history—one that champions compassion, understanding, and the fundamental rights of all individuals.

Thank you.

Mark Frieders

Madison, WI 53711

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:
Dear Members of the Health, Aging, and Long-Term Care Committee,

I am Emilee Jocewicz.

I am a resident of Fitchburg, WI - Senate District 16 and Assembly District 47.

I am a registered nurse.

I oppose Assembly Bill 104.

I've lived in Wisconsin my whole life. 28 years now. I believe the Midwest is a wonderful place to grow up, but as my husband and I begin family planning, I fear that this is changing. I do not want to raise my children in a transphobic community.

The proposed bill takes power away from individuals to determine their identity. No one should be allowed to tell anyone who they are. Kids need to be accepted and nurtured to support positive growth and development. As a a nurse, I strongly believe in evidence based care. Studies consistently show improved mental health outcomes for transgender youth that have access to gender affirming care, including
lower rates of depression and lower risk of suicide among this population.

Here are some studies for your review, many highlighted by the Human Rights Campaign:

https://www.thetrevorproject.org/research-briefs/affirming-actions-and-gender-euphoria-among-transgender-and-nonbinary-young-people/
https://med.stanford.edu/news/all-news/2022/01/mental-health-hormone-treatment-transgender-people.html
https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0261039
https://www.nejm.org/doi/full/10.1056/NEJMoa2206297
https://publications.aap.org/pediatrics/article/141/4/e20173742/37799/Hormonal-Treatment-in-Young-People-With-Gender
https://acamh.onlinelibrary.wiley.com/doi/10.1111/camh.12437
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423
https://publications.aap.org/pediatrics/article/145/2/e20191725/68259/Pubertal-Suppression-for-Transgender-Youth-and

I oppose Assembly Bill 104. Trans kids deserve to be themselves.Trans kids deserve the right to access gender affirming care. Evidence supports this.

Thank you for your support.

Sincerely,

Emilee Jocewicz

Fitchburg, WI 53711

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:
Dear Members of the Assembly Committee on Health, Aging and Long-Term Care,

My name is Jocie Luglio, and I am a resident of Madison WI. I've lived in Wisconsin for 25 years and owned my home here for 20 years.

I am writing to urge you to vote NO on Assembly Bill 104. As a Wisconsinite, I am opposed to this bill because it is unnecessary and harmful to my community. I believe this proposed bill aims to codify misinformation and discriminate against transgender, non-binary, queer and questioning youth.

Decisions about physical and mental medical care should be between a patient and their health care provider, not the legislature. All humans and all children deserve gender affirming care. The vast majority of gender affirming care is not drug therapy, it is social support. For some, as puberty approaches, puberty blockers give youth the chance to contemplate their identities and consider how they might want their bodies to be in the future. According to a report in the Journal of the American Medical Association "Despite all of the political debate around health care for transgender youth, roughly 0.1 percent U.S. adolescents with commercial insurance received gender-affirming medications, puberty blockers or hormones from 2018-22." Puberty blockers are safe for many conditions, including precocious puberty in cisgender youth, and do not cause harm for transgender youth. Puberty blockers are totally reversable.

I agree with Abigail Swets, executive director of Fair WI who said, "Health care for trans youth is health care that is medically-accurate, age-appropriate, high-quality, respectful health care. It is gender-affirming, and it is life-affirming for the youth, as well as for the families who love and support these kids and their access to this health care." I personally know of 5 such families who have trans children receiving life-affirming, gender-affirming care. Two of my young friends who were able to get access to puberty blockers as young teens say it improved their mental health and kept them alive and thriving. I want ALL kids including all trans kids to make it to adulthood while getting the care they need to thrive.

PLEASE VOTE NO on AB 104!

Sincerely,

Jocie Luglio

Madison WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I write to you as a private citizen and former classroom teacher to oppose bill AB 104, because I am worried sick about the potential impact of this bill on several young people I know and care deeply about.

Gender-affirming care is a lifeline. This care is not approached lightly, but through months and sometimes years of careful research on the part of parents, in consultation with medical providers, and in accordance with guidance from the American Medical Association and the American Academy of Pediatrics. Gender-affirming care has saved many lives, allowing trans and nonbinary youth extended time to make important decisions for ensuring their physical and mental well-being.

This bill would immediately and directly harm many trans and non-binary youth and their families. This includes youth already receiving care, and also younger children who have known their gender identity does not match their sex assigned at birth for years and are not yet at the age to begin puberty blockers.

The threat to criminalize this care protects no one. Instead, it inflicts physiological and psychological harm on children and youth who already face real concerns of discriminatory harassment and of growing public misunderstanding, in part due to the over $200 million spent on anti-trans political ads in the 2024 election.

Treating trans and non-binary children and youth of Wisconsin as if they were mere pawns for political gain, as this proposed bill does, would not only deny their freedom of self-determination. It would unlawfully restrict the freedom of these young persons, their families, and their medical providers to rely on the most up-to-date scientific research to make decisions ensuring each patient's physical and mental health. These are not political decisions but medical and personal ones, and the legislature has no right to deny access to this life-saving care.

Fortunately, many of the trans and non-binary young people I know are surrounded by loving and affirming families, schools, churches, synagogues, after school activities, choirs, and soccer teams. However, this proposed bill and the other anti-trans bills that have gone to hearing at this Capitol in the past week impose severe and entirely unnecessary anxiety on young people and their parents.

I pray you will find it within yourselves to listen, learn, and begin seeking ways to turn away from needless stigmatizing and toward faithfully serving and protecting the lives of all Wisconsin's children and families.

Sincerely,

Kathryn Kirchgasler
Madison, WI 53704

Emilee Hendricks
Regarding the Committee on Health, Aging and Long-Term Care
March 11th, 2025

To all members of the Committee on Health, Aging and Long-Term Care:

My name is Emilee Hendricks, and I am a resident of Madison, WI. For all 27 years of my life I have lived in Wisconsin and I am currently a Masters of Human Ecology student at University of Wisconsin - Madison. I am testifying to oppose Assembly Bill 104.

Based on the exceptions for intersex and cisgender youth, Assembly Bill 104 is clearly targeting and discriminating against transgender youth. This bill is a brick in a path that leads to outright banning of trans healthcare and other trans rights. Like many others, I do not wish to help build this path. AB104 is based on fear, not fact. Bills like this do not protect anyone. Bills like this only serve to further isolate and harm a very small and very marginalized community.

As someone who grew up as a queer person in rural Wisconsin, I have always felt somewhat out of place and never fully accepted. I cannot imagine how much worse that feeling is for the trans community, particularly trans youths, at a time where they are watching their rights to bodily autonomy be taken away from them. Being a youth today is scary enough. I do not think it is smart to take away gender-affirming care, which is one of the few solaces trans people have.

I am not expecting a sudden acceptance of trans youth today, I am aware that this takes time. I would, however, like to interject that gender affirming care such as puberty blockers also gives trans youth time. As the research shows, gender-affirming care reduces depression and thoughts of suicide. That is based on fact, not fear.

We should be making it clear that LGBTQ+ youth are safe and welcome in Wisconsin.
Thank you for hearing my testimony, and please oppose Assembly Bill 104.

Sincerely,
Emilee Hendricks
(she/they)
Madison, WI 53705

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

Dear representatives,

I am a Wisconsin constituent and a resident of Sturgeon Bay. I am submitting a written testimony opposing Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

While I honestly don't trust that you will listen to my words, I still feel compelled to write this testimony. I work with teenagers every day. Several of these children identify as queer or transgender and live in households and communities which are unsupportive of their identities. These children live their lives in a state of anxiety, depression, and fear because of the lack of gender affirmation from those surrounding them.

AB 104 is clearly crafted as a ban on youth trans gender-affirming care. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear.

As one of your constituents, I implore you all to vote against AB104.

Gender-affirming care — medically necessary, evidence-based health care — is proven to reduce the aforementioned anxiety and depression, as well as suicide risks, among trans youth. This care is supported across the mainstream of the medical community.

Those youth who have access to puberty blockers earlier in puberty (as opposed to later when more effects of puberty have occurred) are even more likely to experience positive outcomes, including lower rates of suicidality.

Study after study shows us that defending our trans youth's access to gender affirming care improves their mental wellbeing. We should be protecting our trans youth so that they can grow up and lead full productive lives.

Trans people have always existed and will continue to exist. Enacting this bill is akin to attacking the trans population in our state. As Representatives of Wisconsin, I ask that you acknowledge all of the people you represent, trans and cis alike, and in good conscience vote against AB 104.

N Files (they/them/theirs)

Sturgeon Bay, WI

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing in opposition of this bill. Gender affirming care is an important aspect of healthcare. I have been a resident of Wisconsin since I was about in elementary school. I have seen the way my friends have suffered when they have been unable to get gender affirming care, and how, with things such as HRT they grew into happier and more fulfilled versions of themselves. Without intervention, puberty happens to everyone and is a systemic change to the body. Using blockers to delay this allows children to avoid uncomfortable or painful changes that they would then have to change later in order to be comfortable in their own bodies. Studies have shown that gender affirming care improves mental health.
Please, show your support for the right to autonomy and best medical practice. Show the youth of Wisconsin that they can expect to recieve support in pursuing quality healthcare.

Thank you,

Caitlin Thiele
Eagle, WI 53119

March 12, 2025

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

I oppose Assembly Bill 104.

My name is Jamie Blessing. I am a resident of Madison, WI and have lived in the state for 15 years. My profession is adjacent to the field of healthcare. I am regularly asked for resources to support transgender and gender-expansive people of all ages.

Current guidelines for gender affirming care are based upon best practices for positive outcomes. These are recommendations from healthcare experts using clinical data.

The primary type of intervention received by gender-expansive youth is counseling or another form of mental health care. This is to provide support while they navigate difficult circumstances, something that all people should be able to access.

The second most common intervention is prescribing puberty blockers to delay permanent, gender discordant changes to an adolescent's body. This prevents the very type of situation that this legislation was supposedly written to oppose.

This bill seeks to deny care to specific individuals based on their identity. Limiting access to healthcare is blatantly discriminatory. It is unconscionable to weaponize such ignorance and intolerance to target youth who are already vulnerable.

Legislators have no business interfering with areas outside their expertise, especially when it directly contradicts the best practices of that field. Defer to medical professionals, rather than abusing your power to cause harm.

Thank you for taking the time to read my testimony. I encourage you to act with consideration for the well-being of our state's youth by voting against AB 104.

Sincerely,
Jamie Blessing
Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Hannah Behm, and I am a resident of Milwaukee, WI 53202.

I am writing to oppose Assembly Bill 104, which seeks to ban gender affirming care for trans children.

Access to this care is vital for the children of Wisconsin. Research shows that access to gender affirming care reduces the suicide rate of trans youth by 73%. Banning medical care that has been proven to reduce depression and suicide is unconscionable.

Furthermore, gender affirming care is supported as medically necessary and safe by a multitude of professional medical associations including the American Academy of Pediatrics, the American Medical Association, and the American College of Physicians along with many more.

As this bill specifically targets gender affirming care for trans youth and not the same gender affirming care for cis youth, this bill is fundamentally discriminatory towards trans youth. The state of Wisconsin cannot willfully participate in this kind of blatant discrimination. All children in Wisconsin deserve to have access to vital healthcare so that they can grow into adulthood.

Regards,
Hannah Behm

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

My name is Robyn Schultz. My pronouns are she and her. I live in the City of Milwaukee and I am writing to address the matter of Assembly Bill 104, 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 survived to write about this today. I fear that if this bill moves forward, many will not have the same fortune.

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 in order 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, one that no one on this committee can speak to from personal experience, 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 my local of this Union. I have a career, not a job. I have an education. I have health insurance and savings. I have a supportive wife and family. I am actively involved as a volunteer in too many aspects of my communities to list here. I have an incredible team of health care practitioners, and together, we continue to address the challenges I face on a daily basis as a person living under the shadow of gender dysphoria. It's exhausting, confounding and a daily source of stress, now just a little more than ever before.

With all of these advantages and privileges, gender affirming care continues to be daunting. 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 the ones I in the workplace or home, in the discussions with health care providers or the constant challenges in the insurance arena. Many of these barriers seem like hoops to jump through, but they are in place and I have learned to face and address them one at a time. One thing that I am certain of is that the standards of care for gender dysphoria, both for adults and for minors, 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 is always 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. What we're discussing is far more important and impactful than those options. There is no evidence that I have been exposed to of anyone taking their own life for want of a tattoo. Unfortunately, the same cannot be said about people who have been denied this important avenue of care. I am certain that you will see and hear compelling evidence about the connections between gender dysphoria and suicidal ideation or worse. I will leave that for others to address.

Gender dysphoria is unimaginable to the vast majority of people. From experience, I can say that it is exhausting and challenging for those that suffer from it, as well as those that suffer with the patients. I will speculate here that by virtue of the small population impacted by it, gender dysphoria does not get marquis treatment by the pharmaceutical industry. Can you imagine a commercial,

complete with a list of side effects "that may include but are not limited to loss of appetite, muscle mass, sexual interest or function; a marked reduction in opportunities for social engagement, employment, housing, participation in athletics, eligibility to serve in the military or travel; estrangement from friends, family and other communities, and many others" for estrogen, testosterone or puberty blockers? There just isn't enough of a market to justify the expense. I suspect that if there was, we just might see such ads.

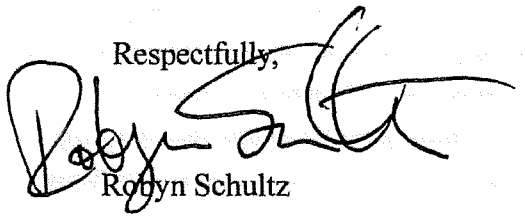
The narratives about hasty decisions and irreversible medical procedures being the norm, let alone anything other than extraordinarily rare and medically necessary exceptions, are patently false. I am entirely certain that no child is getting, or has ever gotten, any sort of gender reassignment procedure in the nurses' office at school over recess. These stories have no place in any serious discussions about the rights of families or medical professionals to address the needs of these young people. Nonetheless, there is a litany of falsehoods such as this which have found their way into discussions such as today's. These falsehoods seem to be cited far more frequently than actual accredited medical research and data. I have to believe that you are smarter and better than that, that you will let some of the facts inform your decision on this bill and that they will compel you to oppose it.

Ultimately, this comes down to questions about parental rights, the role of government in people's personal decisions and simple matters of bodily autonomy. Perhaps this comes down to whether we want to allow young people to experience the best lives we can hope for them, and whether we're willing to work together to build these best lives with them, even when it's complicated to do so. 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 only options they can see when they are compelled to live lies.

I present these words 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. I will not accuse anyone of having blood on their hands, but supporting this bill is an act that will cause harm. This ill-conceived assault on what has a proven track record of being the means for a small number of young people to survive and hopefully thrive while facing an unimaginably difficult set of challenges must end before it goes any further. As we know how this particular act of political theater is going to conclude if it makes it to the Governor's office, it seems clear that it should just stop here in this committee before any more harm comes to our kids, and any more of this body's time is wasted with this inefficient attempt to win favor from a few voters. I hope that the words here will make it a little more difficult for you to vote in favor of this bill.

I thank you all for your time and your willingness to review this testimony.

Respectfully,



Robyn Schultz

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the committee on Health, Aging and Long-Term Care

I oppose AB104

My name is Nicole and I am born and raised in Wisconsin and am raising another generation of Wisconsinites. The impact this bill would have on the children in our great state is devastating. Families and doctors should get to make the most informed decisions for the children in their care. I'm concerned that our kids are being used as political talking points and not as the vulnerable people they are. Let's work together to make Wisconsin a safe and healthy place for the next generation.

Thank you to all the members of the committee,
Nicole Gahl
Milwaukee, 53213

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing in opposition to the bills AB104, which seek to restrict Transgender Healthcare rights in Wisconsin.

I am born and raised in Wisconsin for nearly four decades, and this bill will adversely affect our state and communities within in untold ways. To put it plainly, this bill is the Republican party seeking to do legally harm a minority community, for no apparent reason other than the goal of causing harm. To borrow a phrase levied at then Senator McCarthy decades ago, 'Have you no decency?'

Of all the goals you could be focused on at this moment, you are choosing malice and pain over quite literally any other form of support this state currently needs. Workers Rights, equitable tax distribution, equitable tax contributions, caring for the environment, to name but a few goals for the common good. Rather than take on any of that, well, here we are.

I will close by asking what other minority groups you would seek to hide from public view again because you feel irked by their existence? Why can we not just let our people grow up and thrive?

In Opposition to AB104 on March 12, 2025,

Bob Grabow
Madison, WI 53718

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

My name is Bridgitte Cote, and I am writing as a Wisconsin resident, a scientist, and someone with trans loved ones. I am strongly opposed to the Assembly Bill 104 that prohibits minors from receiving gender-affirming care and proposes to override the expertise of healthcare providers in Wisconsin.

Trans individuals are an undeniably vulnerable population. Trans individuals have alarming rates of suicide attempts, depression, anxiety, substance use disorders, and being victims of discrimination (1, 2, 3, 4, 5). Not only are these findings troubling, but they are also a financial burden to our society. Whether or not one chooses to acknowledge trans individuals, we should all at least agree that this phenomenon is deeply troubling and needs to be addressed. Research including meta-analyses of multiple studies have shown that when trans people receive gender-affirming care, including hormone therapy, it greatly decreases negative mental health outcomes, including rates of depression and suicidality (6,7,8,9). Medical providers and lawmakers must protect their patients and constituents. Fighting to prevent their care is actively harmful.

The goal of this bill seems rooted in the desire to protect minors from medical decisions that may have unwanted or negative outcomes before their decision-making abilities are fully developed. Of course, children are vulnerable, and they rely on the guidance of adults around them. To this point, I agree that we should be cautious about medical decisions to make irreversible changes to their bodies. For the same reasons, elective plastic surgeries are restricted to those over 18 years old without parental approval. However, the present bill proposes more than such guidelines and protections and instead uses these reasonable concerns to attack life-saving healthcare for trans youth.

The most troubling part of this bill is that it proposes a ban on all gender-affirming care, including puberty blockers. Puberty blockers allow minors who identify as trans to simply prevent irreversible changes to their bodies that they do not want. Unlike surgery, patients can resume pubertal changes if they stop treatment. This treatment option is safe (not without side effects similar to other medical interventions) and reversible. Overwhelmingly, satisfaction with this care option is high, and regret rates are low (10). If a minor, their parents and healthcare providers agree on this treatment option, there is no reason to prevent patients from receiving care. This is especially true for treatment is effective and for an at-risk group.

An ideological disagreement is not reason enough to prevent patient care. Varying beliefs about almost every healthcare decision or procedure that affects an individual (eg. life support, pain medication, plastic surgery, circumcision, a myriad of options for childbirth and more) are not sound reasons for lawmakers to prevent life-saving, safe, and reversible care for patients.

I urge the committee to oppose the passing of this bill.

Thank you for your consideration.

Bridgitte Cote, Milwaukee, 53202

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Hi,
I am a proud Madison, Wisconsin parent of two home schooled kids. The state of Wisconsin gives us this right to homeschool because we know our children best. The state trusts us as parents.

I whole heartedly request that our lawmakers push back against AB 104 because it is contrary to true family values, it is contradictory to the trust provided to parents to homeschool their children, and is exactly the type of big government that I have consistently wanted Wisconsin to stand against.

If parents know their children best, we need to trust them to work through gender matters like those brought forth in AB 104 privately and without a government mandate.

Em Stocke
Madison, Wi

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

My name is Aiden Block-Wichlacz. I live in Madison, Wisconsin. I'm a fifteen year old transgender teenager writing about AB104 and how it affects people like me and why you should vote no.

When I was nine years old, I felt my mind begin to decipher who exactly I was, and it wasn't as simplistic as many of my peers experienced. The mental image of who I imagined myself to be did not match my physical state, and it was confusing, as well as overwhelming. Being so young, I had often not been taken seriously when I complained about the feeling that I had experienced for the first time, which I now know as dysphoria.

Feeling trapped in a body that wasn't mine, my identity being brushed aside by many who knew me at the time, it was emotionally exhausting. I had felt like I was drowning, carrying the weight of my first experiences with ridiculous amounts of panic, anxiety, stress, and isolation. I didn't know how to deal with such strong emotions, and at a point, felt so overwhelmed that at times I'd wish I wasn't alive. The amount of depression and discomfort I endured that came with my body changing at that age is more than any child should have to experience.

Growing up into who I am now, I have since began hormone replacement therapy to increase the comfort I feel within my own skin. Experiencing euphoric confidence painted a picture of a future that I could imagine myself in, rather than not having one.

As of recent, the entire world has been wanted to tear that future apart. And for what? The 'best interest' of the transgender youth? The transgender youth who aren't trusted with the right to make decisions about our own bodies and become our authentic selves? The transgender youth whose suicide rates have spiked rapidly since laws targeting our rights have increased? The 99% of transgender youth who haven't regretted lifesaving gender-affirming care?

Everyone deserves to express themselves how they choose to, and that should not be determined in the hands of those who haven't experienced even a glimpse of the hardships we've dealt with for the past century. We have been denied our right to exist; we have been denied our right to live freely and happily. We have been beaten, we have been killed, and we have been erased. Naturally, as children, we are not taken seriously. But when does it become serious? Should it truly take another child to die for a set of eyes to finally open?

I do not expect those who support this bill to understand our struggle, nor to change their entire political beliefs. Instead I expect them to listen. I challenge them to use empathy, and human compassion. I challenge them to imagine their children, their family, or their friends, in the situation we are currently stuck in. Feeling like pawns in a chess game controlled by those who don't care to understand how to play. Our lives as human beings, used to direct political propaganda and be debated when it comes to our right to exist.

Would those supporting this bill continue to reject our access to healthcare that saves our lives? If so, here's a reminder. Our existence is the future, and our resistance is our ever-evolving life, continuing on with pride. We are the face of the next generation of leaders, Innovators, creators, entrepreneurs, and visionaries. We will be the center of development and evolution, and we will not be erased. We will

resist, and we will always continue to fight for who we are. Our identities are not up for debate. We deserve to have access to life-saving healthcare, because we deserve to survive.

Thank you,

Aiden Block-Wichlacz

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of Assembly Committee on Health, Aging, and Long-Term Care,

My name is Rebecca Pochert. I am a resident of Pewaukee, WI (53072) and I am writing today to ask that you please vote NO on bill AB104.

I am a wife- married 18 years, and a mother. I've lived in Wisconsin all my life. I have 2 children ages 12 and 15, and my 15 year old is Transgender. He was born female and identifies as male.

Our family's journey started out several years ago when Kacie started having involuntary spasms in his neck. They got so bad it required multiple trips to Children's Hospital of Wisconsin. He was taking medication multiple times per day just to keep the spasms manageable. We had an MRI done for fear of cancer or a mass on the brain or spine, and luckily those tests came out negative. But, we had no explanation for the ticks. They continued for months. We also noticed a change in his personality and demeanor. Kacie started missing homework deadlines, and we started receiving calls from his school stating there were anonymous reports that Kacie might be self-harming and suicidal. We confronted Kacie about it, and discovered that the anonymous reports were true, but Kacie refused to share details. This prompted us to seek behavioral heath care for him. At that point, the neck ticks suddenly stopped with no medical explanation for the change. Kacie was being seen by the behavioral health therapist regularly for a few months. A couple weeks before the start of the next school year Kacie broke down to me with a big confession: he isn't in the right body and it is causing him an unbelievable amout of distress. He didn't know what to do to make it go away.

I started seeking help online and found resources for parents of transgender youth. It provided some direction on steps I would take to help my child.

We returned to Children's Hospital of Wisconsin- this time to seek help from the Gender Clinic. The intake process was lengthy and in the appointments we received a lot information to help us make decisions for Kacie's care. Kacie was engaged and involved at every appointment. He was given age-appropriate explanations of his treatment options and they encouraged us to find a therapist if we didn't already have one.

After hearing all the treatment options and side effects, Kacie asked us if he could start with puberty blockers. His dad and I agreed. Kacie stayed on those for about 2 years. During that time Kacie was monitored for bone density which is a known side effect of puberty blockers. His tests all came back fine. But, it was good to know that the clinic was looking for any complications. Eventually, Kacie was at a point where he was ready to address the next steps in his transition. He talked with his therapist and with us. He decided, and has our support, that he does NOT want Hormone Replacement Therapy (HRT) at this time. He didn't want his voice to change, he was concerned about hair loss/baldness, and is indifferent to facial hair or increased body hair. The only thing he wants is breast removal. So, he stopped puberty blockers and completed female puberty. His current gender affirming care consists of binding his breasts, wearing men's clothing, having a shorter haircut, and still using he/him pronouns years after he first came out to us. After all this time, the mysterious neck ticks have returned only one time- at the start of high school. They were gone again with a few days and at that point it solidified our thought that the involuntary ticks are Kacie's body reacting to extreme stress.

I felt the need to testify because my son deserves to make his own health care decisions with our support. In every other case where a minor needs medical treatment, the parents and the doctors are the ones who make those decisions. I'm asking that you continue to allow me, and every parent the right to seek the appropriate treatment for their child's condition- including gender affirming care for transgender minors. The studies done so far overwhelming support gender affirming care. That care looks different for everyone. Sweeping bills of this kind prohibit doctors from addressing the needs of the individual patients.

There is absolutely no need for this Assembly to interfere with family heathcare decisions. I'm not a support of any forced heathcare for anyone. Get vaccines or don't. Wear a mask or don't. The government should not be forcing the want of some people onto everyone else. Please don't take away my childs ability to receive treatment, and my right to seek medical care for my child.

It is important to think about all the doctors and nurses at Children's Hospital of Wisconsin who are at risk for sanctions if they treat kids if this bill passes. They are among the best in the entire country. They all take an oath to do no harm. That includes the incredible providers in the Gender Clinic. They don't advertise their services. They are not "recruiting" kids to "turn them transgender". The clinic exists to support kids who already exist. My son already exists, and gender affirming care is one of the reasons he still exists. His ticks are gone. His self harm and suicidal thoughts stopped. He is a typical teenager living a typical teenage life. He goes to school, has a part time job, participates in extra curricular activities, and loves playing video games with his friends. Gender affirming care and his ability to be involved in his own heathcare was imperative for this outcome.

Thank you all for taking the time to read my testimony. I'm grateful for the opportunity to share my son's story in hopes that you might empathize with my position as a mom who is trying her best to raise a valued member of our collective society.

Thank you,

Rebecca Pochert

Pewaukee, WI 53072

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Elizabeth Bjork, I am a Wisconsin constituent, and resident of Wauwatosa (53213). I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you to vote against this proposed bill. Your priorities need to focus on bettering the lives of Wisconsinites, not making them worse. Medical decisions need to be between the child, their parents/guardians, and their medical providers; not politicians. If the goal is to keep children safe, this ban would do the complete opposite, as it would take away life-saving care for trans youth. Trans youth already experience higher suicide rates and stripping them of care would only exacerbate this. So much of the anti-trans legislation is introduced without an understanding of what it would actually mean and it shows.

Trans people have always existed and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Elizabeth Bjork

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

I oppose AB 104.

I am a resident of Milwaukee and I am submitting written testimony against AB 102 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. Please stop wasting my tax dollars on this. This is a non-issue-- the existence of trans people harms no one as is supported by mountains of legitimate evidence. Pushing anti-trans bills is an extremely inefficient use of everyone's time and is outright harmful and illogical. Leave trans Wisconsinites alone or we will vote you out.

Thank you to the committee members for hearing my testimony.

Mary Migdal-Grunow, Milwaukee 53212

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing to express my views ahead of the upcoming Trans Medical Care Ban committee hearing. I emphatically oppose AB104 & will never understand these targeted attacks against the transgender community. Gender-affirming care is crucial to the health & well being of those who need it. It is a very real fear that suicide rates will skyrocket if initiatives like AB104 are put into legislation. Why are so many narrow minded individuals crusading against people in the LGBTQ+ community simply for being their authentic selves?!? There are so many more worthwhile causes that need our urgent attention. Leave trans kids alone! They face enough bullying at school! The fear that their own state's proposed legislation enables targeted hatred against them & prevents them from accessing gender affirming care should never have to cross their minds!

Thank you for your time & consideration,

Jennifer Rose
Cottage Grove, WI resident

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

My name is Ben Phillips and I live in Eau Claire. I have lived in Eau Claire for 26 years.

I oppose AB104. AB104 is discriminatory and wrong. Gender-affirming care is life saving.

Thank you for your time,

Ben Phillips
Eau Claire, WI 54701

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Assembly Committee Members,
My name is Mary Anne Reed. I am a resident of Monona, WI. I have in Wisconsin all my life of 70 years. I am a retired Registered Nurse & a grandmother of 3 sweet grandchildren.
I am writing to urge you to vote NO on AB 104! Parents, kids, & doctors need to have all treatments to help children be available to them. The American Academy of Pediatrics supports this care. Many years ago in my Obstetrics Nursing classes, I learned about fetal growth & development, I also learned that establishing gender at birth is not always clear cut. Puberty blockers can give a child the gift of time to grow. If you truly believe every child is a child of God, then why would you want to make life even harder for these children?
Sincerely,
Mary Anne Reed
Monona, WI 53716

12 March 2025
Testimony Against AB 104

My name is Rachel Kirk, and I'm one of the pastors at Middleton Community United Church of Christ.

In Christian scripture, in the Gospel of John, Jesus says that he cares deeply for humanity and our wellbeing, just as a good shepherd cares for each and every sheep in their flock. He says that he came to earth in order that we might have life, and have it to the full.

It is my own desire that all people might have fullness of life that brings me to oppose Assembly Bill 104. This bill proposes a disgusting infringement on parents' rights to decide, with their child's medical team, what medical care is appropriate for their child. Even more importantly, it would impose limitations on transgender youth who only seek to grow into the full, beautiful people God created them to be.

Medical and psychological consensus is clear that transgender people of all ages exist, and that gender affirming care is a reliable treatment for the painful experience of gender dysphoria. Limiting access to gender affirming care does not keep people from being transgender. It is merely cruel.

A message to those proponents of this bill who share my Christian faith: I remind you, as my siblings in Christ, that it is our responsibility to love what Christ loves. Christ loves life, and wants fullness of life for all people, including transgender people. Christ calls us to love our neighbors, including transgender people.

This bill would hurt children. It restricts life, and it is not love.

Thank you.

—Rev. Rachel Kirk, Madison, WI 53717

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

My name is Michelle Watkins, I am a resident of Madison (53704) and I am writing to ask you to vote NO on AB104.

I believe this bill was proposed in response to scary stories heard second hand or held up as true without actual evidence. I'm sure you've heard horror stories of young people who tried out a new identity only to change their mind later. I suspect you've heard trumped up stories demonizing ACTIVIST!! providers who are "pushing transness" on kids and providing drastic life-altering surgeries willy-nilly on anyone who has a passing gender-transgressive thought.

Please take the time to talk with a wider range of transgender people in your districts. Seek out more of their voices and stories.

As someone who has numerous friends and very dear loved ones who identify as transgender, I can tell you that they all assert that being able to transition has been completely crucial to their well-being. My husband transitioned over 20 years ago and tells me he has never once had regret or doubt about that choice. On the contrary, it has absolutely saved his life, and his continued existence is precious to me beyond words.

I don't know a single person who regrets transitioning, only people who are desperately glad they did. That is not to say that people never de-transition. It is rare, but I know that sometimes it happens. If we weren't so stuck on making people stay in one rigid gender box and punishing them severely for deviating from that identity, it wouldn't be a traumatic thing to transition and then decide that wasn't who they were anymore. As one friend put it "I'd rather have my kid change their gender 200 times than to believe for one minute that I wouldn't love them for who they are."

In terms of possible medical interventions addressed by this bill, some young people (with careful discernment from family and their doctors) can benefit greatly from

access to hormone blockers. They are a safe and reversible way to give young people time to let their identities catch up to their rapidly changing bodies. In some cases, hormone treatment may also be appropriate. Surgical options are not going to be appropriate for most minors in most situations, but the point is that you cannot possibly craft a bill that captures all the nuances of every unique situation. You cannot know which possible intervention is or is not appropriate for every individual in Wisconsin. And you will harm people if you try.

Please trust that medical and mental health providers are deeply committed to responsible care that promotes the long term well being for kids and they take that very seriously. Please trust families, gender-

questioning youth, and qualified medical professionals are in the best position to make careful, appropriate decisions without the interference of government.

I know trans people are a punching bag right now and it has got to stop. Please. Trans people are our friends and neighbors, our loved ones, our fellow Americans, and we have got to start treating them with the respect and humanity they deserve.

Best,

Michelle Watkins

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the Members of the Assembly, I am writing in OPPOSITION to AB104.

My name is Katherine Jacobson Smith and I OPPOSE AB104 as it is a violation of an individual's right to bodily autonomy. I have lived in Wisconsin for thirteen years and am speaking on my own behalf as a private citizen. I strongly oppose this bill as trans children and youth, like all individuals, have the right to bodily autonomy and access to affirming medical care.

Our current administration is projecting agendas with no merit or factual basis into creating a society of which they feel 'appropriate' based on their supposed values which include, but are not limited to, idolizing felons, abusers, rapists, and variant other white collar criminals that have no regard for anyone but themselves.

With every day that passess under this administration, more and more people of this country are losing basic rights, access to care and food, and most without even realizing it because they believe they are somehow going to be saved or protected by the administration. And, as we know by the absolute chaos that DOGE is inflicting on all departments, warranted or not, no one appears to be 'safe' from this administration.

This bill is drafted from a place of fear and lack of education... The facts and statistics do not align with the gross mistruths being shared by the current administration and its supporters. By implementing bills such as AB104, (we) are opening the door for targeted discrimination, harassment, and the inequitable opportunity to receive healthcare that the INDIVIDUAL deems as relevant and necessary to their physical and mental well being.

Even in reading this bill, it is clear that the authors are driven by non-factual information from hypothetical scenarios that are CLEARLY not happening. To move forward with ASSEMBLY BILL 104 is to further target a minority group of individuals that are only looking to better their lives.

Sincerely,
Katherine Jacobson Smith
Fish Creek, WI 54212

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Representatives,

My name is Jade Potter, resident of Madison, WI (53704), one of your constituents. I'm writing to oppose AB104.

This bill is a youth trans affirming care ban, which will only serve to alienate and hurt the youth in our communities.

Please vote against this bill to support and protect your trans constituents, and all those who recognize this bill as a further encroachment on our bodily autonomy.

Sincerely,

Jade Potter

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Evelyn Gildrie-Voyles. I am a resident of Madison, WI 53705. I am writing to oppose Assembly bill 104

I have worked in education for 23 years and with children ages 1 year old all the way up to adults. I have worked with transgender youth, non binary youth, and have family members who are transgendered. I have seen the benefit to the mental and physical health of transgender children when they have access to puberty blockers and hormone therapy and i have witnessed the amount of care and time it takes to access such interventions. I have helped fundraise for surgical interventions and know that the amount of planning, doctor visits, consultations and waiting time it takes to access this care is long and thoughtful. Families and their doctors do not undertake these interventions without careful thought and a thorough understanding that they are necessary for the health and mental well being of the child. These are decisions to be made by doctors, the youth, and their families. Politicians have no right to interfere in medical decisions of individuals. Medical professionals including the American Medical Association, the American Academy of Pediatrics and the American Academy of Family Physicians all support gender affirming care.

I have read this bill and am struck by how much of this bill is focused on when gender affirming care is not banned. It is not banned for intersex minors or for minors who require the care for physical ailments. The only condition that it is banned for is gender dysphoria. It is not politicians' jobs to decide what are treatable conditions.. That is the job of medical professionals. The authors of this bill acknowledge that these procedures have been used for minors and are safe. The authors of this bill merely wish to stop transgender children from getting the care they need and that their doctors and families have decided upon. This bill will deprive transgender youth of life saving care, care that the same bill specifically says will remain available to other youth

AB 104 is discriminatory and dangerous. I ask that you not allow it to pass out of this committee. Please oppose AB 104. Medical decisions should be between youth, families, and their doctors, not politicians.

Thank you for your time and careful consideration

With Gratitude,
Evy Gildrie-Voyles

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am a mental health provider writing to urge each of you to vote NO on AB104.

Protecting children is an admirable goal but this bill does the opposite. There are very few minors who are transgender and even fewer who seek medical intervention for gender dysphoria. Nevertheless, for the small number who do, puberty blockers, hormone therapy, and even surgery are essential for their physical and emotional well-being. Who does and doesn't need what treatment is a highly individualized decision that should be made by the child, their family and their medical providers.

I recognize that the government has some legitimate role in protecting citizens from inappropriate medical treatments. However, your decisions should be consistent with the recommendations of medical experts. The American Academy of Child and Adolescent Psychiatry, The American Academy of Pediatrics, The American Counseling Association, the American Medical Association, American Psychiatric Association, American Psychological Association and many others including new guidelines issued by Germany, Austria and Switzerland all support gender affirming care for transgender youth and adults.

I understand that the Cass Review from the UK has been used to justify prohibitions on gender affirming care. Since its release, it has been broadly criticized for poor methodology, bias and a lack of transparency. These criticisms are well-founded. When the Cass Review came out, I read it because, as a mental health provider, I wanted to be open to evidence that contradicted my understanding of the research. It was quickly clear to me that it was a poorly-designed effort determined to reach a desired conclusion. I certainly cannot speak to why it done that way but it should play no role in your deliberations.

Gender affirming treatments such as puberty blockers, hormones and surgery are resoundingly endorsed as best practices for many people who are transgender. Given that, the government should not insert itself into the high quality and highly individualized medical care that trans youth deserve.

Thank you for your consideration,

Jolin Mitchel

Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Nichole Springer. I am a Wisconsin constituent and resident of Eden, Wisconsin. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time where anti-trans legislation proposals are continuing to be put forth at an unprecedented rate. These bills do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you to vote against this proposed bill. Transgender youth and people deserve the same dignity that every single person in Wisconsin strives for. Why propose such a targeting bill? What have transgender people done to you personally, because this feels like a personal attack against transgender people! Please show decency, empathy, and kindness and vote against this bill.

Trans people exist. It's time to stop trying to legislate people out of existence. It will do nothing but create more unnecessary cruelty towards our fellow humans.

Thank you for your time,
Nichole Springer

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is August Schuett, and I am a Wisconsin constituent from Milwaukee. I am submitting a written testimony against Assembly Bill 102 and AB104 proposed in the State Assembly, with hearings on March 11th and 12th respectively.

AB102 is a ban on transgender athletes. This bill will do nothing but endanger young kids and subject them to needless policing and harassment. This bill will not protect children.

AB104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear.
According to the DSM 5, the proper care for Gender Identity Disorder (GID) is by being allowed to transition as the person sees fit. Transgender youth are one of the most vulnerable populations since they often struggle to advocate for their own needs. Transgender and gender diverse people deserve a place in society without fear of discrimination or prejudice.

As your constituent, I implore you to vote no to both of these bills. We cannot let hate win. In 1981, Wisconsin became the first state in the country to protect gay people against discrimination. We should take pride in this legacy and similarly act to protect our transgender and gender diverse citizens from the fascist Trump regime. I am ashamed that our great state could betray its citizens with a bill such as AB104. Madison has been a sanctuary city for years, and it is disheartening to see such a beautiful city easily cow to the right-wing agenda.

Trans people exist and will always continue to exist, even if you try to remove us from society. To enact this bill is to enact violence against all transgender Wisconsinites. Representatives, I encourage you to vote against AB102 and AB104.

Sincerely,
August Schuett

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear esteemed members of the Assembly,

I'm writing as a private citizen. I write to you to oppose bill AB 104, because it infringes upon our human rights to make good decisions for our personal selves and help our children with what they need as well.

This bill prevents families from helping children make choices with the help of their parents and medical providers that are best for them. The state of Wisconsin should not be deciding what kids need and medical doctors can provide in terms of gender, sexual and hormonal health, and gender transition.

Sincerely,
Maureen Mauk, Ph.D.
Middleton, WI 53562

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Alexandra Collins, I am a Wisconsin constituent and resident of the city of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the Sate Assembly, with a hearing meeting on March 12th. AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation. As one of your constituents, I implore you all to vote against this proposed bill. As a queer person, and with close friends and relatives who are trans, I am personally terrified for their safety as well as my own with the state of our country. We deserve a safe place to exist, and it is our human obligation to protect and care for all folks in our communities. Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people, which would be an absolute shame to uphold as decent human beings and proud Wisconsinites. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely, Alexandra Collins

Roam Wilde
Regarding AB104
March 12, 2025

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

I oppose Assembly Bill 104.

My name is Roam Wilde and I am a resident of the Town of Grant (54666). I've lived in Wisconsin for 13 years. I am a property owner and farmer.

I am testifying about Assembly Bill 104 and how banning gender affirming care for children affects my community. I am testifying because the experience of transgender people greatly affects my life and the lives of my family and friends.

Gender affirming care for transgender youth has been used as a manipulative political ploy for too long and by too many ill-informed people. The reality of gender affirming care for children is that it looks like an affirming haircut, using appropriate pronouns and chosen name, and a wardrobe that matches their gender. As the child gets older, they sometimes require puberty blockers, but this does not cause lasting damage and is not that common; certainly uncommon for children under 16. Gender affirming surgery is exceedingly rare for a teen, let alone a young child. And when it does happen, they have been living as their gender for a long time, have parental approval and the approval of both a doctor and a mental health provider. The WPATH standards have extensive criteria that any transgender person, even as an adult, has to adhere to receive hormones and/or surgery.

When you look at cisgender children or teens though, there is a large number of cisgender children augmenting their bodies with surgeries. There is an alarming number of teenagers who do not have criteria to qualify to get breast enhancements, rhinoplasties, and other plastic surgeries. All they need is parental approval. And all of these surgeries are gender affirming healthcare. Why do the same rules not apply to both cisgender and transgender individuals?

And please note: Gender-affirming surgery for trans teens/childrens usually only involves mastectomies, not any genital-based surgeries. And yet, parent-approved, genital-based surgeries are often performed on intersex babies, even though they are not old enough for consent.

So why is it okay for cisgender children and parents of intersex children to decide on life altering surgeries before they are 18, but it is not okay for transgender children?

Taking away medical licenses of medical staff upholding their oath to do no harm by providing treatment for gender dysphoria is ridiculous. The vast majority of medical providers want to fight tooth and nail for every transgender child in their care. They all agree that gender affirming care is not causing harm and that it is incredibly rare for children, especially under 16 years old, to be prescribed hormones or get surgeries.

Assembly Bill 104 does not uplift Wisconsin. Ensnaring the youth of an incredibly small minority population in this hateful political rhetoric is a stain on the image of Wisconsin and actively hurts our communities. It has no basis in science. And it is going to cause irreparable harm to the lives and mental health of our transgender youth. Anti-transgender laws have been proven to cause up to a 72% increase in suicide attempts in transgender youth (https://www.thetrevorproject.org/blog/anti-transgender-laws-cause-up-to-72-increase-in-suicide-attempts-among-transgender-and-nonbinary-youth-study-shows/). Please do not pass this bill and cause irreparable damage to these children.

I would like to thank you, Members of the Assembly Committee on Health, Aging and Long-Term Care, for your time reading my testimony. Your consideration of these matters is appreciated.

Roam Wilde, Town of Grant 54666

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear committee,

Please vote NO on AB104, and any legislation that bans trans healthcare.

This is not a government issue - this is a healthcare issue between doctors, parents, and patients. For other healthcare questions, we allow parents and doctors wide latitude to decide on, or opt out of, health care. Even potentially life saving care and care which may have permanent effects. Even when the medical community is aligned on the medically suggested action and the parent chooses not to follow that advice or when others view the action as risky or unadvised. Trans health care should be no different - parents, doctors, and patients are fully equipped to make this decision, and the government is not, nor does the rest of the community have standing for its opinions to reflect on this issue.

Trans health care for minors is life saving. The Trevor project recently released info for Wisconsin finding that over 60% of transgender youth have considered suicide. This rate is consistent with numerous other studies. A recent study of 6000 transgender individuals finds that suicide risk is highest among minors (Mak, Shires, Zhang et al. American Journal of Preventative Medicine 2020). Research shows a significant reduction in depression and suicide ideation and attempts for transgender individuals who receive treatment.

Gender affirming care for minors is not the salacious process some reports suggest. It is not a fast process - generally requiring years of counseling including parents and the patient. Puberty blockers do not cause lasting harm, and are a non-controversial treatment in other situations such as precocious (early onset) puberty. Surgery on minors is exceedingly rare, to the point of effectively never happening, and not the suggested treatment of the AMA or pediatricians, except in the most extreme cases. Hence, it needs no legislation. Nationally, there are far more breast implants on cis-gendered girls for cosmetic reasons than trans girls, despite the former having no medical basis to suggest it.

In the end, this is a politically motivated action, with severe negative impacts on a small minority and no societal benefit, that is inconsistent with how we treat the doctor, patient, and parent relationships in other situations.

Please vote no.

Andrew Caldwell
Chenequa, Wisconsin 53058

March 11, 2025
To: Wisconsin Assembly Committee on Health, Aging and Long-Term Care
Regarding **AB104 for gender affirming care for youth**

Dear Committee Members,

I am a retired family physician. I treated all ages of people in Wisconsin from 1995-2005 in my family practice, then adult veterans from 2006-2023. During the first 10 years of my practice I had the joy of serving pediatric patients who saw me alongside their parents and guardians. A few of these patients had gender dysphoria. During this time, we were somewhat early in our science of gender identity. Medical knowledge has progressed significantly. I would hear my patients' distress due to a mismatch between their gender and the gender assigned at birth. I would work with the family to refer to psychologists and endocrinologists to help evaluate their needs. I never had a patient who was being forced by someone else to consider an alternative gender from the one assigned at birth.

The American Academy of Family Physicians, my medical board, always supported us in providing gender affirming care to our pediatric patients. I recall some of my patients knowing at an early age, 5-6 years old, that they felt something was not right. They felt more at ease, safe, and happy when allowed to express themselves in different ways than initially raised (clothing, hairstyles, playgroups, toys). When parents learned more about this, with the help of psychologists, they were able to better understand their children. Kids whose parents approached this with more willingness to understand definitely had an easier time adjusting, compared to those whose parents were not willing to explore the issues. Because I have remained living in LaCrosse County for the past 30 years, I am still in contact with some of these families in our community.

Learning about early care and medical decision making is crucial for pediatric patients with gender identity concerns. Endocrine therapies that affect voice change and breast development can have far-reaching help when provided before puberty begins. It takes an incredible amount of preparation with psychologists to enter into that kind of decision, as well as any decisions on surgical changes that may or may not take place. Not every child seeking gender affirming care goes on to want hormones or surgery. They should be allowed the option to learn the risks and benefits of gender affirming care, and this learning should take place as early as a child is experiencing distress. With careful counseling, families can move forward with strength rather than fear.

I oppose the proposed gender affirming care ban for youth. Please allow Wisconsin doctors, nurses, and psychologists to continue to provide gender affirming referrals and care to patients under age 18.

Sincerely,

Rachel Teske, M.D.
Onalaska, WI

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I oppose Assembly Bill AB104.

My name is Sydney Tardrew, and I am a resident of Madison, WI. I have lived in Wisconsin for nearly 30 years and am a Physician Assistant actively working to improve the health of my fellow Wisconsinites every day. I care deeply about the members of my community, and as a proud Wisconsinite, I feel compelled to speak out against AB104, a bill that would deny transgender youth access to best-practice, life-saving medical care.

As a healthcare professional, I have dedicated my career to patient care, and I firmly believe that medical decisions should be made between patients, their families, and their doctors—not politicians. Gender-affirming care is widely recognized by major medical organizations, including the American Medical Association and the American Academy of Pediatrics, as essential and often life-saving treatment for transgender youth. This bill disregards established medical standards and prevents young people from accessing the care they need to live healthy, fulfilling lives.

I felt the need to testify because I have seen firsthand the deep connection between physical and mental health. Denying trans youth access to gender-affirming care places them at a higher risk of depression, anxiety, and even suicide. Studies consistently show that access to affirming healthcare dramatically reduces these risks and improves overall well-being. By blocking this care, AB104 not only denies necessary medical treatment but actively puts lives in danger.

Rather than interfering in private medical decisions, lawmakers should focus on expanding access to healthcare and ensuring that all youth receive the support they need. Medical decisions should be based on science, not politics. The best way to support trans youth is to trust the medical experts who have dedicated their lives to patient care and to allow families to make informed decisions based on professional guidance.

Thank you for taking the time to hear my concerns. I urge you to vote NO on AB104. Protecting the health and well-being of all Wisconsin youth should be our priority, and that includes ensuring access to medically necessary, evidence-based care for transgender individuals.

Sincerely,

Sydney Tardrew

Madison, WI, 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

My name is Elizabeth Deterding, and I'm a Madison resident living in zip code 53714. I'm writing to oppose AB104.

In reading through this bill, I find that the proposed legislation encroaches too far into the abilities of trained and experienced physicians to provide well-researched, appropriate care for their patients. Having read through the biographies of each of the bill's authors and co-sponsors, I see that none of representatives and senators listed have attended medical school, much less spent any of their careers serving as physicians. A bill that legislates a physician's ability to perform care for their patients is an overreach of power as is. A bill written by legislators with no subject matter expertise is especially reckless.

Research has shown that providing transgender youth with gender-affirming care (including puberty blockers and gender-affirming hormones) gives trans youth "significant improvements in (appearance congruence), psychological well-being, social satisfaction and self-efficacy and significant reductions in negative affect and negative social perception."1 In addition, a trans youth's ability to access gender-affirming care is "associated with 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over a 12-month follow-up."2 If gender-affirming care for trans youth creates such a better quality of life, and in some cases is literally life-saving, why is it the legislature's place to overrule the best judgment of these kids, their families, and their doctors (the trusted adults who know them best)?

If the argument is that minors are too young to make medical decisions, regardless of the input of trusted adults and medical care providers, I would point out that fewer than 1% of transgender adults regret transitioning. More patients regret knee surgeries. Additionally, puberty blockers are precisely the form of treatment that would allow gender questioning youth the time to explore and understand their gender identity before puberty has the chance to complicate a transition process undertaken in adulthood. To include puberty blockers, the effects of which reverse once a child stops taking them, strikes me as an especially cruel move to deny families the opportunity to have time to consider what sort of care would best serve their children.

Please leave medical decisions to the experts - the patients and the physicians they partner with in their care. Thank you for your time.

Best regards,
Elizabeth Deterding

1. Olson-Kennedy, Johanna et al. "Emotional Health of Transgender Youth 24 Months After Initiating Gender-Affirming Hormone Therapy." Journal of Adolescent Health, Volume 0, Issue 0

2. Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. "Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care." JAMA Netw Open. 2022;5(2):e220978.

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I oppose Assembly Bill 104.

My name is Monica Whetter, and I am a resident of Madison and a proud member of the LGBTQ+ community. I am writing today because this bill is not just a piece of legislation—it is a direct attack on the rights and well-being of transgender youth in our state.

As someone who is part of the LGBTQ+ community, I know firsthand how critical it is to have access to support, care, and affirmation – especially for young people navigating their identities in a world that often tries to erase them. Denying transgender minors access to gender-affirming medical care does not protect them; it harms them. Medical decisions should be made by families and doctors, not by politicians.

I feel compelled to testify against AB104 because this bill is not based on medical expertise or best practices but rather on political interference in deeply personal medical decisions. Every major medical association, including the American Academy of Pediatrics and the American Medical Association, supports gender-affirming care for transgender youth when provided under careful medical supervision. Stripping away access to this care takes away the rights of parents and physicians to act in the best interests of their children.

Instead of passing AB104, I urge lawmakers to focus on policies that support the mental health and well-being of all Wisconsin youth. If the goal is to protect children, we should be investing in suicide prevention, mental health resources, and evidence-based healthcare, rather than denying access to care that has been proven to improve quality of life.

Thank you for your time and for considering my testimony. I urge you to oppose AB104 and stand up for the rights of transgender youth and their families.

Monica Whetter
Madison, WI 53716

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of Assembly Committee on Health, Aging, and Long-Term Care,

I oppose bill AB104.

My name is Cayla Lund and I am a resident of Milwaukee County. And I am writing to ask you to vote NO on AB104.

I have been a resident of Milwaukee county since 2015 when I moved here to attend graduate school to become a Licensed Professional Counselor. I work to ensure the mental health needs of Wisconsin residents are met as they navigate the challenges that life brings. This includes the adversity they face as LGBTQIA+ community members. My clients deserve the best care possible, including access to their gender affirming care that allows them to live their life with the fullest of authenticity.

I ask for just a moment of your time to review this. I encourage you to speak and listen to transgender youth and their parents. Those are the people this bill are truly impacting. Gender affirming care is healthcare. And it can be lifesaving for many. For trans youth it can look like puberty blockers. And for decades, cisgender children have been put on puberty blockers for their health and wellbeing.

Surgeons do not regularly preform cosmetic surgery on kids. They are reserved for those who are 18 or older. If anything, breast reduction is preformed for teenagers who have been on testosterone for over a year. This is based off of World Professional Association for Transgender Health guidelines. This decision should be between the patient and the professionals, not determined by the state or federal government!

Thank you for your time,

Cayla Lund
Milwaukee County, 53212

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is SC Rouleau, I am a Wisconsin constituent and resident of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

The overwhelming majority of the medical community hold a consensus that the medications which would be prohibited in Section 1 (2) (c) are critical to treatments which observably decrease the severity of mental health symptoms* in gender-dysphoric patients with a consistent level of effectiveness and only insignificant or rare side effects.

*(I'll highlight that the aforementioned mental health symptoms include anxiety, depression, and suicide risk, none of which are things a child should be faced with.)

Lastly, as an aside-- Section 1 (2) (a) is completely unnecessary, as the described surgeries are only performed on adult patients to begin with. It seems quite evident that the contents of this bill originate from a place of erroneous worry rather than logical reasoning.

As one of your constituents, I ask that you vote against AB104. When considering medical matters, legislators should defer to medical experts and not the other way around.

Sincerely,
SC Rouleau

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Dr Katt Cochran and I am a Wisconsin constituent and resident of Milwaukee, WI. I am writing today to share my strong opposition to Assembly Bill 104.

As a resident of Wisconsin, community member, licensed psychologist, and constituent, I am urging you to vote against this proposed bill. All community members, including children, deserve to be treated with love, support, inclusion, and respect, and to access all healthcare. This bill is in direct opposition to the research we have on what builds resilient, strong, and healthy children and in strong opposition to researched best practices supported by medical and mental health professionals. Further, restricting this care for trans individuals only while continuing to offer gender affirming care to their non-trans peers is violent and discriminatory and will harm Wisconsinites.

I hope you will vote for the trans constituents you represent and in support of values of dignity, respect, and community for ALL of Wisconsin's residents and VOTE NO.

Katt Cochran
they/she

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

A letter to the Assembly Committee on Health, Aging, and Long-Term Care:

My name is Kelsey Foster (she/her). I am a lifelong Wisconsin resident - born in Baraboo, raised in Portage, lived in Madison for many years, and now a resident of Westport. I am writing to express my strong opposition to Assembly Bill 104. Healthcare decisions should be left up to individuals, not the government, and they should not be based on partisan political posturing.

The bill appears to carve out an exception for intersex minors, showing that the coauthors of this bill understand that this isn't a question of safety or medical appropriateness of any gender-affirming medical care. They are simply hoping to legally deny certain medical treatment to a group of people based on their identity. Whatever claims the bill's coauthors and supporters may try to make about caring about the safety of young people are nonsense. The American Medical Association, the American Academy of Pediatrics, the American Psychological Association, and most other major medical groups support transition-related care for minors and oppose restrictions on it.

This bill is not about making the youth of Wisconsin any safer or healthier. It is about attempting to codify bigotry into state law - and not only that, it would require healthcare workers in the state to report on each other for simply doing their jobs of providing care to their patients.

Bodily autonomy and privacy in healthcare should be protected for all people. Yes, even youth. Yes, even trans people.

Thank you,

Kelsey Foster
53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Honorable members of the Committee on Health, Aging, and Long-Term Care,

We oppose assembly bill 104 regarding the banning of some gender-affirming medical care for minors.

As proud parents of a transgender boy, it is our job to take the best care of our child that we can. We consult with our doctors for help with medical and mental health concerns. This bill would take away our abilities to fully care for our transgender child. It would put him at a higher risk of developing mental health issues, including suicidal ideation. It would take away the confidence and happiness that has grown so much in him since starting to express himself as a boy.

