

Testimony against the following bills: LD 233, 868, 1002, 1134, 1704, 1337, 1432 and 380

My name is Nancy Morris, and I live in Auburn ME. I am a member of the High Street Congregational Church of the United Church of Christ in Auburn, and I am a retired Social Worker. For over 30 years, I worked in a variety of Medical Social Work positions and in community mental health services. I am speaking against the various bills that have been proposed that would restrict or eliminate the rights of transgender youth and adults. In addition to my work in the social work field, I have a number of friends and relatives who are transgender or who are exploring their gender identify.

As a member of a faith community where all individuals are seen as children of God and created in the image of God, these bills are designed to negate that truth. And in the process of denying the truth of who each of these individuals are, they are denying them the rights set forth in the Constitution of the United States and the Declaration of Independence. Individuals who are finding that they are experiencing what professionals in the Psychiatric community refer to Gender Dysphoria, are experiencing distress and dissatisfaction with themselves and their body. Individuals who are experiencing this are at a greater risk of depression, self harm, substance abuse and suicide. They require a supportive and accepting community that will support them as they explore their feelings and experiences. They are at a greater risk, as children, of abuse and bullying.

The bills that are currently under consideration do not foster the supportive, compassionate and empathetic environment that these individuals need in order to ensure their mental health. They seek to deny individuals their basic rights and to negate the reality that they are experiencing. The various restrictions and denial of rights that are being proposed will set youth and adults up for being bullied and persecuted. When appropriately treated, gender dysphoria is easily managed by following appropriate treatment protocols to affirm gender identity and alleviate distress. The American Psychological Association (APA) cites research that shows that even

children who explore their gender and eventually become cisgender, are healthier if they have the freedom to have hormone treatment to delay puberty. Decisions about gender-affirming medical care must be made between a provider, patient and the patient's parents or guardians.

I urge the members of this Committee to vote not to pass these bills.

Thank you for your consideration.

Nancy Morris

Auburn ME