HB 2002 Testimony March 20, 2023

Testimony presented in person at the hearing along with what I didn't have time to say:

Chair Nosse, Vice chairs Goodwin and Nelson, and members of the Committee: My name is Alise Weaver, and I am a licensed clinical social worker in the State of Oregon with ten years of clinical practice.

I don't have much time, so I'll mention that much of the submitted testimony in opposition has excellent links and citations, and I appeal to anyone in favor of this bill to read those over. The testimony in support seems to focus on the concern that abortion and transgender rights are under attack all across the country, hence the need to strengthen those rights and increase access here. As when you saw me last, my biggest concerns with this bill lie with the portions relating to "gender affirming" care. I'm just going to call out the elephant in the living room if you haven't noticed already: ***There is something going on in our culture with gender!!***

First off, you'd be hard pressed to support the argument that access to gender affirming care is a major problem in this state. The first legal recognition of a non-binary gender in the entire United States happened 2016 in Multnomah County. Despite the novelty of this sex designation, Medicaid paid for Camille's (a detransitioner testifying today) "top surgery." I've had more than one adolescent therapy client mention "Yeeting the Teets" to me, internet slang for double mastectomy if you're not familiar, but I'll get dirty looks if I mention the possibility of social contagion impacting many of these young people. I can't for the life of me understand how both surgical and mental health professionals could agree to the medical necessity of a voluntary double mastectomy solely in the interest of improving someone's mental health.

But back to that something that is going on in our culture with gender – what am I talking about exactly? In the past ten or so years, there has been an estimated 20 fold rise in the overall number of gender dysphoria cases, which are hugely overrepresented by teenagers, and these cases illustrate a shift from predominately natal males to predominately natal females reporting debilitating gender dysphoria. There has been a 5000% increase (5000%!!!) in natal girls identifying as boys since 2010. Our local healthcare systems reflect these trends. Doernbacher Childrens Hospital gender clinic – from 16 children in 2013 to 724 in 2021. OHSU's website mentions they perform hundreds of chest masculinization surgeries for natal females versus dozens of chest augmentations annually for natal males. While the body of literature on transgender health outcomes continues to grow, what we know pretty clearly as of now is that a three times higher risk of all cause death and little evidence of positive psychological outcomes in the long term is what results from medical interventions in this population. Jazz Jennings, 22, natal male transitioned to female presenting in full view of the entire country, has never had an orgasm, and may never have one. Many patients may also risk sterilization along with total loss of sexual function and enjoyment, although what a relief that this bill makes sure you cannot agree to voluntarily sterilize yourself until you are at least 15. The Tavistock clinic in the UK that *specialized* in care for youth with gender dysphoria was recently closed and its estimated that around 1000 of the 19,000 patients seen there will be suing for medical malpractice – for essentially a rush to judgment in diagnostic priority and a subsequent rush to gender

affirming medical treatment(s). Whistleblower Jamie Reed shared similar concerns about the protocol in place at an American clinic that specializes in transgender care for youth. One of the more disturbing stories she shared involved a young women who had to be seen for emergency treatment as the testosterone she was taking had thinned her vaginal walls to the degree that she had to be treated surgically for severe vaginal lacerations at the St. Louis Children's Hospital emergency room after having intercourse due to severe bleeding. None of this is pleasant to talk about, and I'm willing to bet, it's even less pleasant to live through – especially as a consequence of following the advice and suggestions of professionals who were supposed to be helping you "get better."

It is my humble professional opinion that we do not need to be increasing access to "gender affirming care" and we certainly don't need to be providing legal protection to those helping professionals who are not interested in demonstrating the competence and due diligence required to navigate these clinical issues ethically and responsibly. How dare someone call themselves a therapist and write a letter approving surgery after only an hour's discussion with a new patient?! How many of those therapists provided testimony in support of this bill? At least one that I know of, and likely many more – and of course they are in support of a bill that helps them continue to believe they are providing access to "safe, effective, and life-saving care" rather than listening to those harmed by this approach and thinking critically about their role in facilitating that unnecessary harm. What we need to be doing is asking questions - Why do so many girls suddenly want to become boys? Why do so many more kids and young people suddenly find their gender a source of unmanageable distress? Why are so many medical and mental health practitioners quick to point them all down a path of social and medical transition? How do we ensure that our helping is really helping and not causing additional harm to already vulnerable people?

I'm here to tell you as a therapist, the kids and young people in this state are hurting. They have been steeped in years of educational and social neglect, environmental panic, and unprecedented political unrest and there was a well-documented mental health crisis among Oregon youth even before all that. I'm also here to tell you that straight and birth sex identified or gender conforming people are not the only humans who hold unconscious biases. They are not the only people whose deeply held beliefs and values can sometimes cloud their judgment and lead otherwise well-meaning people to behave in ways that are harmful to others. Isn't it at least possible that in their determination to ensure universal access to what they have personally found to be life-enhancing interventions, some medical and behavioral health practitioners may erroneously affirm identities in clients and then suggest or approve profoundly impactful hormonal and surgical interventions to match those identities? Isn't it also possible that in their internalized homophobia, some medical and behavioral health practitioners may lead clients down a pathway of social and medical transition to provide a more acceptable way to express their sexual orientation? Isn't it also at least possible that some helping professionals are sufficiently overwhelmed by the magnitude of the mental health crisis we are currently facing in this state that they are enthusiastic to offer any resources and treatments they believe will reduce their clients suffering? Isn't it also possible that a helping professional who is themselves concerned about climate and overpopulation might be less likely to safeguard a young client's fertility? Its been estimated that most people who detransition following "gender

affirming" treatments do so around 4-8 years after beginning medical interventions. You're going to see a lot more of this, unless you just refuse to look. And then you can be one of those people whose unconscious biases are leading them to behave in ways that harm people, even though that's the last thing you want to do.

Whatever their reasons, it boils down to a dereliction of duty by those who have a responsibility to safeguard clients based on their inherent vulnerability in seeking professional counseling support. Some people are convinced it's money at the root of this push in the opposite direction of current science on the matter of gender – what I see is a lot of frustrated, helpless compassion and misguided cultural and political allegiances clouding people's perceptions and judgment. I understand the need for trenchmates – we are all living through probably the most socially and politically divisive times in our lives. I'm not here today because I enjoy this. I'm here to remind helping professionals that above all we have a duty to protect our clients in all the ways we are capable. We have a duty to do everything in our power to make sure our "helping" is actually helping. As a social worker, I have the explicit duty to stay within the bounds of my clinical competence, handle myself with integrity, and respect the dignity and worth of ***ALL*** persons. Per my NASW code of ethics, "A historic and defining feature of social work is the profession's dual focus on individual well being in a social context and the well being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living." Again, there is clearly something going on in our culture with gender. It is our duty to figure out what that is, not blindly push forward, ignoring the most up to date science available on the matter, and leaving a trail of human carnage behind. So long as this state continues to propose legislation that makes it likely or even just possible that we may earn the distinction of being the state that has harmed the most people with gender medicine in its zeal to ensure those interventions are available to those who will actually be helped by them, you're going to keep seeing this face. And you should be seeing the faces of many more social workers as my reading of our code of ethics demands it.

Please do not pass this bill.