The idea of someone wanting to permanently alter their body to present as a gender that's different than what they were declared to be when they were born makes some people uncomfortable. They can't imagine why someone would want to do that. If you are one of those people, we ask you to perform this thought exercise:

Think back to your childhood. If you're a man (reverse the genders and gender presentation if you're a woman), imagine your parents forcing your boyhood self to wear a dress out in public and use the women's restroom. As a boy, it would make you uncomfortable to do these things, right? Now imagine growing older and having your body develop more and more into a woman's body against your will. You're told you need to go shopping for a bra. Your voice doesn't deepen like every other boy's does. Everyone around you calls you a girl and "her". You're put on the girls' team at school. You are subject to this harassment every single day, and it wears at your confidence, your sense of autonomy, and your mental health. That's what it's like to be a transgender boy. Now imagine the government coming in and telling you and your doctor that you're stuck in this body until the day you turn eighteen, that there's nothing they can legally do to help you. AB104 would have stripped your parents and doctor of the ability to provide care that would help you present yourself to the world as the boy you really were.

Gender-affirming medical care is a critical aspect of healthcare for transgender individuals, particularly minors. This care is designed to support transgender youth in aligning their physical bodies with their gender identity. These treatments are provided based on established medical guidelines and with the informed consent of the patient and their parents or guardians.

Numerous studies have shown that gender-affirming medical care significantly improves the mental health and well-being of transgender youth. According to the American Academy of Pediatrics, transgender minors who receive gender-affirming care exhibit lower rates of depression, anxiety, and suicidal ideation. Denying this care can lead to severe mental health consequences, exacerbating feelings of gender dysphoria and increasing the risk of self-harm and suicide. In one study, after an average of two years on puberty blockers, the percentage of those experiencing emotional problems dropped by two thirds, from 30% to 10%. Another study showed that one year of hormone treatment during adolescence reduced suicidality by 75%. A third found that approximately 9 in 10 trans adults who wanted but did not receive puberty-blocking treatment as children reported lifetime suicidal ideation.

Leading medical organizations, including the American Medical Association, the American Psychiatric Association, and the Endocrine Society, endorse gender-affirming care as essential and medically necessary for transgender individuals. The proposed bill contradicts the consensus of these respected medical authorities and undermines evidence-based medical practice.

Banning gender-affirming medical care for transgender minors also raises legal and ethical concerns. It infringes on the rights of minors and their guardians to make informed decisions about their healthcare. It also violates principles of medical ethics, including autonomy, beneficence (acting in the best interest of the patient), and non-maleficence (do no harm).

Again, we ask you to oppose assembly bill 104.

Thank you for your time and consideration.

Nick and Kate McKinney, Mount Horeb, WI 53572

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Legislative Committee,

I write to you today to express my strong opposition to the Youth Gender-Affirming Care Ban (AB104). If this ban is put in place it will undoubtedly cause harm to the individuals that require gender-affirming care. I say that not only as a parent, but of a psychologist of 15-years. I have specalized in LGBTQ studdies as part of my graduate work. Trans children have significantly higher rates of depression, anxiety, substance use, and poor academic achievement. This is due to the extreme hostile, and sometimes dangerous, experiences they have at school and the community in general. One of the strongest protective factors to prevent mental health crises in trans youth is to 1) Allow access to gender affirming care between a doctor and patient, 2) Having a prosocial peer group that accepts trans youth, and 3) ensuring a welcoming and safe environment for all people and celebrating differences. This ban will harm the mental health of trans kids. Again I voice my strongest opposition and ask you to please think of the best interest of trans children and family and vote against AB 104..

Sincerely,

Amelia A. Fystrom, Ph.D.
Licensed Psychologist-Wisconsin # 3048-57
Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear esteemed members of the Assembly,

I am a scientist, an educator, and a concerned Wisconsinite, writing as a private citizen to oppose bill AB 104. The government has no place interfering in the private medical decisions of individuals.

I am compelled to voice my opposition to this bill first as a scientist. I firmly believe that decisions should be made and actions should be undertaken based on evidence, and the evidence available suggests that AB 104 will not benefit Wisconsin families. The overwhelming consensus of the American Medical Association, the American Academy of Pediatrics, and other major medical bodies supports the position that gender-affirming care is beneficial and often life-saving. States that have enacted legislation to prohibit gender-affirming care have seen alarming increases in mental health crises, including attempted suicides and rates of depression, among transgender youth. To pass such legislation in Wisconsin shows a wanton disregard for some of our state's most vulnerable residents, a legacy I hope the members of the Assembly would find unacceptable.

I also oppose AB 104 on the grounds of personal freedom. The proposed legislation seeks to remove the rights of Wisconsin parents to make decisions about what is best for their children, substituting government overreach for parental expertise and care. The freedom for individuals to make medical decisions in consultation with their families and qualified medical professionals, without governmental interference, does not in any way, shape, or form infringe upon the rights of others. Why our state government would want to restrict these rights is unfathomable.

Sincerely,
Mary Beth Anzovino
Madison, WI 53714

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Eric Hoyt, I am a Wisconsin constituent and resident of Dane County. I am submitting a written testimony against Assembly Bill 104 of proposed in the State Assembly, with a hearing meeting on March 12, 2025.

AB 104 is clearly crafted as a youth trans gender affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. It will cause severe harm to my family and many other people in the community.

Trans people have existed, exist now, and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives of Wisconsin, I ask you acknowledge all of the transgender people you represent, and in good conscience vote against bill AB 104.

Sincerely,

Eric Hoyt

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

My name is Kaelee Heideman and I am an elementary school counselor and 2023 Wisconsin State Teacher of the Year in Oshkosh, Wisconsin, zip code 54904. Although I am unable to attend the hearing in person, I am writing to respectfully submit the following testimony in opposition of Assembly Bill 104 relating to a proposed ban on youth gender-affirming care.

To think that someone would be denied access to lifesaving care is heartbreaking and beyond upsetting. By banning youth gender-affirming care, you would be doing just that. Gender-affirming care saves lives. When people are given the care they need to feel at home in their bodies, they experience more physical and emotional safety.

Gender dysphoria appears in the Diagnostic and Statistical Manual of Mental Disorders and is clinically significant distress or impairment in functioning that is caused by incongruence between someone's sex assigned at birth and their experienced gender. Many people who are transgender and nonbinary experience gender dysphoria.

Providing gender-affirming care can alleviate the distress caused by not feeling at home in one's own body. When a child breaks their arm, the medical community provides care to alleviate pain and heal the broken bone. When a child experiences anxiety, the medical community provides care in the form of therapy or medication to alleviate the distress. When a child gets a cut or falls, they are provided with a band aid or ice pack to heal and alleviate their pain. This same logic should transfer over to the care that is provided for trans and nonbinary youth. When a child does not feel at home in their own bodies, the medical community should provide gender-affirming care to alleviate their distress.

If we fail to provide gender-affirming care to our youth, we are putting them at increased risk for suicidal ideation and suicide attempts. We know that suicide rates are higher for the LGBTQIA+ community, specifically those who are trans. It is our duty to protect Wisconsin's youth and providing gender-affirming care helps us do just that. When we provide care so that our trans and nonbinary youth can feel at home in their bodies, we help decrease the risk of suicide. Gender-affirming care for youth supports youth mental health. I am not willing to put a trans or nonbinary youth's life at risk by denying them access to gender-affirming and lifesaving care, are you?

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the members of the Assembly,

I'm a Wisconsin resident writing you in strong opposition to AB 104.

I do not believe that state legislators should insert themselves into medical decisions that are best made by patients and doctors. If this bill were to pass, it would represent gross governmental overreach.

Trans kids have the right to live, play, and exist as their authentic selves everywhere. They also have the right to take care of their bodies and the right to compassionate and ethical medical care. You do not get to choose who has the right to medical care and who does not.

If your desire truly is to protect children, please redirect your attention to any one of our state's very real problems, such as the chronic, decades-long underfunding of public schools.

Thank you,
Krista Eastman
Madison, WI

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Madeleine Knowles. I am a Wisconsin constituent and resident of Appleton, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate trans people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against the proposed bill. There is absolutely no reason to pass a bill that would hurt such a vulnerable group of people, and we need to protect and uplift our trans neighbors. My husband, a public high school teacher, has many students who fear for their futures because of bills like these. Children should not fear for their futures in the United States of America.

Trans people exist and will continue to exist forever. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Madeleine Knowles

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Ryan Maki. I am a Wisconsin constituent and resident of Holmen. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. When you took an oath of office to advocate and care for the people of Wisconsin, that means all people of Wisconsin. No one should be harmed by their government for who they love or who they are. Taking rights away from a falsely villainized and marginalized group will not bring more rights to others, and only serves to make our state a less just, less safe, less free place. There has never been a Wisconsin without trans people, there never will be, and I wish to live in a Wisconsin that welcomes, celebrates, and supports our differences.

Trans people exist and will continue to exist. To enact this bill is to exact violence upon trans people. As a Representative in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Ryan

March 11th, 2025

Dear members of the Assembly Committee on Health, Aging and Long-Term Care:

My name is Sandy Brown and I am a concerned WI resident. I am testifying in opposition to Bill AB104 to ban gender affirming care. This legislation would deny transgender youth the ability to access best practice gender-affirming care and allow politicians to insert themselves into private medical decisions that should be between youth, their parents, and their doctors.

I know too many older transgender folks who wished that they could have accessed hormone blockers as teens. It would have made a huge difference in their lives and how they appear today. Hormone blockers are also reversible.

Every time you introduce these bills and have these discussions, you are instilling fear and concern in our transgender people and especially youth.
Recently, The Trevor Project released its 50 State Report on LGBTQ youth suicide risks. 39% of LGBTQ+ young people in WI seriously considered suicide in the past year, including 44% transgender and nonbinary young people!

Learn more: https://www.thetrevorproject.org/state-reports-wisconsin.../

I care about all transgender and non-binary people and have been working to help them experience a full life since 1997. Please oppose AB104.

Thank you,

Sandy Brown

Sturgeon Bay, 54235

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the assembly,

My name is Jessa Dahmes. I live in Eau Claire, zip code 54703, and I oppose AB 104.

Last week was the first time that I explained to my son that the world views him as "trans". You see, he's six, and up until now he simply saw himself as "a boy with a vagina". He has known who is authentically all along, but he wasn't able to verbalize it until he was two. From then on, he has been insistent, persistent and consistent in his vocalization about who he is. At daycare he would only wear male character costumes until the day we cut his long hair into a shorter, affirming style. The profound joy on that little boy's face is something I will never forget. Now, he walks confidently into any space because he knows that the person people see from the outside is the same as what he feels on the inside. He has successfully socially transitioned at school and is described as a delight by all who get to work with him. He has friends who call him by his chosen name and know him only as a boy. He is thriving.

Last week when I explained what "trans" meant, I shared the fact that it means he will have options. Options to delay puberty so that he has time to decide what he wants next, options to choose testosterone so that he doesn't fully develop the same biologically female anatomy that mommy has (the idea of developing breasts is his nightmare), and one day the option to choose gender affirming surgery. Most of all, I told him that when the time comes to make those decisions, he will have a voice. I promised him that Mommy and Daddy would NEVER make those types of decisions for him without his input. And that decisions like surgery would come when he is an adult and would be able to decide for himself without anyone else telling him how he should proceed.

But there are some who look at this innocent hearted six-year-old, who has spent the last two weeks hand wrapping his own cherished items to give to his classmates completely of his own volition, and take away his right to choose. If you have never had the honor of parenting a child like mine, then you could never truly understand what it means to feel the agony that I feel when I hear the way his very existence is spoken of or when I envision a world where he would not have a voice in his care and the decisions made about his body and his life. As his mother, I would never make choices about his gender affirming care without considering his wishes. The state and the nation certainly should not have the right to make those decisions without consulting either one of us. Please don't take away my son's voice. Oppose AB 104.

Thank you,
Jessa Dahmes, Eau Claire, 54703

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Please vote to stop AB 104. Gender affirming care should be between a person (no matter the age) and their medical team. This care can be too important to a person's physical and mental health. My nieces child, currently 15, is a very intelligent young person. They are non-binary and require this care. This isn't a whim or popular idea. This young person has known for many years that they are different and what makes them feel whole. Banning this care is not part of the government. It will only hurt those that need the care and help those that just don't have an understanding of how important this care can be. Please turn this down!

Kathryn Johnson
Delafield WI 53018

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing to express my unequivocal opposition to the proposed bill AB 104, which seeks to deny transgender youth access to best practice gender-affirming care.

The Constitution's preamble aims to "secure the Blessings of Liberty to ourselves and our Posterity." Allowing politicians to interfere with private medical decisions made between youth, their parents, and their doctors is a blatant infringement on Liberty. Such decisions are deeply personal and private—politicians have no place dictating the identities of children. The practice of patient care is already highly complex, and it is not the role of politicians to further complicate the work of medical professionals by imposing treatment directives.

I urge you to stand for personal liberty by respecting the privacy of children and their healthcare providers. Oppose AB 104.

Thank you for your consideration.

Sincerely,

Sam Lemley
Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Makenzie Stanberry, and I am a resident of Madison, Wisconsin. I am writing to express my strong opposition to AB104, which seeks to ban gender-affirming care for transgender youth. This legislation is harmful, discriminatory, and a direct attack on some of the most vulnerable members of our community.

Gender-affirming care is evidence-based, life-saving medical treatment that should be decided between young people, their families, and their doctors—not politicians. Denying access to this care puts transgender youth at higher risk for depression, anxiety, and suicide, outcomes that should concern all of us regardless of political beliefs. Every major medical association, including the American Medical Association and the American Academy of Pediatrics, supports gender-affirming care as essential and necessary healthcare.

Wisconsin should be a place where all young people can thrive, regardless of their gender identity. Rather than legislating hate and making it harder for trans youth to access the care they need, we should be working to create a more inclusive and supportive environment for all.

I urge you to reject AB104 and stand on the right side of history by protecting the rights and dignity of transgender youth.

Thank you for your time and consideration.

Makenzie Stanberry

Madison, WI 53704

Makenzie Stanberry (she/her)

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Natalie Repinski, I am a Wisconsin constituent and resident of Sussex, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivations.

As one of your constituents, I implore you all to vote against this proposed bill. This bill is a gross overreach into the personal lives of Wisconsin families navigating how to best support their children. Wisconsinites have the right to navigate their own health with the care under their doctors, the government should not interfere with this! In addition, studies and information provided has stated that trans youth who have access to gender affirming care have lower risk of suicide. Access to gender affirming care in Wisconsin for all ages is a positive for all!

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Natalie Repinski

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Greg Rowan, I am a Wisconsin constituent and resident of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. As it becomes clearer and clearer that the federal administration has been infested with Fascism and hate, it comes to the states to represent the people and their desires. The people do not want an alienated population of queer people, they want acceptance and advancement for all.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Thank you,

Greg

March 11, 2025
Platteville, WI 53818

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

RE: AB 104

Dear Assembly Committee on Health, Aging and Long Term Care:

I oppose AB 104. As a physician and parent of a transgender child this bill affects me personally. I grew up in Wisconsin and attended the University of Wisconsin School of Medicine and Public Health. My child was raised in Wisconsin and is now a student at the University of Wisconsin Madison.

When my child first came out as transgender over ten years ago, I was aware that some people were transgender, but did not know much about transitioning and gender affirming care. I educated myself as I sought appropriate care for my child. There have always been transgender people. Until the past few years most of these people hid their identity. Since 1979 the World Professional Association for Transgender Health has been publishing guidelines based on scientific research on the best practices for Transgender Health. These guidelines are comprehensive and updated regularly. Please see https://wpath.org/ for more information.

Gender affirming care is health care. It is necessary to treat Gender Dysphoria, an established diagnosis by the American Psychiatric Association. In addition to the APA, the American Academy of Pediatrics and the American Medical Association supports and affirms the necessity of Gender Affirming health care. Gender Affirming Health Care is not an ideology, it is standard researched peer reviewed medical practice. The state should not ask medical licensing boards to revoke medical licenses from physicians in good standing who appropriately treat transgender youth with gender affirming care.

As a parent I want the best medical care for my child. For my transgender child that meant gender affirming care starting with puberty blockers. Puberty blockers bought us time to figure out what was going on and for us and for our child to get therapy and gain understanding. Our child had gender dysphoria and like over half of transgender children had suicidal thoughts. Putting our child through puberty would have caused harm by forcing them into a body that did not match their gender. With consultation with a medical provider specializing in Transgender Health Care we as a family decided on the next steps to take. As our child was under 18 at that time this required parental permission. As parents we have the right to obtain appropriate medical care for our child. The state has no business in preventing a parent from obtaining well established health care for their child.

Gender Affirming care likely saved my child's life. After transitioning with the aid of gender affirming care my child is no longer depressed or anxious or suicidal. Others have commented on how happy my child is compared to before gender affirming care. My child is married to a

transgender woman, attends graduate school and has a half time job. While the transition was rough adjustment for all of us, we now look back with relief that our child had access to gender affirming care. Please do not take away access to necessary healthcare for the transgender youth of our state.

Gender Affirming Care is life saving care. Please vote no to AB104.

Thank you for your time and attention to this matter.
Sincerely,

Lynn R Verger, MD

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Yasmine Moran, I am a Wisconsin constituent and resident of La Crosse. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th. AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation. As one of your constituents, I implore you all to vote against this proposed bill. As a transgender individual myself, had I proper access to gender affirming care as a youth, I'd have found myself sooner; Care like this is integral for our small few who need it. This care saves children, saves lives. Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,

Yasmine Moran

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of Assembly Committee on Health, Aging, and Long-Term Care,

I oppose bill AB104.

My name is Jesse Goyette and I am a resident of Ozaukee County. And I am writing to ask you to vote NO on AB104.

I am twenty three year old transgender man. I grew up in Wisconsin and am an active member of the community. I am a part time worker at a bank and also a student at UWGB.

I ask for just a moment of your time to review this. I encourage you to speak and listen to transgender youth and their parents. Those are the people this bill are truly impacting. Gender affirming care is healthcare. And it can be lifesaving for many. For trans youth it can look like puberty blockers. And for decades, cisgender children have been put on puberty blockers for their health and wellbeing.

Surgeons do not regularly preform cosmetic surgery on kids. They are reserved for those who are 18 or older. If anything, breast reduction is preformed for teenagers who have been on testosterone for over a year. This is based off of World Professional Association for Transgender Health guidelines. This decision should be between the patient and the professionals, not determined by the state or federal government.

Thank you for your time,

Jesse Goyette Cedarburg, 53012

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

As a grandparent of a transgender teen I urge you to OPPOSE AB104. Our granddaughter has the support of family and excellent medical care. This has made all of the difference for her. All decisions have been made only after discussed medical options and counseling. The government has no business in these decisions between youth, their parents and doctors. Our granddaughter has become a beautiful teen, self-confident, an excellent student, and contributing member of our community. That would not have been the case if she had not received medical care.

You are entitled to your beliefs, but you DO NOT HAVE THE RIGHT to ban transgender medical care. That is judgemental, ignorant, and hateful. Whatever happened to "love thy neighbor as thyself"?

OPPOSE AB 104

Thank you

Karen and Stuart Churness
PO BOX 296
Washburn, WI 54891

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Rev. Laura Hawkins and I am the grandmother of a beautiful trans grandchild, and I live in FDL WI. I oppose AB104 and think that all politicians should back off demonizing our trans and non-binary youth. I support access to gender affirming care for all and I continue to wonder why so much energy, time and resources continue to be poured into this issue when there are much bigger issues - such as housing, secure jobs that pay a living wage, food insecurity, medical care for all,and learning to see what loving our neighbor is really all about. I believe that this issue and the time spent is really a way to avoid the issues that really matter in this country and the world.

Peace and Love,
Laura Hawkins

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Esteemed Members of the Committee,

I write to you not just as a concerned citizen of Wisconsin, but as a family member, a neighbor, and a believer in the fundamental rights that our nation claims to hold dear. I am compelled to voice my vehement opposition to Assembly Bill 104, a piece of legislation that seeks to strip away the rights of our youth and their families under the guise of protection.

This bill proposes to ban gender-affirming medical care for minors—a decision that absolutely should rest between a patient, their family, and their medical professionals, not within the halls of government. By imposing such a ban, we are not safeguarding our children; we are endangering them. Major medical organizations, including the American Medical Association and the American Academy of Pediatrics, have consistently affirmed that gender-affirming care is evidence based and often life saving. To suggest otherwise is to ignore the consensus of the medical community and to jeopardize the well-being of our youth.

Furthermore, this bill infringes upon the rights of parents to make informed decisions about their children's health care. It is a fundamental principle that parents, in consultation with trusted medical professionals, are best positioned to determine the appropriate course of action for their children. This legislation undermines that principle, substituting governmental overreach for parental guidance and expertise.

We must also consider the broader implications of such a ban. States that have enacted similar prohibitions have witnessed alarming increases in mental health crises among transgender youth, including heightened rates of depression and suicide attempts. Is this the legacy we wish to leave? A legacy where our inaction and intolerance lead to the suffering of our children?

In conclusion, Assembly Bill 104 is not a protective measure; it is a punitive one. It disregards medical expertise, parental rights, and, most importantly, the health and dignity of our youth. I implore you to reject this bill and to stand on the right side of history—one that champions compassion, understanding, and the fundamental rights of all individuals.

Thank you.

Jonathan Paretsky

Neenah, WI 54956

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Haylie Jones, I am a Wisconsin constituent and resident of Waupaca, Waupaca County, Wisconsin. I am submitting a written testimony against Assembly Bill 104 of proposed in the State Assembly, with a hearing meeting on March 12, 2025.

AB 104 is clearly crafted as a youth trans gender affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. Suicides in transgender people will sky rocket.

Trans people have existed, exist now, and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives of Wisconsin, I ask you acknowledge all of the transgender people you represent, and in good conscience vote against bill AB 104.

Sincerely,
Haylie Jones

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I strongly oppose Bill 104.

My name is Megan Barry-Luglio. I am writing to oppose the proposed bill that would deny transgender youth the ability to access best practice gender-affirming medical care.

I have lived in Madison for most of my life and have worked as a healthcare provider in endocrinology for over 20 years. I object to any legislation that tries to supersede decisions made by patients, their families and their healthcare providers and particularly any bill (like 104) which limits access to care for a wide spectrum of patients and defies current medical expertise. This bill will also create important, devastating emotional and community harms to Wisconsin children, families and healthcare providers.

Thank you for your careful consideration of this restrictive bill. This is not a good move for Wisconsin.

Megan Barry-Luglio

Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Esteemed Members of the Committee,

I write to you not just as a concerned citizen of Wisconsin, but as a neighbor, and a believer in the fundamental rights that our nation claims to hold dear. I am compelled to voice my vehement opposition to Assembly Bill 104, a piece of legislation that seeks to strip away the rights of our youth and their families under the guise of protection.

This bill proposes to ban gender-affirming medical care for minors—a decision that absolutely should rest between a patient, their family, and their medical professionals, not within the halls of government. By imposing such a ban, we are not safeguarding our children; we are endangering them. Major medical organizations, including the American Medical Association and the American Academy of Pediatrics, have consistently affirmed that gender-affirming care is evidence based and often life saving. To suggest otherwise is to ignore the consensus of the medical community and to jeopardize the well-being of our youth.

Furthermore, this bill infringes upon the rights of parents to make informed decisions about their children's health care. It is a fundamental principle that parents, in consultation with trusted medical professionals, are best positioned to determine the appropriate course of action for their children. This legislation undermines that principle, substituting governmental overreach for parental guidance and expertise.

We must also consider the broader implications of such a ban. States that have enacted similar prohibitions have witnessed alarming increases in mental health crises among transgender youth, including heightened rates of depression and suicide attempts. Is this the legacy we wish to leave? A legacy where our inaction and intolerance lead to the suffering of our children?
In conclusion, Assembly Bill 104 is not a protective measure; it is a punitive one. It disregards medical expertise, parental rights, and, most importantly, the health and dignity of our youth. I implore you to reject this bill and to stand on the right side of history—one that champions compassion, understanding, and the fundamental rights of all individuals.

Thank you.
Sharon Zelanka
Madison, WI 53719

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Emily Erler, I am a Wisconsin constituent and resident of Milwaukee, WI. I am writing this testimony against AB 104 proposed in the State Assembly, with a hearing on March 12th.

AB 104 is clearly a trans-affirming care ban against youth. 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 contrasted with who society tells them to be. The purposes of AB 104 are clear: To encourage discrimination against trans kids and people. To alienate youth and stoke a climate of fear amongst children and adults. To alienate trans people with, and I'm not being hyperbolic here, the ultimate goal of assimilation or extermination.

As a constituent, I have written against each of the anti-trans legislature, and will continue to. I implore you all to vote against this proposed bill. Trans people exist, deserve joy, deserve freedom, and deserve to determine their identity. I'm not sure why our representatives feel the need to engage in viral, hate and outrage-based political theatre when Wisconsinites are struggling under the weight of so much already.

Trans people, at any age, exist and will continue to exist. You represent trans constituents, regardless of whether you acknowledge it or not. Vote against AB 104.

Forward -

Emily Erler

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Jillian Beaster, I am a Wisconsin constituent and resident of Milwaukee, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. All people deserve a right to their identity, and to feel safe in that identity. Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Jillian Beaster

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Esteemed Members of the Committee,

I write to you as an outraged citizen of Wisconsin, a neighbor, and ally to those facing persecution through the proposed Assembly Bill 104. Conscious or not, humans seem to have a fear of those who are "other", and 2025 has been extraordinary in levying attacks against those who are not mainstream under the guise of "protection". Assembly Bill 104 is another such piece of legislation that seeks to strip away the rights of our youth and their families without regard for the dire consequences that will follow.

This bill proposes to ban gender-affirming medical care for minors—a decision that absolutely should rest between a patient, their family, and their medical professionals, not within the halls of government. We trust the medical experts to make the best decisions for us in all other aspects of health, so why would we not similarly trust them with this most intimate and fundamental decision of self?

By imposing such a ban, we are not safeguarding our children; we are endangering them. Major medical organizations, including the American Medical Association and the American Academy of Pediatrics, have consistently affirmed that gender-affirming care is evidence based and often lifesaving. To suggest otherwise is to ignore the consensus of the medical community and to jeopardize the well-being of our youth.

Furthermore, this bill infringes upon the rights of parents to make informed decisions about their children's health care. It is a fundamental principle that parents, in consultation with trusted medical professionals, are best positioned to determine the appropriate course of action for their children. This legislation undermines that principle, substituting governmental overreach for parental guidance and expertise.

Those who are transgender already face many hurdles that those of us who are cisgender do not. We must also consider the broader implications of such a ban. States that have enacted similar prohibitions have witnessed alarming increases in mental health crises among transgender youth, including heightened rates of depression and suicide attempts. Is this the legacy we wish to leave? A legacy where our inaction and intolerance lead to the suffering of our children?

In conclusion, Assembly Bill 104 is not a protective measure; it is a punitive one. It disregards medical expertise, parental rights, and, most importantly, the health and dignity of our youth. I implore you to reject this bill and to stand on the right side of history—one that champions compassion, understanding, and the fundamental rights of all individuals.

Thank you.

Tara Luther, DeForest, 53532

3/12/25

Dear Representatives,

I oppose AB104. My name is Shauna, and I've been a resident of Madison for 14 years. I'm a librarian who has worked with LGBTQ+ organizations for over 10 years. I've had very positive experiences providing educational opportunities for the public on topics regarding gender and sexual identity, including specifically how to support trangender youth in our communities.

I want to testify because this bill doesn't reflect these positive experiences and stories I've witnessed or heard in our community. Young transgender people sometimes rely on medical interventions in order to avoid suicide and deeply harmful mental health consequences. This bill would actively contribute to an unsafe and hostile environment for transgender kids, their families, and medical professionals.

We must allow kids and their parents or guardians to make informed decisions about their own bodies and wellbeing. We must allow professionals who understand the consequences of not allowing medical interventions to do their job. We must not police their actions and waste resources on this.

Thank you for your time, and please consider voting "no" on this bill.

Shauna Koszegi, Madison, 53713

3/12/2025 AB104 regarding Gender-affirming care.

My name is Mary Botsford, residing at 5020 S 55th St, Greenfield, WI.

I am the proud parent of my adult child that identifies as non-binary (feeling neither male or female, or feeling both male and female) and the grandmother of their toddler son. My child is a middle school teacher and is often given recognition for outstanding teaching and forensics coaching at district and state level. I add that information to point out the invaluable contributions to society made by people at all points of the gender spectrum.

As you know, gender-affirming care includes both medical and mental health treatment, with surgical intervention being quite low statistically of the care provided. Gender-affirming care is supported by all the major medical and nursing associations.

Studies have shown that gender-affirming care significantly improves mental health outcomes such as reducing depression, anxiety, and suicide ideation. For the most part, the mental health struggles in this population are not due to their identity in itself, but from the rejection of their authentic being by our society- people in their families, schools, churches and community.

The current rhetoric surrounding LGBTQ issues if often misleading, misinformed and damaging. Words hurt, but more importantly, inflammatory speeches with little or no factual information in them have led to hundreds of cases of physical injury or death to members of the transgender and wider LGBTQ community. A tragic example of this was the death of a 16-year-old Oklahoma student, Nex Benedict. After more than a year of bullying and harassment that went unchecked, Nex has beaten unconscious and died a day later.

Everyone deserves good healthcare provided with dignity and respect. It is the job of you, our legislators, to safeguard that right. I am hoping you will provide for the well-being of all our fellow Wisconsinites, regardless of age or identity.

Thank you for your thoughtful consideration of these words.

Mary Botsford

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Michelle Hroma. I am a Wisconsin constituent and resident of Sturgeon Bay. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear.

As one of your constituents, I implore you all to vote against this proposed bill.

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.

Those who have access to puberty blockers earlier in puberty (as opposed to later when more effects of puberty have occurred) are even more likely to experience positive outcomes, including lower rates of suicidality.

Anti-trans bills legitimize incredibly patriarchal, racist, misogynistic, and transphobic conceptions of womanhood, solidifying womanhood as only what is seen as "woman" by patriarchy and white supremacy.

We should be protecting trans youth so that they can grow up to be trans adults. Our state and our country are richer with them in it.

Trans people exist and will continue to exist. To enact this bill is to exact violence upon trans people. As Representatives of Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,

Michelle Hroma (she/her)
Sturgeon Bay, WI

Written Testimony for 12 March, 2025
Assembly Committee on Health, Aging and Long-Term Care
Assembly Bill 104 - AGAINST

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 104. I am writing today as a Wisconsin resident currently working in the medical industry. This bill threatens life-saving healthcare for transgender youth, and goes against the current best practices recommended by national organizations such as the American Medical Association and the American Academy of Pediatrics. Taking the ability to make private medical decisions out of the hands of patients, their families, and their health care providers just makes no sense. Families and well trained physicians should decide what medical care is in the best interest of an adolescent, not politicians.

Access to medical treatments should not be denied to only one class of citizens within a patient population. All of the care prohibited under this bill remains available to adolescents, and in some cases children, who are not transgender. For example in 2022 alone, almost 3000 mastectomy surgeries for gynecomastia were performed on cisgender boys aged 19 and under. Meanwhile, studies consistently have found rates for the same procedure done on transgender patients under 19 at less than a third of those done on cisgender patients. (Wright JD, Chen L, Suzuki Y, Matsuo K, Hershman DL. National Estimates of Gender-Affirming Surgery in the US. JAMA Netw Open. 2023;6(8):e2330348.) Clearly cisgender boys have a higher usage rate than transgender boys when it comes to gender affirming surgeries in adolescents, something the bill's authors do not feel the need to address or ban.

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 in our state. Putting these restrictions in state statute would have a devastating 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 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 quality health care that includes transgender youth. Please oppose AB104.

Thank you,
Nick Eliot
54806

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Rae Kalscheuer and I am a constituent in Madison, Wisconsin. I am writing to sincerely ask you to vote against AB 104, a law which will ban gender-affirming care for youths in our state.

As a trans adult who did not seek care in my youth, I cannot give you my testimony as someone who has used that system as a minor. However, as someone currently seeking trans healthcare, I can say that it has been one of the most beneficial things for my mental health in my entire life. This care can change lives and dramatically improve the quality of life for trans people young or old.

This ban is a clear attack on all trans people, not just children. Our state has historically been a leader in the country in extending the rights of women and members of the LGBTQ community. Other states like Texas, which are actively curtailing these rights, have already seen the deadly consequences of removing peoples access to care. Is this a slippery slope you'd like to take a chance on?

I hope you can find it in your hearts to listen to the testimony of the many people who come to you in person and write to you through emails and letters like these. I hope your empathy outweighs your hate. I hope you VOTE AGAINST AB 104.

Sincerely,
Rae Kalscheuer

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Emily Dufner, and I am a resident of Oregon, WI. I've lived in Wisconsin for over 33 years, I received my degree in Biomolecular Engineering from the Milwaukee School of Engineering and I have worked both in the public and private sectors in-state, most recently in STEM with a focus on developing treatments for challenging diseases and conditions.

I am writing to urge you to vote NO on Assembly Bill "AB104." As a Wisconsinite, I am opposed to this bill because it undermines the rights of trans and nonbinary youth, their parents, and their doctors and care providers. Multiple studies including but not limited to the TransYouth Project and the University of York Health Research Authority support that the gender affirming care being targeted by this bill is highly effective at improving the mental and physical health outcomes in the trans and nonbinary youth who elect to pursue care.

The way this bill would have widespread detrimental impacts on the healthcare of trans and nonbinary youth of Wisconsin and would deprive them, their families and medical professionals from making very personal and private medical decisions is unacceptable.

Sincerely,

Emily Dufner

Oregon, WI

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

My name is Anna Spiekerman. I am a lifelong Wisconsin resident, living in Monona, Wisconsin (zip code 53716) and I am submitting this written testimony in opposition of AB104.

As one of your constituents, I ask you all to vote against this proposed bill and leave personal, medical decisions to patients, their guardians and their medical providers.

I encourage you to focus your time and energy creating legislation that addresses pressing health issues within our state like maternal mortality rates and access to healthcare facilities in rural communities.

Thank you,
Anna Spiekerman

3/11/2025

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

My name is Jessica Ross and I am a constituent from Madison. I have lived in Wisconsin for 7 years. There are so many great things about the state of Wisconsin and because I care about our communities, I would like to testify against Assembly Bill 104 and urge you to vote no.

AB104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation. The legislature has no business deciding what medical care people should have access to and they definitely should not be attempting to ban life-saving care, like gender-affirming care.

This bill is important to me, as someone who has family and friends whose children have received gender affirming care. I have witnessed first hand how allowing trans kids to receive the care they need can change their lives for the better. Access to this care has allowed these kids to feel comfortable in their bodies and live as their authentic selves. We need to take care of the youth in our community, rather than trying to strip them of their ability to be themselves and live authentically.

This bill would harm Wisconsin's youth, families, and communities. Instead of banning important care, this committee could focus on any of the number of other health related issues that are actually harming Wisconsinites. Protecting the ability of transgender youth to receive care would be a much better use of this committee's time.

I hope that, by voting no on this bill, the members of the assembly will stand up and protect our youth. Please vote no on Assembly Bill 104. This bill harms our children and, in doing so, all Wisconsinites. Thank you for your consideration.

Jessica Ross
Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the Wisconsin State Assembly Committee on Health, Aging and Long-Term Care,

I am writing to you today to let you know how much I oppose AB 104 that would deny young people the ability to privately access gender-affirming care even with support of their family and under the direction of medical professionals. Having served our Wisconsin communities in hospital chaplaincy and ministry I have worked for and with trans and non-binary people from every walk of life and every other identity. Like any who live with minority status in our country, trans and non-gender binary folks' challenges are real as are their susceptibility to violence, exploitation, victimization and becoming scapegoats for larger, cultural conflicts.

We know that our young people are more vulnerable now than perhaps ever before, and that is precisely why we need to protect the most vulnerable of the youngest of Wisconsin's family. According to a peer-reviewed study published last September by the Trevor Project*, states that pass anti-trans legislation such as AB 104 see a 72% rise in suicide attempts among transgender and nonbinary youth over the five years after the laws take effect. This is not coincidence, as access to supportive medical and therapeutic professionals early in a trans-child's life has been shown to literally save lives, as I'm sure it has many times over in Wisconsin already.**

This proposed law would also further limit the rights of patients, doctors and their families to direct their own health care decisions independent of the reach of government. A person's right to receive, direct, or refuse medical care is an individual liberty emmeshed in the fabric of our democratic ideals which are set up to explicitly limit municipal oversight of our private lives. Given the grave circumstances of extending this right to the government (and thereby removing it from the people) is both immoral and against the best interests of Wisconsin as a whole.

I implore you, please vote against AB 104.

Rev. Erik David Carlson
Kenosha, Wisconsin
In Faith and Gratitude,
Erik

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I oppose AB 104.

My name is Theodore Swetz, a proud resident of the state of Wisconsin. I write to you today in strong opposition to AB 104.

As I read the bill in question I am flooded with ethical questions regarding oppressing the healthcare rights of the young citizens of Wisconsin who are living in a personal healthcare crisis and need our help. These young people are living in a world of non- acceptance, fear, and are at their most vulnerable as they are growing to adulthood. And instead of the state government reaching out to help these young people get the healthcare they are entitled to, I find that this bill shuts them out of the nationally agreed upon standards of care.

I feel the need to testify today because I wanted to respectfully challenge the committee's ethical and moral reasoning that isolates these young adults from getting this vital healthcare. If this bill is passed, instead of helping these deserving young people with their plans to live their lives authentically, the exact opposite will happen. The state, by oppressing the rights of these citizens, will deliver them to a certain agony of daily fear and hopelessness.

I ask the committee to reevaluate what harm this bill will do to all citizens of our state, as we will all suffer from this oppression. I ask the committee to examine their own sense of humanity and empathy. I ask the committee to be compassionate and understand that Trans healthcare is absolutely a legitimate right.

I thank the committee for this opportunity to testify.

Theodore Swetz
Madison, 53716

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

My name is Rebecca Johnson, and I am writing to oppose AB104, relating to prohibiting gender affirming care for minors.

I grew up in Wisconsin and, apart from three years spent living in Indianapolis, I have lived here my whole life. For the most part, I am proud of my home state, but I am incredibly disappointed to see the recent set of bills coming through that are targeting one of our most vulnerable populations - trans youths. As a child, I had a couple of friends and classmates who had complex relationships with gender, a few of whom have since come out as transgender. As an adult, I recognize that most of these friends and classmates had a disproportionately difficult childhood. They were bullied by fellow students, but even worse they were harmed by a society that refused to recognize their right to self-expression. After college, I spent some time teaching where I had the opportunity to witness some of the ways our society has been changing for the better. I had a few students in my classes who identified as transgender, and while there were still bullies (sadly some teachers fell into this category), they often had the support of their classmates and families.

When I saw that this bill was introduced, I thought of my students. This backwards step will make their lives harder, and they have to watch it happen. The bill makes an allowance for healthcare that prevents life-threatening physical illness, but the fact is that gender affirming care saves lives beyond these specific cases. The rate of suicide in transgender youths is horrifyingly high, and gender affirming care has been shown to reduce that rate. If the goal is to protect our children, then why prevent them from accessing life-saving care?

Another thing that bothers me about this bill is that it intrudes on private medical decisions that should be made by youth, their parents, and their doctors. If a trained healthcare professional can see the benefit of gender affirming care for a minor, if their parents support their decision, what right do politicians have to interfere?

Trans youths deserve support and respect. They deserve to be trusted to make decisions about their lives with their parents and doctors. And most of all, they deserve better than to be treated like political pawns.

I urge you to vote against this bill. Thank you for your time.

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Colleen Waydick, and I am a resident of the town of Burke. I've lived in Wisconsin for 48 years.

I am writing to urge you to vote NO on AB104. As a Wisconsinite, I am opposed to these bills because of my family's story and for families across Wisconsin currently under attack.

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.

My child came out as non-binary at age 14, shortly thereafter they came out as transgender. It rocked our world and we fought against it. We found a therapist and started working with them. My child became more and more withdrawn and angry. Their grades started slipping, they started self harming, they gave away all of their things. Their once cluttered room full of Harry Potter, Wizards of Waverly Place and anything else you could think of looked like a cell. By 16 we were afraid of losing them and we reached out for additional help. The providers we talked to spoke with us about gender affirming care, which can look different for each individual. It was too late for puberty blockers but they took the time to explain those to us too.. it allows kids more time to explore their identity before going through puberty (irreversible). We came up with a plan that worked for our family and our child.
We now have a happy and confident 21 year old living their best life. Without gender affirming care, we would not have our child at all.
When I am unsure of something or something scares me (like having a child come out as trans), I research. I read the science, the data, arguments for and opposing each side and I learn. The science, my own personal story and those in our community allow me to feel confident about where we stand. Politicians should not be making medical decisions, it needs to be left to the medical professionals. This is suicide prevention.

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,
Colleen Waydick

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing to express my strong opposition to Bill AB 104. We are Joel Wischhoff and Erin Newcomb. We feel that it is not the place of politicians to make medical decisions for a patient and their family. Transgender youth, along with their parents and doctors should be the ones making these choices.

Thank you for your time and consideration on this issue that is very important to us. We ask that you vote against Bill AB 104.

Sincerely,
Joel Wischhoff
Erin Newcomb
Verona, WI 53593

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I oppose AB104.

My name is Trace Schlax and I want to emphasize the right and necessity of gender affirming care for youth in Wisconin.

I am a 40 year old life long resident of Wisconsin. I'm also a transman. I came out and began my medical transition at the age of 39. I am happier than I have ever been in myself and in my body. Every step I take in relationship to my gender affirmation whether it is a haircut or new item of clothing or the weekly testosterone injection I give myself, is validation that this is who I have *always been*. I have no regrets about starting my social and medical transition. The only regret I have is that I wish I could go back and do my youth over as my true self.

I feel compelled to submit testimony today because I knew then who I was but I could not say it. I could not see it. I was depressed, anxious, and constantly trying to mold myself into someone others liked or approved of or found attractive because I could not square what I knew inside, how I wanted to be with what was available to me. I see old photos of myself and see the pre-teen transboy trying to peek out, only to be rudely snuffed by late 90s anti-gay and anti-trans hate. If I had had access to therapists who could adequately support and understand me and doctors that could provide me with gender appropriate care INCLUDING puberty blockers, I can only imagine how much more joy my 20s and 30s would have held. The freedom and joy of knowing myself, being myself, and being able to focus on all the other things this world has to offer instead of the internal battle that I struggled with for decades instead.

The medical and mental health fields have processes in place, the research, training, and skill sets to back up evidence based practices and decisions when it comes to providing life saving gender affirming care to youths. Let them do their job. Let them care for and provide for a happier, healthier, ALIVE generation of trans youths that can become trans adults.

Thank you for your time.

Trace Schlax, Madison WI, 53714

Written Testimony
AB104 Opposed

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

My name is Rev. Eldonna Hazen. I write to you as a lesbian, a Mom with 3 children (one identifying as non-binary), and a member of the clergy. I have resided in Madison for 19 years, serving the faith community for all 19 of those years.

I have members with many families who have direct experience with children who experience gender dysphoria. These families work diligently with their children/grandchildren/siblings through the process of understanding and living out their authentic self. These situations are not "whims." They are genuine feelings, that often produce such anxiety that their very life is hanging in the balance. When adults fail to recognize and understand what children experience, and support them and help them in understanding their feelings, they question their self-worth. Please understand medical intervention is not done on a whim. It follows meetings with primary care doctors, counseling with and without family, then intervention on the part of specialized doctors. To say this treatment is not needed until they are eighteen is to misunderstand and devalue the amount of work done. The medical providers who serve these families are doing their best to save lives!

The faith community I serve understands the importance of medicine and science, which this bill ignores. Don't tell me there isn't research to back what I am saying, because it is readily available if you are open to learning and not judging without knowledge. The faith community I serve values our young citizens, and affirm them in their own authenticity. When they need medical intervention to save their lives – we support that care!

I also work directly with many families who receive treatment for cancer. There is absolutely no question about the care they need to save their life! I have not seen any bills prohibiting care for cancer patients under the age of eighteen to save lives. I have not seen any bills punishing medical providers from providing care for cancer patient under the age of eighteen. A decision to withhold care for cancer would be cruel. Withholding gender affirming care is just as cruel.

I urge you to oppose this bill! Unless and until you experience the need for gender affirming care in your own lives or the life of your family, you have NO understanding of the care needed to save these young citizens. Please do not try to judge another family's need or pursuit of healthcare!

Thank you for listening to my concerns. I pray that you open your minds and hearts, because you are holding the very lives of your constituents in your hands! Your job is to serve ALL your constituents.

Sincerely,

Rev. Eldonna Hazen
First Congregational United Church of Christ
Home Address
741 Holy Cross Way
Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing to strongly oppose bill AB104, a proposed ban on gender affirming care for transgender youth.

I have lived in Wisconsin for 10 years, serve our community as a professor of human development and family studies and family medicine and community health, and I am speaking on my own behalf as a private citizen.

I strongly oppose this bill because transgender youth and their families should have a right to make private medical decisions with their doctors just like everyone else. Research supports the critical importance of gender affirming medical care for trans youth. Gender affirming care is life affirming care.

Our state has concerning levels of youth mental health challenges, particularly for LGBTQ+ youth, which passing this bill would dramatically worsen. Please invest in programs and policies that can support youth well-being instead of this bill that would take us in the wrong direction by undermining physicians' ability to do their jobs ethically and competently.

Please vote 'no' on AB104 to uphold healthcare decisions as private matters that follow appropriate medical guidelines.

Sincerely,
Larissa Duncan,
Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Kara Hulce, and I am a Wisconsin constituent living in Madison. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the United States and do absolutely nothing but alienate transgender people and create a climate of fear instead of cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. Major medical organizations, including the American Academy of Pediatrics and the American Medical Association, support gender-affirming care as necessary and lifesaving. Restricting access to this care puts young people at risk of serious mental health consequences, including increased rates of depression and suicide. As a mom, I believe every single young person deserves to grow up feeling safe, supported, and able to access the healthcare they need.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. I strongly urge you to stand against any efforts to limit medical options for trans youth. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Thank you for your time,
Kara Hulce

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Assembly Committee on Health, Aging and Long-Term Care,

I am writing as a parent of young children and as a friend to beloved trans people. I also am writing as someone who recognizes the importance of bodily autonomy and the right to privacy. I am opposed to AB104 and I hope that you will vote against it.

My children are young; one in elementary school and one in preschool. At this age, they are starting to express themselves more clearly and understand their gender. To be honest, right now, it seems like they are cis. But if at some point they came out as trans, I would not want this to affect their medical care, their opportunities in education, sports, the arts, or any of the other parts of public and social life that make our lives so rich and meaningful. I fear that AB104, by restricting gender affirming care, would do just that. Gender affirming care is life saving care. It allows people to be most fully themselves, to feel safe and comfortable in their own bodies, and to move safely in the world. I cannot imagine denying this to my children--nor can I imagine denying it to any other person. From my own experience with trans friends, I know that the barriers to care are already high. People do not undergo any sort of care without careful consideration and with the help of a dedicated, expert team. However, if we prohibit this care from being allowed in our state, I fear three things will happen: 1) people will die (trans folks have much higher suicide rates than the general public due to the extreme hatred shown them, and I am unwilling to let more people die due to the ignorance of others)
2) talented, incredible, smart people will leave our state to pursue care for their children elsewhere, and
3) people will turn to unregulated or underground treatments that will endanger their health.

Please do not take this lifesaving care away from anyone in our state.

In addition, I am very concerned about the intrusion into the medical care of any citizen. Medical decisions, like those covered in AB104, should be made only by the care team of a patient, the patient themselves, and if appropriate, the parents/guardians of the patient. The state has no role in these decisions. We should protect the privacy of all citizens while seeking medical care, and not discriminate against the trans community. We need to protect the privacy of our citizens, uphold equality, and dignify our trans friends, family, and neighbors by allowing them the care they desire and need. Please consider the awful implications of AB104 and oppose the bill.

Thank you,
Meagan Parker
Wauwatosa, WI 53213

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I oppose Assembly Bill 104.
My name is Annie Cotten, and I am a resident of the town of Sun Prairie. I am a trans adult and well versed on the issues of gender affirming care. Though I am well into my adult years, I am deeply concerned about opportunities that this bill would remove from trans youth and their parents and families. If for no other reason, this bill should not be considered by the legislature because access to gender affirming care reduces suicidality in trans youth. Mental health counseling and other interventions are no substitute. You are also taking away the rights of parents to make decisions that they think are right for their children. If you truly believe in parental rights, you should believe in the rights of parents to allow their children to do things you do not personally agree with. This is government overreach, pure and simple, something that the conservative members putting this bill forward claim to support. These decisions should be left to parents and the medical health professionals that have studied the issues. Numerous professional medical societies, including the American Academy of Pediatrics, the American Medical Association, and the American Psychiatric Association, agree that access to gender affirming healthcare is necessary and correct. Thank you for taking my testimony.

Annie Cotten, Sun Prairie, 53590

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Thank you, members of the Committee on Health, Aging, and Long-Term Care, for the opportunity to speak today.

My name is Julie Reuss, and I live in Waukesha. I am here to strongly oppose AB104 because it strips parents of their ability to seek necessary care for their children by preventing healthcare providers from offering the medical support these children need for their well-being.

When my daughter came out as transgender in her late 20s, I felt like I had been punched in the gut. I questioned her sanity. I blamed myself, wondering if I had failed as a parent. This was not the life I had envisioned, and I struggled to understand. But ultimately, I knew I had a choice: I could accept my daughter, or I could lose her forever. I chose my child.

It took me at least three years to fully affirm her and show her unconditional love. I can only imagine the challenges parents face when their children come out as transgender at a young age. Unlike my experience, these parents don't have the option of stepping back while their child independently seeks care—they need a whole team of experts to help them navigate this unfamiliar journey.

At the hearing for AB103, a Wisconsin family testified that they initially received care they were unsatisfied with and later found a different provider who confirmed their child was not transgender. These parents had a choice about what kind of care to pursue for their child.

AB104 takes away that choice. It puts the state in control of deeply personal healthcare decisions that belong to parents, children, and medical professionals—not politicians. This is an egregious overreach of government power.

I urge you to vote no on AB104. Thank you for your time.

Julie Reuss

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Youth along with their parents, caregivers and doctors are the ones who should make medical decisions for them, not their legislators. Trans care is complex and unique for each individual. These kids are at a higher risk for suicide and survivors of bullying in school. The current climate is making all of that worse. Banning care for these individuals is cruel and inhumane. Do not ban this care in Wisconsin.

Our daughter struggled with mental health issues in school from a very early age. She received lots of care and support but there were times when we weren't sure she would live to see another day. Now in her early 30's she has been out as trans for several years. We love her and are very proud of the woman she is becoming and the human she is.

Sincerely,

Suzanne

Suzanne Jones
Madison, WI
53713

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Wisconsin Assembly Bill AB104:

Dear Committee Members,

I oppose the banning of gender affirming care for Transgender children under age 19.

There is no truth to the claim that Europe has been pulling back on Transgender Care. New medical guidelines from Germany, Austria, and Switzerland have reaffirmed gender-affirming care for transgender youth. They have also issued sharp critiques of the Cass Review calling out severe methodological flaws and misrepresentations. Please pay attention to the recommendations of all of the American Medical Associations that have affirmed the need for this care. Let us stop the persecution of a group of human beings who just want to live their life.

We have two premier hospitals located in Madison and Milwaukee that our legislators could use to obtain factual information relating to the benefits of gender affirming care.

Healthcare is a deeply personal issue addressed between the patient and their doctors. Policy decisions need to prioritize patient autonomy, informed consent, and the expertise of healthcare providers rather than imposing restrictions that prevent access to medical care.

My wife and I have become close friends with a young family in need of gender affirming care for one of their children. They are suffering deeply and living in fear as a result of the actions taking place in our country to erase these inherent rights for their child.

Robert Rauwald

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I am writing because I oppose the Youth Gender-Affirming Care Ban (AB104).

I am a mother, public school teacher, and ally to the LGBTQIA+ population. I live and work in Mount Horeb. I have also worked as a second grade teacher in the Mount Horeb School District for 28 years. I believe medical decisions should be made between doctors and their patients. Politics should not determine how a medical doctor cares for their patients, nor should a patient be at the mercy of politicians. Banning gender-affirming care is the best way to let trans people know that their livelihood is not as important, or as valued, as their cisgender peers.

Threats being made to their federal funding have caused medical teams to suspend the care of their patients. A doctor should not be coerced into not treating their patients using evidence-based best practices because of politicians. When trans patients are denied gender-affirming care, they are placed at a higher risk of suicide due to the mistreatment, and stigmatization by others, as has been found in numerous studies, one of which completed recently by the Trevor Project. This study showed that states that passed anti-transgender laws aimed at minors saw suicide attempts by trans and gender nonconforming adolescents increase by as much as 72% in the following years.

A vote against gender-affirming care means one of two things: you either believe that trans children do not exist, or you hold in high regard that trans children do not deserve to exist. What an odious message to send to our Wisconsin children, and their families. Oppose bill AB104. A vote to oppose this bill will indeed save lives.

Thank you,
Melissa Olmsted

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I am writing to oppose AB104 (a proposed bill that would prohibit gender transition medical intervention for individuals under 18 years of age).

I am a physician and a scientist. My patient's health goals are important; more important is saving their lives. I am mind-boggled to see this bill presented in defiance of all best medical practice and scientific evidence on the care of transgender individuals.

Adolescents who identify as transgender have high rates of depression, anxiety, eating disorders, self-harm, and suicide. Youth who identify as transgender experience disproportionately high rates of homelessness, physical violence (at home and in the community), substance abuse, and high-risk sexual behaviors. These are children who need trusting relationships with their health care providers to survive childhood and adolescence. They are children who may have disrupted family relationships due to discrimination and abuse. They are children who are already at so much risk, it is shocking to see this bill creating additional hardships in accessing care.

The idea that you would legislate my clinical work and force me to oppose fact-based guidelines that SAVE LIVES is astonishing and horrifying. Even with the caveats you list in this bill, the criminalization of routine medical care will reduce the likelihood that providers will feel safe providing services to transgender youth.

The American Academy of Pediatrics supports gender affirming care. READ THEIR GUIDANCE.

https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected

The American Psychiatric Association supports gender affirming care for transgender youth. READ THEIR GUIDANCE.

https://www.psychiatry.org/getattachment/8665a2f2-0b73-4477-8f60-79015ba9f815/Position-Treatment-of-Transgender-Gender-Diverse-Youth.pdf

The American Psychological Association supports gender affirming care for transgender youth. READ THEIR GUIDANCE:
https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care

Now, MAKE THE RIGHT DECISION. Reject this bill, and protect some of our most vulnerable children from discrimination, harm, and barriers to medical care.

Sincerely,
Dr. Siobhan Wilson, MD, PhD
Middleton, WI

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the assembly,

My name is Caitlin Stietz, I am a small business owner, a proud aunt, and writing to you as a private citizen. I write to you to oppose Bill AB 104 because gender affirming care is necessary, and life saving.

As a professional:
I am appalled that we have legislators that are attempting to regulate who can access gender-affirming care, you are inserting your political beliefs into private and personal conversations between parents and their children, and patients and medical professionals. These laws are not about safety — as the safety and efficacy of gender-affirming care for transgender and non-binary youth and adults is clear. Instead, in ignoring an abundance of scientific evidence and overwhelming support from the medical community, you are attempting to put discrimination into law.

65% of transgender and non-binary youth reported that they have felt discriminated against in the past year due to their gender identity. Rather than protecting kids, these laws are preventing parents and young people from making informed medical decisions, and doctors and health care providers from providing best-practice care to their patients.

Gender affirming care is the treatment standard for gender dysphoria, and has been endorsed by every major medical association in the United States, including the American Medical Association, American Psychological Association, and the American Academy of Pediatrics.

As an aunt:
I will do everything in my power to make sure that my nephew has access to the care and support that he - and every transgender young person deserves. I will fight for him and his rights until my last breath. With this bill, you are telling children that they do not deserve access to medical care because of WHO THEY ARE. I will not stand for the erasure of trans lives, they existed long before me, and they will continue to do so long after I am gone. I know that the children in my life will be able to say that I did everything I could to protect them and make them feel safe, seen, and loved. Will the children in yours be able to say the same?

In conclusion, Bill AB 104 is not a protective measure, it is discriminatory, and will make Wisconsin an unsafe place for our transgender community.

