

Good afternoon,

My name is Melissa Norris and I am a resident of Medford in Jackson County. I have just become aware of the HB2002 Bill and must state that I am appalled that our legislature, who is supposedly elected to lead and protect our community, is motioning for this bill to be passed.

I implore you to remove this bill and am in great opposition to this bill. I am a Physical Therapist Assistant and specialize in Neuro Rehabilitation. We know for a fact that for the majority of people, *the critical parts of the brain involved* do not mature until the mid to late 20's. You can find facts about the brain development in neuroscience scientific journals. Dr. Sandra AAMODT is a leading expert in this research and field. She states, "The changes that happen between 18 and 25 are a continuation of the process that starts around puberty, and 18 year olds are about halfway through that process. Their prefrontal cortex is not yet fully developed. That's the part of the brain that helps you to inhibit impulses and to plan and organize your behavior to reach a goal." (NPR.org <https://www.npr.org/templates/story/story.php?storyId=141164708> Brain Maturity extends well beyond teen years) \

At this time, a mentally and cognitively developing individual is still significantly more sensitive to peer pressure. They are unable to truly understand the long-term effects of the decisions they are making during this state of brain development. This is one reason we are seeing a significant increase of people speaking on behalf of wishing they had never had gender reconstructive surgery, as in the long-term experience of their lives, they are realizing that they did not fully understand that the choice made changed the path of their life, forever. "I am unable to have a child, I am sterile, I cannot breast feed my child" are only 3 of the many reports. Medical organizations are also now being sued over this.

That is why it is imperative that adolescents have the ability to speak with their parent or guardian about these topics and not have opportunities to seek out medical care facilities that will prohibit information of a minor's medical care (gender re-affirming, abortion, reproductive care, etc) being released to a parent. Medications have side-effects and many minors fail to fully comprehend these side-effects which can lead to detrimental diagnosis. Milwaukee High school allowed an adolescent, with a previous history of significant mental health difficulties, to be transferred off campus to receive gender reaffirming care with a hormone blocker via injection that caused her periods to stop. The side effects of this injection caused this child to have a mental breakdown and suffered tremendous increased depression. She was vulnerable and this was a miss on clinical decision making. Another case from Nelson High School where a 15 year old was provided NorPlant, an under the skin birth control, during school hours – her mother was unaware of this implantation – she bled for 4 months causing anemia. Her family practitioner was alerted and the implant was removed. I can first tell you that those implants are not comfortable and cause significant bruising. The trauma of bleeding for four months straight and then the removal of this implant is also truly unacceptable. Our children are developing in more ways than one and we are shepherds and care takers of our children's well-being in both the physical and emotional realm.

Allowing a minor to acquire birth control and reproductive care by it being allowed from the school campus medical centers is ludicrous. I can tell you from a clinical background that the most important thing for a patient to have, is a clinician where a relationship is developed, nurtured and cared for in a professional manner where good continuity of care is provided. That way if there were side-effects, in which a clinician can specifically ask about instead of waiting for a minor to freely share, a red flag can be alerted and further follow up can be made. We know the side-effects of the treatments that we provide. We know what we are looking for. We want our patients to come freely to us and know

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that we are the provider and how the follow up and care after the red flag has been diagnosed can be remedied.

Allowing a minor to receive abortion services will give them an opportunity to carry the weight of that child's life that was taken, for the rest of their life. It is selfish of the state to believe that allowing abortions to be performed up until the day of birth will not have a trickle effect on the life of the mother. The facts of allowing abortion to happen can cause the following statistics and I BEG of you to read these out loud to your constituents:

- Women who have an abortion are three times more likely to commit suicide in comparison to the women who had not experienced an abortion.
- Increased risk percentage of women who have an abortion compared to women in the general population of having at least one mental health issue is 81%.
- TEEN GIRLS who have had an abortion are 4X more likely to successfully commit suicide in comparison to older women who have had abortions.
- 45% of women who had an abortion reported having suicidal feelings IMMEDIATELY following their procedure.
- 1955 data suggests that deliberate self-harm is 70% higher after abortion.
- 81% increased risk of mental trauma after abortion.
- California Medicaid patients found that the risks of suicide increase by 154% for women after they have an abortion.
- 34% increase in anxiety disorders post abortion
- 110% increased risk of women who had an abortion to develop an alcohol abuse.

The number one thing we can do as a community is to help women who are facing a difficult choice in whatever way we can but first and foremost not allowing their first decision to be made to kill a developing baby. It is a heavy weight that no man can ever imagine, an un-celebration of an almost birthday every year and comment to oneself of, "They would be # years old had I had them."

You are giving them an opportunity of a lifetime of pain, regret, depression and quite possibly (according to the statistics) a very short life given that suicide is so prevalent amongst our women who have suffered from this procedure. I can go on about other the other issues in this bill but these are big concerns.

As a woman, as a community member, as a Mother, as a clinician seeing the aftermath of such a bill as this, I am in 100% opposition of this. We are here to first do no harm and protect our children so that they can be brought up in healthy house-hold and communities. Communication in house-holds develops healthy adults. Secrets only cause significant degradation of house-hold relationships. We are not meant to allow procedures that will cause the very road they walk upon to become treacherous, dangerous, and lonely paths. Families, guardians, parents and those that love these children want to walk alongside and help them with decision making. As adults we are able to give our wisdom that we have learned over our lifetimes allowing for guidance and open conversations. Parents should never have an opportunity to be charged with a crime over the well-fare of their child. Allowing that that..... now THAT is criminal.

Thank you,

Melissa Norris