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American Academy of Pediatrics

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Testimony against LD 233, LD 868, LD 1002, LD 1134, LD1704, LD 1432, and LD 380 from Sydney R. Sewall, MD MPH (Hallowell)

Sen. Carney, Rep. Kuhn and members of the Judiciary Committee:

I am an almost-retired pediatrician who has been treating children in the central Maine area for 40+ years. I grew up in the 50's and was educated and trained in the era when gay men and women were all in the closet -- and trans folks were invisible. Homosexuality wasn't taken off the list of psychiatric conditions until I was halfway through medical school, and "gender identity disorder" wasn't scratched until 2013 -- replaced by the descriptive term "gender dysphoria" as a descriptor of an individual's mental state, and NOT a disease. All of these variations in sexuality and sexual behavior are a initially shocking until you learn from your gay or trans friends and relatives.

What leads to these variations -- in particular, being trans? Science has no specific answer but genetic and neuroradiologic data points to biology as likely playing a major role. The AMA produced a statement in 2018 noting that "An individual's genotypic sex, phenotypic sex, sexual orientation, gender and gender identity are not always aligned or indicative of the other -- and gender may differ from sex assigned at birth."

This collection of bills seem to be based on the false idea that being trans is a choice. That view is not supported by science, or the experience of the families of trans children. Another theme is that MTF trans kids are a threat to the XX females -- here I'm not referring to athletics, but to rest rooms. Again, not borne out by experience.

To give the sponsors of these bills the benefit of the doubt, these changes in our approach to sexuality are new -- and as stated above, hard to process for people of my generation. On the other hand, this flurry of bills seems to be more a reflection of politicians using the issue to solidify their "anti-woke" credentials with voters. The victims here are an already at-risk group of girls and boys -- their chromosomes may not match their gender, but they are girls and boys, nonetheless.

Others today will, I'm sure, give you the disturbing statistics on bullying and suicide among trans youth. A lot depends on how they are accepted by their families, peers and the general community. The tone being projected from Washington and the presence of these bills are on the docket both are a form of bullying by government.

In my opinion, eliminating the protection afforded by the Maine Human Rights Act (1432) is a step towards dehumanizing this segment of the population. The attack on medical practitioners (380) is an indirect intrusion on families' health care choices. The bathroom bans (1704, et al) are based on false assumptions and ludicrous.

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The sports issue is at least debatable. The attack on trans athletes seems high on the list of our federal government's agenda. Trans kids have been playing sports for years without their being the big fuss we see nationally today. The NCAA and the Olympic committee all have rules and guidelines to address fairness. The benefits of involvement in school activities are huge for all kids – and banning trans kids of all ages from participation is both unnecessary and cruel. This bill (868) would keep kids off of all teams at all levels. Aren't the coaches and athletic directors in our state in a much better position to keep competition fair than the legislature? We CAN have trans participation and a level playing field.

I urge you to vote "not-to-pass" for all of these bills. Maine should not be an agent of bullying by government.

Sincerely,

A handwritten signature in black ink, appearing to read "Sydney R. Sewall", followed by a long horizontal line.

Sydney R. Sewall, MD MPH
Instructor in Pediatrics, MDFMR
Hallowell