Sincerely,
Caitlin Stietz
West Bend, Wi 53095

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the members of the Assembly Health Committee,

I urge you to vote No on Assembly Bill 104 (prohibiting gender transition medical intervention for individuals under 18 years of age).

Gender affirming care should be the patient's, their parent's, their doctors' realm. What happened to the hippocratic oath to "do no harm" and patient confidentiality? Research shows that gender affirming care saves lives. Apparently the Wisconsin state republican assembly members are less concerned about saving lives than voting on a bill used as a wedge issue that will harm trangender youth. This is shameful. Just introducing this bill will cause harm. Our transgender youth should be supported! Their lives shouldn't be used as a political tool. Many of the medications that this bill seeks to prohibit would continue to be prescribed freely as long as they are not being prescribed to a transgender person for gender-affirming care.

Surely there are more pressing health issues (funding levels, nursing shortage, lack of rural hospital care, lack of overall health care, etc.) than this bill in search of a problem. I don't think it makes sense since almost 5% of the 2025 bills introduced so far in the assembly target trans youth.

Thank you for your time,

Sophia Schmit

Madison, WI 53711

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear esteemed members of the Assembly,

I am a lifelong Wisconsin resident, neighbor, cis gendered woman, educator, mother and human and I am writing as a private and concerned citizen. I write to you to oppose bill AB 104, because this is harmful to trans children and tells our larger community that our transgender youth shouldn't valued and affirmed and therefore can be bullied and put in situations that no individual should have to endure.

I spent last week listening to testimony regarding the other bills that have been brought forth to take away the human rights of our trans youth and community and was brought to tears over and over again by the statistics of how harmful these bills are not only our transgender community but our individuals with disabilities as well. As an educator, I have supported youth who were unfortunately bullied by peers because of their gender identity and expression and it is bills like this that tell our community that bullying is okay. It is not okay! Every child has the right to feel safe…every child.

Also after listening to testimony last week, I was reminded that affirming health care should be available to all, not some. For some reason, some people believe that this bill will protect youth, but that is far from the truth. The science and statistics on how harmful taking away gender affirming care would be are real, not opinions. The same arguments and rhetoric have been used for years, but again it has to stop.

We have to stop creating and passing bills that are harming and endangering our most vulnerable youth, which is why I vehemently oppose this bill.

Lastly, as an educator, we always strive to create lifelong learners and critical thinkers, so I invite each of you to go out and continue to educate yourselves on these issues. Our trans children's lives literally depend on it!

Sincerely,
Emily Golliher
Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives, my name is Jarrod Melaons, I am a Wisconsin constituent and resident of Franksville. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. This bill will not keep children safe, as matter of fact it will do the opposite. Trans youth experience a higher rate of suicidality than cisgender youth, I know this as a matter of fact because I have two friends who were suicidal until they started gender affriming care and transistioned.

Trans boys are boys and trans girls are girls, there has never been and will never be any politician, law, or executive order that would change that reality. Trans people will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Jarrod.

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the Assembly Committee on Health, Aging, and Long-Term Care:

I oppose Assembly Bill 104.

I am writing to oppose the banning of gender affirming medical care for kids.

I'm writing today as a genderqueer woman with several friends who came out as transgender or nonbinary as adults themselves. For some, this came with a new understanding of years of confusing and sometimes frightening mental health struggles that they could have avoided, if they had either recognized that they were trans at all or if they had felt safe and supported to come out when they were kids. While my own gender identity does not drive a personal need for gender affirming medical care beyond talk therapy, I recognize the wish that we had understood ourselves and been understood much earlier. For my friends who have sought additional medical interventions, the long process to access some services even as adults often brings up feelings of regret and even pain that they weren't able to start sooner. It has given us great hope to see kids gain access to the words and ideas and care that affirm them, so much earlier than we did.

On a personal level, I want to make sure the trans and gender-expansive kids can get the support they need, when they need it. I also recognize that attacks on gender affirming care send a chilling signal to kids and adults alike that they/we cannot be trusted to know our own minds or make decisions about our own bodies. But on a logical level, this kind of legislation also goes against proven facts about gender affirming medical care for kids and teens.

It is well documented at this point that access to gender-affirming medical care quite literally saves lives by reducing depression and suicidality among transgender young people. Every major medical organization including but not limited to the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Society for Reproductive Medicine, and the American Psychiatric Association recommends gender affirming care for children and teens who need it, and has spoken out in opposition to bills that would ban or curtail it. Furthermore, accessing gender affirming medical care for anyone, at any age, is not a speedy or impulse-driven process, and this is especially true for youth. The WPATH (World Professional Association of Transgender Health) professional guidelines to doctors ensure that young patients' gender incongruence has been longstanding, they're mature enough to provide informed consent, mental health concerns have been addressed, and that they are aware of potential reproductive health effects. These guidelines also include a process to rule out other possible causes of this incongruence.

With such strong support for gender affirming care among medical professionals and careful, intentional processes to ensure that this care is the appropriate course of action for individuals, the legislature should not interfere with the working relationship between a child, their parents, and their doctor.

Thank you for your time.

Sincerely,
Athena Hughes
Milwaukee, WI 53212

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Emalyn Bauer, I am a Wisconsin constituent and resident of Madison. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. As an educator, I worry about the mental health of trans students in our state. The suicide rate for transgender youth is proof that they need our support now more than ever. As a friend to many trans individuals, I fear for their safety as a result of these legislation proposals.

Trans people exist and will continue to exist. To enact this bill is to enact violence against trans people. As representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Emalyn Bauer

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the Health, Aging, and Long-Term Care committee:

I strongly oppose AB 104.

My name is Jessica Anderson and I am a licensed professional counselor in the state of Wisconsin with over 15 years of experience in the behavioral health field. I am a friend, family member, and a have been a therapist to more than one transgender, gender queer, and non-binary person. They are all kind, caring individuals who are just trying to live their authentic lives. They represent less than 1% of the population and yet 511 bills have been introduced this year to limit their rights and/or criminalize their existence. I want to testify about the significant harm that you will cause by denying youth access to gender affirming care. This bill is dangerous and will lead to the loss of life. Not only that but it puts legislatures in between people and their medical providers, removes bodily autonomy, and limits parent rights.

I recently (as in yesterday) finished a certificate program in sexual health. I started the program, in part, so that I could learn more about working with transgender and non-binary folks. I wanted to be able to provide competent care as there are so few providers that are able to do so which results in long wait times. Lack of access to care can have a detrimental impact on the mental health of a child or teen seeking to have their external appearance match who they are. For most children and teens the social transition is all that they do and for some they may seeking out medical interventions such as puberty blockers or in more rare cases hormone replacement. Gender affirming care significantly improves health outcomes resulting in a 60% decrease in moderate or severe depression, a 73% decrease in suicidality, and a significant reduction in anxiety. The regret rate is quite low—a recent study published in JAMA showed only 4% and this regret was solely about wishing they had chosen a different type of gender affirming care not wishing they hadn't done gender affirming care. This care saves lives.

Ultimately, the legislature has no business deciding what medical care a person can and cannot receive. This should be a decision made between a patient and their medical provider/s. Taking away the bodily autonomy and decision making from youth and their parents is exactly the type of "government over reach" you all always claim that you want to avoid. I am asking you to remove yourselves from the exam room and therapy rooms and allow this bill to die in committee. Allow Wisconsinites to make their own decisions about their medical care.

Thank you for your time.

Sincerely,
Jessica Anderson
Janesville, WI 53548

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing in opposition to bill AB 104. As a parent here in Madison (53726) I think decisions about medical treatment should be between doctors, parents and the children receiving treatment, regardless of their gender identity. Decisions about medical treatment should remain private and focus on individual cases. Seeking to ban care for a particular subset of children is obviously discriminatory and wrong. With due respect, legislators are not experts in the complexities of medical care. Let's keep medical decisions where they belong, in the doctor's office with highly-trained experts, parents who love their children, and the children in need of care.

Sincerely,

Kira Rama

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I am writing to oppose AB104.

My name is Samantha Egelhoff, she/her pronouns. I am a local Madison resident, mental health professional, higher education instructor, and parent.

Over the course of my career in mental health, I have heard many stories from individuals with traumatic experiences growing up behind a mask. Of not being able to exist as their full selves due to family, cultural, or societal suppression. Those individuals grow up to be adults with relationship issues, depression and anxiety symptoms, sometimes even attempt suicide when no other option feels possible. They do not feel they can be who they truly are, who they know themselves internally, so living becomes a lie.

When I heard about this hearing, I knew I needed to submit my testimony and my strong opposition to this legislation. As someone who works daily with individuals in differing stages of crisis and mental health issues, we -- first responders, doctors, mental health professionals, caretakers, government officials -- need to be at the forefront of protecting people, not causing more harm.

Health-care decisions should be made between the youth, their parents, and their doctors. When people are given the freedom of choice, singular acts like taking their own life, no longer appear an option.

I sincerely appreciate your time and attention. Thank you.

Samantha Egelhoff, Madison, 53717

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear gentlemen and ladies,
I am writing a testimony to bill AB104 proposing a youth gender affirming care ban. I am totally against this bill.
My grandson is a transgender college student. If he had not had access to gender affirming care when he was a youth, I believe he would no longer be with us. Because he had the care he needed he now has many friends and excels in his chosen major. He is also one of the most loving and caring people I know. This gender affirming care saves lives! Keep these children alive by stopping this bill in committee and/or voting NO on this ban. You will be saving lives if you do!
Thank you,
Judy Thorpe
Madison, WI 53719

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Kelly Ringhand and I oppose bill AB104. I am a licensed professional counselor and owner of a small private practice. Additionally, I am a mother of a trans youth.

During my career I have provided gender affirming care and written letters to support gender affirming care (hormone replacement therapy, hormone suppressants, surgery, changing gender markers on drivers licenses and so on). I've provided this care for adults and minors. During my time, youth who were provided gender affirming care showed significant improvements in their scoring of the phq9 and GAD. Youth reported less incidents of self harm, as well as reduction in suicidal thoughts and attempts. Denying access to gender affirming care will increase severity of symptoms for co-occurring conditions, increase suicide and incidents of self harm.

Health care agencies and insurance companies put in place their own restrictions and guidelines, to best navigate what is appropriate for youth. In my opinion, gender affirming care should be left to doctors who are trained in best practices with treating this population.

Thank you for your time,

Kelly Ringhand, Janesville 53545

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the Assembly,
I oppose AB 104

I am a mother, social worker, and public health professional, a ban on gender- affirming care, as proposed in this bill is dangerous and detrimental in each of those areas of my life.
As a mom, I want what is best for my children and what IS best for youth is for them to be free to be whomever they are and for all their caregivers, including medical providers, to love, affirm and support them.
As a professional, I know that the statistics for our Trans Youth are terrifying. Trans youth are significantly more likely to attempt and die by suicide than their cisgender peers. The solution to this is actually relatively easy- oppose bills such as this, affirm and support youth, and propose legislation that increases access to gender affirming care.
Thank you for your time,
Ashlee Rahmlow
Oshkosh, 54904

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

My name is Dr. Megan Pickett, and I am a theoretical astrophysicist and chair of the physics department at Lawrence University, where I have worked since 2006. I currently reside in Kimberly. I am also a trans woman, someone who transitioned in 2003. I am writing to once again object to a bill being put forth—the fourth in as many days—to punish trans people, in this case, AB 104, and once again the target is trans minors.

The intent of this bill is clear: the sponsors and the supporters of this legislation want to remove the ability of trans youth to access lifesaving gender affirming care. Despite what I am sure will be said today, gender affirming care is not elective. It is not something done as part of a phase. It is a critical part of an overall health program designed for the physical, mental, and emotional well-being of, *once again*, a small but increasingly vilified and marginalized group.

You will no doubt hear testimony that minors should not be making life-changing decisions, which is a red herring, because these decisions are being conducted with the support and consultation of parents and doctors. In almost any other medical area, I suspect the sponsors of this bill would rather not have government interfere in their lives. Yet trans folks are repeatedly raised to a level of scrutiny and disdain, under a cloak of performative concern.

Someone, no doubt, will mention the Cass Report, and how countries in Europe have used that report to move away from GAC for minors. And yet the Cass Report is deeply flawed, as pointed out by new medical guidelines published last week from Germany, Austria, and Switzerland (link can be found here: https://register.awmf.org/de/leitlinien/detail/028-014). These new guidelines criticize the Cass Report for the lack of expertise amongst those who oversaw the Cass Review and a fundamental lack of transparence regarding its methodology (For another critique, see this review from Yale: https://law.yale.edu/sites/default/files/documents/integrity-project_cass-response.pdf).

The overwhelming consensus regarding treatment of trans people is that Gender Affirming Care is quality of life saving, if not outright lifesaving (for a study from Columbia, see this link: https://www.columbiapsychiatry.org/news/gender-affirming-care-saves-lives). More studies than I can reasonably include on this page have demonstrated time and time and time again that gender affirming care yields positive results, that the regret rates are tiny compared to other much more common procedures, and that surgeries in minors are in any case rare and usually confined to breast reductions of cisgender boys (see Harvard's review: https://hsph.harvard.edu/news/gender-affirming-surgeries-rarely-performed-on-transgender-youth/). Indeed, in that Harvard study, lead author Dannie Dai states: "Our findings suggest that legislation blocking gender-affirming care among (transgender youth) is not about protecting children, but is rooted in a bias and stigma against (transgender) identities and seeks to address a perceived problem that does not exist."

Members of the committee, what this bill is planning to do is cruel, crueler still because it is once again aimed at Wisconsin's youth. One of the members asked at the hearing on AB 102 on

March 11 why people are transgender--though notably, they did not ask the only openly identifying trans woman that question. Had I been asked, I would have told you what the American Psychiatric Association decided two decades ago when they removed Gender Identity Disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM-V): being a trans is part of the diversity of the human experience, and it harms no one. To the extent that trans folks experience suffering, it is usually because of an indifferent or hostile world that wants to eradicate their identities.

I implore you to stop this nonsense. We have so many real problems to address in this state and this country. You do nothing but inflict unnecessary pain by continuing to attack 1 percent of the population who only want to live the kind of rich and rewarding lives we have all been promised as part of the American Dream.

Thank you.

Megan K. Pickett
Associate Professor and Chair,
Physics Department
Lawrence University

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Allison Wilson, I am a Wisconsin constituent and resident of Eau Claire. I am submitting a written testimony against Assembly Bill 104 of proposed in the State Assembly, with a hearing meeting on March 12, 2025.

AB 104 is clearly crafted as a youth trans gender affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. Gender affirming care saves lives. Families jump through many hoops to access gender affirming care. Their decisions are not made lightly. Trust them!

Trans people have existed, exist now, and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives of Wisconsin, I ask you acknowledge all of the transgender people you represent, and in good conscience vote against bill AB 104.

Sincerely,

Allison Wilson

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I am a Licensed Clinical Social Worker and practicing psychotherapist in Appleton, Wisconsin. I specialize in suicidality and have dedicated my career to serving individuals across all populations, including gender-diverse youth. I am writing in strong opposition to Assembly Bill 104, which seeks to ban gender-affirming medical care for minors.

I want to acknowledge that discussions around gender-affirming care often stem from a shared concern for the well-being of children and adolescents. As someone who has worked directly with youth and families navigating these decisions, I share that concern. However, I must emphasize that the portrayal of gender-affirming care as rushed or irresponsible is simply not true. In my experience, minors do not undergo gender-affirming medical interventions without significant and thorough evaluation by multiple providers.

Before any medical intervention is considered, mental health professionals conduct comprehensive assessments, evaluating mental health stability, insight, history of suicide and self-harm, substance use (AODA), support systems, amongst many other variables. Families are deeply involved in this process, and medical decisions are made carefully and deliberately, following well-established clinical guidelines. The idea that minors are hastily undergoing surgeries or irreversible treatments is a misconception. In reality, surgical interventions for transgender youth are exceedingly rare, with the majority of gender-affirming care at this stage consisting of social support, therapy, and, in some cases, reversible puberty blockers.

The mental health benefits of gender-affirming care are well-documented. Studies have consistently shown that access to this care is associated with lower rates of depression, anxiety, and suicidality. A 2021 study published in JAMA Network Open found that transgender adolescents who accessed puberty blockers had a 73% lower risk of suicidal ideation. Similarly, a 2022 study in The Lancet Child & Adolescent Health found that gender-affirming hormone therapy significantly improved mental health outcomes and reduced psychological distress. These findings are not just abstract statistics—I have personally seen them to be overwhelmingly true and accurate throughout my career.Transgender youth who receive appropriate, affirming care experience relief, stability, and a renewed sense of hope for their future.

Furthermore, research on gender-affirming surgeries in adulthood has demonstrated high levels of satisfaction. A 2021 study published in JAMA Surgery found that 98% of individuals who underwent gender-affirming surgery reported satisfaction with their results. To put this in perspective, the satisfaction rate for total knee replacements—a common, life-enhancing surgery—is around 85%. The misconception that transgender individuals frequently regret their medical decisions is not supported by the evidence.

It is also important to recognize that the majority of transgender minors are not receiving medical interventions. The notion that large numbers of youth are undergoing surgeries or irreversible treatments is misleading. For most, gender-affirming care consists of supportive therapy, social affirmation, and, when clinically appropriate, carefully considered medical interventions under the guidance of experienced professionals.

Beyond the devastating personal impact of restricting access to this care, there are also financial consequences. Studies indicate that denying gender-affirming care leads to increased healthcare expenditures due to untreated mental health conditions, emergency room visits, and hospitalizations. A cost-analysis study in Pediatrics (2022) highlighted that failing to provide gender-affirming care places an additional financial burden on Medicaid and state-funded healthcare programs. Ensuring access to appropriate care is not only a moral imperative but also a fiscally responsible decision.

As a mental health professional committed to the well-being of Wisconsin's youth, I urge you to reject AB104. This bill does not protect children—it places them at greater risk. The evidence is clear: gender-affirming care is a life-saving, well-regulated medical practice grounded in decades of research and clinical experience. I implore this committee to prioritize the health, autonomy, and dignity of transgender youth by opposing this harmful legislation.

Thank you for your time & consideration.

McKenna Garvey, MSW, LCSW, PMH-C

Hobart, WI, 54155

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Katie Meier. I am a Wisconsin constituent and resident of Madison, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12, 2025.

AB 104 is clearly crafted as a youth trans gender affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. We have so many more important issues we should be focusing on rather than discriminating against a very small portion of the population. Times are extremely challenging right now, and we are counting on our elected officials to do their jobs and focus on what truly matters. This isn't it.

Trans people have existed, exist now, and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives of Wisconsin, I ask you to acknowledge all of the transgender people you represent, and in good conscience vote against bill AB 104.

Sincerely,
Katie Meier

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Johnny Dedrick. I am a Wisconsin constituent and resident of Madison, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12, 2025.

AB 104 is clearly crafted as a youth trans gender affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. We have so many more important issues we should be focusing on rather than discriminating against a very small portion of the population. Times are extremely challenging right now, and we are counting on our elected officials to do their jobs and focus on what truly matters. This isn't it.

Trans people have existed, exist now, and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives of Wisconsin, I ask you to acknowledge all of the transgender people you represent, and in good conscience vote against bill AB 104.

Sincerely,
Johnny Dedrick

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I am writing to oppose AB 104 because it undermines the rights of transgender youth to receive the gender-affirming care they need, which is supported by medical professionals and recognized as essential for their well-being. By allowing politicians to interfere in private medical decisions, it disregards the expertise of healthcare providers and the autonomy of families in making informed choices about their child's health. Gender-affirming care is a proven, life-saving intervention that can reduce the risk of mental health issues, including depression and suicide, among transgender youth. Politicians inserting themselves into this process not only harms the individual rights of transgender youth but also undermines the trust between patients, families, and medical professionals, which is crucial for effective healthcare. Please help save the lives of transgender youth by opposing AB 104.

Sincerely,

Houa Yang, Youth Advocate

Madison, WI 53713

3/12/2025

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

I am testifying in response to AB104. Personally, I find it abhorrent, irresponsible, and wasteful in regards to taxpayers' money

I have friends, associates, and probably even colleagues who are transgender, whom I wish to see live in peace. To say nothing of the fact that medical treatment is already shoddily-available at the best of times

This bill, again, will be nothing but an entirely wasteful, fruitless, pointless act of cruelty to a community that does nothing but strengthen this State's well-being, at the behest of people, who ast best no nothing about which they speak.

A better use of our funds would be to enshrine laws protecting transgender people's access to healthcare, or at least listen competent medical professionals who tend to transgender people's needs.

Thank you for your time; have a good rest of your day

James Drummond of Wauwatosa, 53213

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear representatives,

My name is Kelly Todd and I'm a Wisconsin constituent and resident of Milwaukee. I'm submitting written testimony against Assembly Bill 104 proposed in the State Assembly with a hearing on March 12th, 2025.

AB 104 is clearly crafted as a youth gender affirming care ban. These bans come at a time of unprecedented anti-trans legislation across the U.S. and do nothing but alienate and persecute transgender people and create a climate of hostility and fear.

As one of your constituents, I implore you to vote against AB 104. Major medical associations, including the American Medical Association (AMA), American Academy of Pediatrics (AAP), American Psychiatric Association, The Endocrine Society, the World Professional Association for Transgender Health(WPATH), and GLMA: Health Professionals Advancing LGBTQ Equality, support the provision of gender-affirming care for transgender and gender diverse individuals. Access to affordable gender affirming medical care is life-saving and life-sustaining for transgender people.

Trans people exist and will continue to exist. To enact this bill is an act of cruelty and violence against trans people. As a representative of Wisconsin, I ask that you acknowledge all the trans people, and their families and loved ones, you represent, and in good conscience vote against Assembly Bill 104.

Sincerely,

Kelly Todd

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

I am writing to you, as a concerned citizen and healthcare provider, to vehemently oppose the introduction of AB104 Youth Gender Affirming Care Ban. I am a Licensed Clinical Social Worker (LCSW) and work as an outpatient mental health therapist in Appleton, Wisconsin. I am also a Board Certified Transgender Care Therapist and have worked directly with gender diverse youth, adults, and their families daily for the past 5 years.

This bill will cause harm to all Wisconsinites, but will especially cause severe harm to trangender, non-binary, and other gender non-conforming children in our state. There is no doubt that if passed, the bill will do the following:

1. **Increase Physical Violence/Harassment/Bullying/Discrimination against children**
    a. In the past year alone, 28% of transgender and nonbinary youth were **physically assaulted and/or threatened with physical violence** because of their gender identity. 65% of transgender and nonbinary youth have been **discriminated** against because of their gender identity.
    b. 32% of LGBTQ+ youth were **verbally harassed** at school because of their identity.
    c. Over 75% of LGBTQ+ youth avoid school and school activities because they **feel unsafe at school.**
    d. 70% of transgender and nonbinary youth reported **avoiding bathrooms at school** because of they felt unsafe and uncomfortable.
        i. 54% of students experienced **physical health symptoms** (kidney infections, dehydration, UTI, etc) because they felt unsafe to use the restroom.
    e. Transgender people are 4x more likely to be the **victim of violent crimes,** including sexual and physical assault.
    f. 25% of violent assaults against trans women are **hate crimes.**
2. **Worsen Youth Mental Health**
    a. Due to increasingly hostile political environment, social stigma, and rejection from family and peers, 46% of transgender and nonbinary youth **seriously considered attempting suicide** in the past year.
    b. 18% of transgender boys **attempted suicide** last year, followed by 14% of transgender girls, and 13% of nonbinary or genderqueer youth.
    c. LGBTQ+ youth who experienced bullying were **3x more likely to attempt suicide.**
    d. Youth who experienced discrimination because of their gender identity were **more likely to attempt or complete suicide.**
    e. Youth who were physically attacked because of their gender identity **more likely to attempt or complete suicide.**
    f. 59% of transgender and nonbinary youth experienced **depressive symptoms** last year.
    g. 71% of transgender and nonbinary youth reported significant **symptoms of anxiety** last year.
    h. 90% of queer youth reported that their mental health and well-being was **negatively impacted by political events.**

3. Reduce number of healthcare providers in the state, resulting in worse health outcomes for ALL residents
    a. Doctors, nurses, physicians assistants, therapists, and other healthcare providers will **leave the state** if these bills are passed. We have seen this already following the Dobbs decision, when 11% of providers targeted by restrictive abortion laws left their state.
    b. Access to healthcare will continue to decrease, as states with laws that threaten healthcare professionals also see **less applications** to medical schools, residency programs, and other professional graduate programs.
    c. Doctors who provide gender affirming medical care for transgender and nonbinary youth ALSO provide medical care for cisgender children, families, and adults. These providers are often **specialists**, including endocrinologists, that provide critical treatment for many other conditions, such as diabetes.

So what actually helps these kids?

1. Following the guidance of medical professionals, professional organizations, and basing policy decisions on research.
    a. All major medical associations are in support of and endorse access to gender affirming care for minors, including the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, American Nurses Association, American Psychiatric Association, American Psychological Association, The Journal of the American Medical Association, National Association of Social Workers, Journal of the American Academy of Pediatrics, World Health Organization, World Medical Association, and World Professional Association for Transgender Health.
2. Having supportive spaces and affirming adults who accept them for who they are and allow them to express their gender identity.
3. Having access to healthcare prescribed by their physician
4. Not having their identity debated by politicians and constantly feeling that they are being legislated out of existence in this state

The health and well-being of children in our state is a bipartisan issue. I know that every member of this committee truly cares about having happy, healthy kids in our communities. The facts, research data, and guidance of medical professionals is and has been very clear: it is imperative that transgender youth have access to gender affirming healthcare. I understand there may be ideological differences and that there is fear of a concept, such as gender diversity, that one may not be familiar with. I encourage anyone to reach out and speak with a medical professional about this issue for clarity, as there is a lot of fear mongering and untrue information about this topic. Again, I strongly oppose AB104. Thank you for your time.

Sincerely,

Morgan Gald

Morgan Gald, LCSW
Appleton, WI 54914

Sources:

https://docs.legis.wisconsin.gov/2025/related/proposals/ab104.pdf
https://www.thetrevorproject.org/survey-2024/#anxiety-by-gender
https://reports.hrc.org/an-epidemic-of-violence-2024
https://williamsinstitute.law.ucla.edu/press/ncvs-trans-press-release/
https://forge-forward.org/wp-content/uploads/2020/11/Supporting-LGBTQ-Youth-is-Violence-Prevention.pdf

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Jill Nagler and I'm a resident of Madison, WI, 53719 and lifelong resident of Wisconsin.

I write to you in staunch opposition to AB 104.
All children deserve to feel safe, including transgender children.
This bill threatens transgender children's safety in no uncertain terms.
Gender-affirming care is lifesaving and life-giving.
And medical information, advice, and treatment plans are private between a child, their doctor, and their parents/guardians.
I imagine that for those of you who have kids, that you certainly wouldn't want legislators to be making decisions about your child, especially healthcare decisions.
You all have no business making healthcare decisions for other people's children.
Most transgender kids just want the freedom to explore their gender, which we should support in consultation with their healthcare teams to ensure the best decisions are made for children's wellbeing.
Children deserve the chance to live their best lives, and for some children that means allowing them access to gender affirming healthcare and support.

Please act with humility, ethics, sensibility, and compassion and end this assault on the transgender community in Wisconsin.

With gratitude,

Jill

They/Them

March 12, 2025

3/12 2:00 pm - AB 104- Committee on Health, Aging & Long-Term Care – 417 North (GAR Hall)

Re: In opposition of AB 104

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 AB104 because of the harmful impact it will have on Trans youth and their families, and on physicians' ability to provide medically necessary care.

According to the Trevor Project's 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People, 90% of LGBTQ+ young people said their well-being was negatively impacted due to recent politics. In the state-by-state breakdown of this survey, 40% of Wisconsin LGBTQ+ young people reported that they or their family have considered leaving for another state because of LGBTQ+-related policies and laws, including 45% of transgender and non-binary young people.

My anti-violence program serves hundreds of LGBTQ+ people across the state of Wisconsin each year. When elected officials at any level say harmful things about the Trans community or introduce legislation that will impact their rights, our program sees an increase in Trans people and their loved ones reaching out to us for support. This includes loving parents who want what is best for their child, including medically necessary care, and who are terrified about negative consequences that restricted access to gender-affirming care will have on the mental health and wellbeing of their children. So far in 2025, my program has received more crisis calls related to anti-trans legislation and executive orders than ever. Our work experience is in alignment with the Trevor Project data that says legislation like AB104 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 as a professional 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 104.

Respectfully,

Reiko Ramos
400 N Richmond St, Suite B Appleton,
WI 54911

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Emily Hagenmaier. I am a constituent, resident, and enthusiastic voter in Middleton, WI. I am submitting this written testimony against AB104 proposed in the State Assembly, with a hearing meeting on March 12.

I am a healthcare provider with over 20 years of experience. I have also worked as a consultant for Sesame Street Workshop for the past 6 years. I am deeply committed to the well-being of children, parents, and families in our community, nationally, and globally.

AB104 is a harmful and inappropriate use of legislation. It seeks to strip away the rights of families, supported by healthcare providers, to make vital and important healthcare decisions. Gender affirming care is strongly supported by the American Medical Association and the American Academy of Pediatrics. As a healthcare provider, I am deeply concerned about the increase in severe mental health concerns in our youth. Banning medically and psychologically supported gender affirming care will only exacerbate a growing public health crisis and lead to preventable suffering and death.

As a parent of a brilliant, compassionate transgender 13 year old, I have personally witnessed the thoughtful, skillful support of providers at UW Health. Our family has received extraordinary care by every single provider-- nurses, nursing assistants, Child Life Providers, pediatricians, and specialists. This gender affirming care has transformed my child's life and contributed to the well being of our entire family. I wish this level of care for every family. As elected leaders in our state, you have the power and opportunity to support the well being of families. I ask you to oppose AB104 and continue to support healthcare providers and families in honoring and caring for our youth.

Thank you for your generosity in considering my testimony.

Sincerely,

Emily Hagenmaier

Middleton, WI 53562

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I oppose Bill AB104.

My name is Rachelle Balge and I want to testify on the behalf of Trans Youth having access to healthcare.

I became a mother and my fierceness to protect and love my child unconditionally has never wavered. In order to get access to healthcare that Trans youth need to feel at home in their body, literally saves their life. Did you know that 82% of transgender individuals have considered killing themselves and 40% have attempted suicide? Transgender youth need acceptance. The team of doctors , parents, and therapists all are experts on the child or youth receiving healthcare. Stay out of our children's doctor appointments. We are fighting to make sure our Trans Youth feel safe, loved and accepted. Continuing to attack an already small minority is causing great harm. I beg of you, especially if you are pro-life to keep our children alive, that includes our Trans Youth. We do not pick and choose which children deserve healthcare, that includes our Trans Youth.

I feel a great call to testify because I know the beautiful children of Wisconsin, especially our Trans Youth need to know they have many parents like myself who will continue to fight for their right to life saving healthcare. This bill is an attack on an already vulnerable minority. I ask you, have you sat and listened to a healthcare provider discuss how gender affirming healthcare saves lives? I recommend understanding and thinking about your own children/loved ones. Would you want them alive? That is the reality, a lot of Trans folks who can't receive care are at risk of taking their lives. Please let them live safe and joyfully.

After-all, Liberty and justice for all- that is what America stands for? Trans youth deserve to live in peace. Being a kid or teen is hard enough.

Rachelle Balge
She/Her/Hers
Middleton, Wi 53562

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Anne hoppe, I am a Wisconsin constituent and resident of Monona. I am submitting a written testimony against Assembly Bill 104 proposed in the Sate Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. For the mental health of those who it will effect it is of great risk of suicidality without the proper care of trans health.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely, Anne Hoppe

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I oppose AB104 and I ask you to do the same.

We are the proud parents of a joyful, well-adjusted teenage daughter, who also happens to be transgender. AB104 is promoted as a bill designed to protect kids - when in reality it does the exact opposite. This bill purposefully attacks our daughter's very existence, by removing critical tools and healthcare options she needs access to. If passed, this bill will cause irreparable harm to our child, our family, and many families like ours.

Seeking out healthcare for our child isn't something we forced upon her. Every single decision regarding our daughter's health has been exhaustively debated, discussed, and dissected for years before we choose a course of action. Nothing happens without extensive input from doctors, therapists, specialists, and of course - our daughter.

The cruelty of this bill goes beyond punishing trans kids. It also criminalizes parents for doing the very thing that parents SHOULD do - which is advocate for the safety, health, and well-being of our children. My wife and I will never stop fighting for our daughter's right to not only exist, but thrive.

So, on behalf of myself, my wife, our daughter, and her support team, I strongly encourage you to oppose AB104.

Thank you for your time,

SC
Middleton
53562

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I strongly oppose AB104 and ask you to do the same.

I would like to testify against this bill prohibiting health care professionals from providing medical interventions to minors that attempt to align their physical characteristics to their internal experience of gender in order to treat severe gender dysphoria.

I am a former school administrator who previously would have argued in favor of this bill. However, as I have gotten to know many transgender people in the last several years, I understand how for some, their gender dysphoria has been lifelong, and only medical intervention helped relieve their pain and suffering. This included getting to know a preschool student in my school who identified as a girl from the moment she could talk, despite being assigned male at birth and having no known intersex condition. My interactions with this child and her parents helped me better understand how little we know about the pieces of us that make up our biological sex and gender identity. For people like this child, denying gender affirming care will potentially deprive her of a lifetime of feeling comfortable in her skin and being perceived as the girl and later, woman, that she knows herself to be. Transgender people have existed forever, and only now is the legislature deciding to regulate their existence because they have become a scapegoat for assumed problems with accepting people for who they tell us they are.

Certainly, gender dysphoria is a complicated mental health condition, but mental health is as valid as physical health, and this bill attempts to deconstruct holistic health care practice, substituting the judgment of the state legislature for the judgment of the scientific and medical community and the will of parents to get their children appropriate mental and physical health care to treat their condition.

Can and should conversations be had about the risk, the possible consequences down the road should someone (typically a very small percentage) want to detransition? Absolutely - those conversations should occur between the child, parents, mental health care provider, and doctors, and decisions should be made considering the risks AND the benefits, of which there are many for someone suffering with severe gender dysphoria. This decision should always be made by health care professionals up to date with the science, and parents and children who know themselves and their unique circumstances - not by legislators who often have no medical or mental health training and often little experience with gender dysphoria themselves.

Thank you for considering my testimony.
Erin Freiberg, Middleton, WI 53562

March 12, 2025

To the members of the Committee on Health, Aging, and Long-Term Care,

As Wisconsin physicians, nurses, and social workers, our work is dedicated to supporting the health and wellness of children. With that priority, we strongly oppose AB 104.

It is important to note that both the introduction and passage of bills that oppose gender-affirming medical care, like AB 104, cause harm. Further, these bills lay the groundwork for interfering with parental rights in medical decision-making in all areas of healthcare.

Gender-affirming care for youth is evidenced-based and has broad support across all major medical professional associations, including the American Medical Association, American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, the Endocrine Society, the Pediatric Endocrine Society, the American Association of Family Physicians, and many others. These groups recommend an affirmative model of care that supports a patient's identity and follows a multidisciplinary, individualized approach with involvement of mental health professionals, patients, and their families in decisions about puberty suppression and/or gender-affirming hormone therapy. The implementation of these recommendations has been demonstrated to improve the psychological health and well-being of transgender youth;[1,2] these treatments are medically necessary and potentially lifesaving.[3]

Over 85% of transgender and nonbinary young people in a nationwide poll said legislation aimed at restricting access to their health care and rights has harmed their mental health.[4] State-level legislative protections for LGBTQ+ health are associated with decreased rates of depressive symptoms and considering and attempting suicide among lesbian, gay, bisexual, and unsure youth.[5] In our clinics, we're already seeing the devastating impact that discussions about limiting access to gender-affirming care are having. The young people we care for worry about losing access to health care that has improved their mental health and quality of life. Parents of transgender youth worry that they won't be given the choice to spare their children from unwanted, irreversible pubertal changes that may lead to the need for more invasive procedures in the future.

Our government has no right to interfere in private health care decisions made between doctors, parents, and patients. When extremists in Arkansas tried to pass a nearly identical ban to the one proposed in our state, Arkansas' Republican Gov. Asa Hutchinson vetoed it, noting these

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[1] Summary: https://www.psychologytoday.com/us/blog/political-minds/202201/the-evidence-trans-youth-gender-affirming-medical-care

[2] https://www.nejm.org/doi/10.1056/NEJMoa2206297

[3] https://pmc.ncbi.nlm.nih.gov/articles/PMC7073269/

[4] https://thehill.com/changing-america/respect/equality/589067-anti-trans-legislation-negatively-impacted-mental-health-of/

[5] https://www.jahonline.org/article/S1054-139X(24)00574-3/fulltext

bills are "vast government overreach," and that bills such as AB 104 represent "new standards of legislative interference with physicians and parents as they deal with some of the most complex and sensitive matters involving young people."

We all deserve the health care we need without harassment and political interference. Our elected officials must put the well-being of their constituents above political agendas and reject these efforts before more harm is done to Wisconsin's children. As experts in the care of transgender youth, we strongly urge legislators to commit to the health and well-being of all children by opposing this harmful bill.

Sincerely,

Brittany Allen, MD
Madison, WI 53715

Jennifer Rehm, MD
Madison, WI 53715

Erin Gutowski DO, MPH
De Soto, WI 54624

Evelyn Kahl, RN
Madison, WI 53704

Ronni Hayon, MD
Madison, WI 53704

Carson Borbely, MSW, APSW
Madison, WI, 53704

Ellen Selkie, MD, MPH
Madison, WI 53705

Becca Warwick, MD
Fitchburg, WI 53711

This statement represents the view of the above individuals and not the view of our employers.

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Mary Manchester. I live in Oshkosh; zip code 54901. As the parent of a non-binary child, I've witnessed firsthand the challenges that come with living authentically outside of a binary gender framework. My child, like so many others, deserves to have their identity recognized and respected in all aspects of life—at home, in school, and in society. The proposed WI bill AB104 threatens to undermine the basic human rights of my child and others like them by restricting access to affirming healthcare and education that supports gender-diverse youth.

This bill creates unnecessary barriers for children and families who are simply trying to navigate the complexities of gender identity in a world that often doesn't understand or accept differences. By limiting access to gender-affirming care , AB104 harms the mental, emotional, and physical well-being of trans and non-binary children. Gender-affirming care is supported by every major medical association in the US, including the American Medical Association, American Academy of Pediatrics, American Psychiatric Association, The Endocrine Society, and The American Academy of Child and Adolescent Psychiatry. As a parent, my priority is to ensure that my child feels safe, supported, and able to express themselves authentically. This bill goes against those fundamental values and places undue stress on families who are already working hard to support their children. Medical care should be between parents, their child, and their doctor. The government has no place interfering in what is life-saving care. We must protect our children's right to exist as their true selves without fear of discrimination or this harmful legislation.

Thank you for your time and consideration,

Mary Manchester

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Members of the Assembly,

I am writing to you to oppose AB 104. The wording of AB 104 goes against the recommendations of the American Academy of Pediatrics, which recommends gender affirming care for transgender and gender-diverse youth. This includes psychological services as well as hormone treatments and puberty blockers. These treatments are all reversible and have been used for cisgender children for years. In reading the bill, I could not find any exception for cisgender girls who have used puberty blockers to delay early onset of puberty symptoms, or cisgender boys who have increased testosterone due to low testosterone levels. This is also gender-affirming care and may result in cisgender children and youth being scrutinized and harassed and/or their parents or pediatricians coming under legal action along with parents of transgender and gender-diverse youth and medical professionals who treat them.

Gender-affirming care is based in years of medical research and evidence, whereas this bill is not. This bill is based in fear and harm and under the guide of protecting children, when multiple studies have shown and the American Academy of Pediatricians has stated repeatedly, the best way to improve the mental health and well-being of transgender and gender-diverse children and youth is to offer comprehensive gender-affirming care.

As a minister, I believe every one of us is made in the image of God and that goes beyond gender. I am concerned with the high rates of depression and suicide among our transgender and gender-diverse children and youth. Those rates decrease dramatically when they have access to appropriate care provided by medical professionals who understood the complexity of biology with mental well-being. This is a decision to be made between doctors, patients, and parents/guardians, not by legislators. This bill causes even more harm to a minority population that already feels discriminated against.

Please, I urge you to oppose this bill for the sake of all our kids, and let medical professionals examine evidence and determine appropriate care.

Thank you for your time and consideration.

Rev. Mindi Welton-Mitchell

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the Members of the Assembly,

I am writing to oppose Assembly Bill 104, a piece of legislation that proposes to ban a family's right to make its own healthcare decisions for their children.

I have lived in Wisconsin all my life and am speaking on my own behalf as a concerned citizen, neighbor, and parent.

I am fortunate to have several transgender kids and their families in my life. These kids are kind, thoughtful, funny, and smart. And their parents are loving and fiercely supportive and want the best in life for their kids, just as every parent does.

To be their full, authentic, joyful selves, these kids require the gender-affirming medical care that AB 104 seeks to prohibit. Passing this bill would cause them & their families serious undue harm.

It is my understanding that the intent of this bill is to protect children, but it confusingly does the opposite. It would take away a parent's right to make the best choices about essential health care for their child and force them to ignore the guidance of professional medical doctors. This is an egregious overreach of the role of state government. The right to make health care choices for children should belong to parents and their doctors, not the government.

This bill also contradicts the guidance from major medical organizations that have consistently affirmed that gender-affirming care is evidence-based and often life-saving. This medical care is necessary and helpful, not harmful, as the bill suggests. Furthermore, in states that have passed bills like this one, we have seen a clear correlation between the denial of basic health care for transgender youth and a spike in depression and suicide rates. Surely, it is not the intent of this legislative body to disregard medical expertise and willingly inflict harm on already vulnerable transgender youth and their families. Surely this does not represent the values of the Wisconsin we all know and love.

Please reject this harmful bill and preserve the fundamental rights of all Wisconsinites.

Sincerely,
Maggie Fitzsimmons
Madison, WI 53704

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Isabella Palange, I am a Wisconsin constituent and resident of Madison. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the country and alienate transgender people, creating a climate of fear.

As one of your constituents, I implore you to vote against this proposed bill. I have a young niece and nephew, one of whom has just started kindergarten. I see how free and fluid they are with their gender expression as children, how they are not hindered by social limitations about what it means to be a "boy" or a "girl." These societal expectations start to come into play as soon as children reach school age. I always want my niece and nephew to feel free to express their genders in a way that is authentic to them, and I fear what this bill would mean for them. if they ever expressed a need for gender-affirming care.

As representatives of Wisconsin, I ask that you acknowledge all of the trans people that you represent and in good conscience vote against AB 104.

Sincerely,

Isabella Palange
Resident of Madison (53703)

March 11, 2025
To: Wisconsin Assembly Committee on Health, Aging and Long-Term Care
Regarding **AB104 for gender affirming care for youth**

Dear Committee Members,

I am a retired family physician. I treated all ages of people in Wisconsin from 1995-2005 in my family practice, then adult veterans from 2006-2023. During the first 10 years of my practice I had the joy of serving pediatric patients who saw me alongside their parents and guardians. A few of these patients had gender dysphoria. During this time, we were somewhat early in our science of gender identity. Medical knowledge has progressed significantly. I would hear my patients' distress due to a mismatch between their gender and the gender assigned at birth. I would work with the family to refer to psychologists and endocrinologists to help evaluate their needs. I never had a patient who was being forced by someone else to consider an alternative gender from the one assigned at birth.

The American Academy of Family Physicians, my medical board, always supported us in providing gender affirming care to our pediatric patients. I recall some of my patients knowing at an early age, 5-6 years old, that they felt something was not right. They felt more at ease, safe, and happy when allowed to express themselves in different ways than initially raised (clothing, hairstyles, playgroups, toys). When parents learned more about this, with the help of psychologists, they were able to better understand their children. Kids whose parents approached this with more willingness to understand definitely had an easier time adjusting, compared to those whose parents were not willing to explore the issues. Because I have remained living in LaCrosse County for the past 30 years, I am still in contact with some of these families in our community.

Learning about early care and medical decision making is crucial for pediatric patients with gender identity concerns. Endocrine therapies that affect voice change and breast development can have far-reaching help when provided before puberty begins. It takes an incredible amount of preparation with psychologists to enter into that kind of decision, as well as any decisions on surgical changes that may or may not take place. Not every child seeking gender affirming care goes on to want hormones or surgery. They should be allowed the option to learn the risks and benefits of gender affirming care, and this learning should take place as early as a child is experiencing distress. With careful counseling, families can move forward with strength rather than fear.

I oppose the proposed gender affirming care ban for youth. Please allow Wisconsin doctors, nurses, and psychologists to continue to provide gender affirming referrals and care to patients under age 18.

Sincerely,
Rachel Teske MD
Rachel Teske, M.D.
Onalaska, WI

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

March 12th, 2025
Dear members of Assembly Committee on Health, Aging, and Long-Term Care,
My name is Gavin Rice, I live in the city of Milwaukee (53207), and I am writing to ask you to vote NO on AB104.
I am very much your average cisgender heterosexual middle-aged white male, so you might wonder why I care. I am a healthcare professional, and I work with, am friends with, and care for members of the transgender community. I encourage you to speak to and listen to them and the parents of transgender youth. Gender affirming care saves lives and improves lives, and at this point you should already be aware of how solidly the statistics support this.
If nothing else, you should agree that decisions like this should happen individually, between patients and professionals, and not be broadly determined by the state.
Thank you for your time,
Gavin Rice

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

We strongly oppose Assembly Bill 104. Standard trans healthcare practices have been approved and supported by every major medical association. There are decades of research supporting its use and effectiveness. Hormone therapies are commonly used throughout the general population. Limiting who can and who cannot receive that medical treatment seems an egregious abuse of government's power.

This cruel and relentless onslaught of anti-trans bills are an insult to the many Wisconsin voters, like us, who would like you to use your valuable time as our representatives to focus on legislation that improves the lives of ALL Wisconsin residents, not focuses on discriminating and harassing our trans neighbors.

We urge you to vote NO on AB104.

Sincerely,

John and Deb Laurence
Stoughton WI 53589

Vivian Nguyen

Regarding the Committee on Health, Aging, and Long Term Care

March 11, 2025

To the members of the Committee on Health, Aging, and Long Term Care:

My name is Vivian Nguyen, and I am a healthcare trainee and resident of Madison, WI. **I strongly oppose Assembly Bill 104 and encourage you to do the same.**

This bill unjustly targets and discriminates against transgender youth. A 2022 study in the Journal of the American Medical Association found that gender-affirming care for adolescents aged 13-20 was associated with a 73% lower risk of suicide (Tordoff, 2022). The treatments being restricted by this bill are critical for both the mental and physical well-being of our youth.

As a healthcare trainee, this bill undermines the provider-patient relationship and obstructs physicians from delivering evidence-based care. Medical professionals have an ethical duty to provide competent, science-based treatment to **all patients, including transgender youth**. If passed, this bill would foster healthcare discrimination, increase barriers to essential care, and contribute to severe consequences like depression and suicide.

My loved ones are here today because they received the care they needed, including gender-affirming care. At a time when LGBTQ+ youth face harassment, bullying, and discrimination, Wisconsin should be a place where they feel safe and supported—not further marginalized.

I urge you to oppose Assembly Bill 104 to protect the well-being and rights of transgender youth.

Thank you for your time and consideration.

Sincerely,

Vivian Nguyen

(she/her)

Madison, WI resident

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear WI Assembly,

My name is Marie Stitt, a Madison voter, and I am writing a testimony in opposition of AB104. The proposed legislation is dangerous for our LGTBQ+ youth mental health, and it is a violation of the rights of parents and physicians to work together to determine the best care path; however, these are not the only people affected. Please consider how each of your communities will be devastated by the decline in mental health, just like my entire community was devastated when my classmate died of suicide in my senior year of high school.

If you think this is just a Madison or Milwaukee or LGBTQ issue, you'd be wrong. My high school was in a rural, conservative county where a great 4H livestock auction was a status symbol among students. I don't know the full extent of Ryan's experiences with anti-LGBTQ bullying, but I do know that the depression, fear, and guilt following his death affected everyone. When we were supposed to be learning or working, we were holding our sobbing friends and desperately hoping that no one else would die. Please don't let this happen to your communities - already by proposing to enshrine this anti-trans bill into the laws of our state, you nearly guarantee it - but it's not too late to make a stand for a genuinely healthy Wisconsin. Please don't make any more parents have to answer their grieving children when they ask why their classmate felt suicide was the only choice.

Please be the leader and champion we need for the health of our communities: reject AB104.

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing to oppose the bill AB104, a proposed ban on gender affirming healthcare for individuals under 18 years of age

I have lived in Wisconsin for 29 years and I am speaking on my own behalf as a private citizen.

I strongly oppose this bill because gender dysphoria causes depression, anxiety and suicidality, and gender affirming care for young people saves lives. I have supported the families of transgender young people and listened to their stories about teenagers' self-harm, including suicide attempts. Thankfully, I do not know anyone whose child has committed suicide, but I know that does happen. The research on this topic consistently shows that gender affirming care reduces depression, anxiety and suicidality in transgender children and teens. That is why the American Academy of Pediatrics and all other major pediatric medical associations support gender affirming care for minors.

It would be cruel, unnecessary and a violation of parents' rights for the state of Wisconsin to take gender-affirming care away from the children who need it.

Sincerely,
Randi Cartmill
Madison, WI 53716

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the Assembly,

My name is Nikole. I am a small-town librarian at the Elroy Public Library. I strongly oppose Assembly Bill 104. I am writing today to ask you to vote against the anti-transgender legislation that has recently been introduced in Wisconsin, and to tell you a personal story about why this is so important to me.

I have a son named, Cameron, who is 21 years old and is transgender. Without gender-affirming health-care, I do not think he would still be alive today. Cam was hospitalized at various times during his teenage years due to suicidal ideation and attempted suicide, including a very scary situation in which he overdosed on his own prescription medication and I had to drive him from our home in the country to the nearest emergency room (over 15 miles away) while he was seizing and foaming at the mouth. He spent several months in a mental hospital (including his 16th birthday) because he ultimately wanted to live but couldn't figure out how to feel safe enough from himself to get through his teenage years without professional help.

Transgender kids, teens, and adults already have an uphill battle against bullying and other forms of oppression from their peers and communities. If they also feel like their state government is actively working against their own best interest, what hope do they have? As Cam's mother, I can clearly see that being able to live and be accepted as a man has given him a new purchase on life, and despite some early struggles, he is now enrolled in automotive school, has worked with children with disabilities, was a CNA at a nursing home, and truly wants to give back to his community. It took time and patience to navigate the health care system to be able to access gender-affirming hormone therapy for him, and it took advocacy on my part. He had a mom who accepted and supported him, and was willing to advocate for him, but many transgender youth do not.

My son is not the only transgender person that I know and care deeply about. For many trans youth, the feelings of gender dysphoria, coupled with social anxiety about how they are perceived, in addition to the already difficult situation of navigating middle school and high school, are made infinitely better by the ability to access safe gender-affirming medical care from their doctors. Even going on hormone treatment is not a decision taken lightly. It takes a lot of research and soul-searching on the part of the youth and their family, and involves a whole team, from counselors and therapists, to doctors and endocrinologists. Our medical system already does a thorough job of gate-keeping access to gender-affirming care in the interest of our transgender youth.

As a librarian in a small town, I also see the need, outside of my personal experience, for there to be care in the community for transgender folks, and any legislation that undermines that, does a huge disservice. We have books about being transgender (or that include trans characters) that get checked out regularly, and we have made our single stall restrooms gender-neutral so that anyone who comes in can feel comfortable getting their basic needs met without gender coming into question. Transgender people have existed throughout the ages in all cultures. We can not legislate them out of existence, we can only make it easier or harder for them to live their lives in safety. In 2025, even small-town Wisconsin can accept and support a diverse and inclusive population, and opposing the anti-transgender legislation that is currently being proposed would be a step in the right direction.

Thank you for taking my written testimony into consideration, as I have prior obligations and am sadly unable to attend in person.

Sincerely,
Nikole Verde

Elroy, WI, 53929

March 12th, 2024

Dear members of Assembly Committee on Health, Aging, and Long-Term Care.

My name is Freya Joëssel, I currently reside in Madison, and proudly work as a scientist at the University of Wisconsin-Madison. I am writing to express my strong opposition against Assembly Bill 104, a bill that is in direct opposition to dignity, respect, and simply freedom.

All individuals, whatever their age, have the right to be their authentic selves. As a society, we should strive to defend this right, even more so for the more vulnerable members of our society, rather than gatekeeping that right to a select few. But more importantly this legislation exposes all transgender kids to highly nefarious, long-lasting, irreversible, and even lethal mental health risks.

Numerous peer-reviewed, large-scale studies and meta-analyses published in highly respected journals have shown have shown that a supportive environment, be it family, school, and policies, decrease risks for risks, trauma, depressions, or anxiety to name but a few down the general population baseline. This bill and all the arguments advanced by their proponents fly directly in the face of the WPATH standards of care that are the gold standard in multiple countries, states, the APA, and the WHO. These standards propose age-appropriate, evidence-based, consent-based, safe, and even reversible treatment options. As a scientist, I am deeply appalled by the bill's proponent contempt for solid research in favor of anecdotes and hearsay.

You may hear that countries all over Europe are rolling back their gender-affirming care programs for trans youth. While that may be the case for some countries in specific cases, this is not at all the case everywhere, and some countries are actually reinforcing the right of trans youth to access gender-affirming care (https://www.erininthemorning.com/p/new-german-swiss-and-austria-guidelines). Do not let fear-mongering and misinformation guide medical policies in this state, but rather the consensus of stakeholders and medical professionals.

I started transitioning in my late 20's, which means that I am currently living my second puberty. I think we can all agree that puberty is at best a rocky time in our lives, and if I had the choice, I'd rather save myself the troubles of that second puberty. However, after more than 25 years of shame, guilt, anguish, and rejection from an otherwise loving family. I am putting myself through it anyway. I am going through it even in the face of missed career opportunities, increased stress on my finances, and higher risks in public spaces for merely existing…

I was sure of my gender identity then, as I am sure of it now, and I cannot stress enough how life-saving it would be for me, and for other trans kids, to have had access to the kind of care that this bill wants to ban.

Dear members of the committee, our state motto is "forward", so let's do just that.

Thank you

Freya Joëssel ; Madison, WI; 53715

March 13, 2025

Dear Honorable Members of the Assembly:

I write in opposition to Assembly Bill 104.

My name is Dr. Anne Marsh. I am a local pediatrician who holds dual board certifications as both a general pediatrician and as a pediatric blood and cancer specialist. It is my profound professional privilege as a pediatrician to nurture and celebrate the health and wellness of children, alongside and in close partnership with the people who love and care for them. It is also my profound professional privilege, as someone who spends most of my clinical time directing a pediatric palliative care program, to sit with children in their suffering and to accompany them in the processing of dying. These are spaces and arenas few experience and fewer still understand.

I ask, how many of you in this Assembly have spent time in these sensitive arenas? How many of you have had tender conversations with a child about their gender identity? How many of you have engaged in shared medical decision-making with children and their families about gender-affirming care? How many of you have sat at the bedside of a transgender child who took their own life and counseled a grieving mother who will never again hear her child's laughter, feel their embrace, or see their smile?

Each day, I stand in these arenas, entrusted by parents with the care and well-being of their children. This is work that is both sacred and meaningful to me. But at the end of the day, I return home to the most important role of all—being the mother of three incredible children, one of whom happens to be transgender.

I ask you to reflect for a moment on a reimagining of Theodore Roosevelt's famous *Man in the Arena* quote:

It is not the politician who counts. It is not the one who points out how the child may stumble or where they could have been stronger. The credit belongs to the transgender child and their family, those who are in the arena—whose faces are marked by struggle, who strive with courage despite the obstacles before them, who may falter but rise again, daring to live authentically. They know both great triumphs and deep challenges, but they do so with heart, determination, and unwavering resolve. It is the critic, safely sitting outside the arena, who will never understand the true nature of this battle. Only those who fight it, those who live it, will know the true meaning of bravery.

I stand in the arena every day, while the authors of this bill remain in the comfort of the spectator's seats. This bill disregards the rights of parents and the expertise of medical professionals. It undermines the fundamental role of parents and guardians as the persons best positioned to understand and make decisions about their child's unique needs. It erodes the voice of the child, stripping away their ability to assent or dissent to aspects of their own care.

