

Submitter: Parent Confidential
On Behalf Of: Parent who want good psych assessments
Committee: House Committee On Behavioral Health and Health Care
Measure: HB2002

I am the mother of a 15-year-old child (natal girl) who recently started identifying as a gender-questioning boy. We use the pronouns he/him for my child (natal female). We support I support our child's gender-questioning identity. What we did not realize was that our child was referred to OHSU Transgender Health Program without my knowledge by a pediatric psychiatrist, who would give our child testosterone and a double mastectomy at the age of 15 and they can do this without parental consent. Our child had an appointment with an OHSU social worker who did a quick phone intake and scheduled our child for both a pediatric endocrinologist and a psychologist appointment. To be clear, after a 10-minute phone call from OHSU, our kid had 2 appointments. I was told on the phone when I called OHSU that the psychologist evaluation was for insurance approval ONLY to get our kiddo his testosterone or meds ASAP). I have personally spoken to clinicians who have worked at OHSU trans clinic and other parents who warned me they don't do thorough mental health and gender evaluations, and that the transgender program at OHSU is green-lighting almost every child for cross-sex hormones and surgery. Our child told us that during Covid he began questioning his gender by watching YouTube videos and our child has never shown any indication that he wanted to be, or identified as a boy until very recently. I am confused as to how 15-year-olds can get medical treatments without parental consent. WPATH 8 standards of medical care for gender-questioning youth require extensive psychotherapy to address anxiety, and depression, prior to getting testosterone (a level 3 controlled substance) without a thorough psych evaluation to address all psychiatric co-morbidities to prevent false positives (kids who aren't trans but confused). I understand that many medical practitioners believe that trans youth are vulnerable to higher rates of suicide attempts. Yet, there is no data that suggests waiting for cross-sex hormones increases suicide risk. The US is behind other countries on appropriate treatments for gender-questioning individuals. Sweden, Finland, France, Norway, and England, for example, have done thorough reviews of the scientific literature (scientists, not politicians did the reviews) and revamped their centralized medical care to focus on psychotherapy as a first resort and even put a moratorium on medical interventions until they have more research studies. There has been a significant statistical increase in natal girls identifying as boys (a 5000% increase since 2010, see Reuters). I have come to the conclusion that the medical industry in the US is making money off of kids and not questioning whether permanent sterilization of children is ethical, without at the least, some comprehensive psychiatric evaluations. I am a Democrat who supports transgender rights, yet I am alarmed that parents have no say in regard to our children's healthcare in the state of Oregon. I don't want to leave Oregon, I want politicians to stay out of medical care and I want Drs to put their science hats on and read the

studies in their original publications, we need an independent and unbiased panel of experts not tied to activists groups to be allowed to evaluate medical affirmative care in the US. I don't think it's right for Red State politicians to ban care and exclude parents or threaten families and I see the opposite here in Oregon, where parents are excluded from discussions about gender-diverse kids and bullied into agreeing with a fast track to serious hormones without a real psych evaluation. All politicians should care that gender-diverse kids deserve an individual treatment plan I believe if lawmakers understood what is actually happening here at OHSU transgender clinic they would disagree with leaving parents out of these critical decisions. Most parents care and love their kids far more than social worker just doing their job.