

Submitter: Ed Diehl

On Behalf Of: Anonymous 2

Committee: House Committee On Behavioral Health and Health Care

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I am the parent of an 18-year-old female who has been questioning her gender for the past 3.5 years, along with multiple friends. My family and I live in Salem where being transgender is considered cool and edgy, like being Emo or Goth were in previous decades but with a veneer of social justice that makes it even more desirable as a label. My daughter was diagnosed with anorexia when she was 12, ADHD and Generalized Anxiety Disorder this past year, and exhibits some autistic traits. She's been hospitalized twice for her eating disorder and has been in two different treatment programs, neither of which have been successful. All the medical providers that we've worked with so far, including her pediatrician, have affirmed her gender identity immediately and without question even though she had no history of gender nonconformity and did not exhibit any discomfort with her sex before she started high school. The school socially transitioned her without our knowledge or consent, which is what we believe triggered the return of her eating disorder. Our pediatrician later, privately, told me that she believes being "trans" is just a fad but she affirms because it is recommended by AAP due to the risk of suicide. At the time, I did not know that the suicide risk is greatly overstated, based on low-quality surveys, and may be 19x higher post-transition. Getting the necessary support for her eating disorder and other co-morbidities has been incredibly challenging. As soon as she shares her non-binary label, doctors, therapists, and other well-meaning medical professionals immediately assume that pushing her to transition, even though she herself does not want to take blockers or hormones, will solve all her problems. We struggle to find providers that will focus on treating the eating disorder first, even though anorexia is known to carry the highest risk of mortality (up to 20%).