Decisions regarding gender-affirming care for minors must be made thoughtfully, lovingly, and ethically by those who are in the arena—by transgender children, their parents or guardians, and their medical teams. This bill, if passed, would compel physicians and parents, in a codified way, to medically neglect the evidence-based care of children, which is nothing short of inhumane.

I urge you to reject this bill and protect the rights and dignity of children and families in the state of Wisconsin. Thank you.

Anne Marsh, MD
Monona, 53716

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the members of the committee on Health, Aging, and Long-Term Care,

My name is AJ Larson, I live in Eau Claire, WI, and I strongly oppose AB104. I am a music education student about to go into student teaching, and I am also trans. I want to tell you a bit of a story about how challenging it is to be a trans youth.

I went to a fairly progressive high school. The teachers were mostly supportive of queer students, except for a few possible exceptions. But even so, there was still immense stress put on queer and trans students. We heard slurs in the hallways and in classrooms. I remember a classmate stating that he would rather die than be gay. Every time I went into the bathroom (even though I wasn't fully out as trans then), I was afraid that the girls in the bathroom would notice that I presented more masculinely and harass me for it.

This is already a lot to deal with, but this is not all trans kids deal with. I am lucky to have a supportive family, but many of my friends did not. Not only did they have to deal with that fearful environment at school, they had to deal with it at home as well. Several of my trans friends self-harmed as a result of all this pressure. Several of my trans friends dealt with suicidal ideation, or even attempted suicide. A few years ago, a trans teenager in my hometown did commit suicide.

These were kids. Kids who did not want to live anymore because they were told that who they were was a horrible thing to be.

It has been proven that regret rate is very low for gender-affirming surgeries. Studies have also shown that a large majority of trans youth who go on puberty blockers continue on to take hormone replacement therapy once they are ready (Carmichael et al, 2021, Wiepjes et al, 2018, and de Vries et al, 2011). Gender-affirming care also drastically improves mental health for trans people. There is very little consequence in allowing doctors and parents to make informed decisions about gender-affirming medical care with their trans child/patient. There is, however, a huge consequence to forbidding this life-saving care.

Forbidding gender-affirming medical care for trans youth sends a message that being trans is a bad, dangerous thing to be. Sending this message to a population of kids who already have to go through so many fearful situations in their daily lives, and who already are made to feel ashamed of themselves for being trans, will likely result in kids dying.

Please, when you make this decision, remember the kids who need a reason to smile again. A reason to care about their future. A reason to live.

Sincerely,
AJ Larson (they/them)
Eau Claire, WI, 54701

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Matthew Havey, I am a Wisconsin constituent and resident of Pewaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

Assembly Bill 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but further alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. What one decides to do with their own body is up to them. The decision for a minor to acquire gender-affirming care should be up to nobody but themselves, their parents/legal guardian, and their doctors. The government has no place telling them what they can't do with their own bodies. It's not the government's body, and it's not the government's life, so it should not be the government's decision.

Trans people exist and will continue to exist. To enact this bill is to enact violence and hate upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people that you represent, and in good conscience vote against Assembly Bill 104.

Sincerely,
Matthew Havey

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I oppose Assembly Bill 104
I am a trans individual living in Madison and am writing to show passionate support for queer and trans youth. I write to say I am against the prohibition of assisting in a minor's medical transition. Many precautions are already in practiced to make medical transition a safe, beneficial, and well informed process for a large majority of those undergoing it. Prohibiting medical professionals from assisting and advising in a trans person's journey does not erase their trans identity, but only serves to isolate the individual from care and education during a tumultuous time. Providing hormones and puberty blockers to trans youth is proven to reduce gender dysphoria and mental health issues like anxiety, depression, and suicidal ideation. Prohibiting medical professionals from providing legitimate care to legitimate health issues, only results in the suffering of an under-supported community and the punishment of professionals seeking to provide that support.
This bill and many others like this seek to harass, disenfranchise, and otherwise threaten the health and safety of the trans community. There is no legitimate issue being solved by this bill and no civilian will be helped more than hurt.
Please do not pass this bill.
I thank the committee for its time and attention.
- Sun Honn, Madison WI 53715

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing to you to ask from the bottom of my heart that you oppose Assembly Bill 104. I am a Madison resident and a parent of young children. I am a Licensed Clinical Social Worker who received my training here at UW Madison, and I have been a practicing therapist since 2017.

Reading this bill, I see multiple references to exceptions for the ban that you are trying to introduce. These exceptions reference specific, known chromosomal presentations that you are willing to accept as being outside the gender binary, as well as to physical health conditions that put a minor's life at risk. I ask you for a moment to consider whether you have ever known someone who experienced depression or another significant mental health condition. Was that experience any less real than physical health? People die from mental health conditions. If you want to write life saving exceptions into this bill, please consider the fact that lack of access to affirming care is depriving young people of a step that they have chosen (through deep and careful consideration) to improve their life experience and mental health. As a mental health provider who has supported people by providing letters they required to obtain gender affirming care and procedures, I have seen firsthand the profound positive impact this care has had on their mental health. I have seen people, including minors, feel more able to participate in their communities in ways that had previously felt inaccessible to them, and be able to feel more content in their bodies.

I have also directly witnessed the process people undertake when seeking this type of care. These are decisions people weighed for years in collaboration with their families and multiple care providers. The current protocols in place have layers of protection to help young people and their families consider the possible outcomes and consequences, including thinking about who will be present to support with recovery if there is surgery involved. These are not decisions that are taken lightly because the impacts of having these procedures versus not having them are absolutely life changing.

This bill seeks to make a broad, sweeping decision on issues that, quite frankly, those writing it are not qualified to make. I work in a hospital alongside doctors and other care providers with a variety of specialties. Medical decisions are some of the most complex, individual, and situation dependent that anyone will ever make. These decisions have profound impacts on people's lives, and in most situations there are a range of possible outcomes and consequences that people have to weigh when deciding whether or not to move forward with a medical step. Gender affirming care is simply another example of this type of medical decision. The idea that a group of legislators would choose to override medical decision making for everyone under the age of 18 and their families is dangerous and irresponsible when providers receive years and years of training to be able to collaboratively make these decisions with families.

Please step back, and allow Wisconsin residents the freedom from government overreach that this bill would represent. I am grateful for your time and consideration.

Sincerely,
Sarah Chodorow, LCSW (she/her)
Madison, WI 53714

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

My name is Caitlin Benedetto, I am a Wisconsin constituent and resident of Madison. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12, 2025.

AB 104 is clearly crafted as a youth trans gender affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. 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 care. The type of care that would be banned by this bill is evidence-based, well-research, and necessary health care for trans young people. Trans youth and their families and health care providers should be the only ones making decisions about the health care they receive. It is not the Legislature's place to take those choices away from trans young people in Wisconsin.

Many trans young people feel that delaying gender transition-related care until they are eighteen is too long to wait. We know that transgender students that are denied gender affirming care are at greater risk for depression, self-harm, and suicide. Trans people have existed, exist now, and will continue to exist. To enact this bill is to enact violence upon trans people. I ask that you, as Representatives of Wisconsin, acknowledge all of the transgender people you represent. I ask that you in good conscience vote against bill AB 104.

Sincerely,
Caitlin Benedetto

March 11, 2025

Hello, Members of the Assembly,

I oppose bill AB 104 prohibiting gender-affirming care for children under the age of 18.

My name is Tracy Hamm Warnecke. I am here to testify against AB 104. AB 104 will hurt the children in Wisconsin. If this bill is passed, the consequences are life threatening.

I have been a public school teacher for 28 years. For the last eleven years, I have taught 8th grade at O'Keeffe Middle School in the Madison Metropolitan School District. I am also the proud parent of a transgender son. I have seen firsthand what happens to children when they are not allowed to be their authentic selves. These children are filled with anxiety, depression, and self-hate. They hide themselves inside their hoodies and do not speak. Their grades are typically D averages, and they do not participate in school extracurricular activities. I have held these children while they cry. They wail and wonder why they can not be accepted for who they are, leaving them feeling dehumanized.

In situations where students can be fully who they are, they walk with their heads held high. They come out of their hoodies and wear a smile on their face. Friendships are formed and grade point averages increase. They feel accepted as a full human being.

My son has been receiving gender-affirming care since June of 2024. Even though he lives in a house with his parents and an older brother, who fully accept him as he is, he suffers from panic attacks and depression. After a week of HRT, he felt different inside his body. As a family, we watched the anxiety relax and his confidence grow. If you take away his gender-affirming care, you are putting my child back into his bed, lying in the dark, thinking he is worthless and unloved by his friends and his community. Do not do that to my son and other peoples' children.

Being transgender is not a choice or a phase. It is not a light switch someone can flick back and forth. To fully transition is work. Hard work. My son wears a binder to appear masculine in the community. He is unable to take full breaths when walking because of the pressure on his rib cage. He often gets winded walking upstairs at West High School. He has been looking forward to gender-affirming surgery since he was twelve. And now he has to wait another two years. Two more years of binding. Two more years of having his ribs squeezed, unable to take a deep breath because some people believe he will be emulating his body.

Why do you think it's your business to tell me, his parent, what medical treatment he should receive? The power of our country lies in our democracy: the right to life, liberty, and the pursuit of happiness. Voting for bill AB 104, directly violates our Constitutional rights as citizens. As citizens, we have the freedom to make our own choices to be happy. Voting for AB 104 is stating you don't believe in democracy. Voting for AB 104 states you do not believe in the Constitution.

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Committee Members,

Sometimes, I think the term gender-affirming care can be easily misunderstood. My brother, when he was about 10, received growth hormones, as he was quite a bit shorter than all of the other boys his age. That was gender-affirming care. It was a decision made by him, and my parents, and his doctor. Teenage girls seeing a dermatologist or wearing makeup is gender-affirming care. Teenage boys weightlifting is gender-affirming care. We're all on a spectrum of how easily our bodies naturally align with the fullest version of what we know them to be. Please oppose AB 104. These are not decisions any government should be making for an individual.

Christine Stocke
Madison, WI 53726

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Hello Committee Members,

Thank you for including my testimony in your consideration of AB 104. My name is Karen Polnitz, I am a resident of Madison, a queer woman, an educator, a mother, and I am writing today to request your opposition to AB 104.

Gender affirming care saves lives. Puberty blockers, which have no permanent effects, give youth more time to understand their gender and be prepared to make further changes in the future or decide that further medical transition is not for them. Without puberty blockers, trans kids will experience the permanent effects of puberty, and end up with body features and development that for some, further gender dysmorphic challenges. Feelings of gender dysmorphia, without the relief and hope that gender affirming medical care offer, can lead youth to difficulties in school, with mental health, and suicidal ideations.

Unfortunately, an extremely flawed report in the United Kingdom recently led to the passing of similar legislation there. Since then, youth in the UK, as well as youth in the United States who are prevented by state laws or are without parental support, are turning to hormones bought online without doctor supervision and even starving themselves to avoid puberty. Many doctors even here in Madison are already denying care to youth and I worry what those denials will bring to our own community.

So I wonder if this proposed bill would really keep kids and youth safe or perhaps, create further and more dangerous harm? I wonder if caring for youth is really the aim of this bill, could it instead be used to further evaluate best practices for when we do offer gender affirming care? How could we better understand the needs of our gender diverse kids and share that understanding to inform future care? Is an outright ban the best answer or are their better options for our time and resources?

From the many trans elders I have been privileged to listen to and learn from, having access to the options gender affirming care provides has or would have been transformational in their development. In bravely sharing their stories, many trans adults share of feeling something different in themselves in childhood and often of knowing their true gender identity from very young. Trans youth know who they are and deserve autonomy in making decisions about their name, pronouns, and medical care.

Please oppose AB 104.

With respect,

Karen Polnitz

Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the Committee on Health, Aging and Long-Term Care,
I oppose AB 104:

My name is Adam, I am 23 years old, a lifelong Wisconsinite, and testifying for my right to continue receiving transitional medical care and for the right of trans kids to start medical transition before 18. Bills like AB 104 don't stop at banning gender affirming medical care for minors, the age restrictions proposed continue to creep higher and higher until trans affirming care is banned entirely at every age and in every aspect of care—including non-medical care. It starts here and if an inch is given, a mile is taken. No other care is banned as sweepingly as gender affirming care is for trans people. Cisgender people regularly receive identical medical care to trans people and trans kids without anyone batting an eye, but the same care for people, whose only difference is being transgender, is labeled abhorrent mutilation. Additionally, these bans impact more than just transgender Americans, they negatively impact cisgender and intersex Amerians too—including people with hormonal or developmental sex disorders. These laws, in addition to targeting medical care for trans people, would also disrupt medical care for people with conditions such as polycystic ovarian syndrome or androgen insensitivity syndrome.
Bills like these are proposed to supposedly protect children, but these bills only serve to impact the ability of transgender Americans to live fulfilling lives and rarely if ever take our perspectives into account. Legislation about groups of people should always include the feedback of the people in the group, otherwise you deny that group a voice; you deny them representation. If you are writing, proposing, or supporting a bill that denies your constituents their voices, ignores constitutional rights and protections, and ignores the near-universal consensus among accredited health organizations and institutions who have come to the conclusion that gender affirming care is best practice medical care, then you need to take a long hard look at what you are doing in public office.

Thank you for your time.
Adam Whitney Monroe, Wisconsin 53566

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

My name is Camille Sem, and I am a current resident of Milwaukee, WI 53202. I also grew up in New Berlin, WI 53151, where I have spent the majority of my life so far.

I would like to testify in opposition of AB104, which aims to ban gender affirming medical care for minors. Those who would like for this bill to pass cite rates of detransition, or rates of regret, which notably are not synonymous, as detransitioning or choosing to stop hormone therapy or a medical transition does not automatically indicate regret. What is not cited is the notably higher rates of violence towards trans people and kids, as well as higher suicide attempts among trans children. If you actually cared about these children, what you would be advocating for would be more resources to help them understand who they are and how they would like to express that. While many transgender people love to celebrate who they are, being openly trans is not an easy thing to do, and, while it can help individuals with gender dysphoria, it also comes with its own set of issues in a society that is continually unwelcoming and violent towards trans people. I have friends who have been cut off from their parents, family members, from job opportunities, and from feeling safe in certain spaces after coming out as trans. I have seen those results make people question if it was worth coming out and being themselves. That type of regret is because of those who make people feel like who they are is either wrong or will make them a target for violence. I fail to understand how you can see trans children and adults suffering and tell yourself this is the solution. You can tell yourself that what you are doing is right, but it comes from a place of hate and judgement. If you allow this bill to pass you will be personally responsible for any and all violence towards trans people that follows, whether it is violence from others or self harm. I urge you to really listen to the testimonies, especially those coming from transgender people. You cannot claim to know what is best for a group of people that you are not listening to. I have seen the harm that growing up somewhere that is not accepting of you can do. If you truly care about kids, advocate for better access to mental health resources. Help advocate for the acceptance of trans people, or anyone figuring out their gender, so that they feel comfortable presenting however they want. If you believe people are rushing into transitioning, help create a space where they don't have to feel like no one will see them as they are without undergoing surgery or hormone therapy. I hope you are able to open your heart and listen to what your community members are telling you. Please do not let this bill pass, and do not let trans children lose access to valuable resources. Thank you for your time.

Camille Sem
Milwaukee, WI 53202

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the Assembly Committee on Health, Aging, and Long-Term Care,
My name is Jenni Schimanski, and I am a cis woman from Madison. I've lived in Wisconsin my entire life.
I am writing to urge you to vote NO on Assembly Bill AB104. As a Wisconsinite, I am strongly opposed to this bill because it is a blatant attack on trans kids, who are already extremely vulnerable.
I could write a long essay with facts and statistics and citations, as I'm sure many other concerned and compassionate community members will. Instead, I want to talk about one of my favorite pieces of Wisconsin's history.
In 1982, Wisconsin became the first state to outlaw discrimination based on sexual orientation, earning us the nickname the Gay Rights State. When I first learned this, I was surprised 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 start of Wisconsin, and trans people are NOT one of them.
Thank you,
Jenni Schimanski
Madison, WI 53705

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:
Dear members of the Assembly Committee on Health, Aging, and Long-Term Care -

I oppose AB104.

My name is Catherine Yu, I am an educator, and I am testifying against AB104. I am opposed to the banning of youth gender-affirming care.

Having worked in education for the majority of my career working with students of all ages, I have seen the impacts a welcoming and supportive space in schools. I've seen how a space where students can't truly be who they are makes them turn inward and hide, and I've seen how providing a space of belonging brings students out if their shell and start to thrive.

Imposing a ban on youth gender-affirming care will lead to extremely violent and unsafe spaces, not just for transgender students but for all. One does not go through gender-affirming care just to transition. Plenty of cisgender people get gender-affirming care (ex. hair transplants, estrogen supplements, etc), such a ban has only been proposed out of blatant transphobia. Transgender children are already at higher risk of suicide, imposing this ban will only make that risk higher and put the safety of these children at risk.

If you truly care about the well-being if the children of today, then create spaces where children feel safe expressing themselves and being who they truly are. Children do not thrive when you suppress them, they thrive when they feel affirmed and supported. And know that this ban negatively impacts all children/people of Wisconsin, not just transgender people.

Thank you for taking the time to read my testimony, I truly hope you take my words into consideration.

Sincerely,

Catherine Yu
City of Madison
53719

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing in opposition to bill AB 104. As a parent and physician here in Madison (53726) I think decisions about medical treatment should be between doctors, parents and the children receiving treatment, regardless of their gender identity. Decisions about medical treatment should remain private and focus on individual cases. Seeking to ban care for a particular subset of children is obviously discriminatory and wrong. With due respect, legislators are not experts in the complexities of medical care. Let's keep medical decisions where they belong, in the doctor's office with highly-trained experts, parents who love their children, and the children in need of care.

Sincerely,

Arjune Rama, MD

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I write to you as a concerned citizen and voter. I strongly oppose the AB104 that would prohibit gender transition medical intervention for individuals under 18 years of age.

The real definition of good faith medical decisions ARE made between medical professionals and parents of minor children in all aspects of a child's health and well-being. This includes children who are transgender. Gender-affirming care saves lives. Gender-affirming care is a human right. These medical care decisions should be made between health care professionals and parents of minor children. This is NOT a decision that government officials should make through laws and bills. This is not a political or religious issue. This is a parental rights issue that allows parents to care for and make medical decisions that are best for their own children. Gender-affirming care is a decision-making process which is thoroughly discussed with medical and mental health professions in partnership with parents/caregivers. Gender-affirming care SAVES lives.

My name is Rebecca Woestman. I am speaking to you as a parent of a transgender child. Gender-affirming care saved my child's life. When my child told me they were transgender, they were 13 years old. They had been depressed, suicidal, gender-dysphoric, and self-harming. They were trying to make sense of who they were while living in a transphobic society where religions and lawmakers were making very scary and false assumptions about transgender people. As a parent, I was terrified for my child and wanted to protect them from the hate and discrimination they would face as a transgender person. My role as a parent is to protect my child and take care of them by providing the necessary love, support and health care in order for them to survive and thrive in life. I showed them my unconditional love by learning to support their needs. All parents/caregivers have that right to provide the best care and decisions so their children can be happy and healthy. My child's journey in their transition had many supportive programs and professionals that provided the necessary and life-saving medical care for my child. We worked with medical doctors, mental health professionals, and endocrinologists to provide medical-necessary care to save my child's life. Because of their gender-affirming care, my child is happy and healthy, knowing they are living an authentic life. Please do not pass AB104 and take away a parent's right to take care of their own children.

Please take the time to listen to the many, many families with transgender children and learn how gender-affirming care saves lives and creates happy and healthy children who grow into amazing adults. Please learn about what the most common gender-affirming care is offered to children under the age of 18. And please realize that puberty blockers and hormone replacement therapy are safe (and lifesaving) health care decisions that are made between medical/mental health professionals and parents. They are the experts on their transgender children and their health care needs.

Thank you for taking the time to hear my testimony.

From Your Wisconsin Citizen,
Rebecca Woestman, Eau Claire WI 54703

Johanna Schmidt
223 N. Livingston St., Unit 2
Madison, WI. 53703.
schm3955@gmail.com
414-803-4744
Testimony Against AB104 – Gender Affirming Care for Minors

Dear Representatives Moses, Brooks, Behm, Kelley, and McGraw,

Thank you for the opportunity to testify today, and my apologies for not being able to be here in person. I am writing to **oppose AB104**, relating to prohibiting gender affirming care for minors.

My name is Johanna Schmidt. I am originally from Oak Creek, Wisconsin—now home of Wisconsin's only IKEA, although it wasn't there when I was growing up, and more importantly, home of the Oak Creek Marching Knights, one of the best marching bands in the state, in my humble opinion. After graduating high school, I went to college in Minnesota and then began my career by working for the Department of Children and Families in Connecticut. After three years, I returned here to Wisconsin to pursue my master's degree in public affairs. I am proud to say that I graduated this past May, and I now work for the Wisconsin Department of Transportation, although to be clear, I am here in a personal capacity.

When I was a child, one of the neighbor kids said something mean to my sister. I don't remember what it was or what it related to, but I knew my sister was upset, so I marched over there, and I demanded that she apologize. That's the job of an older sister. To stick up for your sibling. It's been about twenty years, but I am here today for the same reason: to stand up for my sister.

My sister Jacqueline is trans and has been out to our parents for a few years, out to me for even longer. Over the course of our lives, I watched as she worked to figure herself out, experimenting with different hobbies and fashions. After she came out and began pursuing gender affirming care, I was amazed by how much happier, more social, and just more...herself she seemed. I remember the first time she referred to herself as my sister and how big of a moment it felt for me. She was an adult when she came out, but after seeing the ways that gender affirming care positively impacted her life, I would not want to withhold that from anybody, and most definitely not want to prevent our youth from similarly experiencing this gender euphoria. A bill like this would take that joy away from kids.

I'd also like to talk about detransitioning because it's often used as an excuse for bills like this; I even recall it coming up a lot in last year's hearing regarding a similar bill. However, much of the truth around people detransitioning gets lost because many politicians and news outlets rely primarily on a handful of people, often distorting their stories to fit a particular narrative. The reality is that rates of detransition are low—estimates at the highest end put it at about 13.1 percent, but many estimates are even lower.[1] For those who do detransition, it is usually because

of external factors, like the process being difficult, difficulty getting a job, pressure from a parent, and pressure from their community. But even those who do detransition for internal reasons should not be used as political weapons against the trans community. Supporting the autonomy of trans people means trusting that they can make their decisions for themselves. A small percentage of people may later realize they are not trans; every life decision is like this. People regret the university they chose, the boyfriend they picked at 15, the color they dyed their hair—we do our best to avoid government interference in people's decisions because it is up to them to decide, not legislators.

On that note, I would like to share one of my favorite quotes from author Carmen Maria Machado. She is discussing bisexuality, but I think it applies here too.

> *There were times in my adolescence where people asked me if I was gay and I said no, not out of a sense of self-preservation but because I truly believed it to be so. You can be a stranger to yourself; you almost certainly will be, at some point or another. It is inevitable, as inevitable as the moment of rupture that sends you hurtling towards the self you were always going to be.*

I love this quote because it resonates with me personally. It took me a long time to come out as bisexual because I was convinced that if I realized later that I was wrong, I would have been lying to myself. But the truth is that exploration, experimentation, and questioning things are beautiful parts of the queer experience. And that means that some people's understanding of their gender may shift over time.

People who detransition deserve to be heard from and deserve affirming medical care too. Many people who detransition still support gender affirming care because they understand that something that was not right for them may still be right for others. You do them a disservice when you use their stories in this way, as a cudgel against the trans community. Truly supporting that population would look like making healthcare, including mental healthcare, more accessible, so that they are able to get their needs met, rather than only trotting out their stories when you need an excuse to harm the trans community.

I understand that you have been sitting here for a while, listening to a lot of people. You're probably tired and hungry. I get it, it's a long day for you all. But I'd like you to keep in mind that after this, you all get to go home and rest easy knowing that regardless of what happens, this bill's passage or failure will not affect you directly. After this, I am going to remind my trans friends and my sister that they are loved and valued—because bills like this try to convince them that they are not.

Once, a friend of mine who is nonbinary broke down in tears in front of me because of similar legislation in another state, saying that it felt like there were politicians out there who would rather than ze was dead than that ze lived as zir true self. Regardless of what you tell yourself

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[1] Jack Turban, Stephanie Loo, Anthony Almazan, and Alex Keuroghlian. "Factors Leading to 'Detransition' Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis." *LGBT Health:* 8(4):273-280. doi: 10.1089/lgbt.2020.0437

about why you're doing it, that is the effect that bills like this have on people. I am telling you this because I have seen it.

As someone who chose to pursue a career in public service, I am very aware that the decisions made in rooms like this have the power to help or harm people. The stakes are very high. To hold that much responsibility and to choose to use it in this way is a disappointment. I want to believe that the authors of this bill genuinely care about kids and are just misguided or misinformed. But it gets harder and harder for me to believe that. I testified against this same kind of bill last year to the Senate Committee on Health, and I spent hours and hours watching the trans community look those lawmakers in the eye and tell them how the bill would hurt them, only for the Committee to pass it anyways.

Trans people are Wisconsinites too. They have always been part of Wisconsin history, and they will always be here, regardless of what you do. They are fellow badgers, and they like cheese curds and polka and fish fries, and I just desperately wish that you had enough respect for their dignity to listen to them and to let them decide their lives for themselves.

I urge you to vote against this bill. Thank you for your time.

Sincerely,
Johanna Schmidt

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of Assembly Committee on Health, Aging, and Long-Term Care

I oppose AB104.

My name is Amber Rusch. I am a citizen of Bayfield County, WI / Washburn, WI.

I work as a therapist at a local community health clinic. I am a LGBT+ informed provider, and have completed hours of training in providing services for this group.

I felt the need to testify against this ban, as I have learned about how gender affirming care can improve the mental health of transgender people. I've also learned from the 2015 transgender study that very few people who were surveyed regretted any of the gender affirming care they had received. The research evidence seems to suggest that gender affirming care is beneficial to youth and adults who seek it.

I recommend that this care is available to adults and youth to support the improvement of their mental well being.

Thank you for your consideration.

Amber Rusch

Washburn, WI

EMPOWERED
THERAPY LLC

March 12th, 2025

Honorable members of the Committee on Health, Aging and Long-Term Care.,

My name is Ashley Jolly, and I am a counselor working in Janesville, Wisconsin at Empowered Therapy LLC. I am writing to you today to speak on behalf of the mental health and well-being of transgender and nonbinary youth, who are directly impacted by policy AB104 which aims to restrict youth's access to gender affirming care. I firmly oppose AB104 and hope that you will do the same as such policies are not just harmful—they are life-threatening.

As a mental health professional, I work with young people who are navigating complex emotions, struggles, and identities. For transgender youth, access to gender-affirming care is often a matter of survival. Decades of research, endorsed by leading medical and psychological organizations such as the American Academy of Pediatrics and the American Psychological Association, confirm that gender-affirming care significantly reduces rates of depression, anxiety, and suicidal ideation in transgender youth.

Conversely, denying this care has devastating consequences. Transgender youth who face barriers to medical and social affirmation experience significantly higher rates of self-harm and suicide attempts. A recent study in *JAMA Pediatrics* found that access to gender-affirming care led to a **73% reduction** in suicidality among trans youth. These numbers are not abstract—they represent real young people in our communities who deserve dignity, support, and the ability to live as their authentic selves.

This is not about politics; this is about protecting lives. Restricting access to medical care does not protect children—it places them at greater risk. The role of policymakers should be to listen to medical professionals, mental health experts, and the individuals directly affected, rather than imposing blanket restrictions that disregard both scientific evidence and personal autonomy.

I urge you to reject any policy that seeks to limit or ban gender-affirming medical care for youth. Instead, we should be investing in mental health resources, affirming school environments, and policies that truly support the well-being of all Wisconsin's children.

Thank you for your time and consideration.

Sincerely,

Ashley Jolly
Licensed Professional Counselor - In Training
Empowered Therapy LLC
4465 Milton Ave STE 107
Janesville, WI 53546
Phone: 608-302-6395 Fax: 608-302-6381
www.empoweredtherapyllc.com

Citation:

Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. JAMA Netw Open. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Elizabeth Denzer, I am a Wisconsin constituent and resident of Madison, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

Assembly Bill 104 is clearly crafted as a youth trans gender-affirming care ban. The bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents I implore you all to vote against this proposed bill. Every person has the fundamental right to access the health care they need without fear of discrimination, prejudice, or barriers to treatment that supports their mental, physical, and emotional well-being. Gender affirming care is vital for transgender and gender-diverse individuals as it improves mental health, reduces suicide risks, and allows them to live authentically, aligning their lives with their gender identity.

For transgender and nonbinary children and adolescents, early gender-affirming care is crucial for their overall health and well-being. It allows them to focus on social transitions and build confidence while navigating the healthcare system.

This information has been backed by decades of research and is supported by every major medical association, together representing over 1.3 million US doctors. While gender-affirming care is often framed only in relation to transgender individuals, it can also have benefits for cisgender and intersex people, and these eliminations will impact everyone's access to it.

Some of the proponents of these bans - who are also behind the infamous Project 2025 - argue that being transgender is an "ideology" that they should be free to disagree with. These proponents have perpetrated a concerted disinformation campaign that has fueled not only discriminatory laws, but also threats and violence against providers of gender-affirming care.
As attacks on the LGBTQ+ community continue, it is crucial for legislators to educate themselves with factual information from medical providers rather than other politicians.

While transgender Americans make up less than 1% of the population, they have been targeted by extreme politicians desperate to gain power and have weaponized misinformation to rally around anti-LBGTQ+ legislation. These extremists will not only affect members of the transgender and gender nonconforming population, they attack every citizen's Constitutional rights which is alarming, to say the least.

Finally, trans people exist, and will continue to exist. They have existed around the world for centuries and their history cannot be erased. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people that you represent, and in good conscience vote against Assembly Bill 104.

Sincerely,

Elizabeth Denzer

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear honorable members of the Assembly, and dear Representative Tusler, who is my representative in District 3,
My name is Shayne. I'm 20 years-old, I've lived in Appleton, Wisconsin my entire life, and I strongly oppose bill AB104.

I want to start with some definitions to clarify what I will be talking about in my testimony:
When I use the words "gender dysphoria", I am referring to a medical diagnosis many transgender people receive from healthcare practitioners.
When I use the words "gender-affirming healthcare", I am referring to care that includes: Calling a patient by their preferred name, access to quality mental healthcare, working with a patient to develop a treatment plan for gender dysphoria, the prescription of drugs to treat gender dysphoria, surgery to treat gender dysphoria, etc.
When I use the word "detransitioners", I am referring to people who once identified as transgender and underwent physical medical transition, who no longer identify as transgender and wish to reverse their physical medical transition.

Members of the Assembly,
I have two main points I want to make in my testimony today. One: the children of Wisconsin will suffer from your decision to take away their right to healthcare. And two: if you are trying to protect children who currently identify as trans (whether or not they actually are) from bodily harm, you are going after the wrong subject. You are aiming away from the target.
I'll start by explaining number one. I knew quite a few trans teens throughout my teenage years. Nearly all of them were mentally unwell and did not have supportive parents. The few who were mentally healthy all had supportive parents who fought for their access to gender-affirming healthcare. I also can confirm this: when teens who identify as trans do not receive proper access to gender-affirming healthcare, they hurt themselves. I have seen this time and time again. I can also speak as the former friend of trans teenagers who couldn't receive gender-affirming healthcare: when your friends are mentally unwell, and when your friends hurt themselves, you hurt as well. I know a few people from high school who have had friends pass away, and that loss drove them to self harm and suicidal behaviors. When kids are hurting, their peers hurt too. When trans kids are hurting, their peers hurt too.
Lack of access to gender affirming care can drive trans children to suicide. Let me rephrase that to be clearer: Banning access to healthcare for children can drive children to suicide. What would you prefer: banning healthcare for trans children and increasing suicide rates among the children of Wisconsin, or developing plans to make gender-affirming healthcare safer to reduce the amount of harm done by the healthcare system? Do you want to increase child suicide rates, or do you want to decrease harm done to children in medicine? By allowing AB104 to pass, you would be choosing to increase child suicide rates. Does this align with your intentions? Or would you rather make gender-affirming healthcare safer?
Onto topic two. I know that with AB104, you are focused on the wrong subject; going after a medical treatment instead of going after the problem. So what is the real problem? There is a dangerous lack of education in the healthcare system on transgender healthcare, which is harming both transgender patients and non-transgender patients. Even though the regret rate for gender-affirming surgeries is less than 1%, why is it less than 1%? Surely we have the ability to lower it even more? And I know therapists trained in managing gender dysphoria exist, but I've never heard of any practicing in the area of Wisconsin I live in. I believe we need to have more therapists trained in managing gender dysphoria so that kids who identify as transgender have access to safer and better quality care rather than having to rely on a general practitioner or basic therapist who isn't trained to manage gender dysphoria. A therapist trained in managing gender dysphoria can determine which kids are actually transgender and which are just going through a phase. Therapists trained in managing gender dysphoria are integral to developing safe medical transition plans for trans people- especially trans youth. So why are there so few therapists in Wisconsin trained to manage those cases? Surely we can develop

better systems of operation to fix healthcare issues like these and provide better care. Why would we focus on banning healthcare instead of bettering healthcare? Wisconsin deserves better healthcare, not regressive healthcare; that's something we can all agree on.

A big issue I see with AB104 is that it is jumping to an immediate, reckless restriction of healthcare instead of taking the time to understand how gender-affirming healthcare works in Wisconsin, where the flaws are, and tackling those flaws. We can't be making reckless decisions on healthcare. I agree with you that gender-affirming healthcare is flawed and that kids are hurt by those flaws. But there is no question that gender-affirming healthcare saves lives as well. I'm asking you to work with transgender advocates, people in the healthcare field, parents of transgender children, and detransitioners to develop solutions to the flaws instead of banning treatments that save lives. I'm a big fan of analogies, so I'll use one to better explain this situation from a medical perspective: Imagine there was a drug that produced dangerous side effects in 1% of the people who took it, but significantly benefited 60% of the people who took it, and saved the lives of 39% of the people who took it. Legislators are worried about the 1% that is experiencing side effects. They could choose to ban the drug, preventing that 1% from having side effects, but killing the 39% who relied on that drug to survive, and worsening the lives of the other 60%. Or they could choose to fund research to find out how to prevent the prescribing of the drug to people who would experience side effects, decreasing the percentage of people who experience side effects and still saving the lives of that 39%, and still benefiting the other 60%.
So I ask you: are you seriously going to ban life-saving gender-affirming care, or are you going to actually fix the flaws in gender-affirming healthcare to make it safer?

I am also seriously concerned that if we ban access to medical treatments for children in one area, it opens the gate for banning access to medical treatments for children in other areas. If we ban access to puberty blockers for trans kids, it would not be difficult for future legislation to expand on that and ban puberty blockers for children with precocious puberty. If we start restricting doctors' abilities to provide healthcare to children, we start walking down a very dark path. By making a ruling that decrees that lawmakers can deny healthcare treatments to children, we set a precedent that a child's right to healthcare is not guaranteed in the state of Wisconsin. In this way, AB104 is not just a threat to trans children and their loved ones, it is a threat to all children in Wisconsin.

I am testifying today out of respect for all of the people in my life that I have loved who are transgender, and for the children of Wisconsin, both transgender and not. And, of course, I recognize the pain of the parents of transgender children who cannot do anything to alleviate their children's pain in states where their children are not allowed to receive gender-affirming healthcare. I would actually like to dedicate my testimony to the families and communities in this country who are dealing with the loss of a trans child to suicide. Nothing can take away that grief, ever, but we can work to prevent it from happening to other communities.

I want to reiterate that I do see the flaws in gender-affirming healthcare, and that there are proper ways to fix them. AB104 is not the way. I promise that there are transgender advocates, people in the healthcare field, parents of transgender children, and detransitioners in Wisconsin who would be more than willing to assist in the research and development of safer gender-affirming healthcare. I am one of those advocates, and I will be promptly reaching out to my representative, Representative Tusler, to share my contact information if the assembly would like to explore this route. I would love to have a conversation with Representative Tusler about transgender issues and opinions in Wisconsin and help to solve those issues. Let's work together to solve the problem rather than going down the path of taking away Wisconsinites' right to healthcare.

Thank you, everyone, for considering my message today, and thank you for holding space for everyone who is testifying today. Please don't let Wisconsin down. Don't pass AB104.

Sophia "Shayne" Uitenbroek
Appleton, WI, 54915
Opposing bill AB104

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I oppose AB 104.

I'm Mary Ostrander, a librarian, a resident of Stoughton, Wisconsin, and a lifelong resident of Wisconsin.

I work with youth. I hope you hear this when I say they are scared. They are afraid for their rights and they are afraid of the culture that bills like this create. Bills like this embolden young people to bully and harass people who are different then them besides being harmful to the development of youth themselves. I am a straight, female born woman. This does not affect my body, but it does affect the hundreds of youth that I work with mentally and physically.
Medical intervention for gender transition is not a decision that is made lightly and gender affirmation is used for more than transition. Caregivers are involved with medical professionals and their children when making these decisions. It blows my mind that we wouldn't trust medical professionals with years of research and experience in the field. We need to trust medical professionals and not hold our own prejudices and beliefs over scientific facts.

Thank you for your time.

Mary Ostrander
Stoughton, WI 53589

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am submitting testimony in OPPOSITION to AB104.

My name is Philosophy Walker, and I am a 40-year-old wife and mother who lives in Madison. As far as I am aware, my children are unlikely to need gender-affirming care in the future, although obviously none of us can predict God's will. I am a devout Christian and believe wholeheartedly in parental choice.

Last week, the Trump administration's Department of Education released a new policy called "The ABCs of Education." Here's what that stands for:

- A: Authority to Parents. Parents are the primary decision makers in their children's education.

-B: Back to basics. Taxpayer-funded education should refocus on math, reading, science, and history.

-C: Career readiness. Postsecondary education should be a path to well-paying careers aligned with workforce needs.

AB104 is in direct opposition to President Trump's new directives for the Department of Education--specifically, the first "A" directive. It violates a central conservative tenet--that PARENTS, not the government, should make medical decisions for minors. The Wisconsin State Assembly has no place in our family's private medical decisions, regardless of party affiliation.

I ask respectfully that you reject this bill. It is a slippery slope that could allow government interference in our parenting choices.

Proverbs 1:87 teaches: "Hear, my son, your father's instruction, and forsake not your mother's teaching." The Bible teaches that my authority over the raising of my children cannot be compromised by the government. The state of Wisconsin has no right to impose its will on my family's medical decisions. Medical decisions for our children are made by my husband and myself--not you. Please stay out.

Thank you for your time.

Best,

Philosophy Walker

Madison, WI 53711

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the Assembly Committee on Health, Aging, and Long Term Care concerning Bill AB 104-

My name is Heather Thiele, I live in Eagle, WI 53119 and I've been a resident of WI for over 20 years. I'm opposed to this bill as gender affirming care is not only recognized by the larger medical community as the proper course of care, but on a personal level I have witnessed the necessity of it for my own kids.

As a parent, there have been many times in my children's often medically complicated lives that I have had to rely on the expertise of doctors. In all of these cases, as a parent I have researched and read up on the information, weighed the pros and cons, sought second opinions at times and then made a decision. I have trusted modern medicine when my son was born premature and spent a month in the NICU, when my son was diagnosed with type 1 diabetes, and when my oldest had to have 2 seperate surgeries involving their brain.
So, when my 2 kids came to me as teenagers and came out as transgender and non-binary, I once again did my own reading and we as a family consulted doctors.

I have the unique perspective of going through this process with 2 of my now adult children and their journeys were very different. There were guidelines, there were reccomended protocols, but both of them were treated as the complex, unique individuals that they are by their doctors and the medical treatments were followed according to their needs and accomodations due to other medical conditions that had to be accounted for in the process.

Gender affirming care for them both began with meeting with doctors and beginning their social transition. They met with mental health providers who assessed them. Years later, prior to any surgeries they had to meet with not only the surgeon and their referring doctor, but also 2 mental health professionals before getting approved.

Both of them came out during or after puberty. They did not have the opportunity to go on puberty blockers but both wish they had. The same people who want to prevent young trans individuals puberty blockers, to delay puberty and the physical changes it brings, are often the same people who would argue later that top surgery is mutilation.

My kids are living full lives, and are proudly out as trans and nonbinary. And I for one am thankful that they are still here thanks to the doctors that supported them.

One of the Assembly members and I have a personal history. We met while our kids were in Homeschool gym class and we had in common that our kids had medical conditions. We shared being advocates for our kids, fighting for them to get the medical care they deserved. The fact that I'm here today having to argue against a bill that they are part of that would prevent parents and doctors from giving a child necessary medical care is heartbreaking.

Please reconsider and recognize that none of this is done lightly and that the team of doctors and parents not only have a child's best interest in mind, but they have the full information for that child as an individual that this bill could never address or encompass.

Thank you for your time and consideration.
Heather Thiele

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Bob Modlinski, I am a Wisconsin constituent and resident of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12, 2025.

AB 104 is clearly crafted as a youth transgender-affirming-care ban. These bans come at a time of unprecedented anti-transgender legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. Nobody deserves to live an unauthentic life. People deserve to be who they feel they are. Plain and simple.

Trans people have existed, exist now, and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives of Wisconsin, I ask you acknowledge all of the transgender people – especially children — you represent, and in good conscience vote against bill AB 104.

Sincerely,
Bob Modlinski

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

My name is Kristina Van Slyke. My family and I live in Milwaukee, WI 53210. We stand in strong opposition to Wisconsin Assembly Bill 104. This legislation, if enacted, would severely restrict access to essential medical care for transgender youth in our state. This includes the care my 15 year old son currently receives under the supportive guidance of a team of medical and health care professionals.

My concerns center on the following points:

Violation of Medical Best Practices:
AB104 interferes with the established standards of care recognized by major medical organizations, including the American Medical Association and the American Academy of Pediatrics. These organizations support gender-affirming care as medically necessary for some transgender youth.
This bill substitutes political ideology for evidence-based medicine, potentially endangering the health and well-being of young people.

Government Intrusion into Medical Decisions:
AB104 represents an unwarranted intrusion by the government into the doctor-patient relationship.
Medical decisions should be made by patients and their healthcare providers, not by politicians.
By limiting the medical options available to minors, this bill infringes on parental rights.

The decision to support my son's transition was easy. My son needed help and, as his parents, we were responsible for getting him that help. The journey to actually access the care he needed was not an easy feat. We have had to demonstrate time and again how we know this is the best path forward for my son. This care allows him to live his best life now and will give him the opportunity to be a successful and productive adult. This is not drive through care.

Harm to Transgender Youth:
Restricting access to gender-affirming care can have devastating consequences for transgender youth, including increased rates of depression, anxiety, and suicidal ideation.
Denying these individuals appropriate medical care disregards their fundamental human rights and undermines their ability to thrive.

Before my son came out to us, he would hide in his room, he was not eating well or grooming himself. He would shut down in social situations. It took a lot of love, support, therapy and coaxing him to get him back to the engaging joyful child he was before his body dysmorphia took over.
Some kids do not have the family support my son has. I cannot change the family situation for those kids but I do know there is a strong community in Wisconsin that supports them. This is why the access to these resources must be kept available for all trans youth in Wisconsin.

Discriminatory Nature:
This legislation specifically targets transgender youth, creating a discriminatory barrier to healthcare. It singles out a vulnerable population and denies them access to treatments available to other young people.

This assembly has spent a great deal of time and taxpayer money discussing a hateful discriminatory policy that will negatively impact the lives of a small percentage of Wisconsin youth. This is not the work you were voted into the assembly to do. Please spend your time on policy that lifts up all Wisconsin youth and their families. That will have a larger impact and show voters that you are here to work for the people.

In conclusion, AB104 is a dangerous and discriminatory piece of legislation. It prioritizes political agendas over the health and well-being of transgender youth. I urge the legislature to reject this bill and uphold the rights of all parents to access appropriate medical care for the children they love.

Thank you for your consideration.

Kristina Van Slyke

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is William Denzer, I am a Wisconsin constituent and resident of Madison, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

Assembly Bill 104 is clearly crafted as a youth trans gender-affirming care ban. The bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents I implore you all to vote against this proposed bill. Every person has the fundamental right to access the health care they need without fear of discrimination, prejudice, or barriers to treatment that supports their mental, physical, and emotional well-being. Gender affirming care is vital for transgender and gender-diverse individuals as it improves mental health, reduces suicide risks, and allows them to live authentically, aligning their lives with their gender identity.

For transgender and nonbinary children and adolescents, early gender-affirming care is crucial for their overall health and well-being. It allows them to focus on social transitions and build confidence while navigating the healthcare system.

This information has been backed by decades of research and is supported by every major medical association, together representing over 1.3 million US doctors. While gender-affirming care is often framed only in relation to transgender individuals, it can also have benefits for cisgender and intersex people, and these eliminations will impact everyone's access to it.

Some of the proponents of these bans - who are also behind the infamous Project 2025 - argue that being transgender is an "ideology" that they should be free to disagree with. These proponents have perpetrated a concerted disinformation campaign that has fueled not only discriminatory laws, but also threats and violence against providers of gender-affirming care.
As attacks on the LGBTQ+ community continue, it is crucial for legislators to educate themselves with factual information from medical providers rather than other politicians.

While transgender Americans make up less than 1% of the population, they have been targeted by extreme politicians desperate to gain power and have weaponized misinformation to rally around anti-LBGTQ+ legislation. These extremists will not only affect members of the transgender and gender nonconforming population, they attack every citizen's Constitutional rights which is alarming, to say the least.

Finally, trans people exist, and will continue to exist. They have existed around the world for centuries and their history cannot be erased. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people that you represent, and in good conscience vote against Assembly Bill 104.

Sincerely,

William Denzer

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Kaiden Strickler. I am a Wisconsin constituent and resident of Madison, Dane County. I am submitting a written a written testimony against Assembly Bill 104 of proposed in the State Assembly, with a hearing meeting on March 12, 2025.

AB 104 is clearly crafted as a youth trans gender affirming care ban. These ban come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you to all vote against this proposed bill.

Trans people have always existed and they always will, putting this bill into place is violence on trans people in our area.

Sincerely,

Kaiden Strickler

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,
My name is Anna Kushner, I am a Wisconsin constituent and resident of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. For I am a young transgender adult and even though I did not seek gender-affirming care as a minor, being a trans adolescent is difficult enough when trying to find where you are accepted and fit in, not knowing if you will come out on the other end okay. Gender-affirming care saves lives and these discriminatory bans on the existence of trans people and youth is heartbreaking, we are human beings just as you and we should have the right and space to exist without fear, laws, or restrictions upon our identities and bodies. Any child, no matter how they come to identify or feel about themselves deserves to grow up and exist freely, not to be harmed by erroneous judgment.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and it good conscience vote against AB 104.

Sincerely,
Anna

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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 AB104. 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 parents face in raising their children. But also, doctors should be able to follow best practices in care of their patients.

From: Sunshine Jones

4333 Crawford Drive

Madison, Wi

53711

Dear members of the Assembly Committee on Health, Aging, and Long-term Care.

I ask you to vote NO on AB 104

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 104 because if passed, this bill will literally 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.

My name is Sunshine Jones, and I am a resident of Dane County. I've lived in Wisconsin for 47 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 48 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.

Again, I believe in civil liberties and individual freedom for people to choose their own medical professionals. 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

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Elizabeth Laccabue, I am a Wisconsin constituent and a resident of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. As someone who has worked with many trans youth in the mental health field, I have seen the direct negative effects of anti-trans institutional policies. Please trust the doctors who work with these youth to help them make decisions regarding their health care.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,

Elizabeth Laccabue

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

Respectfully, as concerned parents in Robin Vos' district, we are writing to ask you to vote NO on AB104.

The premise on which the bill is based is that the concept of "gender" is an immutable trait based on what one binarily defines as "male" or "female." In reality, it is much more complex. Numerous peer-reviewed scientific studies confirm that the concept of "gender" exists on a spectrum independent of the biological traits with which a person was born, their sex at birth. Specifically, as shown in those studies, gender is influenced by genetics, hormones, and brain structure. To the latter, it has been shown that those with a gender identity different than their sex assigned at birth have different brain structures than their cisgender peers. In other words, even though their chromosomes may say they are one gender, the very structure of their brain (also a component of their inherent, God-made biology) makes them the opposite gender. To deny this phenomenon is to deny their fundamental biology.

Perhaps an apropos analogy is whether someone is left or right handed. This too has a connection to genetics and also to brain development/structure. Right-handedness is the dominant trait as nearly 90% of the population is right-handed. Therefore, based on basic genetics, it should be nearly impossible for a family tree comprised of exclusively right-handed people to ever produce a left-hander; yet, it happens. Further still, there are those who are ambidextrous - that are neither of the "common" traits. To wit, handedness exists on a spectrum and is not determined solely by one biological characteristic at birth. So it is with gender.

As it pertains to gender affirming care, this is a critical component of a comprehensive medical plan of care for a minor that is agreed-upon by health care providers and parents. As parents of a transgender teen, we have seen the benefits first hand. Ever since our child was young, she struggled with anxiety and depression that ultimately led to several rounds of suicidal ideations. After years of attempts at therapy, our child was finally able to put into words what she knew to be true at her very core - that her outward physical appearance and traits did not match what her brain was telling her she was. Through even more (now targeted) therapy, we were able to isolate her gender dysphoria from her anxiety and began to work on both. It was only at this point that we began to consider physical gender affirming care treatments.

The point is this. No responsible parent, nor healthcare provider administers physical gender affirming care without first addressing the mental diagnosis. And, when it is administered, it is critical to continue the path of care. We have used puberty blockers (safe and reversible) to mitigate further physical development while we continue to focus on mental health. By doing so, we (and our doctors) believe our daughter has the best chance to develop the critical mental health skills needed to be a successful adult. After further discussions and time, we progressed to using gender affirming hormone therapy, understanding full-well all angles of that decision. Without these steps, the intensity of the gender dysphoria would have limited the effectiveness of any mental health treatments. We now have a happy and confident 17 year old that is an honor student, works a part time job, volunteers and is involved in clubs...all because she has a comprehensive support network and plan of care that helps her navigate one aspect of her biology that disagrees with another.

For some to argue on one hand that healthcare decisions, for example like whether to vaccinate, should be made by parents while at the same time stripping those same healthcare decisions about what's best for

the care of their children from parents is beyond hypocritical and un-American. It is life-or-death dangerous given the proven significantly higher rates of suicide amongst children who have gender dysphoria and do not receive gender affirming care.

Without this care, I believe we might have lost our daughter to teen suicide. And, I am thankful everyday that we live in a state where people have the compassion and understanding to care for these individuals as they are, in the way that God specifically made them, even though that doesn't fit in a binary description. Gender affirming care is truly life saving. Please vote NO on AB104.

Best,

Jason & Corrine Von Bergen
Franksville 53126

March 12, 2025

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

I am providing testimony in opposition to AB104, and my opposition is straightforward. Banning life-saving, gender-affirming care for minors **directly infringes on the rights of children, their parents, and their medical teams** to make medical decisions that are in the best interest of each child based on their circumstances. Children do not suddenly wake up one morning and decide to be a different gender - it is a realization that can take years - and gender-affirming care is not provided without careful consideration and evaluation.

The decisions to provide appropriate medical care should be in the hands of parents, the child and their medical team; not legislators. No one is forcing parents to authorize gender-affirming care for their child, and parents are not forcing their children to transition against their will. Why would they, given the stigma associated with transgender individuals?

Decisions regarding gender-affirming care are made like any other medical decisions, such as cancer treatment or treatment for chronic illness such as diabetes. **It is important to note that the consequences of not providing gender-affirming care can be as dangerous and deadly as not treating cancer or diabetes.** Delays in providing care, or banning care outright can contribute to the negative effects of gender dysphoria, including depression and suicidal ideation. **The risk of suicide among our young people <u>does</u> increase when legislation like this is implemented.**

The American Foundation for Suicide Prevention (AFSP) stands with the research, clinical expertise, and expert consensus of every major professional health organization regarding the prohibition of gender-affirming care for minors. These efforts to take away the rights of children and families are not rooted in any scientific fact and can cause irreparable harm to LGBTQ youth. Listed below are national medical and health provider organizations that have issued statements in opposition to restrictions on gender-affirming care:

- American Academy of Child and Adolescent Psychiatry
- American Academy of Pediatrics
- American Association for Marriage and Family Therapy
- American College of Physicians
- American Counseling Association
- American Medical Association
- American Psychiatric Association
- American Psychoanalytic Association

- American Psychological Association
- American Public Health Association
- American School Counselor Association
- American School Health Association
- National Association of School Psychologists
- National Association of Social Workers

It is unfathomable that any of our elected representatives would deliberately put children at risk by even proposing this dangerous legislation. Please rely on the experts - and reputable organizations - regarding accurate information about gender-affirming care and leave the decisions to the families and medical teams.

Gail Marquardt
Shorewood
53211

March 12, 2025

SUBJECT: AB104 testimony

Dear Assembly Committee on Health, Aging and Long-Term Care:
Representative Moses (Chair)
Representative Brooks (Vice-Chair), Representative Dittrich, Representative Gundrum, Representative Kitchens, Representative Neylon, Representative Snyder, Representative Summerfield, Representative VanderMeer, Representative Wichgers, Representative Subeck, Representative Stubbs, Representative Vining, Representative Johnson, Representative Mayadev

My name is Connie Kanitz. I am a resident of Menasha 54952 and I am writing to ask you to vote NO on AB104.

I am a resident of Menasha WI and president of ESTHER, an interfaith organization in the Fox Cities region that is committed to protecting everyone's rights. I am writing to you on behalf of myself and ESTHER to speak for the rights of the families of youth who may be seeking gender affirming care.

I know individuals in my faith community who are transgender. Each one is a valuable member of our community and deserves our respect and support.

I want to share a story of a close friend who had a son who now identifies as a woman. My friend's daughter is happily married, is co-owner of a successful business, and is respected, valued, and celebrated in her immediate community. Yet, my friend often tells me how difficult, exhausting, heartbreaking, and fearful it is for her as a parent to witness how many times her daughter and other LGBTQ+ individuals and their families are targets for judgement and see their rights threatened. This experience is frankly fueled by so many laws being proposed by state and federal legislators. It is difficult enough to navigate this vital part of their identity without being in constant public scrutiny. This is a decision that must be left in the hands of the individual, and if the decision is being made with a youth, it is to be made with the support of family, physician, and/or their chosen support persons. It is by NO MEANS the role of the state legislature.

I urge you to stop fighting this hurtful and unjust "culture war." Stop constantly looking for differences and pitting people against each other. Stop judging people. Recognize how we are alike, celebrate our differences, and understand that each and every one of us truly deserves equal protection of our rights and our freedoms. Thank you for this opportunity to share a written testimony.

I urge each of you to vote no on AB 1004.
Sincerely,
Connie Kanitz

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Sofie DAmico, I am a Wisconsin constituent and a resident of Milwaukee, Wi. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. As a mental and behavioral health professional, this bill would decrease safe spaces and increase the rates of suicide attempts and deaths by suicide. It is our job, as adults, to protect and support children and teenagers. The absolute bare minimum we should be doing is avoiding an increase in suicide attempts and deaths by suicide. It is completely unacceptable. There is evidence. There is research. This will not "get rid of" trans youth, it will ostracize them.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Sofie

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the Wisconsin Assembly,

My name is Luna, and I am a resident of Milwaukee. I've lived in Wisconsin for 25 years, born and raised.

I am writing to urge you to vote NO on AB104. As a Wisconsinite, I am opposed to these bills because no politician ought to stand between the American people and their right to make medical decisions with their doctors, nor impede upon any individual's freedom of expression as protected by the first amendment of the constitution.

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,

Luna

Milwaukee 53212

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

FROM: Rev. Julie Wilson, United Methodist Pastor

DATE: March 12, 2025

RE: Assembly Bill 104

I'm Rev. Julie Wilson (she/her) Lead Pastor of Bethany United Methodist Church in Madison. I'm writing against AB-104. 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 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-104.

Thank you.

Julie Wilson

3/12/2025

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

I oppose A.B. 104.

I am Robin, a member of the LGBTQ+ community and one of Wisconsin's many healthcare tech workers. In both roles, I seek to ensure that people receive the care they need and do not face discrimination for who they are. By attempting to limit gender-affirming care for Wisconsin's youth, my own state now attempts to perform that very discrimination.

