

Joe Grant
Wiscasset
LD 227

To whom it may concern:

I request a no vote on LD 227

The following is an example of studies that are finding little positive and significant negative effects from gender reassignment.

A study titled, Long Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study In Sweden.

The context was the treatment for transsexualism sex reassignment, including hormonal treatment and surgery aimed at making the person's body as congruent with the opposite sex as possible. The objective of the article was to estimate mortality, morbidity and criminal rate after surgical sex reassignment of transsexual persons. The surgeries were done in Sweden between 1973 to 2003 the participants were 324 sex reassignment persons, 191 male to female, and 133 female to male. They also had a random population control that were matched by the birth year and birth sex or reassign final sex respectively.

The conclusion was persons with transsexualism, after sex reassignment, have considerably higher risk for mortality, suicidal behavior, and psychiatric morbidity than the general population.

Studies like this have caused several European countries to scale back this surgery on minors.

Another major concern is informed consent. A young child does not have the capacity to give informed consent and those involved in the procedures are not informing the affected parties of the risks and the potential for negative and irreversible outcomes.

A third concern is the state is assuming parents are not capable of making this type of decision and are taking physical control of minors. They are taking custody of children under a poorly supported premise that these radical and irreversible procedures work which they do not. This process is destroying lives and families.

States, politicians, and the medical complex should not mandating specific treatment on this poorly understood process.

Joe Grant, Wiscasset