LD 1735 An Act to Safeguard Gender-affirming Health Care Presented by Representative Osher

Senator Carney, Representative Moonen, and members of the Maine Committee on Judiciary, My name is Abigail Beal of Cherryfield, Maine. Thank you for the opportunity to testify today. I stand before you today in firm opposition to LD 1735.

The truth is that this bill is not about health care, child safety, or caring solutions to gender dysphoria. Rather, this bill is entirely about the mutilating, kidnapping, and destroying of children, both Maine citizens and those who are brought here to receive such treatment.

This bill seeks to completely violate and remove the rights of parents to protect, care for, give guidance to, or even maintain custody of their child while another adult takes and aids the child in the facilitating and receiving of permanent, life-altering surgeries and treatments. And not only would parents in the home state of a child lose jurisdiction, neither police in Maine nor police in the originating state of the child and family would have any process to get that child back. This is kidnapping, and it is insanity.

Children aren't allowed to be given aspirin in school without permission, go to a tanning salon, or buy cough syrup over the counter as a minor. So what are we thinking?! How can we permit them to make their own decisions regarding irreversible, life-altering hormones and surgeries?

The American College of Pediatricians published a paper on their website in 2018 that states the following: "Neuroscience clearly documents that the adolescent brain is cognitively immature and lacks the adult capacity needed for risk assessment prior to the early to midtwenties. There is a serious ethical problem with allowing irreversible, life-changing procedures to be performed on minors who are too young to give valid consent themselves. This ethical requirement of informed consent is fundamental to the practice of medicine, as emphasized by the U.S. Department of Health & Human Services website: 'The voluntary consent of the human subject is absolutely essential.' Moreover, when an individual is sterilized, even as a secondary outcome of therapy, lacking full, free, and informed consent, it is a violation of international law."

They go on to say that, "A review of the current literature suggests that this protocol [of pubertal suppression of minors] is founded upon an unscientific gender ideology, lacks an evidence base, and violates the long-standing ethical principle of 'First do no harm'."

According to the College, "...There is not a single large, randomized, controlled study that documents the alleged benefits and potential harms to gender-dysphoric children from pubertal suppression and decades of cross-sex hormone use. Nor is there a single long-term, large, randomized, controlled study that compares the outcomes of various psychotherapeutic interventions for childhood GD with those of pubertal suppression followed by decades of toxic synthetic steroids. In today's age of "evidence-based medicine," this should give everyone pause."

The undeniable truth is that **there are two sexes** – **male and female. That's it.** Even the shape of the pelvis is different between a girl and a boy. Sex is undeniable and unalterable; God created it that way, **and we can't change it.**

This is a great and evil experiment. I will call it what it is. This is not "gender-affirming health care." This is child mutilation, double mastectomies, and castration.

This is about making Maine a "sanctuary state" for children seeking gender transition services without parental permission. This is a Satanic attempt to destroy the future and families of our state and our country, and we must not stand for it. I repeat – *we must not stand for it!*

For if we do, our children will be delivered against our will to be used, abused, mutilated, destroyed, and discarded. And our fathers and mothers will be left helpless to become as 'Rachel weeping for her children and could not be comforted for, because they are not.'

Will you allow yourselves to thus become as Pharaohs and as Herods unto us, taking our children and delivering them up unto the destruction of their lives and their souls?! God, have mercy!

For it is in the name of Jesus Christ, the Supreme Author of Order and the Creator of Life, that I urge you to vote "Ought not to pass" on LD 1735. Thank you for your time.

For full article and documentation, please visit: https://acpeds.org/position-statements/gender-dysphoria-in-children

"Currently there is a vigorous, albeit suppressed, debate among physicians, therapists, and academics regarding what is fast becoming the new treatment standard for GD in children. This new paradigm is rooted in the assumption that GD is innate, and involves pubertal suppression with gonadotropin releasing hormone (GnRH) agonists followed by the use of cross-sex hormones—a combination that results in the sterility of minors. A review of the current literature suggests that this protocol is founded upon an unscientific gender ideology, lacks an evidence base, and violates the long-standing ethical principle of 'First do no harm'."

"There is not a single large, randomized, controlled study that documents the alleged benefits and potential harms to gender-dysphoric children from pubertal suppression and decades of cross-sex hormone use. Nor is there a single long-term, large, randomized, controlled study that compares the outcomes of various psychotherapeutic interventions for childhood GD with those of pubertal suppression followed by decades of toxic synthetic steroids. In today's age of "evidence-based medicine," this should give everyone pause. Of greater concern is that pubertal suppression at Tanner Stage 2 (usually 11 years of age) followed by the use of cross-sex hormones will leave these children sterile and without gonadal tissue or gametes available for cryo-preservation."

"GIC clinicians, who saw clients between ages 3 and 18, had a much more cautious stance on social transitioning for their younger clients — they believed that in many cases, it was preferable to first "help children feel comfortable in their own bodies," as they often put it, since in the GIC's view gender is quite malleable at a young age and gender dysphoria will likely resolve itself with time." <u>https://www.thecut.com/2016/02/fight-over-trans-kids-got-a-researcher-fired.html</u>

From the The American College of Pediatricians:

"Dr. Kenneth Zucker, long acknowledged as a foremost authority on gender identity issues in children, has also been a lifelong advocate for gay and transgender rights. However, much to the consternation of adult transgender activists, Zucker believes that gender-dysphoric pre-pubertal children are best served by helping them align their gender identity with their anatomic sex."