Additionally, in both of those roles, I see study upon study showing how gender-affirming care saves lives and has a regret rate so low it would be regaled as a miracle for any other form of care. We already have policies in place to ensure transgender people know what this care entails and to confirm that this is the right healthcare for them. A ban is, frankly, excessive. There is already a long road to gender-affirming care, one nobody who does not need it would be willing to walk. And it is the individual who must walk it on their own, not dragged along by family or some twisted specter of my community. Our support is there to keep them alive while they walk it, not to make those who do not want to take that path.

I have seen how other states enacting similar bans leads to fear and uncertainty both within my community and from the healthcare organizations doing their absolute best to care for them. I have seen these sorts of bills spring up across the country as legislators aim to install that fear within their own populations and harm the people they are elected to serve. We can be kinder, more thoughtful people than that, driven by empathy and truth rather than reactionary hatred.

I ask you to not pass this bill. Wisconsin's youth do not need that fear and the harm it will bring upon them. Healthcare is a necessity, not a political tool to leverage against a minority population. I am sure that in your role on your committee, you see this.

Thank you for your time.

Sincerely,
Robin Pegau, Verona 53593

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Alexander Segura, I am a Wisconsin constituent and resident of Racine. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

Assembly bill 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. I am fifteen years old and I am transgender. Very early in 2023 I was in a deep depression and I had serious thoughts of ending my life. A big reason for that was because I felt I wasn't living life as my true self. Today, I am open, accepted, and happy. I feel if you pass this bill other Trans youth will fall into that deep depression that almost ended my life.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against Assembly bill 104.

Sincerely,

Alexander Segura

Racine 53405

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I oppose bill AB104 relating to prohibiting gender transition medical intervention for individuals under 18 years of age.

My name is Melissa and I live in Oconomowoc with my wife and two teenage daughters, neither of whom are transgender. I am a Registered Nurse and have been working as such for the past 16 years.

I am deeply saddened and alarmed by the introduction of this bill. I have been reflecting on my experience as a nurse, parent, friend, and ally to the transgender to community.

From the perspective of a nurse, as of a few years ago, I wasn't aware of how gender services worked or the interventions offered. I had the privilege of attending the 2023 Diversity Summit related to Trans Health at the University of Wisconsin. Many providers from the UW Gender Services team, including physicians, presented at this event. Some of the most important information I learned is:

Beginning gender affirming care, for anyone, can take months even years, for an initial consultation. These patients are receiving multi faceted care from many services including, but not limited to: mental health, family medicine, endocrinology, and gender services.

Patients often do not begin interventions such as puberty blockers or surgical procedures for years after initiating care. This decision is not flippant and is made together with the patient, health care team, and their parent's consent.

A common myth is that all trans persons are prescribed the same route of care; they receive a diagnosis, begin medications, have surgery, and the care ends. This is simply not true. Each person's experience is unique and is often a blend of therapies.

The largest misconception is that people regret transitioning. Outcome measurements show that gender affirming care has not only positive outcomes, but is evidence based practice. Many of the people who provide care at this event could not come up with one patient they remembered de-transitioning.

Going through the wrong puberty creates more time, energy, money, surgery to correct and increases the rate of suicide amongst this group.

Those who choose to de-transition are a tiny fraction of this population and most often report doing so due to external pressures.

The rate of suicide attempts by this group is disproportionately higher than the rest of the population.

This is a medical issue, not a political one. It will remove care from an already marginalized and stigmatized group. It also criminalizes healthcare professionals such as myself by revoking our license, therefore taking away our ability to practice. The healthcare crisis and shortage of professionals is already a grave concern. This will certainly accelerate the existing problem.

There are many non-partisan institutions that strongly support gender affirming care for transgender and non-binary youth such as The Endocrine Society, American Academy of Pediatrics, American Medical

Association, and the American Psychological Association to name only a few. I implore all of you to review and consider the recommendations given by these groups whom we have entrusted the care of our population with for decades. They are not trying to run a campaign or win a popularity contest. They are not bought by money. They have dedicated their lives working to deliver safe and quality healthcare to all.

As a parent I try to imagine being in this situation. I have watched and listened to other parents who are grappling with the thought of losing this care for their child. They are worried about their physical safety due to ongoing threats from the community. Worse, they are constantly on alert of their child's mental health and praying that they don't attempt to take their lives. Please sit with the thought of constantly worrying about losing healthcare, the physical safety, and potential loss of your own child. It is so incredibly heavy. Please give these parents the respect they deserve and allow them the dignity to pursue care with the excellent healthcare teams we have in our wonderful state.

Although it is extremely unpopular at this time, I ask all of you to be an ally to our transgender community. Please listen openly, without preconceived notion, and hear about their experience and what this care has provided them. It might seem like just a pill or surgery to you, but it might be everything to them.

Thank you for taking the time to read my testimony,

Melissa Laasch

Oconomowoc, 53066

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the members of the Committee on Health, Aging, and Long Term Care:

My name is Sophie Vrba, and I am a healthcare trainee and resident of Madison, WI. I strongly oppose Assembly Bill 104 and encourage you to do the same.

This bill unjustly targets and discriminates against transgender youth. While on my rotations, I have seen Wisconsinites and their families experiencing the challenges of gender dysphoria. The treatments being restricted by this bill are critical for both the mental and physical well-being of our youth. This patients are already at an elevated risk for suicide. A 2022 study in the Journal of the American Medical Association found that gender-affirming care for adolescents aged 13-20 was associated with a 73% lower risk of suicide (Tordoff, 2022).

As a healthcare trainee, this bill undermines the provider-patient relationship and obstructs physicians from delivering evidence-based care. Medical professionals have an ethical duty to provide competent, science-based treatment to all patients, including transgender youth. If passed, this bill would foster healthcare discrimination, increase barriers to essential care, and contribute to severe consequences like depression and suicide.

At a time when LGBTQ+ youth face harassment, bullying, and discrimination, Wisconsin should be a place where they feel safe and supported—not further marginalized.

I urge you to oppose Assembly Bill 104 to protect the well-being and rights of transgender youth.

Thank you for your time and consideration.

Sincerely,

Sophie Vrba

(she/her)

Madison, WI resident

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Elizabeth Di Salvo I am from Madison, Wisconsin and reside in the 53719 zip code area. I have been a Madison area resident since 2002.

In regards to the anti trans bills AB104 I strongly oppose this bill.

As a parent of a child in the trans community this bill if passed will have detrimental impact on a small but important group of people as well as the Wisconsin community as a whole.

Having access to healthcare that aligns with their identity is important to ALL people. This includes the transgender community as well.

As explained in Harvard Health by Alejandra Caraballo published on June 21, 2023

"Gender-affirming care is the treatment gold standard for gender dysphoria. It has been endorsed by every major medical association in the U.S., including the American Medical Association, World Professional Association for Transgender Health, American Academy of Pediatrics, American Psychological Association, and the Endocrine Society.
Transitioning can be as simple as changing gender expression by adopting a new hairstyle, name, pronoun, or style of clothing. Counseling is often an element of treatment. Some transgender patients may also receive medical intervention in the form of hormone replacement therapy or surgery. These standards have been established and supported by decades of scientific research."

We have much bigger issues in the state of Wisconsin to address, than attacking and focusing on restricting the trans community. A group of individuals that just want to be free to be whom they are and be respected in their communities.

Thank you for your time and once again I oppose these bill in question AB104

Elizabeth Di Salvo

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the members of the Assembly Committee on Education:

My name is Jahna Cook, I am from Madison, Wisconsin and reside in the 53705 zip code area. I have been a Madison area resident since 2005.

I am writing to express my strong opposition to any legislation that discriminates against transgender students and restricts their rights in schools. In regards to the anti trans bills AB100/AB103 I strongly oppose these bills.

Every student deserves a safe, supportive, and inclusive learning environment, regardless of their gender identity.

Policies that single out transgender students for exclusion or scrutiny violate the fundamental principles of personal freedom and equal protection under the law. These measures not only harm students' mental health and well-being but also set a dangerous precedent that undermines the values of fairness and dignity that our communities hold dear.

I urge you to oppose any efforts that limit transgender students' access to bathrooms, participation in sports, or the ability to be addressed by their correct name and pronouns. Instead, I encourage policies that promote safety, respect, and equality for all students.

Please stand on the right side of history by defending personal freedoms and protecting the rights of transgender youth in our schools. I appreciate your time and consideration.

Sincerely,

Jahna Cook

Madison Wisconsin resident and parent

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I am writing as a deeply concerned mother and lifelong resident of Wisconsin to express my strong opposition to Assembly Bill 104. This bill represents a dangerous and misguided attempt to strip transgender individuals, particularly our youth, of their fundamental rights and access to essential healthcare.

As a mother, my primary responsibility is to ensure the well-being and happiness of my children. Assembly Bill 104 directly undermines this responsibility by denying parents the ability to provide necessary support and care for their transgender children. This bill would prevent parents from accessing life-affirming medical care, effectively forcing them to watch their children suffer.

The notion that gender identity is a fleeting trend or a societal phase is not only inaccurate but deeply harmful. Transgender individuals have existed throughout history and across cultures. My own daughter, who is transgender, did not receive gender-affirming care until adulthood, but I witnessed the profound impact it had on her life. Had she desired to begin this journey earlier, I would have been her strongest advocate.

Gender-affirming care is not a decision made lightly. It is a carefully considered and medically supported process, often involving extensive evaluation and consultation with healthcare professionals. This care can be the difference between a life of despair and a life of fulfillment for a transgender youth struggling with their identity. To deny them this care is to deny them the opportunity to thrive.

Legislators often express a desire to "protect" children. However, this bill does the exact opposite. It puts vulnerable youth at risk by denying them access to necessary medical care and affirming support. It is not the role of the legislature to dictate deeply personal medical decisions. These decisions belong to families, in consultation with their healthcare providers.

Just as we do not mandate participation in every extracurricular activity or social norm, we should not impose blanket restrictions on medical care. No one is forcing any child to pursue gender-affirming care. This bill is a solution in search of a problem, driven by misinformation and prejudice.

I urge you to reject Assembly Bill 104 and instead focus on policies that protect the well-being and dignity of all Wisconsin residents, including our transgender youth.

Sincerely,

Tamara Crouch

Wauwatosa, WI 53213

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the members of the Committee on Health, Aging, and Long-Term Care,

I oppose AB104.

My name is Matt Gately, and I am writing to express my opposition to AB104.

I went to Catholic school in a small town in NH, so when I started college in NJ in 2009 I did not know any transgender people. I will admit that I was very ignorant at that time. I remember distinctly thinking and saying things that I am not proud of today, rooted in ignorance. In college, I met trans people and took the time to listen to them and befriend them, and since then, I've continued to learn and grow, and my thoughts have changed. My growth continued when I moved to Madison in 2015. This bill would harm transgender people in Wisconsin. As a friend of trans people, I cannot condone this harm.

This bill would halt affirming care to minors, including puberty blockers, hormones, and surgical interventions. I've listened to both sides of this debate. Those who oppose these treatments in good faith do so out of an abundance of caution, citing a few causes to their opposition: first, that as children, minors have not yet developed stable identities and may regret these interventions later; second, that schools and physicians are too quick to believe children and give them treatments, and that these treatments are given without parental consent; and 3) that these are irreversible and therefore should not be allowed generally. I want to address each of these points in turn.

First, on trans youths' identities and self-concept. It is true that adolescence is a time of identity development and that children try different identities. Many opponents worry that children exploring transgender identities are in precisely this category, citing fears of social contagion and rapid onset. Several studies, including the Cass Report in the United Kingdom, seem to support these findings. The issue here is that the data from trans people and trans youth do not corroborate these findings. Studies in support of social contagion and rapid onset gender dysphoria cite parents, not trans people, as their sources; the kids themselves have spoken out in opposition to these studies. The ones that do cite trans kids do so out of context to support points usually at odds with that the children are saying. The studies of detransitioners, people who transition and then later transition again, time and time again do not find examples of people who transition in childhood, and the studies that do fairly and systematically study people who detransition find very low regret rates (~2%). This regret rate is lower than for almost any other type of medical intervention, including necessary knee replacement. Additionally, trans people who later transition again often do not consider their later transitions detransitions so much as further transitions: rather than regretting their earlier experiences and seeing themselves as returning to their gender assigned at birth, they see themselves as transitioning again to another, different conception of their gender. In terms of the social contagion theory, this relies on the idea that affirming trans people is the same as pushing kids to be transgender, but with bills such as this one across the nation and hateful rhetoric levied against trans people across the media, the idea that kids are pushed to be trans is frankly absurd. In short, there is no good data that supports the ideas of social contagion or rapid onset gender dysphoria, or that children are being pushed to transition by their peers and regret it later. Banning this care overrides data-driven decisions made by physicians and families, and threatens individual liberties.

The second issue of concern for opponents of gender-affirming care for minors is that it is given too fast and without parental consent. Like social contagion and rapid onset gender dysphoria theories, there is no evidence that treatments are rushed into treatment or that they are provided without parental consent.

There are many articles that claim that care is given too quickly or after a single visit, but the evidence for this - even in the very articles claiming it - does not exist. In the United States generally there are great barriers to care, including cost and wait times. These affect trans healthcare as much as any other healthcare. Additionally, children must wait and get approval of their parents to receive this care, and affirming parents are not rushing their children into care - they are talking with their children first. Then, once children do begin receiving care, they receive comprehensive psychological examination prior to any physical treatment, usually over the course of more than a year. Finally, the first line of physical treatment provided are puberty blockers, which are reversible and only slow physical development, allowing parents and children time to review their identity and decisions. Denying puberty blockers will only result in further pain and psychological suffering for trans children. For the very small number of people who regret transition, prohibiting care that allows them more time to consider will have an effect like the prohibition of alcohol - once they are of age, they will seek the treatment more, having been denied it for years. This will result in more rushed decisions, rather than fewer. While this fear may be grounded in good intentions, it is not supported by data, and allowing it to rule our legal process will cause more harm than good. Additionally, there has been no credible source that children are receiving medical treatment without parental consent. How would they pay for it, and how would parents not notice the changes in their children?

Third, opponents to trans affirming care argue that we are performing irreversible procedures on children that they later regret. In light of my points 1 and 2, this is already barely defensible - the regret rate is extremely low, likely due to the caution already taken prior to the provision of care. While that caution is good, this bill would also ban reversible treatments like puberty blockers, which are effective precisely because they are reversible and allow families more time to make educated decisions. Puberty blockers are recognized treatments for early puberty and are used precisely because they are safe. Banning them for trans children directly targets trans kids, and bars a safe and recognized treatment from being prescribed. Puberty blockers then allow further time for families to consider hormone treatment, which is not reversible - but is very carefully considered and not rushed, and not regretted. Additionally, there are many irreversible treatments we provide to children; banning trans affirming care is a discriminatory practice because it creates trans care as a separate category of care from other irreversible treatments for other health issues. There is simply not evidence that irreversible treatments are being provided to children without proper caution.

If the committee is truly committed to child healthcare, it should focus its efforts on expanding access to health and care for children overall - more funding for medical coverage, more funding for mental health care, more funding for healthy food at schools and in families. The issues presented here affect a tiny minority of children in Wisconsin, single them out, and legislate them out of proper care rather than helping them receive care. This legislation creates barriers to care rather than expanding access to care, which is the wrong direction to go.

Thank you for your consideration and for hearing my comments.

Thank you,
Matt Gately

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Members of the Committee,

I am an elementary school teacher and middle school coach here to advocate on behalf of my current and former students and athletes. Please oppose AB 104 and preserve the option for gender-affirming and life-saving care for our kids.

Do you remember being a seventh grader? I remember being a seventh grader. Imagine on top of all of that seventh-grade drama, hearing angry adults argue about your identity and using their power to strip you of your rights to healthcare and safety. We cannot deny that this is an incredibly scary time to be a trans or nonbinary youth.

When talking with a student about the executive order to eliminate access to gender-affirming care - care that is backed by decades of research and supported by every major medical association (https://transhealthproject.org/resources/medical-organization-statements/) - the student's eyes went wide, and they said, "There are kids who will not survive this,"

This student asked me to share their testimony with you. Please listen to their words and experience:

Banning trans-affirming healthcare? That's insane. Kids are just trying to be themselves and feel good in their own skin. Stay in your lane, legislators. This is for families and doctors to decide. I don't understand the motives of banning trans-affirming healthcare in Wisconsin, as so many kids have benefitted from it.

I'm a seventh grader, and I've known that my sex assigned at birth didn't fit since I was really young. I have had an implant to block puberty hormones since earlier this year and I am so thankful that I was able to access it. This will help me while I'm growing up, and that is a decision that I made with my parents and my doctors, that felt right for me in my body. This is healthcare that supports so many kids in Wisconsin, obviously including me. Before I got the implant, I was stressed out and worried. These blockers aren't permanent - they will just keep my body from going through changes that don't fit who I am at all.

This is not wokeness or a mental illness. This is not a phase. This is just who I am as a kid, and this is who I will always be. Please fight for WIsconsin kids and our right to be who we are.

Thank you for listening to and considering the words and experiences of the youth this will impact the most.

Sincerely,

Katie Hayden
Madison 53716

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I'm writing to demand you vote not on AB104. It seems that if we were truly concerned with the well-being of young people, attention would be paid to the severe teacher shortage in our state and shoring up the Badger Care as federal cuts threaten health coverage for the 1/3 of children who live in our state's rural areas.

It's shortsighted for legislators to overlook the recommendations of the American Academy of Pediatrics, which emphatically states that gender-affirming care is the best course of action for the health and well-being of children.

It's undemocratic to attack the privacy of children and parents. Their rights to make their own health decisions is an impingement upon human rights, privacy and free speech as personal expression and identity. We must trust children and their parents to make their own decisions about their lives.

Every trans person I know is healthier and happier because of their transition. Forcing children to wait until they have gone through puberty to transition not only risks their mental health, it risks their lives. If you are truly interested in the well-being of young people, you must listen to them and to their parents and then kill this bill, and then turn your attention to issues that are truly affecting all of our children. Resources must be allocated to the education and health of all young people, not denying the basic rights of a very small percentage.

Sincerely,
Holly Marley-Henschen
they/them/theirs

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I strongly oppose Assembly Bill 104.

My name is Paul Bartlett. I have lived in Wisconsin for more than forty years. I am a small business owner. I have been married to my wife for 17 years. We baptized our two children in the Lutheran faith. We have what you would call a strong family — a demographic that you claim to support.

When my 12 year old came out as trans, we did years of research, consulted with physicians and mental health specialists, and decided — as a strong family — that our best course of action is to pursue gender affirming care in the form of puberty blockers when the time is right. Puberty blockers are a safe method of postponing more permanent medical decisions until adulthood.

Bill 104 strips us of the rights and freedoms to do so. It is government overreach at its worst.
It disregards medical expertise, parental rights, and, most importantly, the health and dignity of my kids. I implore you to reject this bill and to stand on the right side of history—one that champions compassion, understanding, and the fundamental rights of all Wisconsinites.

Paul Bartlett
Verona 53593

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Hello,

My name is Samantha Waldron, I am a Wisconsin constituent from Madison. I am submitting a written testimony against assembly bill 104 proposed in the state assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bands come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents I employ you to vote against this bill to ensure the safety and personal freedoms of transgender youth and their guardians to determine the best course of their care, including gender-affirming care.

Trans people exist and will continue to exist. To enact this bill is to enact violence on trans people. I urge you in good conscience to vote against this bill.

Sincerely,
Samantha Waldron

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Gregory Scheetz. I am a Wisconsin constituent and resident of Milwaukee, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. I'm a licensed clinical social worker and have been practicing as a mental health therapist for children and adolescents over the past decade. I have seen first-hand how restricting access to gender-affirming care is severely damaging to youth mental health. Youth who identify as transgender and have access to supports such as gender-affirming healthcare have been shown, in countless research studies, to have a significant improvement in their mental health. However, youth who do not have access to gender-affirming healthcare are at a much greater risk of suicide, as well as worsening depressive symptoms, increased risk of violence, and an overall decreased quality of life.

Gender-affirming healthcare has been demonstrated to be a safe and highly effective strategy to managing gender dysphoria. Any youth who is receiving gender-affirming healthcare has had a thorough conversation with their medical provider, along with their parents and/or legal guardians, in order to provide informed consent. Many families in Wisconsin and throughout the country greatly rely on this evidenced-based medical care and this ban would truly have devastating, deadly consequences. Transgender youth and their parents deserve the right to make their own healthcare decisions, just as each of you have your right to make your own decisions for your health. Your vote today against this bill is truly life-saving. Please use the responsibility and power that we, your constituents granted you, to protect this extremely vulnerable population.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in goo conscience vote against AB 104.

Sincerely,

Gregory Scheetz

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Assembly Committee on Health, Aging and Long-Term Care:
My name is Stacy Mancl, I am a resident of Oshkosh (zip code 54901) and I am writing to ask you to vote NO on AB104.

I know that the most impactful testimonies involve personal stories about how the proposed legislation would affect you or a loved one. I don't have a personal story to share. I don't need to be directly impacted to know that this bill will harm the children it is claiming to protect. The truth is bills like this are just bigotry, hatred, and ignorance masquerading as concern.

This bill presumes that gender-affirming care provided by medical professionals is harmful to children. Gender-affirming care is supported by the American Medical Association, the American Academy of Pediatrics, and the American Psychological Association. I believe medical professionals should be making decisions about what care should be provided to their patients, not legislators. The real danger for transgender children and adults is legislation like this.

Trans rights are human rights. Wisconsin's state motto is "Forward." This legislation would move our state backwards.Please do the right and moral thing. Vote against AB104 and ensure that transgender children can get the care they so desperately need.

Stacy Mancl

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Maria Barr and I write to you today as a parent, former teacher and ally of transgender youth. I oppose AB 104 and believe it will cause death.

As a parent, I know first hand what gender affirming care can do to the mental well being and physical well being of a transgender person. The gender affirming care my child received saved their life.
As a teacher, I saw first hand the difference between students that were supported by adults and family and those that hid. Thankfully our school had a psychologist (part-time) and great counselors that could help these students, along with family and medical professionals.

Anti-Transgender laws are very very dangerous. They put lives at risk.

* "Anti-Transgender Laws Cause up to 72% Increase in Suicide Attempts Among Transgender and Nonbinary Youth" [https://www.nature.com/articles/s41562-024-01979-5]
* 39% of LGBTQ youth considered suicide and 12% attempted suicide. [https://www.thetrevorproject.org/survey-2024/#mental-health-suicide-risk]
* Endocrine Society study - those individuals that received gender affirming care in their teens are less likely to have suicide ideation as an adult. [https://www.endocrine.org/news-and-advocacy/news-room/2023/ama-gender-affirming-care]

If this bill is meant to help people, it will do the opposite.
Do not pass this bill.

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Annie and I am a resident of Milwaukee. I am submitting testimony against Assembly Bill 104.

This bill, if passed, would prevent trans youth from receiving gender affirming care, which will lead to a spike in suicide rates among trans youth in Wisconsin.

Medical experts have determined that gender affirming care is the best way to help kids with gender dysphoria. I implore you to vote with the safety of children, and reject AB104.

Sincerely,
Annie Rapach Lagowski
Milwaukee 53207

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I'm writing to you not just as a Wisconsin resident, but as a parent, an aunt, and someone who believes deeply in the rights and well-being of our youth. I strongly oppose Assembly Bill 104, a bill that seeks to strip away essential rights from young people and their families under the pretense of protection.

This bill would ban gender-affirming medical care for minors—a deeply personal decision that should be made by families and medical professionals, not elected officials. Major medical organizations, including the American Medical Association and the American Academy of Pediatrics, have made it clear: gender-affirming care is evidence-based and, for many, life-saving. Ignoring this medical consensus puts vulnerable kids at risk, including my niece and the children of dear friends.

Beyond that, this bill takes away parents' rights to make informed healthcare decisions for their children. Parents, in consultation with doctors, should be the ones guiding these choices—not the government.

We've seen the consequences of similar laws in other states: increased mental health struggles, higher youth suicide rates, and deepened hardships for transgender youth. Is that the Wisconsin we want? A place where we turn our backs on children who need support the most? Where we make them feel like second class citizens?

Assembly Bill 104 is not about protection—it's about control. It disregards medical expertise, erodes parental rights, and, most importantly, puts kids in danger. I urge you to reject this harmful legislation and stand for compassion, dignity, and the fundamental rights of all families.

Thank you.

Ann MacPhetridge

Oshkosh, WI 54904

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Thank you, chairperson Moses and committee members. My name is Thad Schumacher, and I am a father, employer, and medical provider for queer and trans folks. I live in Madison and own a small business in Fitchburg. Today I would like to express my sincere outrage at the authors and supporters of this anti-trans bill.

I implore you to think about the children you are victimizing with this law, all in the name of protecting them. My non-binary kiddo was aware of their gender dysphoria as early as middle school. Unfortunately, I learned in their college years the struggle that they endured. No child should have to hide who they truly are; they should be encouraged to express and explore their own self.

Let me tell you about the typical young person that I help with gender affirming care. Long before I have the pleasure of working with them, they have to build up the self-esteem to share their gender questions with a friend or parent. Many hours of meeting with multiple doctors and caregivers made up of primary care, psychiatric, and counseling providers. It is my experience over the past 20 years that a parent is always involved in this process. When the child, parent, and providers all agree that the next step is medication for gender affirmation, I am honored to be included in offering these options to the families. Over the months and years of treating these kids, it is remarkable to see the kids become more vibrant and confident people that are rooted in their truth. I have never had a patient or family that regretted their choice to use gender affirming care. If you pass this bill, these families will be unable to help their children, and it will put them all in a dark place full of risk.

I want to call on you to reverse course and end this attack on trans-people. The introduction of these bills and the hearings we have endorsed this past week are an attack on people who want nothing more than the right to exist. These hateful bills will stir up anti-trans rhetoric, bullying, increased risk of depression and suicide, you should be ashamed for your continued attack on anyone who is not a white male. Consider doing the work that the people of Wisconsin really want you to do, bring down food prices, housing prices, and stand up for the rights of all Wisconsinites.

Thank You,

Thad Schumacher, PharmD

(He/Him)

Madison, WI 53713

My name is Rev. Dr. Jason Mack. I am a Madison resident of 13 years and I am writing you today to urge you, with all of my heart, to oppose **Assembly Bill 104**.

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.

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I oppose bill AB104. Strongly.

"Life, liberty and the pursuit of happiness". Inherent to "life" and "liberty" is private and protected access to medical care. AB 104 would deny life-saving care to Wisconsin's children, and set a precedent of radical and invasive government overreach into the private decisions that parents make for and with their children.

At best, AB 104 is a waste of time and this hearing a waste of taxpayer dollars. At worst, it is an extremist and unjustly targeted attack against our state's children and medical privacy. Please spend your time, and our money, on issues that actually matter.

Thank you,
March Saper
Milwaukee, WI 53204

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Wednesday, March 12, 2025, 2:00 PM

Two of my grandchildren are LGBTQ kids, ages 12 and 15. I love them so much and want them to continue to thrive! Their parents (our son and daughter-in-law) consult closely with our grandkids' and their pediatricians and therapists to ensure their kids' physical and emotional health.

In my opinion, it is so inappropriate for politicians and the government to interfere with the physical and emotional care of transgender children. This care should rely solely on decisions made by their parents, their healthcare professionals, and of course the opinions of the children themselves as they are developmentally able.

Please vote against AB104 and stand up for transgender youth to receive the best possible care and support they need.

Thank you.
Terri Bartlett
Fitchburg, WI. 53711

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Joann Kelley, and I write to you today as a proud Wisconsinite who care about the well being of all people and about our freedom to make family medical decisions without interference from government. Therefore, I am deeply concerned about Assembly Bill 104 and its attack on transgender youth and their medical care. 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 104 and stand strong for a Wisconsin that is affirming of the worth and dignity of all of our young people.

Thank you,

Joann Kelley

Madison, WI

53711

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Eleri Extence, I am a college student from the city of West Bend, zip code 53095. I am writing today to address bill AB104.

Firstly, I would be remiss to not point out that I find it hypocritical that this bill makes exceptions that sex-changing surgeries can still be performed on intersex minors. There is no reason that an otherwise healthy intersex child should need to have a sex-change surgery to make them appear more "male" or more "female," but by placing these exemptions for them in AB104 it is shown that the goal of this bill is not to protect minors from unnecessary medical procedures, but just to enforce a false idea of a gender binary.

Now, I had a friend in high school, who I will not out here but will call Jennifer, who experienced intense depression and suicidal thoughts that were exacerbated by her gender dysphoria. At 16, she was admitted to a psychiatric hospital for a month. This was a turning point for both her and her parents, deciding that something needed to change. At 17, Jennifer started to take estrogen. This was a choice she and her parents made in full confidence that it would help Jennifer, and looking back it is clear how much brighter, happier and more confident Jennifer became when she finally received gender affirming care. It was not a choice made lightly. It is difficult to be out as transgender, especially in a high school filled with students whose parents have taught them hatred of transgender and LGBT+ people. But it is not a choice that Jennifer has ever expressed interest in undoing, because the moments of gender euphoria she experiences are such an improvement on the mental state of her 16-year-old self. Now of course, HRT is not a cure-all for mental illness. Jennifer also takes PTSD medication. She takes this largely because of her traumatic time spent in the psychiatric hospital. Before Jennifer was on HRT her gender dysphoria still led her to trauma, which is to say that I believed that AB104 will not succeed in protecting minors from being harmed medically because of their gender expression. I believe that there is no one-size-fits-all answer to how transgender minors navigate their transition, but discriminatory laws that limit their choices is definitely not the solution.

Please vote no on AB104. Thank you.

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am providing testimony in opposition to AB104.

I submit this testimony to uphold and affirm the testimony of my fellow Wisconsinites, including children, educators, mental health care providers, and other medical professionals. You will have heard today from the first-person experiences of those whose lives were saved by gender-affirming care, as well as from experts in medicine, education, and child development who understand that the best way to support our young people is to affirm their identities and support their right to access safe, regulated care provided by doctors and other professionals.

I appreciate this committee's time & the time of all those present who have testified against anti-trans legislation in Wisconsin in the past week.

Amelia Speight
Madison, 53714

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Nathan Kopp. I am a Wisconsin constituent and resident of Milwaukee, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,

Nathan Kopp

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear AB 104 Committee members,

My name is Barbara Denise Christofferson and I have been with my "same gendered" spouse for the better part of 36 years. We were forced to marry in Canada in 2003 because the United States legally discriminated against us and is still attempting to discriminate against LGBTQ+ people.

I have been teaching for 34 years. Twelve hours ago, I received an urgent message that a hearing on anti LGBTQ+ legislation is being held to ban gender affirming care for children. 12 hours ago. I am faced with a gut-wrenching decision to prepare for an absence, which if you know any teacher is no easy task, to stand up for the rights of my family, students, friends, and community against those attempting to dehumanize, discriminate and oppress us. Stand up against those who would go against scientific facts regarding human sexuality and gender, every valid medical and mental health association, experts in education, the Girl Scouts of America, and the entire LGBTQ+ community and our allies.

The degree of immorality and abuse of power in all these actions, on short notice, targeting a historically oppressed community infuriates me. I am deeply angered and also embarrassed by this bill that sponsors 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 to do so.

As a lifelong physical educator, I see the harm caused by those that bully, disregard, humiliate, or harass. I do not allow it. I hold students accountable and I teach them to recognize each person's gifts, to honor differences, and to take care of each other.

Schools nationwide are dedicated to teaching children to "stand up" against bullying, at least they were, including STANDING UP against bullying against LGBTQ+ people, the bar none, most vulnerable demographic statistically. I am here today to STAND UP against discriminatory legislation and those who aim to cause harm to the LGBTQ+ community. I will not allow you to dehumanize us, erase us, or ignore us.

Many can not be here today to speak or represent themselves, as I am sure is intended. Those that are able to take off work or out themselves and their children, I commend you for putting your life on the front lines. You are heroes and warriors. For those that can not be here, for fear of losing your job or outing yourself or your children. I see you. I thank you and know, even though it feels like it, you are not alone, keep fighting.

Statistically, we are 10% of the general population, transgender people even less at 1.6% of the United States population. In addition, as you already know, we are also more susceptible to violence, anxiety, depression, substance abuse and suicide.

Our conduct towards transgender people is deadly, 82% of transgender people have considered suicide and 40% have attempted to do so. That is on everyone of us, but especially those in religious or political power that allowed these deadly beliefs and actions to harm us in the first place. What about our religious freedom? What about our life, liberty and pursuit of happiness?

This is my family, my students and my community you politicians and fellow citizens have been waging a war against. LGBTQ + people will continue to die by these actions you are taking. I find it ironic and hypocritical that I am advised to speak but to be "respectful and avoid using combative language or tactics." Please, stop killing us. Are you kidding me?

Transgender children that are able to access life-saving care pose absolutely no threat to you or anyone else. Those that can not access care are our most in need and most in danger statistically. Transgender kids only care about trying to survive in a world that doesn't understand, refuses to understand, or doesn't care to understand. They are no threat, you are. They are just trying to SURVIVE. To allow for this bill to be introduced is "respectfully" nothing more than bigoted transphobia.

Let's be perfectly clear about what you are doing. You are; taking life saving care away from children who are currently treated; preventing future access to care for those that will need it, leveraging funding to intimidate and "black mail" health care providers; and attempting to make criminals of their care team of Doctors, Physicians Assistants, Psychiatrists, Nurses, Social Workers and their families. Yet "You", the bill sponsors and supporters, you know better? Are you all licensed to practice? What are your valid credentials? Are you aware of these deadly transphobic actions? Are you aware families are preparing emergency plans to flee with their children to safe states or countries? Fleeing so their children will not die. Die under duress of the cruel and unusual removal of or denial of medical care. Forcing a child to detransition or to suffer a dysphoric puberty is unequivocally depraved.

The time, money, and energy you are wasting on AB 104 is disgusting. I oppose.

Invest in our communities so we can all thrive and stop violating our constitutional rights, dehumanizing us, and legislating against all LGBTQ+ people.

STOP AB104 NOW and in turn STAND UP FOR US by proposing supporting care, systems, funding and strengthened legal protections so we may all live in peace.

B. Denise Christofferson, Thiensville, WI

LGBTQ+

Mom

Auntie

Cousin

Daughter

Friend

Teacher

WI resident

US Citizen

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I oppose bill AB104.

My name is Teresa. I'm a member of the LGBTQ+ community and I have lived in Wisconsin my whole life. This bill hits close to my heart as I have people in my life whom I love who are transgender.

This bill serves no other purpose than to deny the rights of minor transgender Wisconsinites and their parents/guardians who seek to accept and affirm their child's identity. This has been widely proven to be effective and beneficial in the development of a transgender/gender nonconforming child's self-esteem and greatly reduces rates of depression and suicidal thoughts in this group.

This bill is also a massive overstep infringing on individual rights. Parents of transgender children and their medical providers should continue to have the right to make medical decisions that serve that child's best interests. This includes gender-affirming care, such as puberty blockers, hormone replacement therapy, and access to mental health care

I ask that you allow these children the freedom to live a happy, healthy life and vote NO on Bill AB104.

Thank you all for your time and consideration.

Teresa Winkelman

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,

My name is Grace Riekkoff, I am a Wisconsin constituent and a resident of Greenfield, Wisconsin. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. Trans children deserve to feel comfortable and accepted in the world.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Grace Riekkoff

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Julia Jones my pronouns are she/her and I live and work in Madison. I am a mental health counselor who specializes in working with queer youth. As your constituent I am personally and professionally opposed to Bill 104. Trans children are loved and valued members of our community and gender affirming care is a vital aspect of their mental health and quality of life.

According to The Trevor Project 90% of LGBTQ+ young people said their well-being was negatively impacted due to recent politics. In a study of 104 trans and nonbinary youth aged 13 to 20 years, receipt of gender-affirming care, including puberty blockers and gender-affirming hormones, was associated with 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over a 12-month follow-up

Gender affirming care is quite literally life saving for trans youth, and all lives are precious and worthy of saving. I strongly urge you to oppose this harmful bill and stop attacking a small community of marginalized children.

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

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

I oppose bill AB104.

My name is Teresa. I'm a member of the LGBTQ+ community and I have lived in Wisconsin my whole life. This bill hits close to my heart as I have people in my life whom I love who are transgender.

This bill serves no other purpose than to deny the rights of minor transgender Wisconsinites and their parents/guardians who seek to accept and affirm their child's identity. This has been widely proven to be effective and beneficial in the development of a transgender/gender nonconforming child's self-esteem and greatly reduces rates of depression and suicidal thoughts in this group.

This bill is also a massive overstep infringing on individual rights. Parents of transgender children and their medical providers should continue to have the right to make medical decisions that serve that child's best interests. This includes gender-affirming care, such as puberty blockers, hormone replacement therapy, and access to mental health care

I ask that you allow these children the freedom to live a happy, healthy life and vote NO on Bill AB104.

Thank you all for your time and consideration.

Teresa Winkelman
Milwaukee, WI 53221

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I vehemently oppose A104.

I am a heterosexual cis-gender woman, a wife, and a mother, and I am writing to add testimony in opposition to AB104.

How absurd would it be if Wisconsin's elected officials decided to interfere with me going about my day-to-day life as a woman, a wife, or a mother, even going so far as to enact laws to disrupt my existence? I didn't choose to be female- I am. My daughter was born with female body parts and a mind that happens to match that- if a group of elected officials felt that wasn't ok, is it ok for them to try to enact laws that would force her to show up in the world as a boy? By even considering the possibility of enacting legislation to prevent me or anyone else, including children under the age of 18, from showing up in the world as we ARE represents a denial of human rights and a violation of American values, including freedom from government officials trying to legislate what is or is not an acceptable individual identity.

There is no place for elected officials to insert themselves between care providers, patients, and families. The freedoms so carefully built into our government systems must be protected for all citizens. Every time legislation like this is put in place our democracy is eroded and our communities are harmed.

AB104 must not be allowed to move forward.

Rebecca Stuntebeck

Middleton, WI 53562

March 12th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Members of the Assembly Committee hearing testimony on AB104,

My name is Sue Huntenburg. I live in Mount Horeb, WI 53572. I am a retired gay teacher, and I am also the president of PFLAG Mt. Horeb Chapter.

I strongly OPPOSE AB104. I don't understand your motivation behind harassing trans children and their families by denying children their gender affirming care. Is it cruelty on your part, or just ignorance that compels you to continuously find new ways to harass our trans community? Either way, the result is the same; fear and suffering of our kids and their families. And an increase in suicidal ideology.

Please stop attacking trans people and their families. Their only desire is to live.....just like you.

Sincerely,

Sue Huntenburg

President, PFLAG Mt. Horeb

3/12/2025

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

My name is Stacey Williams, and I write to you today in opposition to AB-104 – the proposed ban on gender-affirming care for minors.

Right now, anti-trans legislators are trying to deny well-studied, well-established healthcare to our children. Doctors have studied for years of their lives in order to provide care for their young patients. Researchers have studied the treatments in question for decades, and overwhelmingly found them to be safe not only physically, but mentally and emotionally. Parents have worked for their children's whole lives to understand how best to nurture and support them.

But what the proponents of this bill are saying to all these dedicated individuals is: screw you, we know better.

The legislators pushing these policies say they want to protect kids, but won't listen when we tell them what that really means. They say sex and gender are a simple binary, while ignoring the wealth of science that tells a more complex story. They say trans people are a danger to society, when statistically, society is a danger to trans people. Ever more as people go out of their way to make it so.

And why? It's not because they care, not because it's any shade of the right thing to do. It's because they're caught up in a culture war grift. They are exploiting our culture's baseline ignorance about trans issues, and trying to *keep* voters uninformed and scared for political and financial gain. It's not meant to protect kids, like they keep trying to say. It's meant to protect their sense of control over all of us, and how we are allowed to live our lives and express ourselves. It's meant to protect their power over our political process. And it's meant to protect the money they make from hanging onto that power.

Our children don't need to be forced into a gender binary that doesn't reflect reality, they don't need to be lied to about who they are, and they certainly don't need to have their healthcare options limited for the sake of political power. They need to be supported in becoming healthy and well-adjusted adults, and gender-affirming care has been proven time and again to do just that.

I urge the members of this committee to vote NO AB-104, and not drag Wisconsin back into the dark ages when it comes to healthcare and basic acknowledgement for trans youth.

Thank you,
Stacey Williams
Madison, WI
53704

To whom this may concern,

While I am unable to come in person to speak up against the proposed AB104, I feel it is my duty to at least submit my own thoughts about it. As someone who is a sibling to a trans individual, it is abhorrent to even think that people who have zero contact with any individual navigating through their identity get to decide what is best for them. These people know nothing of the struggles in opening up about their feelings. To open up knowing the majority of the world hates who they are. Why would someone "choose" to be hated if it really were a choice? People don't "choose" to be trans. It is simply who they are. My own sibling struggled for years due to the environment we were raised in. (My parents are wonderful, don't get the wrong idea.) But we were raised in a heavily religious setting where this overwhelming hammer of "we are made perfect" casts such hate against anything different. My mother was even approached by a family member asking how she was ok knowing my sibling was going to hell. But in keeping with those religious beliefs, how is one sin greater than the next? "Let he who is without sin cast the first stone." Such hypocrisy to cherry-pick what fits their narrative. Changing one's outward appearance/name/pronouns to better match how they feel inward is not a sin. It simply causes discomfort in those who are opposed to change or anything different from the stereotypical "norm." Passing this bill will not benefit anyone. It will simply fuel the overwhelming hatred that continues to spread in this country. It is saying "YES" to those who want to show hatred towards others. The decision should not lie with people who have nothing to do with these trans individuals, but rather between them, their parents, and their doctors, as those are the people who know them best. People being trans does not physically affect ANYONE else. This is a matter of hatred. And in keeping with the age old statement I grew up hearing, what would Jesus do? Because I can promise you, it isn't cratering this great divide and showing hatred. It would be love and acceptance. And that is truly all people want, trans or otherwise. My sibling just wants to live their life and all I want for them is to be happy. (I have chosen to keep their preferred pronouns private because in keeping on theme, it's NOBODY ELSES BUSINESS).

Respectfully,
(Or to those in favor of this bill- disrespectfully,)

Ashley Staehler

3/12/2025

Dear members of assembly committee on Health, Aging and Long-Term Care,

I oppose Assembly Bill 104.

My name is Emma. I am a trans woman living in Madison, and I am a former trans minor. I am writing to show my whole-hearted opposition to the prohibition on vital healthcare for trans youth.

Growing up I was severely depressed. I hated everything about myself and my body. I went through life like a zombie, not really living more just existing. This was until I was 15 and came across some fellow trans people online. It was like a switch was flipped in my brain. My mind wasn't broken, my body was. Thankfully I had supportive parents and when I came out to them at 16 they helped me look into the medical interventions I wanted. I found a therapist who knew about trans issues and got a diagnosis for gender dysphoria, and found a clinic that specialized in LGBTQ Healthcare who eventually prescribed me the Hormone Replacement Therapy(HRT) that I needed. This process took the better part of a year, and it was an incredibly long year. I knew why I hated myself and how to fix it, but I had to wait. I had to watch my body sink further into a puberty I didn't want while the medications to fix it were just outside my grasp, and I was relatively lucky. This was in 2019 before all the fear mongering about my community started. The red tape that existed was the normal medical kind and not the knee-jerk transphobic kind.

I am writing to implore you to think of the children. Think of all the kids who know they don't want to go through the wrong puberty, but you will force to go through it and experience irrevocable changed while meditation exists.

Conservatives are always talking about individual liberty, but rarely practice what they preach. Whether or not to medically intervene in their transition should be up to the individual and in the case of minors their family. These medications are some of the most tested. Puberty blockers have been used to help children going through precocious puberty and are proven to be safe and reversible. Hormone therapy has been used to help cisgender people who have endocrine disorders. Whether or not people take these medications should be up to them, not to you.

Thank you for hearing me.

Emma Ashton, Madison, 53715

March 12, 2025

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

I **oppose** the bill AB104.

My name is Carol Wallsworth. I reside in Franklin, WI, and I am the mother of a 6-year-old transgender girl. I am writing to express my strong opposition to the proposed bill AB104 that seeks to ban gender-affirming care for transgender youth in Wisconsin. Like any parent, I only want the best for my child. I am deeply concerned about the potential impact this legislation could have on my child's well-being and the rights of families like ours.

Gender-affirming care is a critical aspect of healthcare for transgender individuals, providing them with the necessary support and medical interventions to live authentically and healthily. For my daughter, as she approaches puberty, access to gender-affirming care could mean the difference between a life of distress and one of happiness and fulfillment. We do not know yet what care our daughter will need, but when the time comes, it is essential that medical decisions regarding her care be made by us, her parents, in consultation with her healthcare providers who understand her unique needs. These decisions are not made lightly.

This proposed bill undermines the fundamental rights of parents to make informed medical decisions for their children. It also disregards the professional expertise of medical practitioners who are best equipped to provide appropriate care. Denying access to gender-affirming care can lead to severe mental health consequences, including increased rates of depression, anxiety, and even suicide among transgender youth. All Wisconsin children should have the right to live a happy, fulfilled life, including my daughter.

I urge you to consider the profound and lasting harm this bill could inflict on vulnerable children and their families. Please vote against this legislation and support the rights of parents and medical professionals to make the best decisions for the health and well-being of transgender youth in Wisconsin.

Thank you for your attention to this critical matter.

Sincerely,

Carol Wallsworth
Franklin, WI 53132

Dear Assembly Committee on Health, Aging and Long-Term Care: My name is Jeff Bloom, I am a resident of Mount Horeb, WI (53572) and I am writing to ask you to vote NO on AB104.

Neurodiversity summarizes in one word how each of our brains processes information differently. We all see and interact with the world through the neurological lens we were born with. As our understanding of neurodiversity grows so does the spectrum on which we place ourselves and others. Words like 'normal' and 'abnormal' no longer suffice to describe how different each of our brains functions. A more nuanced understanding of our neurological differences is key in helping each of us fulfill our potential.

For this reason, we need to allow our medical professionals to care for each individual according to their needs. Bills like AB104 have the potential to do real harm by denying essential care to our children.

I have seen first hand in my own family how competent, informed medical attention can help alleviate the stress and anxiety that arises out of gender dysphoria. Without this care and attention, many will suffer psychological, and possibly physical harm. For this reason, I ask you with the utmost urgency to VOTE NO on AB104.

Respectfully, Jeff Bloom

Dear Representatives,

My name is Cindy Denzer, I am a Wisconsin constituent and resident of Madison, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

Assembly Bill 104 is clearly crafted as a youth trans gender-affirming care ban. The bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents I implore you all to vote against this proposed bill. Every person has the fundamental right to access the health care they need without fear of discrimination, prejudice, or barriers to treatment that supports their mental, physical, and emotional well-being. Gender affirming care is vital for transgender and gender-diverse individuals as it improves mental health, reduces suicide risks, and allows them to live authentically, aligning their lives with their gender identity.

For transgender and nonbinary children and adolescents, early gender-affirming care is crucial for their overall health and well-being. It allows them to focus on social transitions and build confidence while navigating the healthcare system.

This information has been backed by decades of research and is supported by every major medical association, together representing over 1.3 million US doctors. While gender-affirming care is often framed only in relation to transgender individuals, it can also have benefits for cisgender and intersex people, and these eliminations will impact *everyone's* access to it.

Some of the proponents of these bans - who are also behind the infamous Project 2025 - argue that being transgender is an "ideology" that they should be free to disagree with. These proponents have perpetrated a concerted disinformation campaign that has fueled not only discriminatory laws, but also threats and violence against providers of gender-affirming care.

As attacks on the LGBTQ+ community continue, it is crucial for legislators to educate themselves with factual information from medical providers rather than other politicians.

While transgender Americans make up less than 1% of the population, they have been targeted by extreme politicians desperate to gain power and have weaponized misinformation to rally around anti-LBGTQ+ legislation. These extremists will not only affect members of the transgender and gender nonconforming population, they attack every citizen's Constitutional rights which is alarming, to say the least.

Finally, trans people exist, and will continue to exist. They have existed around the world for centuries and their history cannot be erased. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people that you represent, and in good conscience vote against Assembly Bill 104.

Sincerely,
Cindy Denzer

Dear members of the committee on health, aging and long-term care,

My name is Lee Bartlett and I have lived in Madison, Wisconsin since 1984. I am writing to express my strong opposition to AB 104. Decisions on a child's medical care should be between the child, parents, and medical professionals, NOT POLITICIANS.

Please vote against a B104 and stand up for the rights of transgender youth to receive the care and support they need.

Thank you,
Lee Bartlett
Fitchburg, WI 53711

Dear representatives,

My name is Dr. Haley Madden; I am a Wisconsin constituent and a resident of Middleton, Wisconsin. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly with a hearing meeting on March 12.

AB 104 is crafted as a youth trans gender-affirming care ban. Such a ban is harmful to trans people and our community in a multitude of ways. I implore you all to vote against this proposed bill. Trans people and trans youth deserve the healthcare that is their human right and deserve to live in a community that is supportive and affirming. To deny healthcare to trans people and youth has proven to be harmful. This bill is enacting violence against trans people, a group who is already the target of a great deal of harm and violence. Trans people have always and will always continue to exist.

Please vote against this bill. It is harming the constituents in your state.

Sincerely,

Haley Madden

I am a native Wisconsinite, a retired librarian, and a long-time resident of Madison. I oppose this bill because of the effect it would have on people I love, and I urge you to vote AGAINST it.

If this bill were to become law, a member of my family would be irreparably harmed, as would other young people whose parents and grandparents are friends of mine. I have witnessed the effect of gender dysphoria on young people, putting them into a crisis of identity that was alleviated only by the changing of their bodies to match the person inside. The change in these individuals has begun after extensive psychological counseling and under the supervision of experienced physicians. I have witnessed a young person who suffered from debilitating depression prior to that intervention; since this intervention, he's become a self-confident, engaged member of his school community.

My family member is only one example of the many young people who would suffer devastating consequences if this bill were to become law. I urge you to vote no. Please support ALL of the citizens of Wisconsin by helping them to live authentic lives and reach their full potential.

Joanne Lenburg
7306 Cedar Creek Trail
Madison, WI 53717
608-833-0442
608-843-8707

AB104 Testimony

March 12, 2025

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

I am writing to you as a mother with great sadness and concern to ask you to please oppose AB104.

My child came out to me at the very end of last school year, at the end of 8th grade. As anyone who has had a teenager can guess, this bombshell conversation happened in the car, when we were in a hurry to get somewhere. More specifically, it was 4:45 am on our way to the bus that would take my child and their classmates on the first leg of their class trip to Washington DC. "Mom", my child said with about 5 minutes left in our drive, "you know how you're the only girl in our family? Well, not anymore." Then she hopped out of the car and left me slack-jawed and terrified for her as she spent four days and three nights halfway across the country with dozens of much larger boys and potentially scandalized and angry girls, too few parent chaperones, and the bombshell of her news.

When she got back, one of the very first things she started clamoring for was access to hormones. I was still trying to adjust to our new reality and not ready to make any sudden moves. The visceral, unfiltered hatred against trans people is so present in our society right now, and the danger of beating or killing anyone they suspect of being trans is crushingly real. Couldn't my child just keep her identity to herself, or reveal it only to safe, trusted friends and family, rather than seeking care that would out her as a trans girl and a target?

I also had my own questions about the medical tradeoffs of any care, including hormones. I wanted time and space to see how things played out without any medical intervention, to get used to this new reality, and to slowly and carefully learn what I could about gender-affirming care and what life was like for transgender people without such care. But I didn't get that luxury. The fact that such care has become a political issue meant that the clock was ticking down on our ability to start our kid's care. Against the fear that such decisions would be taken away, we started our child on hormones sooner than we otherwise might have. She is now only a few weeks into a low dose of hormones that will take a long time to result in any noticeable change, but already she is so much happier and more grounded, knowing that we and her doctors are willing to work to get her the care that she feels is crucial to her long-term wellbeing. As her mother, this was a tough decision. But I knew that with so many people against her, it was imperative for her to see that her father and I were willing to stand with her, including in her medical care.

Coincidentally, this is not the first time one of our kids has started hormones, although it is the first time that politicians have cared to weigh in or try to stop us. We have another child whose body produces extremely low levels of growth hormone. At our doctors' urging, we first started him on growth hormone at age three. Although there are health reasons to give growth hormone

to a child whose body doesn't produce enough, one of the main considerations behind prescribing growth hormone is simply height and the social pressure for people–especially boys–to be tall or at least close to average height. We actually paused our son's growth hormone treatments from ages 3 ½ to 6 because the process of daily injections was too painful and upsetting to him and too hard for us to endure, especially for a procedure that was at least partially to help him fit in socially. We have since resumed care and it's become a normal part of his life. Puberty again marks an important transition time in care, but this time in the opposite direction: growth hormone treatments generally wrap up as puberty begins.

While our son has almost no natural growth hormone, we have learned that even kids with only slightly lower levels of natural growth hormone–or sometimes just kids who are naturally shorter–are sometimes provided growth hormone because of the social concerns about short kids being at a disadvantage. I don't feel great about that, but I also have some appreciation for it. Moreover, in all the years that we've been working with our care team on our son's growth hormone discussion, I've never once heard politicians try to take this option away from families or threaten the careers of medical providers.

I'm grateful for the careful, thoughtful and cautious care that both my children have received from their care teams when it comes to the use of hormones that their bodies don't naturally produce. When my kids were born, I had no inkling that either one of them would eventually need hormones. Parenting humans involves surprises and lots of confusion or unknowns. Having the ability to consult experts, get care and make our own decisions for our children's care makes life so much better. You thankfully haven't tried to take that away from one of my kids, and I would urge you not to do so with the other. Most medical interventions make those of us who did not choose to go into medicine feel squeamish when we think about it too much. Gender-affirming care is no different in this regard from many other types of care. But your squeamishness as someone who is not living this situation does not mean that you have an imperative to take such care decisions away from parents and providers. You can just let us work through the decisions affecting our kids and stick to making laws that actually improve the lives of the people of Wisconsin.

In deference to both of my kids' privacy and especially the safety of my trans teen, I am withholding my name.

Sincerely,

Kate

Dear Representatives Allen, Vos, Behnke, Brill, Brooks, Callahan, Dittrich, Goeben, Green, Gundrum, Hurd, B. Jacobson, Knodl, Kreibich, Maxey, Murphy, Mursau, Nedweski, O'Connor, Penterman, Steffen, Tucker, Tusler and Wichgers

Dear Senators Tomczyk, Kapenga, Nass, Quinn and Wimberger

I know that you all care about children, and that you want them to live a long and happy life. You want kids to grow up to productive members of society. But I would like to tell you our story. A story where if not for gender affirming care my child wouldn't be here today to do any of those things.

Our daughter is 22 years old, and is now in college. She has dreams of going to law school and possibly becoming active in politics or practicing law in a way that will help people. She is an amazing, caring person who loves to be with people, loves music and enjoys her days at college. She was a happy child, she thought everyday was the "best day ever" and she made everyone she met smile. When she was in high school our happy, outgoing child retreated. She started spending more time in her room, she started to self harm and she became depressed. She eventually became suicidal. We did everything. We got her therapy, we went to doctors and we got her medicine. Although she got a little better she still self harmed and wasn't our happy child. It was hard. I woke up each day wondering if I would see my child that day, fearing the worst happened overnight.

After dealing with this fear for two years she revealed to us that she felt like a girl, she was trans. The relief in her eyes after she told us and after we told her we loved her no matter what hurt my heart. She had suffered with this for two long, and even though she was pretty sure we would be there for her she wasn't totally sure. I was also relieved. Now I know why she was struggling and we could get her help. We found caring and dedicated doctors and psychologists who worked with her. She started hormones and the change in her after just a few weeks was amazing. She started to show her sense of humor again, she came out of her room and she was once again our happy go lucky child. Hormones, gender affirming care, literally saved her life. She's still with us. She's happy and healthy and alive. She's growing into an amazing adult who will do great things. Isn't that what we all want? For kids to grow up and do that? She's an adult now, but she wasn't when she started hormones, and I know if we had waited she wouldn't have made it to high school graduation, let alone where we are now.

Studies show that any gender affirming care saves lives. Suicide rates drop when gender affirming care is given. And when given early drop even further. Medications given when kids are under 18 are reversible, and nothing is done without consulting many doctors, therapists and psychologists. This is not a decision that should be made by politics. It's one that should be made by parents and doctors. Please do not pass this bill out of committee and give trans kids the same chances of surviving to adulthood as we give every other kid.

Thank you, a mother who almost lost her child.

