

To the Judiciary Committee:

Are parents the guardians and caregivers of their children? The Maine Judiciary Committee will want to ask that question as it debates LD 1735 to determine whether the state has the right to step in between nonresident parents and their children who will be invited to Maine for 'gender-affirming care' if this bill becomes law. 'Care' that many of those parents would define as disfigurement, chemical castration, and sex-change-surgeries for children too young to consent to puberty blockers or understand the implications of such interventions. Passing this bill would place the state firmly between those parents and that minor while using state funding to pay for this 'care,' just as is being debated regarding Maine parents with Ch. 117. By what standard do Representatives Osher, Milliken, Moonen, Salisbury, Sheenan, Worth, and Senator Carney, judge themselves and their peers better guardians and caregivers of the nation's gender dysphoric youth than the parents of those minors?

Is it the observable fruits reaped by more progressive/egalitarian nations that have preceded the US in these practices? Consider that the credibility of the 'gender-affirming' model is very quickly being abandoned by nations such as England and Sweden along with relevant therapies and clinics because they have done far more harm than good ("The NHS Ends") ("Sweden"). Sweden is ranked by Pew as one of the most egalitarian countries on the face of the earth with England only 2 places behind (Rosenberg). Is it improved mental health outcomes? Consider a 2021 study by the Department of Defense which showed that "trans-identified youth did not experience improved mental health after hormone therapy but instead increased their prescriptions for psychotropic medicine" due to deteriorating mental health (Ashton). Is it improved biological health outcomes? Consider the forearms of young girls stripped nearly to the bone in effort to harvest enough flesh to create an ornamental but inoperative phallus. Or the young man put on puberty blockers as a child who never grows enough penile tissue required to create a neo-vagina, and so undergoes surgery to harvest a section of his bowel to create the desired cavity. An 18-year-old Dutch male recently died after contracting necrotizing fasciitis days after this very surgery was performed for this very reason (Ashton). One can pepper these extreme examples with increased rates of osteoporosis, cancers, castration, and sterilization as a result of this 'care' ("Managing") (Lancet).

This begs the question: if these practices are not yielding improved mental or physical health outcomes for minors, yet the state is *still* considering such practices worth pursuing and implementing against parental approval, I would question whether putting such an entity in place of a child's parents is in the child's best interest. History and common sense would agree that peaceful, stable societies are built on strong families, in the vast majority of instances, consisting of parents raising their biological children (Wilcox). Governmental disruption of that relationship will inevitably lead at the micro-level to individual children damaged both physically and psychologically, and at the macro-level increased civil unrest, institutional distrust, and cultural deterioration. Study after study demonstrates that children do better by all metrics living with their biological parents and are at "far greater risk when living in a household with adults unrelated to them" (Stiffman). Children who grow up without both of their biological parents are more likely to end up addicted, imprisoned, depressed, suicidal, participate in high-risk behaviors, experience financial hardship, live shorter lives, and have children out of wedlock, starting the cycle over again (Soomar) (ibid).

Yet familial disruption and the 'gender-affirming' path is being pursued despite the fact that 60-90% of children suffering with gender dysphoria will desist and feel comfortable in their own bodies by puberty (Soh 141-149). This last point is of particular importance given a landmark study that showed "[t]en to 15 years after surgical reassignment, the suicide rate of those who had undergone sex-reassignment surgery rose to 20 times that of comparable peers" (Anderson) (Dhejne). This means that the "treatment" that the Maine legislature has proposed offering the nation's children *increases* suicidal tendencies, rather than decreases them, in a population the majority of whom would grow comfortable in their own bodies if they were allowed to reach natural puberty. All at a time where youth are particularly vulnerable as sadness, depression, and suicide have skyrocketed (Akkas) ("U.S. Teen Girls").

Perhaps the goal of the legislature is spiritual in nature. Consider that OUT Maine, a group listed as a resource on the Maine Dept of Education website defines gender as "[a] social construct based on emotional, behavioral, and cultural characteristics attached to a person's sex assigned at birth. Gender has several components, including gender identity, gender expression, and gender role" ("LGBTQ+"). They define Gender Identity as the "internal sense of who they are in regard to gender, regardless of their sex assigned at birth" (Ibid). When put together we get "the internal sense of who they are in regard to their emotional, behavioral, and cultural characteristics attached to their sex assigned at birth." While it is debatable whether this definition adequately defines Gender, it does clearly distinguish gender from sex which is defined as "either of the two main categories (male and female) into which humans and most other living things are divided on the basis of their reproductive functions" ("Definition"). If sex is distinguished from gender by biological materiality and gender is defined as an "internal sense" but separate from the body, it reads as if what is being described is a soul or similar spiritual reality understood as intrinsic to the body but separate from it. If that is the case the state has begun treading into theological territory which would be ascribing a physical solution to a spiritual problem. This would be like affirming those suffering from bulimia or anorexia in their delusion that they are overweight and offering them liposuction or stomach stapling as a solution to their psychological pain. As an aside, the state taking such a spiritual position in the debate raises questions regarding the U.S. Constitution's separation of church and state.

If the standard by which the Representatives and the Senator are making judgment is not based on outcomes of mental health, biological health, societal health, familial health, personal health, spiritual health, or scientific consensus, then I am perplexed. If there is a moral standard by which such a judgment is being made, I am curious to know by *what* moral standard the Representatives and Senator deem such a bill morally "correct," and worth proposing to the legislature in spite of the empirical evidence to the contrary?

No child is born in the wrong body. No child is a broken thing to be "fixed". Every child is beautiful and worth protecting. This bill does the exact opposite of that by proposing the state disrupt the most important relationship in our society on the impossible assumption that its legislators know each individual child better than those who birth, nurture, raise, and love them until death. The same people who will have to pick up the pieces left over when those children later regret the irreversible damage done by surgeries and hormones administered under the purview of the state, as we see with detransitioners speaking out today (Pollock). No state will ever love a child more than their parents do. I appreciate your attention.

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