Submitter: Joel Pawloski

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2002

I strongly oppose HB2002.

Why is Oregon expanding these gender treatments and encouraging them on youth, while the rest of the world is pulling back? Europe has been ahead of us with embracing gender treatments, but lately the alarm bells have been going off and they are pulling back:

The UK has seen a shocking rise in gender transition surgeries, up fivefold in 3 years. As such, National Health Service plans to restrict treatment of youth under 18, stating there is “scarce and inconclusive evidence to support clinical decision-making.” The NHS is also warning doctors not to encourage kids to change their names and pronouns, finding that most kids who think they are transgender are going through a “transient phase.”

In France, The Academie Nationale de Medecine, a medical research organization, issued a report in February 2022 urging medical professionals to use “great medical caution” when treating “transgender” children. The report emphasized that medical supply for “gender transition” treatments has met the demand, which they call an “epidemic-like phenomenon,” and that children must receive psychiatric care before any hormonal or surgical intervention. "The risk of over-diagnosis is real, as shown by the increasing number of transgender young adults wishing to ‘detransition’. It is therefore advisable to extend as much as possible the psychological support phase,” states the report.

Sweden, the first country in the world to legalize “gender reassignments” in 1972, proposed a law in 2018 allowing children as young as 12 to legally change their gender, access “transition surgery” at age 15, and no longer need parental consent for “gender transitions.” However, after a 1500% rise in cases, Sweden decided in February 2022 to halt hormone therapy for minors except in very rare cases. In December 2022, the National Board of Health and Welfare said mastectomies for teenage girls wanting to “transition” should be limited to a research setting. “The uncertain state of knowledge calls for caution,” Board department head Thomas Linden said.

The Netherlands is also following suit. Dutch researchers began sounding the alarm last year, pointing out that “gender-affirming care” research from a decade earlier is no longer valid given the scope of the epidemic. According to one prominent researcher: “We conduct structural research in the Netherlands. But the rest of the world is blindly adopting our research.” While every doctor or psychologist who engages in transgender health care should feel the obligation to do a proper

assessment before and after intervention.

Unfortunately, with HB2002, Oregon is doubling-down on gender-affirming treatments without fully understanding the damage being done to children and young adults. The rapid rise of transitions is also being accompanied by a rapid rise in detransitions – we are not exercising necessary care to determine who should and should not receive treatment. 80-90% of the children with gender dysphoria grow out of it, why are we pushing them along to get transgender treatment? There are no long-term studies to support our approach.