Jennifer Cook

14999 222nd Ave.

Bloomer, WI 54724

3/12/25

Dear members of the Committee on Health, Aging, and Long-term Care,

I oppose AB104.

My name is Alyse Weber and I am a proud queer person and public school teacher.

I am writing to share that the fears driving a bill like this are very misplaced, rather kids across our great state who receive gender affirming health care are given a lifeline to get them through to adulthood when they can choose if they want to also receive surgery. Our Wisconsin kids are learning about this world and themselves and they deserve to have every opportunity to thrive rather than die by suicide - the grim reality for many who cannot access gender affirming care.

The gender affirming actions taken at a school are simply calling humans by the name that seems best for them. It is just like the thousands of cis-gender kids statewide who, in middle school, are ready to stop being called Lizzie and begin being called Elizabeth or stop being called Mikey and begin being called Michael. Simply calling a student by the name they feel most comfortable with is really the extent of how gender affirming care shows up at school. Youth accessing gender affirming care are just youth who are growing up and growing into themselves, the least we can do is honor their existence and call them by the name that feels best to them. Their families may choose to utilize hormone blockers, again, as a LIFELINE, but there are not hundreds of kids getting life changing surgeries. Simply humans getting the medicine they need to feel better. Please do not take that away from them. Please do not put their lives at risk.

Thank you for your time and consideration,

Alyse Weber

5108 Summer Trail Rd.

McFarland, WI 53558

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

My name is Tracey Extence. I am a business owner in the city of West Bend, WI.

I am writing to oppose Bill AB104.

This bill is an overreach of government into family and private matters. It does not protect anyone, even the children it claims to. As with most issues, it seems laws are made with the viewpoint of seeing everything as black and white and with no solutions, only restrictions. Bill AB104 is a manipulative effort to limit and eliminate the ability for parents to decide the type of care that is necessary for their own child, by disallowing medical professionals to provide not only medical intervention, but education and the space parents need when deciding what is best for their child.

Please vote No on Bill AB104 and keep open the ability for parents to tend, raise and provide care for their own children as they see fit.

Thank you,

Tracey Extence

West Bend, WI 53095

March 12th, 2025

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

My name is Kat Kaybee and I am a resident of Milwaukee, WI. I am testifying against Assembly Bill 104. This bill infringes on the rights of Wisconsinites to privacy and the rights of minors and their families to make private medical decisions with their doctor and their doctor alone.

I am a non-binary and trans adult. I have undergone gender-affirming surgery within the past year, and I haven't regretted the choice for a second, as it has improved my self-image and my understanding of myself immensely. I support the rights of all trans people to determine what treatment they want to pursue, when, and how.

I am testifying against this bill because it has been written from a position of grave misunderstanding, fear-mongering, and hate. Gender-affirming medical care is a necessary healthcare for cisgender and transgender children alike. For minors, this typically means hormonal treatment and/or puberty blockers, which have been researched for years and are safe, effective treatments. Whether or not a minor would like to begin these treatments has nothing to do with the government, and it's appalling that our legislature would get in between a family and their doctor to control a private medical decision.

Continuing on, this bill opposes gender-affirming surgery for trans minors. This is not occuring in Wisconsin anyway, so the inclusion is pointless, and may instead set a dangerous precedent that gender-affirming surgeries should be prohibited for adults like me. Medical professionals are not recommending surgery for trans minors, but instead often recommend puberty blockers, which everyone - even those of you presenting this bill - should be in support of. Puberty blockers, which, again, have been researched for years and years, are a safe way to hold off making decisions on something that would permanently alter a minor's body. If a child wishes to start on blockers before puberty has begun, they have time to determine if they want the natural puberty of their body to begin, or if they would like to begin hormonal treatment and experience different puberty effects. By prohibiting blockers for minors, you force them into permanent bodily changes that will cause them mental, emotional, and physical harm. Puberty blockers are a wonderful thing because they give the chance of choice - even if you believe a child is going to get over their desire to transition, this gives them the time to come to that decision with a medical treatment that is completely reversible. This is the freedom of individual determination that minors and their families deserve, and which should have nothing to do with a governmental body.

I recommend that the Committee vote down this bill and insead invest time in speaking with trans minors and their families, as well as medical professionals, to determine what legislature is necessary for supporting trans youth and the rights to self-determination, privacy, and freedom to live life as they see best for themselves.

I appreciate your consideration of this testimony in this matter.

Signed,
Kattarina Kaybee, Milwaukee, WI, 53210

Dear Representatives,

My name is Amy Maurer, I am a Wisconsin constituent and resident of Madison. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the U.S. and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. I know several trans people in my personal and professional life and care deeply about their safety and their right to be their true, authentic selves.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Amy Maurer

Dear members of the Assembly Committee on Health, Aging, and Long Term Care,

Specifically: Representative Moses, Representative Brooks, Representative Dittrich, Representative Gundrum, Representative Kitchens, Representative Neylon, Representative Snyder, Representative Summerfield, Representative VanderMeer, Representative Wichgers, Representative Subeck, Representative Stubbs, Representative Vining, Representative Johnson, and Representative Mayadev.

I am submitting testimony in OPPOSITION to AB104.

My name is McKenzie Zeiss, and I am a 48-year-old wife and mother who lives in Madison. As far as I am aware, my children are unlikely to need gender-affirming care in the future, although obviously none of us can predict the future infallibly. I have a sincere moral, ethical, and religious belief in parental choice and in individual liberty, so I support the continued availability of gender-affirming care.

Last week, the Trump administration's Department of Education released a new policy called "The ABCs of Education." Here's what that stands for:
- A: Authority to Parents. Parents are the primary decision makers in their children's education.
-B: Back to basics. Taxpayer-funded education should refocus on math, reading, science, and history.
-C: Career readiness. Postsecondary education should be a path to well-paying careers aligned with workforce needs.

AB104 is in direct opposition to President Trump's new directives for the Department of Education--specifically, the first "A" directive. It violates a central conservative tenet--that PARENTS, not the government, should make medical decisions for minors. The Wisconsin State Assembly has no place in our family's private medical decisions, regardless of party affiliation.

I ask respectfully that you reject this bill. It is a slippery slope that could allow government interference in our parenting choices. The state of Wisconsin has no right to impose its will on my family's medical decisions. Medical decisions for our children are made by my husband and myself--not you. Please stay out.
Thank you for your time.

Best,
Dr. Laura McKenzie Zeiss

Dear Representatives,

My name is Shaun Adrien LeCloux, and I am a Wisconsin constituent and a proud resident of our beautiful city of Madison.

Today, I am submitting a written testimony against Assembly Bill 104 proposed in the Sate Assembly, with a hearing meeting on March 12th.

This bill, like the many Anti-Trans and Anti-LGBTQIA hitting our courts, not only targets your very own constituents but is specifically targeting and attacking youth and children.

Current bills have targeted Trans people from using their pronouns in schools, using public restrooms, playing sports and even proudly serving this beautiful nation to protect ALL of our rights as Americans. Books have been banned and politicians have openly shown their intolerance towards the LGBTQIA community.

We must remember history, for we have seen this before. We have seen what happens when a nation scapegoats and blames their problems on the most marginalized of our society.

On May 10, 1933, the first book burnings of the newly formed Nazi regime in Germany occurred. They were NOT books on socialism, race or religion.

Instead, it took place at the Institute for Sexual Science, under the direction of Magnus Hirschfeld, who studied and advocated for the Transgender and Homosexual community.

This book burning would be the first of many and would lead to the horrible atrocities that followed in the Holocaust.

We must not forget that it all started with small steps of changing legislation that targeted the most vulnerable of that nation. Promoting vilifying notions that targeted minorities, were dangerous to young women and girls and were a threat to society. Each step took more and more rights away, until people had no rights and eventually lost their lives resulting in the Genocide of over 6 million Jewish and marginalized communities.

AB 104 is one of those small steps. It is carefully crafted to be in the best "interest" of child welfare when indeed it is anything but. In this past year alone, there was a 72% increase in Transgender youth suicide and Trans individuals are 40% more at risk of suicide then any other demographic. Trans people, especially Trans Women, are 4 times more likely to be murdered than any other demographic. Not only do these bills create a sense of alienation, they also create fear and the vilification of innocent Trans people and children.

As an American, a constituent, a proud Wisconsinite and most importantly as your fellow human being. I implore you all to take a stand against history repeating itself, against hatred, against intolerance, and against the erasure and violence on the Trans community. For the sake of humanity I implore you all to vote against this proposed bill and be on the right side of history.

With hope,

Shaun LeCloux

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

My name is Madeline Martineau. I am a resident of Fall Creek, Wisconsin, zip code 54742 and I am writing to ask you to vote NO on AB104.

Growing up in a small rural town, I had very little interaction with anyone who was different from me. Nearly everyone around me was white, straight, christian, and upper-middle class. That was my world. Then, I went to college. My eyes were opened to so many situations that I had been ignorant of for so long. I met so many people who were finally able to be who they were rather than hiding their true self to be what everyone else thought they should be. They shared their stories of how many times they had cried alone because they were not accepted and felt so uncomfortable in their own skin. How close they had come to ending their lives. How many times they had tried. My heart broke for these people. I had always been accepted, as I am sure most of you have, because I fit into the mold that society had determined to be acceptable, but they had not. They had been forced to live their childhood putting on a smile to please those around them while crying on the inside.

Fast forward to 2019 when I met an amazing man, who would later become my husband. We met in November and soon after, I got the privilege of meeting his family. He introduced me to his parents, siblings, aunts, uncle and cousins and I quickly became very close with them. As I spent more time with them, I learned more about who they were. I learned about the difficulties his aunts had getting married due to restrictions on same sex marriage at the time. I learned about their journey to have their two beautiful children, and I saw first hand the struggle of a child who did not feel at home in the female body they were born with. I will call them "A".

At first, A didn't outwardly show their discomfort, at least not in front of me. They could dress the way that they felt comfortable, enjoy the shows, books, and art that they identified with, and their family supported them. A few years later, A's struggle showed more outwardly. I distinctly remember a family vacation that seemed particularly difficult for A. Being assigned female at birth, A's body was developing accordingly, another reminder of just how out of place they felt. They were loved and supported by the family around them, but they struggled to love themself.

I heard bits of conversations from A's parents about talking to the doctor about puberty blockers and other treatments to support their child. It was not a decision that they made lightly. They worked closely with their doctor to ensure that A was safe. After starting the medication, I had never seen A so happy. They had more energy, their eyes smiled, and for the first time, they seemed to be fully themself. If that is the difference that I could see, I can only imagine how A felt inside. To truly feel like the person they were, inside and out. A is the reason I am writing to you today. A and people like them who just want to feel like themselves.

Every person is going through experiences that we know nothing about. It is not up to you or I to dictate what brings someone else joy. What allows them to be their true self.

As adults, we tell the children around us to "be themselves". We trust their parents to love and support them, take care of them and meet their needs. When our children are in pain or hurt, we take them to the doctor and don't question their medical expertise. Gender affirming care for youth should be no different.

You trusted your doctors before. Trust them now. You trusted your parents before. Trust them now. You trusted your children before. Trust them now.

This may be one meeting for you, one small bit of your time, but this is the whole world for these children and their families. Don't be the reason any more children feel so uncomfortable in their own skin that they feel the world would be a better place without them. You have the power to be the light or the darkness for so many right now. Choose to be the light.

Respectfully,

Madeline Martineau

Dear Representatives,

My name is Lizzy Denzer, I am a Wisconsin constituent and resident of Madison, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

Assembly Bill 104 is clearly crafted as a youth trans gender-affirming care ban. The bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents I implore you all to vote against this proposed bill. Every person has the fundamental right to access the health care they need without fear of discrimination, prejudice, or barriers to treatment that supports their mental, physical, and emotional well-being. Gender affirming care is vital for transgender and gender-diverse individuals as it improves mental health, reduces suicide risks, and allows them to live authentically, aligning their lives with their gender identity.

For transgender and nonbinary children and adolescents, early gender-affirming care is crucial for their overall health and well-being. It allows them to focus on social transitions and build confidence while navigating the healthcare system.

This information has been backed by decades of research and is supported by every major medical association, together representing over 1.3 million US doctors. While gender-affirming care is often framed only in relation to transgender individuals, it can also have benefits for cisgender and intersex people, and these eliminations will impact *everyone's* access to it.

Some of the proponents of these bans - who are also behind the infamous Project 2025 - argue that being transgender is an "ideology" that they should be free to disagree with. These proponents have perpetrated a concerted disinformation campaign that has fueled not only discriminatory laws, but also threats and violence against providers of gender-affirming care.
As attacks on the LGBTQ+ community continue, it is crucial for legislators to educate themselves with factual information from medical providers rather than other politicians.

While transgender Americans make up less than 1% of the population, they have been targeted by extreme politicians desperate to gain power and have weaponized misinformation to rally around anti-LBGTQ+ legislation. These extremists will not only affect members of the transgender and gender nonconforming population, they attack every citizen's Constitutional rights which is alarming, to say the least.

Finally, trans people exist, and will continue to exist. They have existed around the world for centuries and their history cannot be erased. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people that you represent, and in good conscience vote against Assembly Bill 104.

Sincerely,

Lizzy Denzer

Dear representatives,

My name is Hannah Arnold and I am a Wisconsin constituent and resident of Milwaukee. I am submitting written testimony against assembly bill 104 proposed in the state assembly with a hearing on March 12th.

There is exhaustive scientific research available confirming that gender affirming care saves lives. Your insistence on denying common dignity and basic rights to a subset of your constituency is at best immoral and at worst condemning people to death.

Trans people have existed since the beginning of people and your callous indignation at that existence will not erase them, but it will harm them and our society as a whole. It teaches our children that hatred and bigotry are acceptable at the highest levels of our government and that anyone who is "other" is a dangerous pervert with a mental illness. I can't imagine a more contrarian set of priorities in a country that prides itself on individual liberty and freedom of expression.

Please, please, please, see reason and act with empathy and compassion toward all of your constituents. It's why you were elected. More than ever, we need to see each other as whole people, appreciating what is common between us and celebrating the differences that make up the ever evolving kaleidoscope of our human family.

Sincerely,

Hannah Arnold

Dear members of the assembly,

My name is Morgan Brandenburg, I am a dedicated civil servant, a proud aunt, and writing to you as a private citizen. I write to you to oppose Bill AB 104 because gender affirming care is necessary, and life saving.

Attempting to regulate who can access gender-affirming care is dangerous to our communities. You are inserting your political beliefs into private and personal conversations between parents and their children, and patients and medical professionals. These laws are not about safety — as the safety and efficacy of gender-affirming care for transgender and non-binary youth and adults is clear. These laws are clearly politically motivated and do not have the best interests of our youth in mind.

65% of transgender and non-binary youth reported that they have felt discriminated against in the past year due to their gender identity. Rather than protecting kids, these laws are harming them. They are preventing parents and young people from making informed medical decisions, and doctors and health care providers from providing best-practice care to their patients.

Gender affirming care is the treatment standard for gender dysphoria, and has been endorsed by every major medical association in the United States, including the American Medical Association, American Psychological Association, and the American Academy of Pediatrics.

With this bill, you are telling children that they do not deserve access to medical care because of WHO THEY ARE. I will not stand for the erasure of trans lives, they existed long before me, and they will continue to do so long after I am gone. I know that the children in my life will be able to say that I did everything I could to protect them and make them feel safe, seen, and loved. Will the children in yours be able to say the same?

In conclusion, Bill AB 104 is not a protective measure, it is discriminatory, and will make Wisconsin an unsafe place for our transgender community.

Thank you for your time. Not take the time to ensure the lives of our children aren't harmed even more, by another piece of harmful legislation.

Morgan Brandenburg

Dear Representatives,

My name is Bowman Simon, a resident of Milwaukee.

Please vote against ab 104, it's cruel and transphobic.

Submitted to the Assembly Committee on Education
By Natasha Sullivan, 42 year resident of Wisconsin, Teacher, Parent, and Advocate for Wisconsin Students;
Madison 53716
March 2025

Chairman Thiesfeldt, Vice-Chairman Gundrum, and Members of the Committee,

I am writing to you today as a teacher, a parent, and someone deeply committed to the well-being of Wisconsin's youth. I'm ashamed that we even have to be here to discuss Assembly Bill 104. This bill, which seeks to ban gender-affirming care for minors, isn't just misguided — it's dangerous. It puts vulnerable students at risk, undermines the rights of parents, and places teachers in impossible positions. More than anything, this bill ignores the basic truth that kids deserve to be safe, healthy, and supported — not turned into political pawns.

A Teacher's Perspective: Children Are Already Struggling

In my years as a teacher, I've worked with countless students — some of whom struggled with their identities in ways that left them feeling deeply isolated. I've seen firsthand the toll that anxiety, bullying, and fear of rejection can take. Transgender students, in particular, face an uphill battle every day. Despite this, I have seen these students thrive when their identities are affirmed.

I think of one student in particular — a shy, bright teenager who told me in private that they were scared to tell their family they were transgender. They had quietly changed their name among friends and found a supportive network of teachers who respected their identity. As they began to feel safer in our school environment, I watched their grades improve. I saw them join extracurriculars for the first time. I saw a child who once barely spoke in class finally find their voice.

The data backs up what I've seen in the classroom. Studies show that transgender youth who receive gender-affirming care are far less likely to experience suicidal ideation or attempt self-harm. According to The Trevor Project, nearly 50% of trans youth have seriously considered suicide. But when students are supported — when teachers, parents, and doctors work together — those numbers plummet.

Addressing the "Mutilation" Narrative

I know there's a narrative circulating that gender-affirming care is "mutilating kids." That's simply false. For minors, gender-affirming care is not about surgery — it's about counseling, social support, and sometimes puberty blockers — which are completely reversible. These blockers have been safely used for decades to manage early puberty and give children time to understand themselves without rushing into permanent changes.

The idea that doctors are performing irreversible surgeries on minors is simply misinformation — no doctor is rushing a teenager into surgery. These decisions, rare as they are, happen only after years of consultation between families, medical professionals, and mental health experts. What's dangerous isn't the care — it's taking that care away.

Parental Rights: This Bill Undermines Family Autonomy

AB104 places politicians in the most intimate medical decisions between parents, doctors, and their children. Parents deserve the right to decide what's best for their children's well-being — not legislators with no medical expertise.

Even Republican leaders have opposed bills like AB104 on these grounds. Former Arkansas Governor Asa Hutchinson vetoed a similar ban in 2021, calling it "government overreach" that disregarded family autonomy. He warned that conservatives should be deeply uncomfortable with politicians inserting themselves into private medical decisions.

Republican lawmakers here in Wisconsin pride themselves on promoting family values and parental control. So how can you justify a bill that strips parents of their right to pursue legitimate medical care for their child? If the Republican Party is serious about protecting parents' rights, then AB104 should deeply concern you.

Legal Risks: This Bill Will Be Challenged in Court — And Wisconsin Will Lose

If AB104 passes, it will not go unchallenged. We've already seen bans like this struck down in Arkansas, Alabama, and Montana. Courts ruled that these bans violated the Equal Protection Clause, interfered with the privacy rights of families, and failed to show that banning care improved public health outcomes.

In Arkansas, a federal judge ruled that denying trans youth gender-affirming care "undermined the state's interest in child welfare" because denying care only increased self-harm risk.

Laws like AB104 will cost Wisconsin taxpayers millions in legal fees to defend — and, when it inevitably fails in court, Wisconsin will likely be forced to pay damages and plaintiffs' legal costs as well. Passing this bill means wasting taxpayer dollars on a legal battle the state is almost certain to lose.

Impact on Educators: Unclear Expectations and Legal Risks

While AB104 doesn't explicitly involve teachers, we know that laws like this create confusion and fear in schools. Teachers may feel pressured to report transgender students as "at risk" simply because they express a desire for gender-affirming care. This puts teachers in impossible positions: follow state policy or uphold best practices in student support.

I don't know a single teacher who wants to "deceive" parents. But I also know that transgender youth often fear telling their families for valid reasons — fear of rejection, abuse, or homelessness. The reality is that students want to tell their parents — and they will when they feel safe. Banning gender-affirming care doesn't create that safety; it creates fear.

Wisconsin-Specific Risks: Costs, Chaos, and Consequences

AB104 is destined to create legal chaos in Wisconsin. Gov. Evers has promised to veto this bill, which means passing it will only delay legislative progress while inviting lawsuits Wisconsin is unlikely to win. Republican lawmakers must ask themselves: Is it worth wasting taxpayer dollars on a law that won't stand in court?

Moreover, Wisconsin risks economic damage as well. States like North Carolina and Tennessee faced backlash, boycotts, and business losses after passing anti-LGBTQ legislation. Employers increasingly refuse to operate in states that threaten LGBTQ rights — AB104 could harm Wisconsin's economy in ways legislators may not have considered.

Conclusion: Reject AB104 — Protect Wisconsin's Kids

The bottom line is this: AB104 puts vulnerable kids in greater danger. It overrides parental rights, ignores medical expertise, burdens educators, and will almost certainly be overturned in court.

As a parent, I am infuriated that lawmakers would undermine my right to make decisions about my children's healthcare. As a teacher, I am terrified for what this means for my students who are already struggling. And as a Wisconsinite, I know that we are better than this.

I urge you to reject AB104 and instead commit to policies that promote family autonomy, student mental health, and safe learning environments for all kids.

Thank you for your time.

Sincerely,
Natasha Sullivan
42 year Wisconsin Resident, Teacher, Parent, and Advocate for Wisconsin's Youth

Dear Representatives,

My name is Cody Kimbell and I am a Wisconsin constituent and resident of Milwaukee, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly with a hearing meeting today, March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing, but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. Please see past the propaganda and remember that these bills can harm real people. These are American citizens with families, personal stories, and rights guaranteed by our Constitution. The government has no business regulating the bodies and health of citizens. Doctors and health care professionals are perfectly capable of working with patients and their families to provide care as they see fit without government intervention.

TRANS PEOPLE EXIST AND WILL CONTINUE TO EXIST WHETHER YOU LIKE IT OR NOT. To enact this bill is to enact violence upon trans people. As representatives in Wisconsin, I ask that you acknowledge all of the trans people you prefresent, and in good conscience vote against AB 104.

Sincerely, Cody James Kimbell

To the Committee on Health, Aging and Long-Term Care,
I am a 35-year resident of Waukesha County. I vehemently oppose this bill.

I wish I could believe these bills addressing transgender individuals were brought forward out of care and respect, but I don't. What I see is an attempt to diminish, interfere, control and destroy the lives of these individuals. These medical decisions are for the parents and individuals and their healthcare providers to make. These decisions are made to help trans individuals live their lives with joy, able to live as themselves. Why are you continuing to persecute them? Their decisions do not hurt you, do not affect you.

I ask that you reconsider and drop or oppose this bill. The lives of transgender people depend on it.

Sincerely,
Barbara Mottl
Dousman, WI 53118

Dear Assembly Committee on Health, Aging and Long-Term Care,

My name is Sarah Sweeney, and I am a resident of Madison, WI, 53704. I am writing to strongly urge you to vote NO on AB104, a bill that would prohibit health care providers from offering gender-affirming care to minors. This bill not only undermines the medical expertise of doctors and the autonomy of parents but also puts vulnerable youth at increased risk of harm.

As someone who believes in the rights of individuals to access evidence-based, life-saving medical care, I find this bill deeply concerning. Major medical organizations, including the American Academy of Pediatrics, the American Medical Association, and the American Psychiatric Association, recognize gender-affirming care as the standard of care for transgender and nonbinary youth. Denying young people access to appropriate medical treatment—treatment that is supported by both their physicians and their families—jeopardizes their well-being, mental health, and overall safety. Studies consistently show that gender-affirming care significantly reduces rates of depression, anxiety, and suicide among transgender youth. By prohibiting such care, this bill disregards the overwhelming medical consensus and prioritizes political ideology over scientific evidence and the health of Wisconsin's children.

Additionally, AB104's mandate to revoke medical licenses from providers who support gender-affirming care sets a dangerous precedent. This provision not only threatens the professional autonomy of health care providers but also discourages doctors from offering essential care for fear of legal repercussions. The result will be fewer medical professionals willing to provide care for transgender youth, forcing families to seek treatment out of state or forgo necessary medical interventions altogether.

This bill claims to protect minors, yet it does the opposite by stripping them of the right to access medically necessary care with the guidance of their parents and doctors. It is cruel, unnecessary, and harmful. I urge you to oppose AB104 and instead support policies that affirm and protect all Wisconsin youth.

Sincerely,
Sarah Sweeney
Madison, WI 53704

My child started identifying as male at age 8. Now he is almost 17 and he has never wavered from his identity. Even though his dad and I don't really understand transgender and have had our struggles about how to support him, we have supported him. He started testosterone at age 15 after YEARS of discussion. He said to us, "I can start testosterone now, with the support of you and dad, or I can start it when I turn 18 and don't have your support at college."

Here is an example of why supporting gender affirming care is so important.
My kiddo, on testosterone, has the physical confidence to swim on the boys swim at his high school -- to make friends, feel good about his body, and realize all the benefits of being on a team. As a Freshman, not on testosterone, he physically looked like all the other Freshman. If he hadn't gone on testosterone, he would not have developed like his friends and his physical difference would have caused isolation. He may have dropped out of athletics altogether. On testosterone, his confidence has grown and his friendships deepened. If he had to wait until he was an adult, I highly doubt he would be having the positive experience he is having. And, if you believe all the data, it is highly likely he would be suffering from a lot of psychological distress.

Instead, not only is he an athlete, he has a 3.96 GPA, is a National Honor Society member, holds down a part time job and has a girlfriend. He is an All-American Kid. Not the freak that many people think trans kids are. Look at the picture below. My trans kid is NO DIFFERENT than any other Wisconsin kid. Please do not make him a pariah.

Thank you, MK. Madison WI

Dear Representatives,

My name is Kelah Hatcher, I am a Wisconsin constituent and a resident of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th. AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation. As one of your constituents, I implore you all to vote against this proposed bill. I am a health care professional and see the everyday impacts that this bill could have and it will be significantly terrible. Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,

Kelah F. Hatcher, LCSW
Pronouns: she/her/hers

Dear members of the Senate Committee on Health,

My name is Allison Adelman, and I am a resident of Madison. I've lived in Wisconsin for 4 years recently after moving back here, and for my first 18 years when I was growing up here in the 80s and 90s.

I am writing to urge you to vote NO on Senate Bill AB104. As a Wisconsinite, I am opposed to this bill because it would send the wrong message to minors in Wisconsin that they are not safe or welcome here, or valued for who they are. There are already countless barriers for minors to receive gender affirming care without it being banned: minors must already receive permission from their parents, and undergo years of meeting with doctors – not to mention jumping through insurance company hoops and perhaps not even being able to afford it – before they are able to receive care, even to simply delay puberty so that they and their doctors can take more time to be absolutely sure about anything more permanent by the time they are 18. We should absolutely be allowing and welcoming the accessibility of puberty delaying treatments and any other care deemed appropriate by minors' medical providers and families. Doctors who provide gender affirming care, including to minors, are following evidence-based practices, while minors who seek this care and are unable to access it have been documented to experience harmful effects to their mental health, including higher rates of suicide.

If passed, these bills 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,

Allison Adelman

Madison, WI, 53705

Dear Representatives,

My name is Jaclyn Ryan. I am a Wisconsin constituent, mom of two young kids, and resident of Black Earth, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting today.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill because I am worried about how this could potentially impact my children and their peers.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives of Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Jaclyn Ryan
4744 County Road F
Black Earth WI 53515

March 12, 2025

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

I oppose Assembly Bill 104.

My name is Lindsey Hoel-Neds and I am a lifelong Wisconsinite, educator, and supporter of trans and gender non-conforming youth. Assembly Bill 104 is the wrong choice for Wisconsin families and will only cause harm.

Over the years, I have worked with many young people who are trans or gender non-conforming. Gender-affirming care is truly life-saving care for so many of these young people. Suicide and suicide attempts are very high among these groups, and gender-affirming care is one piece of this puzzle that helps the mental and physical health of these young people. So many of the youth I have worked with feel so much better once they receive the gender-affirming care they so desperately need to begin the journey of feeling like their whole selves. It changes their lives. And often makes them feel their life is more worth living.

I have no idea what it feels like to not have my gender match my biology, but I imagine it must be so painful. Gender-affirming care for minors is usually hormone blockers or hormones, not surgeries as detractors like to tout. Imagine for a moment that you are coming to the years of puberty and your gender doesn't match your hormones - you develop breasts, or you get your period, or your voice cracks, or you get facial hair - how heartbreaking and confusing would that be? Puberty is already one of the hardest times of our lives - why make it harder for this small group of Wisconsin children?

I also oppose this bill because our legislature has no place in our personal medical decisions. The decision to receive gender-affirming care should be up to a minor, their parents/guardians, and their doctor. Our lawmakers should have no say in those decisions. Parental autonomy and freedom is often lauded when it comes to so many medical decisions for their children - but not with gender-affirming care. Why shouldn't patients, their parents/guardians, and medical professionals providing their care make these decisions?

Lastly, gender-affirming care is provided to such a small portion of Wisconsin young people. Why is it something we need to regulate? It feels like trans and gender non-conforming people are just scapegoats and distractions from larger issues that truly affect all Wisconsinites. Why do something that will cause irreparable harm to such a small group, but such a vulnerable group, of Wisconsin families when it has no positive impact for anyone in our state?

Please get rid of this disproportionately harmful bill.

Thank you for your time and consideration.

Sincerely,
Lindsey Hoel-Neds
Deerfield, 53531

3/12/25

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

I oppose AB 104.

My name is Susie Seidelman, and I am a resident of Shorewood, 53211. I'm writing to share my concerns about the proposed ban on youth gender-affirming care. This legislation would directly affect young transgender and gender-expansive individuals throughout Wisconsin, and I urge you to vote against it.

I am lucky to have many transgender friends and family, all of whom have gone through their own process of coming to the realization of who they are on the inside, something that is rarely an easy process. Through my experiences, I have witnessed the positive impact that safe, affirming medical care has on the mental health, self-esteem, and overall well-being of transgender youth. Restricting access to healthcare that is widely recognized and supported by major medical associations would only increase the hardships these young people face.

I felt compelled to speak out because I believe every child deserves the opportunity to live a healthy, happy life. Preventing transgender youth from accessing gender-affirming care puts them at higher risk of discrimination, depression, and other health challenges. It is our responsibility as a community to protect the rights of all our youth and ensure that families, in consultation with medical professionals, can make healthcare decisions that are right for their children. This is not the business of any politician - it is a personal, family decision.

Instead of passing legislation that limits vital care, I ask you to focus on policies that increase access to comprehensive, research-based healthcare and foster an environment where every child can thrive. By promoting inclusive practices, supporting mental health resources, and respecting the expertise of medical professionals, we can create a safer, healthier Wisconsin for all young people.

Thank you for taking the time to review my testimony. I appreciate your commitment to listening to the voices of concerned constituents and considering the lasting impact this legislation would have on our community.

Sincerely,

Susie Seidelman, Shorewood, WI 53211

Dear members of the Trans Medical Care Ban Committee,

I oppose AB104.

My name is Chloe O'Hara. I live in Fitchburg, WI 53711. My testimony is in support of transgender youths' right to medical care.

I have met transgender youth in our community and know that it's important for them to have the same rights as any other child. They are smart kids and able to make their own informed decisions, ideally with support from knowledgeable adults in their life.

I felt the need to testify because I do not believe in stripping rights away from my fellow Wisconsin citizens, especially children who are already vulnerable. I do not think that our government should be spending money on policing the identities of youth. I do not think our legislature should be supporting medical misinformation, either.

Transgender youth are not a problem to be solved and will always exist. Taking away their medical rights is putting them in danger. They deserve to be safe and well cared for, not put at risk by their own government. I believe we should bolster the rights of children, not taking them away.

Thank you for your time.

Chloe O'Hara Fitchburg, 53711

Committee members on Health, Aging, and Long-Term Care,

I am writing to express my strong opposition to bill AB 104. Transgender youth are just kids trying to exist as themselves. They already suffer greater mental health challenges because of how they feel in their own bodies, and their poor treatment from others as a result. If someone is telling you who they are, even if they are under 18, believe them. Period. I am sure that if you think back there are irrefutable truths you knew about yourself before you turned 18. This is one of those truths. Trust that parents care about their children and if gender confirmation is something they are pursuing, they know it is the best option for them and for their child. This is none of your business. Government has no place in people's personal decisions about their bodies, or in decisions made by parents for their children. It's funny how something like this that affects no one but the individual and their family is something you feel okay interfering in, but in the same breath many of you will say vaccination of children is a choice for their parents. Even though we have a measles outbreak that one child has died from already. Trans children do not need you to be another obstacle to existing. Get rid of this bill and get out of the way. Our nation has actual issues you should be spending time on.

Kelly McClurg
Sun Prairie, WI
53590

Hearing date: 3/12/2025

Dear members of the Assembly Committee on Health, Aging, and Long Term Care,

Specifically: Representative Moses, Representative Brooks, Representative Dittrich, Representative Gundrum, Representative Kitchens, Representative Neylon, Representative Snyder, Representative Summerfield, Representative VanderMeer, Representative Wichgers, Representative Subeck, Representative Stubbs, Representative Vining, Representative Johnson, and Representative Mayadev.

I am submitting testimony in OPPOSITION to AB104.

My name is Krista Powers, and I am a 36-year-old wife and mother who lives in Verona, WI. As far as I am aware, my children are unlikely to need gender-affirming care in the future, although obviously none of us can predict the future.

Last week, the presidential administration's Department of Education released a new policy called "The ABCs of Education." Here's what that stands for:

- A: Authority to Parents. Parents are the primary decision makers in their children's education.

-B: Back to basics. Taxpayer-funded education should refocus on math, reading, science, and history.

-C: Career readiness. Postsecondary education should be a path to well-paying careers aligned with workforce needs.

AB104 is in direct opposition to the current administration's new directives for the Department of Education--specifically, the first "A" directive. It violates a central conservative tenet--that PARENTS, not the government, should make medical decisions for minors. The Wisconsin State Assembly has no place in our family's private medical decisions, regardless of party affiliation.

I ask respectfully that you reject this bill. It is a slippery slope that could allow government interference in our parenting choices.

The state of Wisconsin has no right to impose its will on my family's medical decisions. Medical decisions for our children are made by my husband and myself--not you. Please stay out.

Thank you for your time, and for finding the strength to stand up against these harmful and unfair actions.

Best,
Mrs. Krista Powers
Verona, WI 53593

Members of the Committee,

I am writing again in my capacity as a citizen of Madison, and a licensed psychologist, to oppose what I can only describe as a senseless and cruel attempt to harm transgender youth through the limiting of gender affirming care via AB 104.

I cannot stress enough that the research on the positive mental health effects of gender affirming care on transgender and non-binary youth is extremely clear: youths that are allowed gender affirming care are much less likely to experience moderate to severe depression and much less likely to experience suicidality (Inwards-Breland et al, 2022). To limit this care is to place these youths in danger and needlessly stigmatize their experience.

The rhetoric behind AB 104 is harmful and demonstrably false. It is disheartening and infuriating to see this body consider so many bills based on this rhetoric in such a short period of time. The fact that this body, and members of the Wisconsin legislature as a whole, have prioritized targeting transgender and non-binary youth over addressing the real needs of Wisconsinites demonstrates a clear lack of understanding of what needs to be done in order to improve the lives of the people across the state.

I encourage members of this committee to stop scapegoating young people, and instead get back to work addressing the real issues that we all face.

Sincerely,

Jaime Lam, PhD, LP
Licensed Psychologist

To: Chairperson Representative Moses and the entire Assembly Committee on Health, Aging, and Long-term Care,

My name is Ann Wingate, I am a constituent from Madison, WI 53713. I am writing today in strong opposition to AB 104, Gender Confirming Care Ban.

As a somatic based psychotherapist (recently retired 2024) I am highly aware of the importance of body-based congruency for mental health. When a person's physical body does not match their inner self-experience this can be devastating and lead to an increase in anxiety, depression and suicidality. Gender-affirming care provides treatment so that people whose inner self-experience is of the gender opposite of what their physical body manifests externally, often due to biological circumstances (please see National Geographic January 2017 issue devoted to transgendered children) can experience an integrated sense of self..

In doing my due diligence in researching the issue of gender-affirming care for people aged 18 and under I found an article supporting the cognitive development of children starting around age 12 to make informed health-care decisions. This article,

Role of Development on Youth Decision-Making and Recovery From Gender-Affirming Surgery

Jessica M. Bernacki ___ ___ and Amy K. WeimerView all authors and affiliations
Volume 7, Issue 3, Clinical Practice in Pediatric Psychology
https://doi.org/10.1037/cpp0000294,

provides a strong case for both the need for gender-affirming care and the ability of minors with the support of their medical team to make their own informed health care decisions. The article concludes with the following:

Ultimately, it is clear that the risks of untreated or undertreated gender dysphoria are high, with suicide a significant threat (Connolly et al., 2016; Grossman & D'Augelli, 2007; Grossman et al., 2016; Peterson et al., 2017). It is also demonstrated that regret rates for surgical procedures are quite low (Olson-Kennedy et al., 2018; Wiepjes et al., 2018). Thus, in the interest of evidence-based care, surgical procedures should be available to adolescents to improve outcomes. The role of providers should not be one of approving or denying procedures, but rather optimizing the medical experience to yield the best possible outcomes. Pediatric psychologists, as experts in the psychological aspects of medical conditions, child development, and the promotion of health behaviors, are ideally trained to support TGD youth and their families in obtaining these optimal outcomes.

Please give your attention to the professional support for gender-affirming care cited by the above resources and do not further AB 104 to ban gender-affirming care.

Thank you for your time and consideration of this dire safety need for transgendered children in Wisconsin.

Ann Wingate

Madison, WI 53713

Regarding AB104:

My name is Tessa Price I'm a trans woman who organizes other trans folks regionally under Trans Advocacy Madison. We hear countless stories from queer youth across Wisconsin and America who desperately need access to healthcare and social support. Gender-Affirming Care saved my life. Not just proper hormones, but broadly - socially, legally. Finding a doctor who was proficient in gender-affirming care was difficult, but their expertise in modern medicine has helped me live my life on my own terms. I spent my early years suspicious of medicine and doctors, and I was wrong. As an adult, my doctors and I gave informed consent to hormone replacement therapy. I often think about how much happier my life as a child would have been if I had access to be myself, to be recognized as a transgender girl.

When I was a teenager, about half my life ago, I tried to end my own life because I had no access to support or health care. I thought there was no place in life I could belong. I was wrong. Since then, I have grown as a person and as a woman and understood myself as transgender. Access to social support and medical care around Madison saved my life. I don't want any other trans kids to make the mistake I did as a kid. Please don't make their lives worse.

The government has no part in my health care. The government has no part in overruling doctors or singling out transgender people for discrimination. Gender-affirming care is not experimental, it's been going on for a century or more. There is nothing scary about gender-affirming care, it is just ripe for bigots and demagogues to spread lies about us and spin it as though they are helping us. Trust trans people, trust our doctors, because we sure as hell don't trust you politicians. Can you blame us?

Trans people have enough issues finding health care already, and this bill would just make that even more difficult. It has become clear that some legislators are willing to throw out modern life-saving gender-affirming health care to score political points. The LGBT+ community will track your votes, and share them widely among our neighbors around Wisconsin. This is another attack on innocent trans youth who deserve nothing more than to live in safety and have access to modern health care.

Gender-affirming care saves lives. I am happier than I have ever been. It saved my life, and it saved countless others. This ban and others like it are part of a global effort to genocide trans people, starting at innocent children. This bill is a cynical ploy to win votes - and it won't work. Voting for this will make you guilty of genociding innocent children for the rest of history. Thank you.

Dear members of the committee,

I strongly oppose Bill Number AB104

- As someone who knows several transgender youth, I have to wonder if the people who are trying to pass this bill have any experience with any transgender people whatsoever? It seems obvious to me that they don't. I think we all have the same goal, to raise happy, healthy productive humans. I would also like to think that no one is intentionally trying to hurt an entire group of people. But passing this bill will hurt them. The attempted suicide rate of transgender youth is staggering, but nobody talks about that. Mental health in this country isn't good right now, I believe passing this bill will make life unbearable for some people. And not passing this bill? Is that actually going to hurt anyone? I don't think so. Please, if you're not familiar with anyone actually dealing personally with these issues, be very careful what laws you pass. They may have a large impact on the lives and mental health of our youth. And don't we all just want what's best for everyone?

Thank you for your time,

Rita Krause
Black Earth, Wisconsin 53515

Dear Representatives,

My name is Julia Dauer. I am a Wisconsin constituent and resident of Milwaukee, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bands come at a time of unprecedented anti-trans legislation proposals across the U.S. and do nothing but alienate transgender people and create a climate of fear.

As one of your constituents, I implore you all to vote against this proposed bill. Trans youth and trans people deserve to live lives of safety and support, without being subject to legislative attacks.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent and in good conscience vote against AB 104.

Sincerely,
Julia Dauer

To the assembly on Health and Aging and long term care.
My name is Kathy Kuehn.
214 N Main st
Edgerton Wi. 53534
I STRONGLY OPPOSE bill AB104.
I have been a resident of Wisconsin for 54 of my 63 years. I am a mother and a grandmother. I work and vote in my community.
I am appalled that we have to fight for basic human rights. This is an inhumane assault on the trans community.
My grandson , who is 12, should not be judged on being human 0r trans. Nor should any other trans person. His right to healthcare shouldn't be different than any other person. Period. He will spend his life defending himself where no other cis person will have to. That is not equality.
My grandson is fearful, he worries a lot about his future in these current times. A 12 year old shouldn't have to worry about if healthcare will be available to him.
Our trans community deserve ALL care. STOP SINGELING OUT MARGINALIZED COMMUNITIES! Equality for all.
The government is putting our youth at even more risk. The consequences will be devastating.

Kathy Kuehn

3/12/2024

Dear members of the Assembly Committee on Health, Aging and Long Term Care.

I oppose AB 104.

My name is Emmett Lockwood, I am a student at UW-Madison, and I am a transgender man. I am writing about Assembly Bill 104 which moves to prohibit gender affirming care for individuals under the age of 18. While I am not currently 18 - I am now 21, I started hormone replacement therapy in April 2021 - nearly four years ago - at the age of 17. And frankly it saved my life. Prior to being on hormone replacement therapy, I had been going through a female puberty since the age of eleven that felt inexplicably wrong. It is a type of body horror I don't wish on anyone and would make most people's skin crawl to even be in for a minute. I naively expected that as a kid if I just hoped enough I would reach puberty and Animorphs-style turn into a man. That didn't happen. My earliest feeling of wanting to be a boy was at the age of five when my dad told me that eating pumpkin seeds was good for prostate health, and that prostates were a thing boys have, so that October after carving pumpkins I ate two whole cereal bowls of roasted pumpkin seeds hoping to grow a prostate and be a boy. My experiment in growing glands through seed consumption was a complete failure.

But, I hope you already know why gender-affirming care is so vital to youth. So I wanted to take this email to address the assumption that gender-affirming care is a "new" or "under-developed" part of the medical field - claims that often get discussed when bills like AB 104 come to state legislatures. In an amicus brief that was presented to the Supreme Court for the case *U.S. v Skrmetti,* co-authored by Jules Gill-Peterson, associate professor at Johns Hopkins University in history and author of *Histories of the Transgender Child,* the American Historical Association, Organization of American Historians, LGBTQ+ History Associations and other Historian Scholars show that gender dysphoria and medical interventions to treat it have deep roots in historical record and are not novel to the 20th and 21st century. We have cases of sex transition from a transgender woman in 1394 in London named Eleanor pursuing medical intervention, to cases in the 1550s in Poland, 1700s in England, and throughout the 1800s in the United States including American newspapers reporting at least 65 cases of transgender men living as men in the US between 1870s and 1930s including accounts of medical gender transition. This historical account tracks with my own familial history - I am Pimicikamak Cree and despite colonial erasure the Cree along with other Canadian First Nations along with other Indigenous groups have recognized gender transition since time immemorial. While medicine benefited tremendously from the second industrial revolution this did not lead to the creation of gender affirming care rather a refinement of already practiced care. In 1910 medical doctor Magnus Hirschfeld pioneered gender affirming care and psychiatric looks at gender identity at the Institut fur Sexualwissenschaft until he was targeted by the Nazis for being Jewish and gay in Germany and in 1933 his laboratory was looted and his books were burned. But Hirschfeld's research lived on in laboratories like the Brady Urological Institute that opened at Johns Hopkins in 1915 to refine hormone and surgical therapies for gender affirming care.

Youth have been engaging in gender affirming care since the 1960s when gender clinics opened at UCLA, Johns Hopkins, University of Minnesota, University of Washington, Stanford University, and the University of Michigan which developed medical intervention programs. We can see accounts of young trans women in Los Angeles talking about receiving estrogen at Dr. Harry Benjamin's gender clinic in the 1960s with standards of care for transgender patients being codified in 1979.

While I will leave you with only this piece of the long scientific record I hope it is enough to show you that gender affirming care isn't just life saving healthcare but is not the "novel" and "underdeveloped" healthcare field it is often portrayed as. And claims that it is a new field of medical inquiry are just another attempt to claim that trans people have not been on this earth and transitioning since time immemorial. Thank you so much for your time today.

Emmett Lockwood, Madison 53706

Dear members o ;the Health, Aging, and Long-Term Care Committee,

We are writing to you as parents of an incredible 11-year-old transgender son. We are writing today in strong opposition to Assembly Bill 104, which seeks to ban access to gender-affirming healthcare for minors. If passed, this legislation will not only strip away essential medical care but will also put the lives of transgender youth at risk.

For the past six years, our son has received care from a team of dedicated medical professionals, including his pediatrician, endocrinologist, and therapist. Each of them, based on their medical expertise and deep understanding of his well-being, has affirmed that gender-affirming care is both necessary and life-saving. Their guidance, rooted in evidence-based medicine, has allowed our son to thrive—emotionally, socially, and physically.

This bill is not about protecting children; it is about preventing them from accessing the care that allows them to live authentically and healthily. Gender-affirming care is not experimental or dangerous—it is endorsed by every major medical association. It is a standard of care that has been proven to reduce depression, anxiety, and suicidality among transgender youth.

As parents, our primary responsibility is to ensure our child is safe, healthy, and happy. Denying access to medically necessary care not only undermines parental rights but also places transgender children at increased risk of harm. The devastating impact of such legislation cannot be overstated—families will be forced to seek care out of state, uproot their lives, or face the unimaginable consequences of a child who is denied the support they desperately need.

My son knows who he is. His doctors know what is best for him. And as his parents, we will not stand by while politicians, who do not know him, attempt to take away his right to live as his authentic self. We urge you to reject this harmful and discriminatory bill. Protect the rights of parents, the expertise of medical professionals, and most importantly, the lives of transgender youth.

Sincerely,

Family in Waukesha County

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

My name is Kim Suhr, and I live in Wales, 53183. I appreciate the opportunity to voice my position on AB104.

I encourage you to vote NO on AB104 the bill that would insert the Wisconsin legislature into health care decisions for minors that should be made by physicians and parents after deep careful consideration and based upon the child and circumstances. Those how are proposing this measure often purport to believe in individual liberty and autonomy, so their eagerness to take those rights away from families and their medical practioners, is more than troubling. It is an infringement on our rights.

Given turned tables and a Democratic legislature, would you want to have to break the law in order to get your children (or grandchildren) healthcare that you and their doctors (and parents) have deemed medically necessary? That is the real threat here: lawmakers inserting themselves into issues they have no business legislating.

Vote NO to AB104.

Sincerely,

Kim Suhr

March 12, 2025

Dear members of the committee,

I oppose bill AB 104.

I am the parent of a nonbinary twelve-year-old who I love dearly and care for with all my heart, mind, body, and soul. As the parent of this child, I have learned so much about what it can mean to feel that the gender you were assigned at birth does not fit with who you are and your sense of what you need to be whole, dignified, and healthy. My child is wise and I've learned to trust their experience and what they know to be their needs and how to meet them.

I feel the need to testify in opposition to AB 104 because the needs my child may have for their physical and mental health and well-being may include gender-affirming health care. If so, it is essential that my child and their family (myself and their father) can make these decisions with the guidance and support of healthcare providers. Without this opportunity, my child's health and well-being, especially their mental health, may be severely compromised throughout their teen years and with ramifications well into adulthood.

Research shows that LGBTQ+ and especially trans and nonbinary youth are disproportionately impacted by depression, anxiety, and other mental health concerns. The Youth Risk and Behavior Survey results in Wisconsin show this clearly is happening here. Some of this disproportionate rate is due to feelings of gender dysphoria and can be addressed through access to gender-affirming care determined by youth, their parents, and healthcare providers. Denying this access will therefore have direct harm. We also know some of this disproportionate rate is due to society sending messages to our youth that are wrong and not accepted, and this is another harm that this bill would bring forward.

AB 104 must be rejected.

Thank you for your time, your empathy, and your thoughtful consideration.

Amy Washbush

Madison, 53704

3/12/2025

Dear Committee on Health, Aging, and Long Term Care,

My name is Maddie Batzli and I have lived in Madison, WI for 22 years. I am testifying against AB 104 because it is important to keep gender affirming care available for transgender youth under 18. I am a non-binary person who has not personally pursued medical transition myself, but am writing to share about the positive impact these medical services have had on my loved ones and community.

Gender affirming care is life-saving care. I have many friends who have benefited from puberty blockers, HRT, and other care during their teen years to help their bodies match their identities and drastically reduce or end their dysphoria, which had been causing poor mental health and suicidal thoughts, and even suicide attempts. The studies that have been cherry-picked to argue against gender affirming care are greatly outnumbered by research that shows gender affirming care increases quality of life and mental health for trans people.

There is a false belief that gender affirming healthcare is readily available and "thrust upon" youth. The reality is that many youth know deeply from a young age that their gender identity does not match their sex assigned at birth. Once a youth gets a doctor's appointment to discuss gender affirming care, which can take many months and even years because of wait times, healthcare teams get to know a young person and their family over time and through thoughtful conversation and evaluation before any action is taken (for example, a prescription of puberty blockers--which are temporary and simply delay the onset of puberty, to give a youth more time to reflect and understand their own identity.)

I am speaking out on behalf of my loved ones and community because trans people are a small minority of the population, and it has been easy and effective for people who are not trans to spread fear and misinformation about this minority group. This is a great opportunity to listen to the voices of those we don't understand—voices that are often not heard because there are so few. If you are not trans, and especially if you don't know any trans people personally, this is a call to listen closely to what the vast majority of trans people are saying about the importance of gender affirming care as an option they can pursue. Those of us who support the availability of gender affirming care have NEVER wanted to "push" kids to transition. This is a big decision and should be made with very thorough consideration. We simply want to ensure that trans youth SURVIVE to become adults. For some (not all) trans youth, this may include gender affirming medical care. This is why I am advocating to keep gender affirming care as an available option for youth.

Thank you so much for hearing this testimony: your consideration is deeply appreciated.

Maddie
53703

I oppose AB 104. As the grandmother of a young adult who will need gender affirming care, I support access to the hormone treatment they will need.

Please do not make life any harder for these children who deserve our support.

Mary Hayden
1719 Lehman
Eau Claire WI 54701

Wednesday, March 12, 2025

Dear members of the committee,

I oppose Bills 479 and 480.

My name is Sarah, a parent of two young children. I am strongly opposed to banning gender affirming healthcare for youth. Very dear family and friends of mine are transgender. They have known their identities since youth. Listening to and allowing youth to express their authentic selves is safer and more loving for them than the alternative, provided doctors and other trusted adults are supportive.

It is imperative that Wisconsin be a safe space for all youth to freely be who they are, especially as other forces crack down on trans lives.

Thank you so much for your dedication to our community, your time, and your consideration of this plea.

Sarah Chenoweth, 53711

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

My name is Karen Callahan, I am a resident of Edgerton, WI and I am writing to ask you to vote NO on AB104.

I could list many reasons why I am opposed to, and actually frighted by the bill under consideration, but instead I will refer to the compelling letter submitted earlier by a Health Care Professional whom I greatly respect. I urge you to read carefully and take his words to heart as you remember that you are dealing with the young lives of an extremely vulnerable population that needs you support rather than your reproof and dismissal. His letter follows:

"Dear Members of the Committee on Health, Aging and Long Term Care:
I am a mental health provider writing to urge each of you to vote NO on AB104.
Protecting children is an admirable goal but this bill does the opposite. There are very few minors who are transgender and even fewer who seek medical intervention for gender dysphoria. Nevertheless, for the small number who do, puberty blockers, hormone therapy, and even surgery are essential for their physical and emotional well-being. Who does and doesn't need what treatment is a highly individualized decision that should be made by the child, their family and their medical providers.
I recognize that the government has some legitimate role in protecting citizens from inappropriate medical treatments. However, your decisions should be consistent with the recommendations of medical experts. The American Academy of Child and Adolescent Psychiatry, The American Academy of Pediatrics, The American Counseling Association, the American Medical Association, American Psychiatric Association, American Psychological Association and many others including new guidelines issued by Germany, Austria and Switzerland all support gender affirming care for transgender youth and adults.
I understand that the Cass Review from the UK has been used to justify prohibitions on gender affirming care. Since its release, it has been broadly criticized for poor methodology, bias and a lack of transparency. These criticisms are well-founded. When the Cass Review came out, I read it because, as a mental health provider, I wanted to be open to evidence that contradicted my understanding of the research. It was quickly clear to me that it was a poorly-designed effort determined to reach a desired conclusion. I certainly cannot speak to why it done that way but it should play no role in your deliberations.
Gender affirming treatments such as puberty blockers, hormones and surgery are resoundingly endorsed as best practices for many people who are transgender. Given that, the government should not insert itself into the high quality and highly individualized medical care that trans youth deserve.
Thank you for your consideration,
Jolin Mitchel
Madison, WI 53704

Dear Representatives,
My name is Lillie McMurray , I am a Wisconsin constituent and resident of Madison. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.
As one of your constituents, I implore you all to vote against this proposed bill.

Gender affirming care has allowed for my friends, family members, and boyfriend to be alive today. Without it, I don't believe they would be here today. My favorite These are not just my friends and my family, but residents of your state and country. This care is not killing children or people, it is saving them.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely, Lillie McMurray

Hello to Members of the Assembly or Senate Committee on Trans Medical Care Ban,

I am exercising right to state my opposition to Assembly or Senate Bill 104. In my opinion it is not appropriate for politicians to deny the ability to access Best Practice Gender Affirming Care. Politicians ought not insert themselves into private medical decisions that should be between youth, their parents and their doctors. Enough is enough.

Sincerely,

Vicki Lee-Springman
5721 Summerhill Ct
Fitchburg,WI 53711

Testimony for AB104:

I am writing to oppose AB104.

It would be an extreme misuse of government power for the Wisconsin government to get between doctors and their patients, in this case transgender youth and their parents.

I have several trangender friends who began their medical transition before the age of eighteen and describe that care as lifesaving. Some were suicidal before they received gender-affirming care, and that care helped them live safely as teenagers and young adults.

I am also very concerned that if this bill passes, it will open the door for legislation that stops parents from procuring other kinds of healthcare their children may need.

Please oppose AB104 to secure the rights of parents to obtain healthcare for their children.

Katherine Ayre
S3701B Vance Hill Rd
La Farge WI 54639

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

I am writing testimony in opposition to AB 104.

As a Wisconsin resident and father of a gender nonconforming child I plead with you to oppose this bill. I am petitioning specifically against banning puberty-blocking drugs to stop or delay normal puberty. These drugs, if administered properly, **do not cause any permanent changes or damage**. Puberty blockers provide adolescents with **time**. Time to make educated decisions about **their own bodies**. Once the medication is stopped, puberty starts again. This medication is not causing any 'mutilation' or harm to a child's body. **Puberty blockers save lives** by reducing body dysmorphia in children that leads to self harm and suicide. Please do the research before believing propaganda from those who support this bill. Puberty blockers cause no harm or irreversible change. Puberty blockers save lives and give human beings needed time to make decisions for themselves about their own body.

https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/in-depth/pubertal-blockers/art-20459075

Thank you for your time and please oppose this hurtful bill.

Sincerely,

Joseph Meador
Viroqua, WI 54665

Hearing date: 3/12/2025

Dear members of the Assembly Committee on Health, Aging, and Long Term Care,

Specifically: Representative Moses, Representative Brooks, Representative Dittrich, Representative Gundrum, Representative Kitchens, Representative Neylon, Representative Snyder, Representative Summerfield, Representative VanderMeer, Representative Wichgers, Representative Subeck, Representative Stubbs, Representative Vining, Representative Johnson, and Representative Mayadev.

