

Submitter: Liz Towell

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2458

As a licensed clinical social worker with 25 years of experience, I strongly oppose HB 2458.

It is ill advised and unethical to affirm permanent life altering procedures after a cursory conversation with individuals, and without true informed consent. The Gender Affirmation Model is no longer the gold standard. The Dutch, the Swedes, and England no longer implement it. Read the Cass Report.

This bill is targeted at an age group that is well known to be impulsive, capricious, and prone to being fickle. It is developmentally appropriate for teens to explore their identities and ask questions about who they are. It is dangerous for this group, who have yet to mature sexually, to make lifelong changes to their reproductive bodies in what is being sold as a one size fits all cure for unhappiness, discomfort, and dysphoria.

People on both sides could hopefully agree that we want the best for all of our youth. We want to help them to thrive and to blossom, and to bring their authentic gifts into the world.

Before passing this bill, we need to find some agreement about the best course of action. The very real crisis is that all of our youth are facing unprecedented emotional distress. Lockdowns, school closures, isolation, social media, the ready availability of porn online is hurting ALL of our youth. We need not rush to gender affirmation without a complete understanding of why these youth are experiencing distress. In the past decade, the numbers of youth referred for dysphoria jumped by 4,000% according to the NIH Gender Identity Development Services. Since they have a nationalized health care system, these numbers seem reliable. Not only have the numbers grown, but they have shifted from being predominantly male to being predominantly female. Can supporters of HB 2458 provide a reasonable accounting for why whole female friend groups transition in tandem?

Why the explosion of numbers? From an ethical standpoint, we must examine how social media influencers, teachers, and other community members, and peer group acceptance may be inadvertently influencing some youth to see a transgender orientation as the cure to all their ills. What if these folks are meeting the criteria for "conversion therapy"? What if they are manipulating vulnerable youth?

Not very long ago, I had to explain to a colleague that mastectomies are not reversible. Neither is pubertal blockade. This colleague has an ethical imperative to assure informed consent. How is that possible if she has a naïve understanding of the science, using infantilizing language like "top surgery" and "bottom surgery"? The actual medical realities are grizzly, and rife with complications (fistulas, colostomies, inability to experience orgasm).

Recently we have begun to see a rise in the number of youth speaking out about

regret and the desire to detransition. Sadly, this number is likely to explode in numbers similar to those claiming dysphoria in recent years. These youth need our care, but sadly they're shunned because they've betrayed the approved narrative. If you truly care about our kids, PLEASE do your own research at the Society for Evidence Based Gender medicine ([segm.org](http://segm.org)) and for a sense of the kind of therapy kids need, please visit [genspect.org](http://genspect.org).

Please consider reading this affidavit from a member of the LGBTQ+ community who worked at a Gender Hospital in St. Louis MO: [https://ago.mo.gov/docs/default-source/press-releases/2-07-2023-reed-affidavit---signed.pdf?sfvrsn=6a64d339\\_2](https://ago.mo.gov/docs/default-source/press-releases/2-07-2023-reed-affidavit---signed.pdf?sfvrsn=6a64d339_2)

A wiser person than I summed it up as follows: Although zealous affirmation of young people's identities may seem an unalloyed moral good, it might have real and sometimes devastating costs. We should evaluate these historical changes and preserve some of the old safeguards or at least construct new ones, while striving to provide better care for young people struggling with gender issues, including those who will eventually transition with no later regrets