I am submitting testimony in OPPOSITION to AB104.

My name is Lakin Lanich, and I am a 37-year-old woman, and I have been a life-long resident of Wisconsin. I have been ordained for several years and have had the pleasure of leading people in their spiritual journey with God.

AB104 is an appalling example of government overreach. I firmly believe that any and all medical decisions should reside between the patient, their parents, and medical professionals.

I ask respectfully that you reject this bill. It is a slippery slope that could allow government interference in family and individual choices and freedoms. Please focus on actual issues that affect the people of Wisconsin.

Thank you for your time, and for finding the strength to stand up against these harmful and unfair actions.

> ***Woe to those who decree iniquitous decrees, and the writers who keep writing oppression.***
>
> -Isaiah 10:1

Reverend Lakin Lanich

Madison, WI 53717

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

I am writing to ask you to vote against AB104, an unnecessary and cruel interference with personal freedom in medical decision making.

Trans youth who have access to gender-affirming healthcare and social supports have significantly better mental, physical, educational, and social outcomes. If we want the best for children, we need to support doctors, therapists, and other healthcare professionals in providing care tailored to their needs--this includes gender-affirming care.

I know many trans people, including children, in my rural area, and all of them greatly benefit from gender-affirming healthcare and social supports. I'm very afraid of what will happen to their mental and physical well-being if they are cut off from needed healthcare. Trans, nonbinary, and questioning children live in every community in Wisconsin: They and their families deserve the right to consult with their doctors about the most appropriate care and to receive it.

Please vote down this cruel, anti-child proposal.

Thank you.

Jennifer Morales
Pronoun: Any human pronoun is fine, thanks.
711 Independence St, Viroqua, WI 54665 (96th Assembly District)
1jemorales1@gmail.com

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

From: Christopher Forgie, Brookfield, Wisconsin 53005

Regarding: Regarding Wisconsin Assembly Bill 104

Stance: Oppose

Date: March 12th, 2025

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

My name is Christopher Forgie have been a resident of Brookfield for over a decade with my wife and two children. I am here today to strongly oppose Wisconsin Assembly Bill 104, which aims to undermine the fundamental rights, well-being and life-saving healthcare of transgender and gender nonconforming youth. This bill poses a severe threat to the health, safety, and freedom for these individuals, who already face higher levels of discrimination and harassment and would deteriorate their mental and physical wellbeing.

This bill is not only a direct attack on the rights of transgender youth and their families but also disregards the overwhelming body of medical evidence supporting gender-affirming care which this legislature should not superseded. Every major medical organization asserts that gender-affirming care is safe, medically necessary and saves lives. These organizations include but are not limited to[1][2][3]:

- American Academy of Child and Adolescent Psychiatry
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American Medical Association
- American Nurses Association
- American Association of Clinical Endocrinology
- American College Health Association
- American College of Nurse-Midwives
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Counseling Association
- American Psychiatric Association
- American Psychological Association
- Endocrine Society
- Federation of Pediatric Organizations
- National Association of Social Workers
- Pediatric Endocrine Society

[1] https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/?form=MG0AV3

[2] https://transhealthproject.org/resources/medical-organization-statements/

[3] https://www.psychiatry.org/newsroom/news-releases/frontline-physicians-oppose-legislation-that-interferes-in-or-criminalizes-patient-care

- World Medical Association
- World Professional Association for Transgender Health

These organizations have consistently found that gender-affirming care significantly reduces anxiety, depression, and suicide risks among transgender youth. Ignoring the overwhelming support for gender affirming care by every major medical body through enacting this bill would be wrong and would go against all basic reason.

Research has shown that transgender youth who receive gender-affirming care experience significant improvements in their mental health[4]. A study published in the journal Pediatrics found that transgender youth who received puberty blockers had lower rates of suicidal ideation and depression compared to those who did not receive such care. Denying access to gender-affirming care would exacerbate mental health issues among transgender youth, leading to increased rates of depression, anxiety, and suicide.

Gender-affirming care for transgender youth offers numerous benefits that are well-supported and documented by medical research and professional organizations. Some key advantages include:

1. Improved Mental Health[5][6]: Gender-affirming care, such as puberty blockers, hormone therapy, and social transition, has been shown to significantly reduce symptoms of anxiety, depression, and suicidal ideation among transgender youth. Studies have found that access to these treatments leads to better mental health outcomes and overall well-being.

2. Reduced Risk of Suicide[7]: Research consistently shows that transgender youth who receive gender-affirming care have lower rates of suicidal thoughts and attempts. The presence of supportive medical care and acceptance plays a crucial role in reducing these risks. For a population already at increased ricks of self-harm and suicide, gender affirming care for transgender youth is literally lifesaving.

3. Enhanced Social and Emotional Functioning: Gender-affirming care helps transgender youth live authentically and comfortably in their gender identity. This improves their self-esteem, social interactions, and emotional stability. Youth who receive appropriate care often experience a higher quality of life and better integration into their social environments.

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[4] https://www.columbiapsychiatry.org/news/gender-affirming-care-saves-lives
[5] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423
[6] https://www.srcd.org/research/gender-affirming-policies-support-transgender-and-gender-diverse-youths-health
[7] https://www.jahonline.org/article/S1054-139X(21)00568-1/fulltext

4. Alignment with Gender Identity: Gender-affirming care enables transgender youth to align their physical appearance and characteristics with their gender identity. This alignment has been the only thing found that can reduce the distress and dysphoria that many transgender individuals experience, leading to greater happiness and satisfaction. Feeling understood and accepted by medical professionals can have a profound positive impact on their lives.

5. Supportive Family Relationships: When transgender youth receive gender-affirming care, it often fosters understanding and acceptance within their families. This strengthened support system is essential for their emotional and mental well-being.

6. Long-Term Health Benefits: Early access to gender-affirming care can prevent the development of physical characteristics that do not align with the individual's gender identity. This reduces the need for more invasive interventions later in life and supports overall health and well-being.

In conclusion, Wisconsin Assembly Bill 104 is a harmful piece of legislation[8] that disregards the medical consensus on gender-affirming care, threatens the mental health of transgender youth, and undermines parental rights. This bill will hurt actual people. This bill takes away the fundamental rights of transgender individuals and their families. This bill ignores science. This bill ignores medical best practices. This bill inserts political beliefs into private and personal conversations between parents and their children and their doctors. I strongly urge the Committee to reject Wisconsin Assembly Bill 104 to protect the rights and well-being of transgender individuals.

Thank you for your consideration.

Christopher Forgie

[8] https://www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-speaks-out-against-bills-harming-transgender-youth/

3/12/25

Dear members of the 2025 Assembly Committee on Health, Aging and Long-Term Care,

I oppose Bill AB104 relating to: prohibiting gender transition medical intervention for individuals under 18 years of age. (I also strongly oppose AB100, AB102, and AB103.)

My name is Michaela Thurow, and I am a fabricator and graphic designer from Eau Claire. I am a lifelong resident of Wisconsin, as are the vast majority of both sides of my family. I'm cisgender. I spent my entire childhood in a pentecostal church, but since graduating high school I've had a wide array of opportunities to be around the LGBTQ+ community. If in any of those years I have seen God or the good of humanity, it has been in their eyes. Their persistent kindness, respect, and selfless care for others have been an unfailing compass.

The bill before you intends to criminalize healthcare for trans children. It gives no quarter for the wishes and discernment of parents, pays no mind to the expertise of doctors, psychiatrists, therapists, or the medical field writ large, and wholly disregards the holistic health and autonomy of the individual children themselves. As it stands currently, every one of those aspects is considered thoroughly before any facet of "gender transition medical intervention" is undertaken. I mean, really, let's call it what it is - transgender healthcare. The ambiguously worded text of this bill means that mental health care, medical care, and social services for any trans individual under 18 would be illegal - a mandate that is not only unethical, but violates accepted best practice in every major medical association in the US, including the American Medical Association, American Academy of Pediatrics, American Psychiatric Association, The Endocrine Society, and The American Academy of Child and Adolescent Psychiatry. It's not just about transition services. It's about healthcare, period. It's also about the letter and spirit of the law, considering that the U.S. Supreme Court has frequently interpreted the the Equal Protection Clause of the 14th Amendment to apply to discrimination on the basis of sex. If you pass a bill denying gender affirming care (a term which includes procedures like breast reduction for men and hysterectomies for women with endometriosis) to trans individuals but not cisgender folks, you're discriminating on the basis of sex.

I write today out of two drives: love for my community and naked self-interest. I don't want to be the kind of person who denies another autonomous human being the services they need to survive and be healthy. I hope you don't either - especially not out of something as base and ignorant as fear. Life and liberty are among the first words of our founding charter, are they not? I crave those rights for everyone around me as much as I do for myself. I know by now you've heard the infamous Niemöller quote captured in the wake of the Holocaust. If we begin to deny these rights to those we deem unworthy, there will be no one left when they come for ours. They are already trying; cisgender women have been dragged out of public bathrooms for not looking "woman enough," bills elsewhere have been proposed to require genital inspection in childrens' schools. The AB100 series bills begin our state's descent toward that future.

Transgender healthcare saves lives.
Full stop.
It's not about a hasty decision, or forcing some irreversible change - it is about informed, professionally guided, monitored, expert care in carefully considered, age-appropriate increments. It's about healthcare that has been proven time and again (in peer reviewed, published scientific studies) to improve health in children and prevent suicides.

This bill wants to make that illegal.

This bill wants to make saving kids' lives through informed medical care illegal.
What if it was your daughter? Your son?
Wouldn't you do whatever it took to keep them alive?

Vote no to bill AB104.
Please.
To retain humanity.
To safeguard ours.
To keep the state from infringing on basic rights.
To avoid lawsuits on the grounds of constitutionality and ethics.
To give us and all of our communities a reason not to replace you in the next election.

Thank you, sincerely, for your consideration....and your action.

Best wishes,
Michaela Thurow
Eau Claire, 54703

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

I am writing to express my strong opposition to Assembly Bill 104.

My name is Annie Carrell and I'm a Psychiatric-Mental Health Nurse Practitioner and parent in Milwaukee, Wisconsin.

As a healthcare professional with extensive experience in mental health, I have witnessed firsthand the profound impact that gender-affirming care can have on the well-being of transgender people. Gender dysphoria, if left untreated, can lead to severe mental health issues, including depression, anxiety, and an increased risk of suicide. Providing gender-affirming care, which is supported by major medical organizations such as the American Nurses Association and the American Psychiatric Association, is a critical component of comprehensive healthcare for transgender youth

The evidence is clear: Gender-affirming care significantly improves the mental health and overall quality of life for transgender individuals. Studies have shown that access to this care reduces rates of depression, anxiety, and suicidal ideation among transgender youth. Denying these young people the medical care they need is not only unethical but also dangerous.

As a community member who cares deeply for many young people, I am deeply concerned about the implications of this bill for families. Every child deserves the right to receive the medical care that is best for them, in consultation with their healthcare providers and parents. AB 104 undermines parents' rights to make informed decisions about their children's healthcare and places the government in the position of making deeply personal medical decisions for families.

Furthermore, this bill sends a harmful message to transgender youth that their identities are not valid and that their healthcare needs are not necessary. This can exacerbate feelings of isolation and rejection, further harming their mental health. As a society, we have a responsibility to support and protect our most vulnerable members, including transgender youth. Instead of supporting legislation that seeks to exclude community members, such as transgender youth, I would urge you to consider supporting legislation that actually improves health outcomes and would bring people in our communities closer together.

In conclusion, I urge you to oppose AB 104 and to support policies that ensure all young people, regardless of their gender identity, have access to the healthcare they need to thrive. Thank you for your attention to this critical issue.

Annie Carrell, PMHNP-BC, APNP
Milwaukee, WI 53212

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

Our names are Kathie and Kevin Brohaugh and we are concerned parents from Middleton, Wisconsin. Kathie was born and raised in Madison and Kevin has been a Wisconsin resident for 14 years. We are writing to oppose bill AB104, a bill restricting necessary health care for transgender minors.

Gender affirming care has been thoroughly researched and been found to be safe and, in some cases, life saving. It is endorsed by the American Medical Association and American Academy of Pediatrics.

This bill aims to unfairly restrict necessary healthcare from a targeted minority. This bill is discriminatory as much of the same care is offered to cisgendered youth and is not being targeted for ban.

These healthcare decisions should be between the doctor, individual, and the individual's parents/guardians. Introducing the government into healthcare is a large overreach and infringing on the rights of the patient.

We thank you for your consideration for the health and wellbeing of all Wisconsin's youth.

Sincerely,
Kathie and Kevin Brohaugh
Middleton, WI 53562

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

I oppose AB 104.

My name is Tony Panciera and I live in Milwaukee, WI 53211. I'm writing to share my concerns about the proposed ban on youth gender-affirming care. This legislation would directly affect young transgender and gender-expansive individuals throughout Wisconsin, and I urge you to vote against it.

I run my own trim carpentry and woodworking business in Southern Wisconsin and have trans, queer, and genderqueer community, as well as clients. I am not transgender, but their well being is my well-being. Them being secure, employed, and healthy, is me being secure, employed, and healthy.

All the transgender people I know have gone through their own challenging process of coming to the realization of who they are, something that is rarely an easy process. Through my experiences, I have witnessed the positive impact that safe, affirming medical care has on the mental health, self-esteem, and overall well-being of transgender youth. Restricting access to healthcare that is widely recognized and supported by major medical associations would only increase the hardships these young people face.

I felt compelled to speak out because I believe every child deserves the opportunity to live a healthy, happy life. Preventing transgender youth from accessing gender-affirming care puts them at higher risk of discrimination, depression, and other health challenges. It is our responsibility as a community to protect the rights of all our youth and ensure that families, in consultation with medical professionals, can make healthcare decisions that are right for their children. This is not the business of any politician - it is a personal, family decision, to be made with the expertise of medical doctors.

Instead of passing legislation that limits vital care, I ask you to focus on policies that increase access to comprehensive, research-based healthcare and foster an environment where every child can thrive. By promoting inclusive practices, supporting mental health resources, and respecting the expertise of medical professionals, we can create a safer, healthier Wisconsin for all young people.

When I think about the New Testament scripture and how Jesus would have reacted to transgender folks who crossed his path, I am not left with much ambiguity about his stance: love and compassion. I ask you to use your power to lead with love and compassion too, instead of fear and hate.

Thank you for taking the time to review my testimony. I appreciate your commitment to listening to the voices of concerned constituents and considering the lasting impact this legislation would have on our community.

Sincerely,

Tony Panciera, Milwaukee, WI 53211

Dear members of the Senate Committee on Health,

I, Raquel Riemer, vehemently oppose the proposed transgender youth healthcare ban. I am an educator and an ally. Working with students everyday, specifically high school age, I see the struggles they go through. These are some of the most important years for kids developmentally, so for these transgender youth that healthcare is a need. Body dysmorphia and depression are just two, but deadly, side effects that will appear if this ban is passed. I hope this is something that is kept in mind when deciding on what to do. Do you want a higher suicide rate for youth? Or do you want the youth to be happier? Don't follow your own beliefs, instead think about what is best for the children. Do the right thing.

--
Creatively,
Ms. Raquel Riemer

Committe Members on Health, Aging and Long Term Care,

My name is Jamie Hawkins and I am writing today to oppose bill AB104

I have lived in Wisconsin for 10 years, and currently serve our community as an educator and doula. I am a parent to two children, one of them is transgender, both attend a Wisconsin public school. I am speaking on my own behalf as a private citizen.

The introduction of AB104 feels like nothing more than the continuation of an ongoing series of attacks against children and youth. Right now, I should be across the street at the madison children's museum joining my children for the Family Night for their school. Instead I am here. Again. For the second time in two weeks. Asking you why? Why yet another attack on trans and non-binary youth? We know that Gov. Evers will veto this bill, just as he vetoed the last one. So why this show? It's exhausting. Im exhausted trying to follow all of these bills, showing up here, asking you to trust my family and see the humanity in my child.

When my second child was born they, like all babies, could not talk. They could not tell us what they wanted their name to be or what their gender identity was. They didn't even have the words to tell us what their genitalia was. So we, like all parents, took a look at them and gave them the name we chose. The gender we thought they identified with was based on the genitalia we could see. To us our baby was a boy. We used he/him pronouns.

Starting at the age of two my child was telling us (and anyone who would listen) that she is a girl. At the age of two to three she did not yet have the vocabulary to tell us that she would like us to use different pronouns (or that it mattered). By the age of four my child asked us to use she/her pronouns when referring to her. She has asked us to recognize her as a sister and our daughter. Unlike our assumption at birth our child's gender identity does not match their sex.

While this may feel surprising to some of you, research finds that children solidify their understanding of their gender identity between the ages of 3-5 years old. My child is five years old now- she loves bats, tigers, and riding her bike. She is happy and healthy. She goes to the doctor every year for a physical like all children. The doctor checks her heart, lungs and reflexes. You know what is not happening? Genital mutilation. No one is removing my child's genitals or any other healthy tissue. So get a grip. This bill limits life saving, and reversible care such as puberty blockers to children. Many of the claims around these bills are that we want to give children time to figure it out. SO GIVE THEM TIME. Support access to puberty blockers so that children can be children without having to experience the trauma of going through the puberty of they gender they are not.

I was here in Oct of 2023 opposing a similar bill that was vetoed by Gov Evers. Last week I was here for six hours to oppose proposed Assembly bill 100 which Rep Dietrich claimed is just giving parents all the power to make the choice about the name and pronouns their children are allowed to use. She said repeatedly that the focus of AB 100 was parents rights, just parents rights. And here we are with AB 104 saying that parents shouldn't have rights to make medical decisions with their children and their medical

providers. I ask the Assembly members to make up their minds. Are parents allowed to make decisions on behalf of their children or not? Are we for or against parents rights? Or is it only the rights of some parents and definitely never the rights of the child? The hypocrisy in the bills coming out of different assembly committees makes it clear that they are not written out of concern for children's safety or well-being but rather to attack transgender children. The act of writing and introducing bills like this are in and of themselves harmful to children. For trans children, and all children, we know that the best option for them is to be able to fully be themselves and be able to access the gender affirming medical if and when they need it.

This is the committee for health, aging and long-term care. I have an actual issue for you to take on. Currently my grandma in living in a nursing home in Fond du Lac Wi. Two years ago she suffered a massive stroke that left here completely immobilized and unable to care for herself. She went from living completely independently to needing full time care in my parents living room. After trying to care for her on their own with little outside help (full time nurse was financially inaccessible and the hospice nurse came 2-3 times a week for an hour) they decided the best course of acton was to move her into a nursing home. She is a medicare recipient and therefore the only long term care facility she had access to was one that accepted medicare. While I can say that I know her caregivers are doing their best- they are overworked and underpaid, the facilities are aging and frankly depressing and the turnover is incredibly high. Can you please focus your efforts as a committee for health, aging and long-term care on helping my family take care of my granma rather than attacking my child? Could you help my parents afford more in-home support? Could you come up with a bill that would help long-term care facilities pay their staff better and lower staff turnover. I am sure there are lots of people at Crossroads nursing home in Fond du Lac Wi that would love to meet with you to give you ideas on ways the state can better support caring for the aging population. Leave my child and their medical decisions out of your work and focus on issues that really matter.

Wisconsinites, including all the transgender and nonbinary adults you represent, need our lawmakers to pay attention to issues that matter—not look for ways to make life harder for transgender and nonbinary youth and their families. We welcome legislation and policy that would proactively work to improve the health, well-being, and safety of transgender and nonbinary youth and send a clear and unequivocal message that they are seen, loved, and welcomed in all aspects of their community. I urge you to vote no on AB 104

Jamie Hawkins
Madison WI
53704
March 12, 2025

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

My name is Ilana Bloom. I live in Mount Horeb WI 53572. I am writing to ask you to vote NO on AB104.

My community of friends and family includes trans and non-binary youth and passing this bill would harm them emotionally and physically. Healthcare for youth should be determined by medical doctors, therapists, and families, not government. This medical care is supported by every major medical association in the United States.

This is not an easy process for families. They agonize over the discomfort their children are experiencing, they worry about the discrimination they will face and the difficulty of transition. We want to support all our children and help them. This bill does the opposite. It will cause more pain and endanger our children. I have seen kids blossom after they are accepted by those around them and can find connection with, instead of rejection of their bodies. Let's support all of our kids including the very small 1% of the US population that are transgender. Please vote NO on AB104.

Thank you,
Ilana Bloom

Dear Assembly Committee on Health, Aging and Long-Term Care,

My name is Michael Schwartz, and I'm a resident of Madison, WI (53717). I oppose AB104, since this bill is cruel and would be incredibly harmful to children in Wisconsin. There is overwhelming evidence that gender-affirming care saves children's lives. AB104 would not only move us backwards as a society, but it will also make children in Wisconsin less safe. Therefore, I am asking you to vote NO on AB104.

The first time I knew someone who identified as trans was in the early 2000s. A friend of mine who I knew as a man told me that she was a woman. I will admit that I struggled with how best to support her at first, and I made plenty of mistakes. But she was patient with me, and I chose to work on myself so I could support my friend. She told me who she was, and I believed her.

I also remember how she showed incredible bravery by blogging about the mental and physical pain of transitioning. She modeled living as her true self so that others didn't feel so alone in a society where trans folks are constantly attacked simply for existing. I now have many friends and colleagues who are open about their trans identities, I am grateful to have them in my life. Their courage inspires me, and I am testifying today so children in Wisconsin have access to medical care that gives them the freedom to be their true selves.

In Wisconsin, we take pride in our community. We support our family, our friends, and our neighbors when they need us. I am choosing to speak out against the hatred and cruelty of anti-trans bills that are harming our communities. I am specifically opposed to AB104, since this bill is a direct attack on children in Wisconsin. Please vote NO on AB104.

Sincerely,
Michael Schwartz

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

My name is Roxanne Wegner, and I am a resident of Madison. I have lived in Wisconsin my entire life, and I have gotten the opportunity to meet many wonderful people who are part of the LGBTQ+ community living here, both young and old. This is why I oppose Assembly Bill 104. All LGBTQ+ people deserve the opportunity to live as their full self, and that includes transgender youth. Gender-affirming care is proven to greatly improve trans individuals' mental health and well-being, and in some cases can be life-saving. I don't believe politicians should be the ones to decide who gets access to this care. This is a decision that should remain private between an individual, their doctor, and their parents.

Thank you for taking the time to listen.

Sincerely,

Roxanne Wegner, Madison, WI, 53719

My name is Dani Crutcher, I am a Wisconsin constituent and resident of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the Assembly Committee on Education meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender kids and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. Trans kids deserve to grow up feeling safe, supported, and whole. Gender-affirming care isn't about changing them—it's about letting them be themselves. When trans kids are supported, they thrive. Denying them care doesn't protect them—it harms them.

This isn't about politics. It's about love, dignity, and the right to exist without fear. Trans kids deserve care, respect, and the freedom to be who they are.

Trans people exist and will continue to exist at every age. To enact these bills is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Dani Crutcher

Dear Representatives Allen, Vos, Behnke, Brill, Brooks, Callahan, Dittrich, Goeben, Green, Gundrum, Hurd, B. Jacobson, Knodl, Kreibich, Maxey, Murphy, Mursau, Nedweski, O'Connor, Penterman, Steffen, Tucker, Tusler and Wichgers and Senators Tomczyk, Kapenga, Nass, Quinn and Wimberger:

I write to you in opposition to AB 103. Perhaps the existence of trans people and trans healthcare is new to *you*, but it is not new. As an Associate professor of English at UW Eau Claire, I teach historical American literature and specialize in texts from the 1850s forward. In recent years I've expanded my research focus to intersections with health humanities and beyond the borders of the US in order to more fully understand the way that early trans texts inform our current moment.

In my research, I am struck by how many trans authors from the 1850s, 1890s, 1910s, 1920s, and 1930s write about recognizing their gender around the age of 4. In a 2020 Ted Talk, Dr. Angela Goepferd shares information about typical gender childhood identity development, and explains that most children come to identify their gender and how it fits into existing gender roles around age 4. She concludes that it is thus not very surprising that some trans children claim their gender identity around the same time as their cisgender peers. Transgender people and transgender children, in particular, are not new.

Gender affirming healthcare is also not new. The basis of gender affirming medical practices that can include hormone supplementation and surgeries are nearly 100 years old. There are medical records of vaginoplasty surgeries in the US from the 1860s. By the 1930s a successful method for vaginoplasty had become standardized. Early hormone treatments included ovary transplants before hormones were synthesized in the 1930s. Puberty blockers have been used in the 1980s on cisgender children and since the 1990s on transgender children.

The fact that your bill allows cisgender children to access puberty blockers but excludes trans children from the same standard of medical care illuminates the animus behind this bill. Gender affirming care is evidence-based healthcare and it is undertaken with care, with a team of specialists. It is appalling and alarming to hear legislators lie and misrepresent the nature of this medical practice. It is supported by all major medical associations, most importantly The American Academy of Pediatrics and the American Medical Association.

I ask you to consider your legislative action and impact with humility. I ask why you believe that you know better than the Academy of American Pediatrics. I ask why you think you know better than the parents of trans kids themselves what is best for their children.

Working to deny access to healthcare for a small group of children will not make the state of Wisconsin safer, more prosperous, or more free. Denying access to life-saving care will also not prevent trans children from being trans. But it may lead to more of them losing their lives prematurely. Trans children at 8 to 9 times more likely to try to take their own lives. This healthcare saves the lives of loved children. Let them grow up.

Sincerely,
Dr. Stephanie Farrar
303 Garfield Ave
Eau Claire, WI 54701
209-598-6634

Molly Hassler
Milwaukee, WI 53212 and Watertown, WI 53094
In opposition to Bill AB104
For Assembly Committee on Health, Aging, and Long-term Care

Dear Representatives,

My name is Molly Hassler, I am a Wisconsin constituent and a resident of Milwaukee, though I grew up in Watertown, WI. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this propose bill. I am a transgender/nonbinary adult that lives and works as a community artist in all parts of Wisconsin. At 28 years old I received a gender affirming surgery in which all of the options were presented to me in a professional and helpful way that provided me a long time to consider this choice with my family (partner, mother and aunt) even as an adult. I know that this was the best choice for me because of how I feel after the fact, but I knew before as well because of the exceptional medical care I received. I want to be clear that people, youth included, know how they will feel most affirmed in their gender and what they need whether they talk to a doctor or not.

Banning this care for young people takes away their education, their knowledge of completely legitimate care that is supported by every major medical association in the country. I want to take this time to remind you that I am from and of Wisconsin. I love it here as do many other trans people. Our community is expansive and not just what you may imagine us to be. I am a working person and educator that has worked in dozens of schools and several long-term care facilities, and many of my friends and trans community members work in construction and the trades, contributing in many ways to the growth of Wisconsin and our towns like everyone else. Trans youth deserve to grow up and forge themselves in the way that I did, a way that is true to myself and due to my Midwestern upbringing and values – not in spite of it.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104

Listen. Please listen.
I am the parent of an amazing daughter. I know we all believe that our kids are amazing and they are, but this one, this one is unique. She was born strong. She was born empathetic. She was born curious but always always respectful and considerate.
She was born, and we gave her a name that we loved and a name she no longer uses.
She grew and wanted to know about so many things that were unfamiliar to her dad and me: she wanted to learn about world history and religions... and the dwarf planets of the solar system... and just about every make and model of car...and I could go on. When she started reading at 3, I knew the world was going to change for our entire family.

But from an early age, she was also aware of her physical self. Surprisingly, she has entered the world of sports participation and support—in the form of one of the best fans and teammates you could ever want. This was such a foreign concept to both her parents. But we know the benefits of sports—and supporting your kid, so we do.
And despite her inability to play on her school teams, she has remained active in sports and physical activity. She's committed to taking good care of her body (even when she doesn't feel it reflects who she is) and her mental health. As one of her parents, I am in awe of how she shows discipline and insight into what she consumes, how her body works best, and ways to make her mind and body work well together. Reader, my daughter is 15. While she may have the energy of her years, she does not yet have the medical training that will help her grow into a strong adult. She and all transgender people deserve to have access to medical care so they can continue their lives and contribute to our world. And, I'm pretty sure this kid I birthed, is going to make a big impact on more than just those who have met her.
Thank you for your time.

Carolyn Tarpey
Stevens Point, WI

GE HealthCare

Annie Lane Koop (she/her)
6920 N Berwyn Ave
Glendale, WI
53209
M +1 203 400 0708

Hearing AB104
March 12, 2025

Dear Wisconsin Legislators,

I write to you in strong opposition to AB104 banning gender affirming care for youth. My wife and I are proud to call Glendale, Wisconsin our home. I serve as a Trustee for our North Shore Library Board, advocating for the best possible library services for our local community. I am also a Staff Data Scientist at GE HealthCare and active leader of our Pride Alliance. From my vantage point, it is clear that gender affirming care for transgender youth is lifesaving care – it is essential to their physical and mental wellbeing and development.

When I was a teenager looking for my career path, I was drawn to medical device engineering as a pathway to improve the lives of patients in moments that matter. Upon graduation with my degree in engineering, I relocated from Boston to Milwaukee to join GE HealthCare. For the past decade, I've collaborated with my colleagues to "Build a world where healthcare has no limits". I am both grateful and energized to work each day within an organizational culture that integrates service leadership into our delivery of the future of healthcare as one inclusive team. As I innovate with exciting technologies like Artificial Intelligence, I center and empower the unique needs of each individual person through personalized care solutions. In Wisconsin, these individuals include our non-binary and transgender youth. Like every other person, these youth deserve access to the best healthcare.

As an advocate for healthcare access, I know we need to affirm and support our youth's gender identity. Denial of diverse gender identities by this type of harmful legislation forces internalized trauma on our Wisconsin youth. This type of trauma impacts the physical and mental health of our youth throughout their development and into adulthood. As leaders in Wisconsin, we must each stand up and stop spreading harmful messages that deny autonomy and rights of transgender youth. Simply, gender-affirming care is essential healthcare that policy must not block; the state government needs to stay out of the private care between clinical experts and families.

Legislation like the AB104 proposal is overly broad and fails to recognize the complexities of gender identity and healthcare. I am truly passionate about building our world where healthcare has no limits. Wisconsin needs to lead the way with policies that empower clinicians, families and transgender youth to access to essential healthcare. Thank you for your time and attention to this urgent matter.

Sincerely,

Annie Lane Koop
Glendale, WI 53209

I, Rain Fernandez, oppose AB104. I am a transgender man who has just started testosterone. It was a difficult journey to get here. I experienced depression, anxiety, and suicidal thoughts almost daily. Realizing that you're transgender is a long and difficult journey. Knowing the reason for so much pain and discomfort can feel hopeless. What got me through those hard times is knowing there was something I could do. Going through this process has led to more joy than I could have ever known. After years of therapy, I have been able to make an important decision, with the help of my family. My first time crying tears of joy happened when I finally had an appointment scheduled for a consultation with someone who works with Hormone Replacement Therapy. The joy I've felt as I take steps towards fully living as myself is overwhelming. I have plans for college and my future. I don't know if I could even dream of this without the promise of living as myself.

My journey was trying, but I know others who can't wait much longer.

The trans community is small and we just want happiness.

I strongly urge you, please consider the kids who just want to live as their true selves. This is life saving care.

Wednesday, March 12th, 2pm

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

I am writing to oppose AB104.

- My name is Julie Jensen, she/her pronouns. I am a local Madison resident, mental health professional, higher education instructor, and parent.
- Over the course of my career in mental health, I have heard many stories from individuals with traumatic experiences growing up behind a mask. Of not being able to exist as their full selves due to family, cultural, or societal suppression. Those individuals grow up to be adults with relationship issues, depression and anxiety symptoms, sometimes even attempt suicide when no other option feels possible. They do not feel they can be who they truly are, who they know themselves internally, so living becomes a lie.
- When I heard about this hearing, I knew I needed to submit my testimony and my strong opposition to this legislation. As someone who works daily with individuals in differing stages of crisis and mental health issues, we -- first responders, doctors, mental health professionals, caretakers, government officials -- need to be at the forefront of protecting people, not causing more harm.
- Health-care decisions should be made between the youth, their parents, and their doctors. When people are given the freedom of choice, singular acts like taking their own life, no longer appear an option.
- As a parent who has made life altering medical decisions for my children from getting a broken bone fixed to having life-saving brain surgery at American Family Children's, the decision was always between myself and the medical professionals. These decisions were made to improve their quality of life to saving their life. Lawmakers have no place in this decision making space.
- I sincerely appreciate your time and attention. Thank you.

Julie Jensen LMFT, Madison, 53717

Carlee Kessler
Regarding Assembly Bill 104
Madison WI, 53703
March 12, 2025

Dear Representatives,

My name is Carlee Kessler, I am a Wisconsin constituent and resident of Madison. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I urge you all to vote against this proposed bill. Having seen the life saving results of trans youth having access to gender-affirming care, this bill only comes at the cost of the well-being of already vulnerable children. It is in the best favor of communities across the state to protect what little agency and resources trans youth have access to—while continuing to work toward improving the quality of life for those who will be affected by this bill and bills of similar nature.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,

Carlee Kessler
Madison, WI 53703

03.12.25

Dear members

I oppose AB 104.

My name is Abra Vigna. I am a Wisconsin resident of 25 years, a mother of a nonbinary child, a member of the LGBTQ community, for ten years I supported runaway and homeless youth in Dane, Dodge, and Jefferson counties as a staff member at Briarpatch providing crisis counseling and running a youth group for LGBTQ youth. In addition to a rich life as a member of, a service provider and activities for my community, I am also a scholar of LGBTQ+ research with a PhD in Human Development and Family Studies.

I strongly oppose this bill because it is based on a logic that contradicts everything we know about child development and risks associated with gender affirming care. Gender affirming care has not killed a single person, whereas being denied access to it is directly related to self-harm and suicide completion, in addition to increasing the likelihood of being treated with violence by others who don't believe that your body matches their gender expectations of you.

I am deeply worried about a legislature overstepping into the realm of dictating nuanced medical care for procedures that are either entirely or partially-reversible in childhood and have demonstrably saved lives.

If you are concerned about the impacts of coercive gender affirming care, which rarely happens, then focus on safeguarding its application, not denying it to everyone. Listen to the professionals who have spent their lives doing this work and focus on eliminating the practices that actually cause harm, such as conversion therapy, not the practices that save countless brilliant minds, like gender affirming care.

Thank you for your time and attention.

March 12th, 2025

Dear Representatives,

My name is Ellee Ingle, I am a Wisconsin constituent and resident of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the Sate Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. As a woman who began transitioning socially at 15, and medically at 21 that gap was solely based around the stigma cultivated by our culture against trans lives and hormone therapy at that time, which left me in a position where i attempted suicide twice throughout my adolescence. There is life saving medication and treatment that I could have received, but this was delayed at the time by not being offered via an avenue through informed consent to be able to choose what was right for myself and my identity alongside my family. Healthcare providers turned me away. Even once I turned 18 I was most local doctors first trans patient, and in many cases they simply didn't know what to do. I was told many times that even now that I'd become of age, I'd still need rigorous mental evaluation to receive the treatment I knew I needed. I was only able to medically transition once I left the state of Wisconsin for college, and I don't want today's youth to have to leave our state to access these life saving medications that they know they need. These extra steps did not stop me from being trans, it only made my life at the time infinitely more difficult and required me to relocate for a time away from my friends and loved ones. As the stigma eased over the years that followed, I became proud that trans children have been able to receive better care and access to these lifesaving medications in Wisconsin and earlier in life, as to not face the same hardships I had to go through in my youth to ultimately still become who I am today. Please understand, this is a matter of life and death for many Wisconsin children, and they need to receive the peer evaluated medical breakthroughs we have made to allow them a better chance at a long and happy life.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Ellee Ingle
Milwaukee, WI 53207

Dear Representatives,
My name is Mia Suttner, I am a Wisconsin constituent and resident of Appleton Wisconsin. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing scheduled on March 12th.
AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.
As one of your constituents, I implore you all to vote against the proposed bill. Restrictive laws infringe on their human rights and protections. Society benefits from being inclusive of all individuals, regardless of gender identity.
Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all the trans people you represent, and in good conscience vote against AB 104.
Sincerely,
Mia Suttner

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Members of the Committee,

I am writing to you today to express my strong opposition to the AB104 legislation that seeks to restrict or eliminate access to gender-affirming care for individuals within the LGBTQ community. As we all recognize, healthcare is a basic human right, and denying individuals access to the care they need is not only harmful but also counterproductive.

Gender-affirming care is not a mere option for those who identify as transgender or gender non-conforming; it is a vital component of their overall health and well-being. Numerous studies, including those published by the American Medical Association and the American Academy of Pediatrics, have demonstrated that access to gender-affirming treatments significantly improves mental health outcomes for transgender individuals, reducing rates of depression, anxiety, and suicidal ideation.

To strip away this essential healthcare is to fail the most vulnerable among us. It is a disservice to the youth who struggle with their identities and seek guidance and support. By restricting these services, we are telling them that their identities are not valid and that they do not deserve to live authentically. This can lead to devastating consequences, including increased mental health crises and even loss of life.

Furthermore, legislation that restricts gender-affirming care disproportionately affects marginalized communities, including youth from low-income families and people of color who already face systemic barriers to healthcare. Instead of fostering an inclusive environment, such legislation will only perpetuate cycles of inequality and discrimination.

It is essential that we listen to medical professionals—the people who are trained and knowledgeable about the complexities of gender identity and healthcare. The overwhelming consensus among experts is that gender-affirming care is medically necessary for many individuals. To ignore this expert guidance in favor of legislation rooted in stigma and misunderstanding is both reckless and unethical.

In conclusion, I urge you to consider the implications of any proposed legislation that would limit access to gender-affirming care. Let us be a society that champions inclusivity, compassion, and support for all individuals, regardless of their gender identity. Please prioritize the health and well-being of all your constituents and oppose any bills that seek to undermine access to necessary healthcare.

Thank you for your time and consideration.
Sincerely,
Margaret Danielson, MSW
Wausau, WI 54403

March 12, 2025

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

My name is Lindzey Kobiske, I'm from Madison and I oppose Assembly Bill 104.

Since taking office in January, President Trump has launched an all-out campaign against trans people and other minorities, and conservatives have swiftly fallen in line, picking up his rhetoric and using it to bring bills like these into the forefront of our legislation. I was here just yesterday to testify against AB102. To highlight a few examples (but certainly not all):

- Executive Order to remove references to transgender people from websites, including the CDC & the state department.
- Executive Order to ban trans women from competing in sports.
- Executive Order to ban trans people from serving in the military.
- Executive Order banning "gender ideology" from being taught in schools
- Executive Order forbidding trans people from changing gender markers on their passports to reflect their gender identity
- Executive Order to stop trans people from accessing life saving, gender affirming healthcare, which is at the root of the bill we're discussing today.

We have already heard many people share the statistics on how gender-affirming healthcare saves lives and is supported as necessary and effective by every major medical organization. With my time, I want to share another list of government actions and legislation that sounds eerily familiar.

- In March 1933, Nazis removed access to information contrary to their ideology by burning books.
- In April 1933, Nazi Germany passed legislation to exclude Jewish people from organizations, professions, and other aspects of public life.
- In May of 1935 they banned Jewish people from the military.
- In 1936 and 1937, Jewish teachers and students were banned from public schools
- January 1938: Jewish people were forbidden from changing their names

I hope the bill's authors and supporters are offended by the implication here, because that means there's still hope for them to land on the right side of history. The path to the Holocaust started with dehumanizing propaganda based on race, gender, sexuality, or abilities. Then came legislation stripping those people of their rights one by one. Then came censorship. And it ended in the genocide of 6 million Jewish people and millions of others deemed "unworthy".

We have to do better. We have to learn from history and hold the line now to ensure we uphold basic human rights for all people. Healthcare and trans rights are human rights, period. When we start denying individuals their right to bodily autonomy, we start walking down a dangerous path. Healthcare professionals, not politicians, should maintain responsibility for identifying what

care is safe and effective for their patients. Our government must stop targeting minority groups with legislation that the affected people are telling you threatens their ability to survive. If you truly care about "doing no harm" you would listen to the community affected by this legislation. We should be funding research to advance the field of gender affirming healthcare and provide better and safer treatments, not trying to pass blanket bans on care that has helped countless trans people live authentically.

Source:
United States Holocaust Memorial Museum Website

Hello,

My name is Andrea, and I am a resident of Dane County. I urge you to vote NO on Assembly Bill AB102. As a Wisconsinite, I believe the government should not spend valuable time controlling people's private recreational activity. We have freedom to hang out and play sports.

This bill is based on flawed reasoning and discriminates against individuals. This bill would discriminate against people in unconstitutional ways.

Moreover, this bill is harmful and can put our trans and intersex neighbors, friends, classmates, and teammates at risk for bullying. Our government shouldn't exacerbate the exclusion and stigmatization of people based on their gender and appearance, especially not out of ignorance.

What is the purpose of sports? You have fun, exercise, learn goes to work with others, win sometimes, lose sometimes. Personally, intramural sports where all genders play together are my favorite.

There is no reason for the state to ban those opportunities for building school spirit. Sports provide essential academic, emotional, and social benefits, helping young people develop important skills. They make out communities stronger and develop lifelong hobbies and friendships. If you care about the people of wisconsin- stop wasting time controlling sports. Let people live their lives without an overstepping government controlling recreation. Focus on making Wisconsin a better place to live.

This bill teaches fear and discrimination against trans peers. Our policies should not endanger our loved ones or exclude them from opportunities for joy and community. I will not stand for such hatred and unconstitutional discrimination in my community.

Thank you for voting NO on Assembly Bill AB102 and for protecting our right to choose who we play with.

Sincerely,
Andrea
Dane county

03/12/25

Hello,

My name is Elizabeth David McIntyre (they/them) (government name Elizabeth Brown) and I oppose AB104.

I am an educator with a decade of experience currently working with the Madison Metropolitan School District as a substitute teacher.

After attending the assembly meeting last Thursday to express my opposition of AB 100 and AB 103 it became clear to me that the committee members in particular Rep Dittrich and Rep Kitchens were entirely unqualified for the responsibilities of their office.

That a representative could complain about how long their day had been when they are wasting the time and money of Wisconsin tax payers with this transparently bigoted and logically inconsistent parade of legislation is shameful. That the chairman echoed that sentiment is entirely unacceptable.

After waiting over 4 hours to share my 5 minutes of testimony it was a slap in the face to hear two such powerful people complain about how long their day had been.

Several Representatives talk about wanting to protect children and the rights of parents AB 104 tramples the rights of Wisconsin parents to make parenting decisions about how best to support their trans child. The hypocrisy of this is obvious and absurd.

AB 104 will do harm to children it is an invasion of privacy and I oppose it vehemently.

If the committee has any intention of doing the work of protecting students in Wisconsin then representatives must support common sense gun legislation and stop wasting resources on trying to legislate trans youth back into the closet--- AB 100 AB 103 and AB 104 are nonsensical and betray the ugliness of their authors.

Elizabeth A Brown Madison, WI 53704

3/12/25

To the members of the Committee on Health, Aging and Long-Term Care,

I am writing to **oppose AB 104**, which would deny transgender youth the ability to access best practice gender-affirming care and allow politicians to insert themselves into private medical decisions that should be between youth, their parents, and their doctors.

My name is Jessica Donahue, and I have been a Wisconsin resident for 19 years. I came to Wisconsin to attend Marquette University, where I graduated with honors in 2010. Since then, I have built my career in Human Resources here and currently own and operate my own consulting business. The values I learned at Marquette included the need to nurture an inclusive, diverse community that fosters new opportunities, partnerships, collaboration, and vigorous yet respectful debate.

I have trans and non-binary friends and colleagues who have received life-saving gender-affirming care, and we cannot afford to rip this away from Wisconsin's youth for no other reason than who they are as human beings.

According to research from The Trevor Project, transgender youth who have their identities respected and can access appropriate care experience nearly 50% lower rates of suicide attempts. My friends are deserving of the same basic dignity, respect, and care as anyone else. Yet many of them are terrified right now. They are scared to live life publicly because of the hate being provoked against them. It's not fair to them, and it's not right.

Passing AB 104 would mean accepting the fact that this will undoubtedly lead to trans youth suicides. These are real kids, with real families, real friends, and real potential. They deserve to be protected, not targetted. Is this who we really are as Wisconsinites? I certainly hope not.

I felt compelled to testify because my career has been built upon advocating for ALL people, and I see a troubling inconsistency in how we approach youth healthcare and healthcare at large in our society. Growing up, I went to High School with girls under 18 who got breast implants, lip filler, or nose jobs all too look "better" or more feminine. Similarly, some young men get calf implants, male breast reductions, or chin implants to look "better" or more masculine.

How can we justify allowing these specific kinds of gender-affirming care, but not transgender care? The diversity of our communities makes us all better—the research

proves this. So why would we make it harder for trans youth to contribute to this rich diversity by living as their authentic selves?

Instead of passing AB 104, I urge you to protect gender-affirming care for ALL people, regardless of gender identity or expression. Listen to major medical organizations like the American Academy of Pediatrics and the American Medical Association that support gender-affirming care as best practice medicine. Create policies that affirm the rights of transgender individuals to access the healthcare they need, and leave medical decisions in the hands of doctors, patients, and their families—not politicians.

Thank you for your time and consideration. I hope you will stand on the right side of history by opposing AB 104 and instead working to make Wisconsin a state where all residents can live peacefully and authentically as who they truly are.

Signed,

Jessica Donahue

904 E. Pearson St.

Milwaukee, WI 53202

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the entire committee and its members:
I strongly OPPOSE AB104.
The authors of this bill clearly don't understand how these medications work. Medical decisions should be between doctors and families. The same people who strongly opposed masking during covid because parents should make the healthcare decisions and assume risks on behalf of their own children, are the same people trying to take away healthcare for these children and their families.

What this bill lacks is an understanding that people undergoing medical care for transition and already taking hormones to align with their gender identity cannot reverse the changes that have occurred. What of those minors? How would this bill affect those teens? Imagine you are a 16-year-old, who has carefully undergone a slow, supervised medical care plan to ensure puberty progressed in the desired way over the course of 5 to 10 years and are now a happy, beautiful, successful young lady. If this bill ripped away care for a person like that and their body began producing opposing hormones to develop male secondary sex characteristics on top of irreversible female secondary sex characteristics, you'd now be a teen with breasts AND a deepening voice AND facial hair AND the humiliation and mental health decline associated with now having your body have BOTH gender's sex characteristics that only years of painful and expensive traumatizing surgery could begin to change. Along with the mental trauma that bill interjected into your life. What kind of life is that for a teen?

Medications cannot be obtained overnight or upon one visit for those seeking medical transition. Ask doctors and families about the process, consent, and timeline for medical gender transitions. It's easier to obtain a firearm in this state with fewer hoops to jump through than these medications. And guns are ACTUALLY killing children in Wisconsin. Perhaps we could tackle the real threats to children in this state instead of harmful bills like AB 104.

Please talk to actual doctors and actual families before proposing bills like this that by their very nature are harming children and families we know.
--
Rachel Kleber
Verona WI 53593

Good afternoon representatives. my name is Kristin and I am a Milwaukee resident. I am here to speak against AB 104. 73% of trans people made an attempt on their life at some point due to anti trans laws. Nearly half are youth, much higher for those in unsupportive households.

What if that was your child? Could you honestly say that you are glad you had a child who died because their care was refused? This bill aims to strip away life-saving healthcare while creating hostility for these people. I stress that gender ideology does not exist. However gender identity is the innate sense of one's being and it's a part of who someone is regardless of whether or not they decide to medically transition. No one is trying to shove it down anyone's throat or convince others to transition. There is no real benefit to that. Again, it is one's innate sense of self, just like how you know yourself to be. Most parents don't just willy nilly encourage their children to dress as someone of another gender for the fun of it. A lot of the supportive households don't either. However those parents do recognise a persistent pattern which do eventually lead to having a team of therapists and doctors to help their child explore their identity. These medical professionals are trained to assess the needs of these individuals. Passing a ban on GAC is basically discrediting the medical professionals that spent many years researching GAC and perfecting it. How can we expect our youth to lead happy, fulfilling lives if they aren't given the opportunity to explore their true selves in a safe environment. The longer they wait to transition, the more likely they will suffer harm because they are told no. The puberty blockers are reversible should they decide that transition is not right for them. As it stands, there is a low regret rate for undergoing transition. If they do so, it's because of a lack of familial support, financial reasons or already the lack of care in the rural areas. Please don't become the final reason they cannot receive care. The youth is our future and they are not useful to society if they successfully make an attempt on their life. They just want to live fulfilling lives like everyone else and have the care and support they deserve. I'm sure the majority of you aren't doctors. Don't you think these healthcare decisions should stay between the doctor, the parent and the youth and not make it a government overreach? The major medical associations should be making those decisions. Think if this is your own child. Don't let them become part of that 73% statistic. Let's support our trans youth by making sure they get the healthcare they need by voting no on AB104 and putting this to rest for good. Thank you!

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

I am writing to oppose AB104.

My name is Holland McCrea Olson. I am a local Fitchburg resident, practicing Christian, mental health professional, higher education professional, and parent. I whole-heartedly agree with what a fellow mental health professional has already shared with you:

- Over the course of my career in mental health, I have heard many stories from individuals with traumatic experiences growing up behind a mask. Of not being able to exist as their full selves due to family, cultural, or societal suppression. Those individuals grow up to be adults with relationship issues, depression and anxiety symptoms, sometimes even attempt suicide when no other option feels possible. They do not feel they can be who they truly are, who they know themselves internally, so living becomes a lie.
- It is in the best interest of our state's community health and long term goals to invest in systems that allow people to be their healthiest selves. This improves the strength of the workforce and decreases burdens on social services and healthcare. Furthermore, for those of us who are Christian, we are called to love our neighbors, not deny them their identity and create a more impoverished live (spiritually, mentally, and in many cases tangibly) for them.
- When I heard about this hearing, I knew I needed to submit my testimony and my vehement opposition to this legislation. As someone who works daily with individuals in differing stages of crisis and mental health issues, we -- first responders, doctors, mental health professionals, caretakers, government officials -- need to be at the forefront of protecting people, not causing more harm.
- Health-care decisions should be made between the youth, their parents, and their doctors. When people are given the freedom of choice, singular acts like taking their own life, no longer appear an option.
- I sincerely appreciate your time and attention. Thank you.

Faithfully,
Holland McCrea Olson, Fitchburg, 53711

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I oppose Bill AB104.

My name is Julie Plotkin and I strongly urge you to vote against Bill AB104.

I am the mother of a beautiful, nerdy trans girl. She is so smart and has a empathetic heart. She has courage you wouldn't believe. And she is of benefit to our family, our community, her school community and to our world. What I'm saying is, she is one of a number of young trans people who are going to run our world when we're all old or dead. She wants to live in a world where she doesn't have to think about her basic needs. Basic. Needs. Which includes health care. She, and all trans people, have the right to health care, to a basic need. When people are healthy, they tend to be more happy. So I'm wondering what kind of world do you and your descendants want to live in? A world where people are fighting over whether they can access health care rights, or a world where people have the well-being, time and energy to create a more loving and kind place to live?

I am tired of giving testimony to what is common sense living: the right to call yourself whatever name you want; the right to play sports on the team that aligns with your gender; and the right to receive health care. And as tired as I am, I will not stop fighting. In fact, I will continue to call upon all the people I can, and speak even more loudly for the rights of trans people.

Stop making it harder for people to live. Your energy, time and power would be better served in uplifting the lives of your constituents.

How can you do that? The first step is to kill or vote against this and all the ant-trans bills in our legislation.

Thank you,
Julie Plotkin
Madison 53711

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Ash Collins and I have been a Madison resident for almost 10 years, I am writing to you today in opposition of the proposed bill AB 104 to deny transgender youth the ability to access best practice gender-affirming care. I have worked with children of Dane County in my previous role as an educator, and it is our duty to protect them and teach them that who they are is beautiful and loved.

Our government's job is to protect and serve the people in our community, yet a study by The Trevor Project shows that anti-transgender laws cause up to a 72% increase in suicide attempts among transgender and nonbinary youth. How are these laws protecting our children when they are in fact driving them to self harm?

I urge you to do the Christian thing to protect our children and oppose this bill.

Thank you for your time,

Ash Collins
Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Members of the Committee,

I am writing to you today to express my strong opposition to the AB104 legislation that seeks to restrict or eliminate access to gender-affirming care for individuals within the LGBTQ community. As we all recognize, healthcare is a basic human right, and denying individuals access to the care they need is not only harmful but also counterproductive.

Gender-affirming care is not a mere option for those who identify as transgender or gender non-conforming; it is a vital component of their overall health and well-being. Numerous studies, including those published by the American Medical Association and the American Academy of Pediatrics, have demonstrated that access to gender-affirming treatments significantly improves mental health outcomes for transgender individuals, reducing rates of depression, anxiety, and suicidal ideation.

To strip away this essential healthcare is to fail the most vulnerable among us. It is a disservice to the youth who struggle with their identities and seek guidance and support. By restricting these services, we are telling them that their identities are not valid and that they do not deserve to live authentically. This can lead to devastating consequences, including increased mental health crises and even loss of life.

Furthermore, legislation that restricts gender-affirming care disproportionately affects marginalized communities, including youth from low-income families and people of color who already face systemic barriers to healthcare. Instead of fostering an inclusive environment, such legislation will only perpetuate cycles of inequality and discrimination.

It is essential that we listen to medical professionals—the people who are trained and knowledgeable about the complexities of gender identity and healthcare. The overwhelming consensus among experts is that gender-affirming care is medically necessary for many individuals. To ignore this expert guidance in favor of legislation rooted in stigma and misunderstanding is both reckless and unethical.

In conclusion, I urge you to consider the implications of any proposed legislation that would limit access to gender-affirming care. Let us be a society that champions inclusivity, compassion, and support for all individuals, regardless of their gender identity. Please prioritize the health and well-being of all your constituents and oppose any bills that seek to undermine access to necessary healthcare.

Thank you for your time and consideration.
Sincerely,
Margaret Danielson, MSW
Wausau, WI 54403

March 12th, 2025

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

My name is Lee Chenvert, I am a Wisconsin constituent and resident of Dane County. I am submitting a written testimony strongly opposing Assembly Bill 104.

AB 104 is a youth trans gender affirming care ban, which is being proposed alongside 600+ anti trans legislature proposals across our country. Legislature such as this bill does nothing except further the divide between the transgender community and everyone else, creating a climate of fear among your constituents rather than uplifting and cultivating them.

As one of your constituents, I am begging you to please vote against AB 104. As someone who hopes to one day raise children of my own, I can certainly tell you I would rather my child go through any gender affirming procedure available to them, all of which are *entirely reversible,* in the process of discovering themselves instead of winding up dead. I have first-hand witnessed how gender affirming care for minors can be life saving for transgender and cisgender children alike. Every major US medical association recognizes that gender-affirming health care is a medically necessary treatment for gender dysphoria, and this should absolutely extend to minors who are suffering from this condition.

I truly believe that you are all too smart and sensible for this. Please prove me right. Don't allow trans kids to suffer at the hands of people whose goal is to extinguish the transgender community of Wisconsin. Transgender people have always existed and have been vital to this community, and they should be allowed to choose how to live their lives. As Representatives of Wisconsin, I ask that you acknowledge your transgender constituents, and in good conscience vote against AB 104.

Sincerely,
Lee Chenvert
Madison, Wisconsin
53704

March 12th, 2025

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

My name is Lee Chenvert, I am a Wisconsin constituent and resident of Dane County. I am submitting a written testimony strongly opposing Assembly Bill 104.

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53704

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Sincerely,
Lee Chenvert
Madison, Wisconsin
53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Carrie Lueders, I am a Wisconsin resident and constituent of Waukesha County. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill.
As a mental health worker in the community, we know the negative effects these bills can have on vulnerable youth. As a parent in the community, I do not want my children to grow up in an environment that alienates and harms their peers.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon transgender people. As a representative in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB 104.

Sincerely,
Carrie Lueders

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear members of the Wisconsin Assembly Committee on Health, Aging, and Long-Term Care,

I strongly oppose AB104.

I am a twenty-four year old substitute teacher and lifelong Wisconsinite. I have never lived anywhere else. I was born here, raised here, went through public school here, and attended college here. I am proud to be from Wisconsin.

One of the aspects of our state that gives me the most pride is our state motto: "Forward." We are, at our best, a state of progress. A state that is constantly looking to the future, with an eye towards how to best take care of each and every one of the citizens of this fine state.

AB104 is a slap in the face to the very concept of this ideal. To rob transgender youth of their ability to access life-saving care is the anthithetical to Wisconsin's motto. I am a proud member of the queer community. I have known so many trans youth in my life who would have been affected by this bill if it became law when I was student. Moreover, as an educator, the idea that any of the kids I have met might be taken from their parents or guardians because of the short-sighted decisions of legislators they did not elect makes me sick to my stomach.

I am pleading with you to vote "No" on this bill. To spend ten minutes with any of the transgender youth whose lives would be made irrevocably worse if this bill were passed into law. To look into your heart and actually think of the children in your life, and what you would do if they were in as much pain as those Wisconsin youth who suffer every day in a body they did not choose that nevertheless feels inescapably wrong.

Leave trans pediatric healthcare to the doctors and parents of trans youth, as well as the trans youth themselves. The youth most affected by this bill will be done a degree of harm you cannot imagine, the sort of harm I would not wish upon my worst enemy. Parents could lose their children because of this bill. This could be the reason a trans youth loses any hope that things will get better. If this bill gets passed, and you voted "Yes," their deaths will be on your hands.

Thank you, members of the committee, for your time.

Sincerely,
Anton Maslowski of Fitchburg, WI, 53711

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the members of the Committee:

I am writing to express my vehement opposition to AB104, the proposed ban on gender-affirming care in Wisconsin. I am profoundly disappointed in the legislature's consideration of this harmful and discriminatory bill.

This legislation would deny essential, life-saving medical care to transgender youth, causing irreparable harm. I believe that medical decisions should remain solely between patients, their families, and their doctors, not dictated by political agendas.

Our memories are long, and we will ensure that your actions are not forgotten. You will be held accountable for this blatant disregard for your constituents' well-being if you choose political bigotry over the well-being of our citizens.

With watching eyes,

David Gobeli
Mount Horeb, WI 53572

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear committee,

I am pleading with you to vote no on any legislation that bans trans healthcare (currently AB 104). This is not a situation where things ever happen quickly or without expert guidance. Parents are always involved in the case of minors. Surgeries are exceedingly rare for minors (like, zero in most states including our own)

The transgender community is currently under political attack. They are an extreme minority (1-1.5% of the population) but their suicide rates are the highest. The Trevor project recently released info for Wisconsin that finds that over 60% of transgender youth have considered suicide. Transgender care is LIFESAVING care. If early enough, puberty blockers (completely reversible and given to those with precocious puberty safely) gives children and parents the gift of time. Therapy helps children discover their true identities. Hormone therapy (typicallly only given after two years of a child living as their identified gender with names, pronouns, clothing) allows children to go through puberty in what they feel is the right way for them.

None of this happens without parent involvement. None of this happens without the years of medical research and best practices that have gone in to a doctor recommending these treatments. The American Academy of Pediatrics recommends these treatments for children with gender dysphoria. Please don't let politics come between families, their doctors and their medical care. Children's lives are at stake.

Thank you,
Jennifer Caldwell
Chenequa, Wisconsin 53058

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Representatives,
My name is Patricia Hetland. I am a Wisconsin constituent and resident of Brooklyn. I am submitting a written testimony **against Assembly Bill 104** proposed in the State Assembly, with a hearing meeting on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, **I implore you all to vote against this proposed bill.**
Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience **vote against AB 104.**
Sincerely,
Patricia Hetland

3/12/25

To the members of the Committee on Health, Aging and Long-Term Care,

I am writing to **oppose AB 104**, which would deny transgender youth the ability to access best practice gender-affirming care and allow politicians to insert themselves into private medical decisions that should be between youth, their parents, and their doctors.

My name is Jessica Donahue, and I have been a Wisconsin resident for 19 years. I came to Wisconsin to attend Marquette University, where I graduated with honors in 2010. Since then, I have built my career in Human Resources here and currently own and operate my own consulting business. The values I learned at Marquette included the need to nurture an inclusive, diverse community that fosters new opportunities, partnerships, collaboration, and vigorous yet respectful debate.

I have trans and non-binary friends and colleagues who have received life-saving gender-affirming care, and we cannot afford to rip this away from Wisconsin's youth for no other reason than who they are as human beings.

According to research from The Trevor Project, transgender youth who have their identities respected and can access appropriate care experience nearly 50% lower rates of suicide attempts. My friends are deserving of the same basic dignity, respect, and care as anyone else. Yet many of them are terrified right now. They are scared to live life publicly because of the hate being provoked against them. It's not fair to them, and it's not right.

Passing AB 104 would mean accepting the fact that this will undoubtedly lead to trans youth suicides. These are real kids, with real families, real friends, and real potential. They deserve to be protected, not targetted. Is this who we really are as Wisconsinites? I certainly hope not.

I felt compelled to testify because my career has been built upon advocating for ALL people, and I see a troubling inconsistency in how we approach youth healthcare and healthcare at large in our society. Growing up, I went to High School with girls under 18 who got breast implants, lip filler, or nose jobs all too look "better" or more feminine. Similarly, some young men get calf implants, male breast reductions, or chin implants to look "better" or more masculine.

How can we justify allowing these specific kinds of gender-affirming care, but not transgender care? The diversity of our communities makes us all better—the research

proves this. So why would we make it harder for trans youth to contribute to this rich diversity by living as their authentic selves?

Instead of passing AB 104, I urge you to protect gender-affirming care for ALL people, regardless of gender identity or expression. Listen to major medical organizations like the American Academy of Pediatrics and the American Medical Association that support gender-affirming care as best practice medicine. Create policies that affirm the rights of transgender individuals to access the healthcare they need, and leave medical decisions in the hands of doctors, patients, and their families—not politicians.

Thank you for your time and consideration. I hope you will stand on the right side of history by opposing AB 104 and instead working to make Wisconsin a state where all residents can live peacefully and authentically as who they truly are.

Signed,

Jessica Donahue

904 E. Pearson St.

Milwaukee, WI 53202

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Dear Members of the Committee,
I am against this bill as a citizen of the state of Wisconsin and the parent of a young person who received gender affirming care at the UW-Health system while they were under the age of 18. This isn't care I would have ever sought out for my child except that their health demanded it. What a trans -person suffers mentally if they are not encouraged and allowed to begin a journey toward transition to the person they were meant to be is not something that I can explain but I know that my child needed this care for their mental well being. By depriving parents and children of the ability to make these important steps and decisionsas soon as it becomes critical you are not only trampling on many freedoms, but also likely to increase the youth suicide rates, which I'm sure nobody wants.

Please oppose any bills which destroy and limit the rights of trans people.
Please vote no on Bill AB104

Anne Jespersen

Custer, WI 54423

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing to express my strong opposition to Assembly Bill 104 (AB104), which seeks to ban gender-affirming care for transgender youth in our state. This proposed legislation not only undermines the rights of young individuals but also contradicts established medical guidelines and poses significant risks to their mental and physical well-being.

Leading medical organizations, including the American Academy of Pediatrics, the American Medical Association, and the Endocrine Society, recognize gender-affirming care as evidence-based and medically necessary for transgender youth. This care encompasses a range of services and treatments are provided following comprehensive assessments by qualified healthcare professionals, ensuring that they are appropriate for each individual's unique circumstances.

Denying access to gender-affirming care can have severe mental health consequences. Transgender youth already face heightened risks of depression, anxiety, and suicidal ideation due to societal stigma and discrimination. Prohibiting access to appropriate medical care exacerbates these challenges, leading to increased psychological distress. Studies have shown that gender-affirming interventions significantly reduce these risks, promoting better mental health outcomes and overall quality of life.

Enacting a ban on gender-affirming care raises serious legal and constitutional issues. Courts in several states have blocked similar legislation, citing violations of equal protection and due process rights. For instance, in Montana, a district court judge halted a law banning gender-affirming care for minors, stating that it discriminated based on transgender status and did not serve a compelling governmental interest. Such legal challenges highlight the potential for costly litigation and the likelihood of the law being overturned.

AB104 infringes upon the rights of parents and guardians to make informed medical decisions for their children in consultation with healthcare professionals. It is essential to trust families and medical experts to determine the best course of action for a young person's health, rather than imposing blanket prohibitions that disregard individual needs and circumstances. As a co-parent of a trans youth, I am personally affected by the decision you all make today. Access to this (and all healthcare) is a human right that must be protected. My family will suffer under the proposed legislation and be forced to seek care across state lines at great personal expense. Our sense of safety and comfort in calling Wisconsin "home" will be undermined.

In light of the overwhelming medical evidence supporting gender-affirming care, the potential harm to transgender youth's mental and physical health, and the legal challenges associated with such bans, I urge you to oppose AB104. Let us affirm our commitment to the well-being and rights of all Wisconsin residents regardless of age and gender identity by ensuring access to necessary and appropriate medical care for transgender youth.

Thank you for your attention to this critical issue.

Sincerely,
Jessica Lantz
Madison, WI 53714

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Julia Smith, and I am a licensed marriage and family therapist residing in Oregon, Wisconsin 53575. I am writing to express my strong opposition to Assembly Bill 104 (AB 104).

My opposition stems from concerns regarding the potential negative impact on youth regarding the possibility of being denied appropriate medical care. These crucial decisions should be made between the doctor and the patient, and politicians should not be involved in these highly sensitive medical determinations. AB 104 disrupts the established and crucial relationship between parents and their children's physicians. By introducing legislative mandates, it removes the ability of parents to work in partnership with their doctors to make informed, individualized healthcare decisions.

As a therapist, I understand the importance of respecting the autonomy of both patients and the medical professionals who serve them. It's important to understand that youth and their parents cannot simply walk into a doctor's office and expect to receive this kind of care. There is a significant amount of gatekeeping that occurs within the medical system, including thorough assessments, evaluations, and careful consideration of each individual's unique circumstances. This process ensures that appropriate and necessary care is provided. AB 104 would undermine this established and essential process.

In my clinical practice, I have consistently seen that gender-affirming care contributes to improved mental health outcomes for youth. These observations align with established research demonstrating the benefits of this form of care and I have witnessed the positive impact of gender affirming care on mental health outcomes for youth, and have seen it reduce the likelyhood of self harm and suicidal ideation.

I urge you to reconsider this bill and prioritize the well-being and medical autonomy of Wisconsin's youth. I respectfully request that you vote against AB 104.

Thank you for your time and consideration of my concerns.

Sincerely,

Julia Smith, LMFT

Oregon, WI 53575

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I am writing to register my very strong opposition to the proposed Assembly Bill 104 regarding gender-affirming care.

Access to gender-affirming health care is critical for people — youth or adults — who identify as transgender or nonbinary, and is supported by all major medical associations. Eliminating appropriate mental and physical health care would be MORE harmful and lead to increased risk of self-harm and suicide. Decisions on medical care should be made between patients, their families, and medical care providers — NOT by politicians!

The reality of gender-affirming care is very different from what gets portrayed in right-wing media and scary-sounding political advertisements. It is a long, deliberative process that begins with a period of counseling and discussions between the child, parents, and providers. No one is making rash decisions or recklessly inflicting permanent life-altering changes. For a minor who is experiencing gender dysphoria (a fully legitimate diagnosis, not made-up) or questioning, starting a regimen of puberty blocker treatment would be the first intervention if the child and family want to pursue it. This treatment is a pause on natural pubertal development, causing no permanent changes; it allows time for the child to further explore and assess their feelings and identity before their body continues a developmental path that may cause the person more stress and discomfort. If the blocker is stopped without moving on to hormone treatment, the natural process will resume.

There is no legitimate reason to ban such care. And furthermore, prescribing hormone treatments like estrogen or testosterone is fully legal for other patients and purposes — the treatments themselves are not harmful when used as prescribed. To ban use of these medications ONLY for a single group of patients — trans youth — but not for cis youth (who may receive them for other medical conditions) is discriminatory on its face.

Thank you for listening to people who have personal experience in these matters.

Respectfully,

Melissa Schultz
Madison WI 53705

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I'm a Wisconsin constituent and resident of Madison. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing meeting on March 12th. As one of your constituents, I implore you to vote against this proposed bill.

AB104 is clearly crafted as a ban on youth transgender affirming care. These bans come at a time of unprecedented anti-trans legislation proposals across the U.S. They do nothing but alienate transgender people, and create a climate of fear rather than care and kindness.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives of Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against AB104.

Sincerely,
Lisa Hansen

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

Hello committee,

My name is Amelia McConnell and I live at 102 Club House Dr Unit 2, Oregon, Wisconsin, 53575.

I work with students every day. Some are "out," some are "stealth," and some are as silent and scared as can be because they fear you. They fear the legislators and senators and governors of the world who are wasting time on mean and hurtful bills -- that they will come and grab them from school and their sports and their clubs because you hate and obsess over them like you do.

I am completely against AB 104 and any attempts to use queer kids as political pawns. Please leave medical decisions to doctors and appropriate decisions for kids to kids themselves with help from their families. Do your jobs and leave our families and students out of your partisan plans. Our living, breathing, friends and kids and families are human beings and I want you to leave them alone. I think you forget that sometimes. I think you forget that queer kids, trans kids, people who don't look or live like you are human beings but I promise you they are human, and kind, and generous, and they deserve your empathy.

Please stop this bill in its tracks and live with some kindness today,
Amelia McConnell

Amelia "Bedelia" McConnell
she/her (our pronouns matter)
ameliazumba@gmail.com

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

March 12th, 2025

Dear members of Trans Medical Care Ban Committee

I oppose AB 104!!

My name is Amy Kranz. I am a high school psychology teacher and mother of four, one of whom is trans. I have been a resident of Milwaukee for 28 years.

As a high school teacher and ally for our trans students, I am privy to the deep concerns and fear our youth are carrying because of the deluge of anti-trans legislation being proposed. These kids, who come from diverse racial, ethnic, socio-economic and political homes, simply want to be able to be who they are. They don't want you to be different. They don't want me to be different. They just want to be who they are. Becuase of the current toxic climate, we have seen a huge increase in suicidal ideation amongst our LGBTQ+ students.

In addition to my students, I am a mother. I cannot imagine living in a state where the rights of my kids are being decreased, where progress has halted and is now moving backwards, where I have to protect my children from hate and bigotry from our own government. And, I WILL live here. Because this is my family's state.

Before legislating the lives of trans folks, please open your minds. Have a conversation with some trans folks and listen deeply. Don't settle into your party lines. Understand for yourself.

Thank you for your service. I trust that you will work in the best interests and safety of ALL Wisconsinites.

Amy Kranz, Milwaukee, 53210

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

As a licensed massage therapist, I have witnessed firsthand the health benefits of gender-affirming care, including medication and surgery, for transgender and nonbinary youth and adults. Patients have reported to me that their care was literally life-saving. I am registering my opposition to this bill, and I urge you to abandon your attack of transgender youth. You're not going to make them not trans, you're just making it harder for them to live.

Rebecca Otte-Ford
Madison, WI 53715

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

To the entire committee and its members:
I strongly OPPOSE AB104.
The authors of this bill clearly don't understand how these medications work. Medical decisions should be between doctors and families. The same people who strongly opposed masking during covid because parents should make the healthcare decisions and assume risks on behalf of their own children, are the same people trying to take away healthcare for these children and their families.

What this bill lacks is an understanding that people undergoing medical care for transition and already taking hormones to align with their gender identity cannot reverse the changes that have occurred. What of those minors? How would this bill affect those teens? Imagine you are a 16-year-old, who has carefully undergone a slow, supervised medical care plan to ensure puberty progressed in the desired way over the course of 5 to 10 years and are now a happy, beautiful, successful young lady. If this bill ripped away care for a person like that and their body began producing opposing hormones to develop male secondary sex characteristics on top of irreversible female secondary sex characteristics, you'd now be a teen with breasts AND a deepening voice AND facial hair AND the humiliation and mental health decline associated with now having your body have BOTH gender's sex characteristics that only years of painful and expensive traumatizing surgery could begin to change. Along with the mental trauma that bill interjected into your life. What kind of life is that for a teen?

Medications cannot be obtained overnight or upon one visit for those seeking medical transition. Ask doctors and families about the process, consent, and timeline for medical gender transitions. It's easier to obtain a firearm in this state with fewer hoops to jump through than these medications. And guns are ACTUALLY killing children in Wisconsin. Perhaps we could tackle the real threats to children in this state instead of harmful bills like AB 104.

Please talk to actual doctors and actual families before proposing bills like this that by their very nature are harming children and families we know.
--
Rachel Kleber
Verona WI 53593

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

My name is Ash Collins and I have been a Madison resident for almost 10 years, I am writing to you today in opposition of the proposed bill AB 104 to deny transgender youth the ability to access best practice gender-affirming care. I have worked with children of Dane County in my previous role as an educator, and it is our duty to protect them and teach them that who they are is beautiful and loved.

Our government's job is to protect and serve the people in our community, yet a study by The Trevor Project shows that anti-transgender laws cause up to a 72% increase in suicide attempts among transgender and nonbinary youth. How are these laws protecting our children when they are in fact driving them to self harm?

I urge you to do the Christian thing to protect our children and oppose this bill.

Thank you for your time,

Ash Collins
Madison, WI 53704

March 11th, 2025
To: Assembly Committee on Health, Aging and Long-Term Care; Representatives Moses, Brooks, Dittrich, Gundrum, Kitchens, Neylon, Snyder, Summerfield, VanderMeer, Wichgers, Subeck, Stubbs, Vining, Johnson, and Mayadev:

I oppose Bill AB104.

My name is Julie Plotkin and I strongly urge you to vote against Bill AB104.

I am the mother of a beautiful, nerdy trans girl. She is so smart and has a empathetic heart. She has courage you wouldn't believe. And she is of benefit to our family, our community, her school community and to our world. What I'm saying is, she is one of a number of young trans people who are going to run our world when we're all old or dead. She wants to live in a world where she doesn't have to think about her basic needs. Basic. Needs. Which includes health care. She, and all trans people, have the right to health care, to a basic need. When people are healthy, they tend to be more happy. So I'm wondering what kind of world do you and your descendants want to live in? A world where people are fighting over whether they can access health care rights, or a world where people have the well-being, time and energy to create a more loving and kind place to live?

I am tired of giving testimony to what is common sense living: the right to call yourself whatever name you want; the right to play sports on the team that aligns with your gender; and the right to receive health care. And as tired as I am, I will not stop fighting. In fact, I will continue to call upon all the people I can, and speak even more loudly for the rights of trans people.

Stop making it harder for people to live. Your energy, time and power would be better served in uplifting the lives of your constituents.

How can you do that? The first step is to kill or vote against this and all the ant-trans bills in our legislation.

Thank you,
Julie Plotkin
Madison 53711

Good afternoon to whom it may concern. Please stop this anti trans bill. Gender affirming care is vital to the well being of trans youth. This is a decision made between patients, families their doctors. Consider the suicide rate for kids in this situation who don't have the support of family and their doctor. Please save trans youth and stop trying to interfere in their lives.
Sincerely, Janet

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

I am writing to oppose AB104.

My name is Holland McCrea Olson. I am a local Fitchburg resident, practicing Christian, mental health professional, higher education professional, and parent. I whole-heartedly agree with what a fellow mental health professional has already shared with you:

- Over the course of my career in mental health, I have heard many stories from individuals with traumatic experiences growing up behind a mask. Of not being able to exist as their full selves due to family, cultural, or societal suppression. Those individuals grow up to be adults with relationship issues, depression and anxiety symptoms, sometimes even attempt suicide when no other option feels possible. They do not feel they can be who they truly are, who they know themselves internally, so living becomes a lie.
- It is in the best interest of our state's community health and long term goals to invest in systems that allow people to be their healthiest selves. This improves the strength of the workforce and decreases burdens on social services and healthcare. Furthermore, for those of us who are Christian, we are called to love our neighbors, not deny them their identity and create a more impoverished live (spiritually, mentally, and in many cases tangibly) for them.
- When I heard about this hearing, I knew I needed to submit my testimony and my vehement opposition to this legislation. As someone who works daily with individuals in differing stages of crisis and mental health issues, we -- first responders, doctors, mental health professionals, caretakers, government officials -- need to be at the forefront of protecting people, not causing more harm.
- Health-care decisions should be made between the youth, their parents, and their doctors. When people are given the freedom of choice, singular acts like taking their own life, no longer appear an option.
- I sincerely appreciate your time and attention. Thank you.

Faithfully,
Holland McCrea Olson, Fitchburg, 53711

Good afternoon representatives. my name is Kristin and I am a Milwaukee resident. I am here to speak against AB 104. 73% of trans people made an attempt on their life at some point due to anti trans laws. Nearly half are youth, much higher for those in unsupportive households.

What if that was your child? Could you honestly say that you are glad you had a child who died because their care was refused? This bill aims to strip away life-saving healthcare while creating hostility for these people. I stress that gender ideology does not exist. However gender identity is the innate sense of one's being and it's a part of who someone is regardless of whether or not they decide to medically transition. No one is trying to shove it down anyone's throat or convince others to transition. There is no real benefit to that. Again, it is one's innate sense of self, just like how you know yourself to be. Most parents don't just willy nilly encourage their children to dress as someone of another gender for the fun of it. A lot of the supportive households don't either. However those parents do recognise a persistent pattern which do eventually lead to having a team of therapists and doctors to help their child explore their identity. These medical professionals are trained to assess the needs of these individuals. Passing a ban on GAC is basically discrediting the medical professionals that spent many years researching GAC and perfecting it. How can we expect our youth to lead happy, fulfilling lives if they aren't given the opportunity to explore their true selves in a safe environment. The longer they wait to transition, the more likely they will suffer harm because they are told no. The puberty blockers are reversible should they decide that transition is not right for them. As it stands, there is a low regret rate for undergoing transition. If they do so, it's because of a lack of familial support, financial reasons or already the lack of care in the rural areas. Please don't become the final reason they cannot receive care. The youth is our future and they are not useful to society if they successfully make an attempt on their life. They just want to live fulfilling lives like everyone else and have the care and support they deserve. I'm sure the majority of you aren't doctors. Don't you think these healthcare decisions should stay between the doctor, the parent and the youth and not make it a government overreach? The major medical associations should be making those decisions. Think if this is your own child. Don't let them become part of that 73% statistic. Let's support our trans youth by making sure they get the healthcare they need by voting no on AB104 and putting this to rest for good. Thank you!

Kali Ewert AB104 Testimony

#date/2025/03/12

My name is Kali Ewert. I am a transgender woman and a resident of Wauwatosa, Wisconsin. I am submitting a testimony against Assembly Bill 104 proposed in the State Assembly.

AB 104 is a ban on gender affirming care for trans youth. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate and harm transgender people and create a climate of fear rather than cultivation.

The American Medical Association, American Psychological Association, American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatry all find that gender affirming care is evidence-based and medically necessary for for trans youth.

In a 2020 study published by the American Academy of Pediatrics (author Julia C. Sorbara, MD, MSc), it was found that for youth who gained access to puberty blockers or hormones, their rates of thoughts of self harm and suicide dropped from 43.3% to 11.7%.

The guidelines from those groups offer puberty blockers only when puberty starts, so that the youth have time to decide what they want to do with their bodies before puberty irreversibly changes them. None of the effects from puberty blockers are irreversible. The Endocrine Society does not recommend genital surgery for minors.

As legislators, your job is NOT to practice medicine. Banning any other life-saving treatment would be considered monstrous and unethical, so why is this any different? You must leave medical treatment decisions to medical professionals.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As one of your constituents, I implore you to acknowledge all of the trans people you represent, and vote against AB 104.

Kali Ewert
2630 N 70th St, Wauwatosa, WI 53213

Dear Representatives,

My name is Carly Hytinen. I am a Wisconsin constituent and resident of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing a meeting on March 12th.

AB 104 is clearly crafted as a youth trans-gender affirming care ban. These bans come at a time of unpresented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As on of your constituents, I implore you all to vote against this proposed bill. By passing this bill you are invalidating the existence of hundreds of people. These people breathe and speak and love, the same as you and me. They are more than their gender; they are more than their expression. They are deep complex individuals with rights of their own.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As representatives in Wisconsin, I ask that you acknowledge all of the trans people you represent, and in good conscience vote against this bill.

Sincerely,
Carly Hytinen

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

I am writing to oppose AB104.

- My name is Amberly Stevens. I am a local Madison resident, mental health therapist, and parent.
- Over the course of my career as a trauma therapist, I have heard countless stories from individuals who felt that they had to grow up behind a mask, who weren't accepted by family and peers, or who were denied access to their expressions of their most complete selves. I have witnessed the internal fracturing that causes, and the very real physical, emotional, and relational repercussions that follows. These repercussions include mental health issues such as anxiety and depression, but they are also directly linked to increases in poverty, homelessness, crime, and an astronomically increased risk of suicide.
- As someone who works daily with individuals in differing stages of crisis and mental health issues, I strongly oppose this legislation. If we actually care about the current mental health crisis and suicide rates, especially in young people, then we collectively will oppose this legislation.
- Health-care decisions should be made between the youth, their parents, and their doctors. I will take my closing words from a close friend and therapist colleague: When people are given the freedom of choice, singular acts like taking their own life, no longer appear an option.

I appreciate your time and attention in reading this testimony.

Sincerely,
Amberly Stevens MS, MFT-IT
she/her/hers
QTT at HEART Counseling, LLC

Dear Representatives,

My name is Kavin Senapathy and I am a Wisconsin constituent and resident of Madison. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing on March 12 (today).

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender folks and create a climate of fear.

As one of your constituents, I implore you to vote against the proposed bill. It goes against all of the available research and data about the wellbeing of children. Trans people have always and will always exist. As Representatives of Wisconsin, I urge you to acknowledge all of the people you represent, and in good conscience vote against AB 104.

Sincerely,

Kavin Senapathy
Madison, WI

I am addressing this to: The Assembly Committee on Health, Aging and Long-Term Care.

I'm asking you to oppose AB 104. I am a nurse that proudly graduated from UW-Madison School of Nursing. Gender affirming care is safe and supported by every major medical association in the US. Any decisions around this should be made by families, youth and their medical providers.
There is a rigorous process in providing gender affirming care that includes an evaluation by a mental health provider and a consent form signed by the parents/guardians and the youth. Nothing happens quickly, it follows an informed decision-making by all involved.
Puberty blockers and hormone replacement are very different than surgical interventions but all are lumped together and called mutilation. That is a complete lie.
There is a step-wise process of consenting for each intervention as they progress through treatment.
I ask you to oppose this bill and protect our children and their medical providers who provide the essential care they need.
Sarah Frank
Waunakee WI 53597

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

I'm writing as a private citizen who is a born and raised Wisconsinite. I am writing to oppose bill AB104, a proposed ban on best-practice medical care for our transgender youth in Wisconsin. I strongly oppose this bill as it subtly subverts crucial rights of those trans youth experiencing dysphoria, their parents and their medical providers. Subverting crucial rights of our kids, parents, families and medical providers in this particular political era, especially, feels entirely performative, CRUEL, and an attack on families and on childhood well-being.

This legislation and other anti-trans legislation being rolled out threatens access to the very care that can help our kids. And all of this is being done while making political and cultural/social scapegoats. Families and children I dearly love will be harmed by this in incomparable ways. Let parents support, providers improve health outcomes for our youth and most importantly, let kids be themselves. Stop with the absurd, B-horror movie falsehoods. Read about actual best practices. Listen and learn. Please.

Best-practice medical care for our transgender youth who are experiencing dysphoria is evidence-based health care proven to reduce anxiety, depression, and suicide risks among trans youth. This affirming medical care 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 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.

Who are we to attempt to override what has been medically proven? So much legislated cruelty because of fear, I believe, and deliberate misinformation. Wisconsin can be so much better than this. Please represent us all and actually preserve rights and protections for Wisconsin's youth and their families continue to make their own personal healthcare decisions for the sake of the child--

--whose life is precious.

Very Sincerely,
Megan Rothstein
Middleton, Wisconsin 53562

Dear Representatives,
My name is Nicole Frey, I am a Wisconsin constituent and resident of Madison, Wisconsin. I am submitting a written testimony against Assembly Bill 104 of proposed in the State Assembly, with a hearing meeting on March 12, 2025.
AB 104 is clearly crafted as a youth trans gender affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the United States and do nothing but alienate transgender people and create a climate of fear rather than cultivation.
As one of your constituents, I implore you all to vote against this proposed bill. I know many trans people and they are a vital part of Wisconsin's economy, culture, and community.
Trans people have existed, exist now, and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives of Wisconsin, I ask you acknowledge all of the transgender people you represent, and in good conscience vote against bill AB 104.
Sincerely,
Nicole Frey

March 12th, 2025

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

I Oppose Assembly Bill 104

I am Alex Dodd, a resident of Madison, WI. I am providing written testimony against Assembly Bill 104.

I am a consulting mechanical engineer that was born in and loves Wisconsin. I have worked tirelessly to help Wisconsin's economy by identifying and developing projects to save energy and money for our largest companies and institutions, including the State of Wisconsin. My wife is also a valuable member of the community. I have two kids. My oldest uses non-binary pronouns and is currently considering puberty blockers to delay the onset of irreversible bodily changes that do not align with their identify. If you pass this bill, my family and I will likely be forced to leave Wisconsin.

I understand your concern about young children receiving medical interventions at such a young age. A few years ago, I too, was confused about the rising number of people in these conditions. However, I easily found and verified the scientific evidence that supports that being transgender is not a choice but rather a result of biological, neurological, and psychological factors. Then, at the age of 6, my child told me they were nonbinary. I was surprised how matter-of-fact it was. We had never discussed transgenderism at home, they had researched it on their own and came to this conclusion independently. Yes, I know, it sounds pretty amazing, but it's true and has stayed true for 4 years since then. My child is incredibly smart and emotionally advanced for their age. They are testing in the 95th percentile of all academic tests. I really wish you could meet them, because honestly, their gender identity just makes sense. Their nonbinary personality, that leans more masculine, fits them so well. They are so much happier when their environment allows them to be themselves.

The fact that my government wants to intervene in my child's health care is very disappointing. Everyone involved in this decision has taken it very seriously. We have done the research. We have spoken again and again with those that have received this treatment, with doctors, and mental health professionals. The path is very clear and if denied that right, it could really affect a bright and promising future for my exceptional child. If you have support from your constituents on this bill, it is only because of misinformation and scapegoating the trans community in the media. I am sure that nobody who supports this bill has done the research or has the life experiences that would warrant their authority over MY child's life.

Denying kids this care means that their bodies will continue to grow against who they are. It will cause irreversible bodily changes that will affect their mental health for their entire lives. And for what? There is no evidence to support the fear of kids receiving treatment and then regretting it later. There is no evidence to support a negative impact on their health caused by these treatments.

Please reconsider this legislation to allow for these kids to have control over their own well-being. Their age being under 18 is irrelevant. I can personally attest that they know exactly what they are doing. The overwhelming data of so many like them that are happier after receiving treatment supports this. In a society with so many mental health issues that far too often result in suicide, please understand that this care saves lives. In turn, passing this bill will cost lives.

Please do the right thing,

Alex Dodd

Madison, WI 53705

I am addressing this to: The Assembly Committee on Health, Aging and Long-Term Care.

I oppose bill AB 104 and believe we must protect gender affirming care and protect the doctors providing it.

Transgender rights and healthcare should never be compromised. We live in a nation that prides itself on accepting all individuals, regardless of their identities. Why should anyone be concerned about someone else's path to happiness? As long as individuals are thriving, healthy, and contributing positively to our society, that's what truly matters. This is the essence of the American dream—freedom. Freedom has been the beacon of hope and the foundation of our nation; it's what we proudly showcase to the world.

We must empower every person to define what freedom means to them. Personal freedom is key to true happiness, and it doesn't encroach on anyone else's rights. There is no reason for individuals to criticize others' choices or self-perceptions because those choices primarily impact the individual. In fact, a person who is true to themselves tends to uplift those around them, enhancing our community as a whole.

It's vital to recognize that when we support people in being who they are, everyone's well-being improves. Studies consistently show that when individuals are not allowed to express themselves, the rates of suicide, depression, and substance abuse soar. This is not just a transgender issue; it's a matter that affects all of us. When anyone is forced to suppress their true identity, it leads to unhappiness and mental health crises.

Therefore, we must stand against the erosion of transgender rights and healthcare. Everyone deserves the same rights that every American enjoys. This is not merely a preference; it is an absolute necessity. Let us unite to ensure that every individual has the opportunity to live authentically and reach their full potential, for that is how we create a society that thrives. There is no other way forward; together, we can make a difference. Thank you.

Brandon Frank
Waunakee 53597 WI

3/12/2025

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

I oppose AB104.

I am a young woman, and I would like to express my concerns regarding AB104.

Growing up as a girl, I have always been told a girl should look like a girl and a boy should look like a boy. Every single thing was gendered – how I look, what I like, how I sit, how I talk, and so on. I remember feeling suffocated by the expectations of those around me for not being the "right type of girl", even though I already was a girl. And maybe I am not the most feminine woman, but at least I feel like I can breathe now that I am an adult and have surrounded myself with supportive people.

So, in my opinion, exploring self-expression is a huge part of growing up. I can only imagine how difficult it is to navigate this gendered world as a trans or gender-non-conforming child. I don't want the children of my community to be scrutinized at every move. I want them to freely explore their expressions safely and on their own terms.

Furthermore, doctors can help ensure that kids learn about medical transitions from a safe and reliable source. If doctors aren't allowed to discuss these topics, how can we ensure kids are getting medical information from reliable sources? Instead of removing access to medical assistance from children, we should allow doctors to manage these cases directly with their patients, without fear of persecution.

Thank you for your time and consideration,

Sadaf Iqbal
Brookfield, WI 53005

Regarding:
March 12, 2024 hearing on AB104

To the Members of the Assembly, I am writing in OPPOSITION to AB104.

My name is Katherine Jacobson Smith and I OPPOSE AB104 as it is a violation of an individual's right to bodily autonomy. I have lived in Wisconsin for thirteen years and am speaking on my own behalf as a private citizen. I strongly oppose this bill as trans children and youth, like all individuals, have the right to bodily autonomy and access to affirming medical care.

Our current administration is projecting agendas with no merit or factual basis into creating a society of which they feel 'appropriate' based on their supposed values which include, but are not limited to, idolizing felons, abusers, rapists, and variant other white collar criminals that have no regard for anyone but themselves.

With every day that passess under this administration, more and more people of this country are losing basic rights, access to care and food, and most without even realizing it because they believe they are somehow going to be saved or protected by the administration. And, as we know by the absolute chaos that DOGE is inflicting on all departments, warranted or not, no one appears to be 'safe' from this administration.

This bill is drafted from a place of fear and lack of education... The facts and statistics do not align with the gross mistruths being shared by the current administration and its supporters. By implementing bills such as AB104, (we) are opening the door for targeted discrimination, harassment, and the inequitable opportunity to receive healthcare that the INDIVIDUAL deems as relevant and necessary to their physical and mental well being.

Even in reading this bill, it is clear that the authors are driven by non-factual information from hypothetical scenarios that are CLEARLY not happening. To move forward with ASSEMBLY BILL 104 is to further target a minority group of individuals that are only looking to better their lives.

Sincerely,
Katherine Jacobson Smith
Fish Creek, WI 54212

Katherine Gabrick
Madison, WI 53704
kgabrick18@gmail.com
Testimony Against AB104 - Gender Transition Medical Intervention

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

Thank you for the opportunity to testify today, although I am not able to be there in person. I am writing to **oppose AB104**, relating to prohibiting gender transition medical intervention for individuals under 18 years of age.

I am a proud queer woman with many friends who consider themselves non-binary or trans. I know what it feels like to deny a part of who you are for years. I first realized that I liked girls when I was seven years old, but it was a part of myself that I suppressed repeatedly until I was 23, because I did not want to be different from everyone else. I have seen the difficulty my trans friends experience in the disconnect between their bodies and how they feel while they wait for care as adults, some of them pursuing surgical and hormonal options while others of them decide to pursue therapy and voice training.

There is no one-size-fits-all approach to gender affirming care, and this type of care goes far beyond simply looking a certain way. Transgender people have some of the highest rates of suicidal ideation and suicide attempts nationally, not only because of gender dysphoria, but also because of societal discrimination, family rejection, homelessness, and experience of violence at the hands of others. Trans youth deserve better. No child should have to live in complete denial of who they are and be denied healthcare if deemed appropriate by their parents and doctors.

Gender transition medical intervention still remains relatively rare among transgender youth under 18. This bill is not an attempt to protect children, but an attempt by the state government to control decisions that should be made by children, their parents, and their doctors. We trust parents to make decisions about if they will vaccinate their child or what treatment options they will pursue for their child's medical disorder. Gender affirming medical intervention is no different and should not be the decision of the state government.

As a proud queer woman, I urge you to vote against this bill. Thank you for your time.

Sincerely,

Katherine Gabrick

My name is Michelle Wirth and I am submitting testimony in opposition to AB104. I have lived in Wisconsin a total of 7 years (I had to leave for a job but loved Wisconsin so much I moved back.) I have a Ph.D. in biological psychology with a focus on hormones. As part of my training, I took medical school courses in reproductive biology. I did three years of postdoctoral work here at UW-Madison. I am an expert in how hormones affect the body and brain. I am also trans and nonbinary. So I am uniquely positioned to comment on this bill both from my scientific expertise and my personal experience.

There is so much to unpack in this bill that is scientifically, medically, and ethically wrong that I hardly know where to start. It is clear that no medical experts on this topic were consulted when AB104 was written. From the total lack of understanding of what "supraphysiologic" estrogen or testosterone signifies, to the carve-out for intersex people only if they have specific genetic conditions but not any of the other myriad ways people can be born intersex (including unknown reasons), the authors of this bill reveal their complete ignorance on these matters in many ways.

What I want to focus on in my comment today, though, is puberty blockers. I want to make four points.

(1) The main reason puberty blockers are prescribed to minors is to delay precocious puberty. For example, a child could be going through puberty at age 8 or 9, and their parents and doctors decide to put it off for any number of reasons but often thinking of the child's social experience and quality of life. These drugs have been used for decades for this reason. They are safe and effective. Nobody had a problem with these drugs until trans children started taking them to delay puberty. This bill does not make specific carve-outs for children with precocious puberty and will impact all families considering making this medical decision, not just families with trans children.

(2) Puberty blockers only delay puberty. As soon as a patient stops taking the drug, their natal puberty will progress. These drugs only have temporary effects, and they buy time for the child to figure out their identity and for them, their family, and their doctors to decide whether further treatment is the right choice for them. I oppose all parts of AB104 and I believe that none of the medical treatments discussed in it should be prohibited, but it is particularly nonsensical to prohibit puberty blockers, which have temporary effects that do not even progress the child toward transitioning, if that is what they ultimately choose.

(3) Some people have raised concerns that a large percentage of children who take puberty blockers go on to take other hormonal treatments, such as estrogen and testosterone blockers, or testosterone. This is not surprising nor should it be concerning: it is because the children who want to take puberty blockers are almost always trans. That is why they want to take them, and why their doctor and family makes that decision. Non-trans children generally do not want to delay their puberty. Trans kids' identities aren't going away. Once they are old enough, they and their parents and doctors will choose the path that is right for them. If it concerns you that taking puberty blockers generally leads to taking other hormonal treatments, then what you are actually concerned about is that trans people exist. It shows you believe that being trans is in and of itself a negative outcome. To be as forgiving as possible here,

this is a feeling you should examine and unpack a bit, rather than writing and passing legislation over it.

(4) On a personal note, I wish that my family and I had known about puberty blockers and hormone treatments when I was a kid. These treatments could have helped me tremendously.

For all these reasons, I believe that the full range of options for both social and medical transition must be available to children and their families.

Thank you for your time considering my comment.

--
Michelle Wirth, Ph.D.
Pronouns: **they/them**

Dear Representatives of Assembly Committee on Health, Aging, and Long-Term Care,

My name is Kari Randall, I am a Wisconsin constituent and resident of Stoughton, WI. I am submitting written testimony in opposition to AB104 proposed in State Assembly and scheduled for a hearing today, March 12, 2025.

AB 104 is transgender youth gender-affirming care ban and is harmful to young people who require care rather than being helpful to anyone. Such legislation has become popular in Republican held state legislatures across the country at an unprecedented level. Such bills alienate transgender youth and create a climate of fear.

I implore you all to vote against this proposed bill.

My lived experience comes from witnessing my niece who is a transgender woman navigate her health care needs over the last several years. She came out to her parents as transgender at 15 years old after years of struggling with worry about coming out and facing depression. Fortunately she was able to receive medical care, medication, and support from therapists, primary care doctor, and later work with a surgeon for feminine facial surgery. This important medical care saved her life. She is now a happy and healthy and thriving college student at UW La Crosse.

One of the challenges in seeking care was insurance companies denying treatments at times even though all her doctors, therapist, and surgeons were recommending and in support of treatment. My sister, my teenage niece, and all her doctors had to appeal several times on varying issues and treatments which insurance denied. It would be better if there were protections so that insurance wouldn't be able to be a roadblock in young people getting the health care they need.

Transgender people exist and many young people know they are transgender well before 18 years old. They deserve the basic respect of health care. Please acknowledge transgender people and please support your transgender constituents and their families by not supporting bills like AB104 which alienates transgender youth in their time of need.

Thank you,

Kari Randall
Stoughton WI 53589

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

My name is Katrina W. I am a resident of Madison and I am writing to ask you to vote NO on AB104.

I've worked in healthcare as a registered nurse for 10+ years. It was part of my training in graduate school and is still in the guidance I refer to today (I.e., every major medical association in the U.S.) - EVERYBODY deserves and benefits most from receiving comprehensive health care, and comprehensive health care is most effective when it is patient-centered - prioritizing the specific needs and desired outcomes of the patient.
Given this, I believe it would be unethical to ban gender-affirming care - a comprehensive range of health services offered to transgender youth. Transgender individuals deserve to have legal access to and receive the best healthcare for them just like everyone else deserves the best healthcare for themselves.

Do the right thing and support gender-affirming care - vote NO to AB104. You'll literally save lives and help protect more people than you realize, probably at least one or more of your own loved ones.

Thank you.

Katrina
Madison, WI
53714

My name is Reverend Becky Rokitowski and I am a United Methodist Pastor serving at Mount Horeb UMC in Mount Horeb, Wisconsin, a church where all are welcome and included. I come before you today as a faith leader but also as a mother with a trans daughter. Several years ago she was in her junior year of high school (this was and before she had come out to us as trans) and she was struggling with severe depression. At one very low point we decided to have her hospitalized out of fear that she was going to take her life. It was one of the most difficult things our family has gone through. During this ordeal she came out and we embraced her and supported her. She started therapy with a gender-affirming therapist, which just means someone who would believe her and what she shared with them and seek to find wholeness and happiness for her. Through the support of her family, friends, and school she began to transition socially and it was another year before we began hormone replacement therapy, once we were satisfied that she was 100 percent sure it was what she wanted and what would be best for her. Without those supports, and without that healthcare option, I'm not sure she would be with us today. Because of that support and healthcare she is thriving, happy, engaged, and soon to be graduating from a college technical school with her whole future ahead of her. I am often fearful of the future she will be entering, where so much misunderstanding and fear has been stirred up as of late. I am outraged that this legislature, or any legislature, would use my child's healthcare as a political prop. Healthcare decisions should be made by families and medical professionals given the best science available. If there are treatments that you personally do not agree with then you do not need to use them, but you should not be making laws to ban others from seeking the healthcare that would be life-giving for them. You are not protecting children. You are placing barriers on their healthcare that are completely unnecessary and that, in fact, will do far more harm than good. I pray that no family loses their child the way I almost did because they don't have the same resources and support that we had. If they do, their blood is on your hands. Please vote no on this bill.

Dear Representatives,

My name is Peyton Higgins, and I am a resident and constituent of Stoughton, WI. I am submitting written testimony opposed to Assembly Bill 104, with a hearing today, March 12.

This is an unnecessary bill that would harm many kids and teens I know and care deeply about. Wisconsin families deserve the right to make their own healthcare decisions, without the government interfering. I am especially upset by the fact that this bill would ban puberty blockers for those under 18 - these are safe, effective, reversible medications that have been shown time and again to IMPROVE - not harm - the mental health of trans and gender nonconforming youth. Further, Wisconsin doctors deserve to practice medicine following current standards of care, without fear of punishment from their government for making decisions in the best interest of their patients.

As your constituent, I ask that you vote AGAINST AB 104 to protect the autonomy of Wisconsin families in making their own healthcare decisions with their own doctors.

Thank you,
Peyton Higgins

Hello-
I am a resident of Wisconsin writing to oppose AB104.
Everyone in the state of Wisconsin should have access to medical care and this bill limits that access. A minor's medical care should be determined by the minor, the minor's parents/guardian and medical professionals who know the details of the minor's medical needs and treatment history. Members of the state legislature do not have a place dictating what medical care is best or should be withheld form a person who they have never met. Members of the state legislature do not have the medical knowledge needed to make these decisions for other people.AB104 strips parents of the right to care for their child in the best way based on medical recommendations from qualified medical professionals. If members of the legislature are really dedicated to parental choice they will oppose this bill.
Thank you.
Kathleen Reed
Maple Bluff, WI 53704

Dear representatives-

As a scientist, queer person, and Wisconsin voter, I am writing to strongly oppose Assembly Bill 104. Supporters of this ban will claim that well-studied medical interventions like puberty blockers are not "settled science", while simultaneously cutting funding for that science. This suggests that their objections are not, in fact, about science at all- in fact, it is likely that no amount of research would enable them to oppose this bill, because many of them simply do not believe trans people exist. They certainly do not believe trans children exist- despite the fact that studies on them go back almost 50 years. But if trans people don't exist- who are all these people writing and speaking to you today? How do you account for it, in your worldview?

There are roughly seven times as many trans people in America as there are dentists, and about the same number of Americans over the age of 90- over a million people. This isn't new, and it isn't going anywhere- there were trans people here when you were children, and there will be trans people here after you are gone. You cannot legislate this community away, because trans people will keep being born, like they always have. I suspect you know this- trans people will always be a rock in your shoe; you will fight this fight again and again.

Right now, you are faced with a choice- you can work together with doctors and patients to help children figure out how to navigate these realities safely and kindly, or you can deny that the pain that they are feeling is real, deny that they are who they say they are, deny that they can know themselves at all. But do you know better than they do? How are you so sure? When you are judged- by your voters, by your God, by the chorus of people you try to define out of existence- can you stand by your decision? As an elected official, you have a duty to your community to navigate these issues kindly and effectively. This bill is neither, and I implore you to oppose it.

-Garrett Merz

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

I am writing as a Wisconsin citizen to provide testimony to oppose Assembly Bill 104.

I have a transgender family member who was fortunate to receive gender-affirming care (as a minor) in recent years.

I know other trans youth, including one who is receiving gender-affirming care.

I think that it is important for the committee to understand that some people experience gender dysphoria, which is a distressing discrepancy between their biological sex (as assigned at birth) and their gender identity. Gender dysphoria is a well-established condition that appears in the *Diagnostic and Statistical Manual of Mental Disorders,* 5th edition (2013), pp. 451-459. Untreated gender dysphoria, as I am sure medical experts will testify, is associated with an increased risk of depression and suicide.

As a Wisconsin citizen with a transgendered loved one, I want you to understand that being trans is not a choice, and seeking and receiving gender-affirming care is a difficult process. Young people, with support from their families, seek out gender-affirming care in many cases as a matter of survival.

I am dismayed that AB 104 would prohibit gender-affirming care during the critical adolescent years, when trans youth are going through puberty and are at greatest risk for self-harm and suicide.

I am dismayed that AB 104 would prevent youth, parents, and medical professionals from making informed decisions, backed by medical science, about what healthcare is appropriate.

Please oppose this bill, which would violate the right of young patients and their parents to receive necessary and potentially life-saving care.

Best regards,

David Voelker, Ph.D.
661 Laverne Dr.
Green Bay, WI 54311

March 12, 2025

Dear members of the Trans Medical Care Ban Committee

I oppose Bill AB104

My name is Fern Mary Schultz and I would like to convey my opposition of Bill AB104.

I have seen the ways that denying medical health to the trans community has impacted their mental health, the way they can show up in this world, and be actualized as a full productive member of society. My trans friends have been the ones that show up for me over and over and over again and I want the world for them. Denying their healthcare will only do harm.

Thankyou for your time,

Fern Mary Schultz

220 Merry St

Madison, Wi

53704

March 12, 2025

Testimony: In opposition of AB 104

My name is Dr. Stephanie Budge. I am a private citizen testifying in opposition to AB104—to frame my areas of expertise for my testimony, I am a professor at UW-Madison in counseling psychology and I am a licensed psychologist. I run the Trans CARE collaborative, which includes an international group of researchers who focus on how to improve mental health for transgender and nonbinary people. I have published over 100 peer reviewed articles and book chapters, with the majority of these focused on transgender people. I was the co-chair of the science committee for the American Psychological Association's LGBT division for 10 years and continue to be a member of this committee—providing information about evidence-based practice with transgender and nonbinary people.

We have a large body of evidence indicating the importance of gender affirming medical care for transgender youth (Budge et al., 2024). Every major medical and psychological association in the US have indicated the importance of this care and use an evidence basis for these conclusions. Proponents of bills like AB104 often cite the Cass reports or other European reports as evidence in favor of banning medical care. Please note that these reports have been heavily criticized in scientific communities for not using correct scientific processes to reach their conclusions and are in direct conflict with recommendations from WPATH (Coleman et al., 2022) and new 2025 medical guidelines from Germany, Switzerland, and Austria (https://register.awmf.org/de/leitlinien/detail/028-014).

The World Professional Association for Transgender Health (WPATH) Standards of Care version 8 also indicate the entire evidence basis for gender-specific medical care for youth and

adults. Also, a host of longitudinal studies that have been published in the last two years alone indicate scientific support for gender affirming medical care for transgender youth (Chelliah et al., 2024; Chen et al., 2023; Herrera Jerez et al., 2024; Olson-Kennedy et al., 2025) In 2023, Diane Chen and her colleagues published a 2 year longitudinal study focused on hormone therapy with over 300 transgender youth that demonstrated that appearance congruence, positive affect, and life satisfaction increased, and depression and anxiety symptoms decreased (opposed to the earlier testimony there were no robust studies).

I also want to share that if this bill were to be passed it would be in direct opposition to the American Psychological Association ethics codes. As a licensed psychologist, it is my ethical duty under the section 2.04 of competence, to work using established science and knowledge in the discipline. As part of this ethics code, I am required to refer patients to medical doctors if there is a possible medical treatment for an issue that a patient might be experiencing. This bill, AB104, would be in direct opposition to the ethics code for psychologists who refer transgender youth for gender affirming treatments. Finally, I want to say that in addition to the research, I have personally seen medical treatments be life saving procedures for transgender youth and want to make sure that is heard as part of my testimony today. I welcome any questions the committee might have.

Thank you,

Dr. Stephanie Budge, Madison, Wisconsin

References:

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Dear Representatives,

My name is Elsa Haugle and I am a student and resident of East High School in Madison Wisconsin. This is a written testimony against Assembly Bill 104, which I and many others in Madison schools recognize as a blatant attack on transgender youth. Without access to gender affirming care, many trans youths will face mental and physical hardship. As a queer person myself, I personally know many trans people who are undergoing gender affirming care, and the difference is obvious. Since starting this care, their mental health has rapidly stabilized and they are allowed to be the true versions of themselves. Faced with this bill, however, many of my friends are becoming anxious that they will lose access to such care, with others being worried they will never get the chance to start it.
Gender affirming care for youth is not only not dangerous, but it is also bettering the lives of countless transgender individuals. Trans people have always existed and will always continue to exist, so I urge you to please vote against this bill.

Thank you.
Elsa Haugle, Grade 10 student at East High, Madison, WI

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

My name is Jess D'Souza, and I am a resident of Mount Horeb, 53572, and I am writing to ask you to vote NO on AB104. My community includes several trans youth and I have listened for hours to friends agonizing over medical decisions for their trans kids.

The mental health and, in some cases, survival of their kids is at stake. Their healthcare should be determined by medical professionals, not government, and every major medical association in our country agrees. Passing this bill would endanger these children. Please oppose this bill.

Thank you.

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

My name is Nero Grok-Gallagher, and I am a resident of Madison, WI. I've lived in Wisconsin for 8 years, first for university, and now, after graduating, I'm here to stay. I urge you to vote NO on Assembly Bill AB104. As a Wisconsinite, I believe the government has no right to restrict transgender people's access to lifesaving healthcare.

To this esteemed committee, you must stop debating the humanity, validity, even the existence of these children. You must stop doubting the love and care their families hold for them. You must guarantee their medically-necessary, individualized, age-appropriate, high-quality, respectful care. The struggles trans kids and their families face are not a self-fulfilling prophecy. They are created by society, and today, they are created by you. It does not have to be this way. Vote no on AB 104, and never bring it back.

Thank you for voting NO on Assembly Bill AB102 and for protecting transgender youth's rights to lifesaving healthcare.

Sincerely,

Nero Grok-Gallagher

Madison, 53704

To the members of the assembly or Senate committee,

Over my 72 years I have known a variety of LGBQT people. Some personally
In high school, college, and adult life. Some through distant acquaintances. But all were healthy, kind, whole individuals just like you and I .

When you think of yourself growing up in your home town did you want to be treated with respect and fairness? To not be questioned as to your identity? Of course you did! Just like us all. How do you think you would have felt if you could not show how you really felt about yourself? Is this not our basic right as human beings? Otherwise we would have to hide, feel ashamed, and carry unnecessary guilt for what felt natural to you.

This bill AB104 impacts our friends, coworkers, parishioners, family members, neighbors, and those we may not realize that we are hurting. For this bill effects, not just our state, but many who live our interconnected web all over the world. You see if we look deep enough we will realize our sexual identity is very complex and we don't know how it all exactly comes into being. But we d know there is quite a variety. If we allow ourselves we can find the compassion to see how others feel . It is the fear of the unknown that causes us not to allow for differences in other humans. Educating ourselves instead of putting up walls can only help our society to get stronger . If we allow people to be who they are in our society they can be more productive and creative contributors.

My family personally has experienced this. During the time of covid members were down in the the heart of the battle saving lives tirelessly! Or helping fundraise for businesses to stay in business when so many were failing. What more productive and strong contributions could you ask for ?

My husband is a musician he has played with a drummer who was male and transitioned to female. She is still the same drummer and car mechanic. She found the support she needed luckily, but it is still hard and scary fr her. We need to give these children a chance to live and grow into their authentic selves before causing them irreparable damage and fear so they cannot thrive in society and therefore we all loose.

Sincerely, Linda and Jim Kishline
From Hartland, WI. 53029

Dear Representatives,

My name is Annika de Vogel. I am a Wisconsin constituent and resident of Milwaukee. I am submitting a written testimony against Assembly Bill 104 proposed in the State Assembly, with a hearing on March 12th.

AB 104 is clearly crafted as a youth trans gender-affirming care ban. These bans come at a time of unprecedented anti-trans legislation proposals across the US and do nothing but alienate transgender people and create a climate of fear rather than cultivation.

As one of your constituents, I implore you all to vote against this proposed bill. I have several transgender friends and family members, and I am so proud of them for living their truth. I so admire young people who express their true selves, and the parents and family members who empower them to do so. I want to live in a state, a country, and a world where these can feel comfortable, safe, and empowered. Bans like this can increase suicide attempts in transgender and gender nonconforming young people by as much as 72%. It would break my heart to watch that happen in the state I am proud to call home.

Trans people exist and will continue to exist. To enact this bill is to enact violence upon trans people. As Representatives in Wisconsin, I ask that you acknowledge all of the trans people that you represent, and in good conscience vote against AB 104.

Sincerely,
Annika de Vogel

Hi, my name is Olga Day. While I cannot make it physically I would like to write this email in explicit opposition to this proposed bill. Banning avenues to transition to any degree is a form of conversion therapy and strongly associated with increased risk self harm and suicidality. As someone who's life was saved some years ago as a youth through medical transition, I know that bills like these can only be interpreted as a desire to inflict harm on vulnerable groups, and as proxies for criminalizing self expression more broadly. While the results of them would be harmful enough on their own, these focused attacks on the trans population are ultimately distractions from the broader destructive isolationist policies of the MAGA regime and their collaborators, as they knowingly pass policy to strip all Americans of their ability to afford food and housing and retirement in an effort to hoard as much wealth as possible for the top 1%.