

Amy Barrett, MD

Hampden, ME

May 8, 2025

Senator Clancy, Representative Kuhn and Honorable members of the Judiciary Committee:

Thank you so much for the opportunity to submit written testimony to the Committee. My name is Amy Barrett I am a resident of Hampden and a member of the Maine American Academy of Pediatrics and the medical director of Penobscot pediatrics. I am writing in opposition to the block of bills that include LD233, LD868, LD1002, LD 1134 and LD 240.

As a pediatrician, it is my privilege to be present with families as they negotiate many challenging aspects of growing up. I am privy to the emotional toll that bullying, marginalization, and isolation take on a young person. I have watched a gregarious young child have their rambunctious spirit crushed by a peer because they came out as transgender and have witnessed the pain of a family as they buried that same child who later took their own life.

We know that involvement in activities in a supportive school environment is protective. A sense of belonging is one of the most important protective factors to help children navigate the emotions of adolescence. For many young people, participation in sports provides that sense of belonging. For young people who are already marginalized because they belong to the LGBTQ+ community, it can be life-saving. To deprive them of that sense of belonging because of fears that are not supported by data is unjust. The data is clear: The people who are most at risk of injury and assault are the trans students who are forced into situations that do not align with their gender identity. Fairness in sports is important, but to suggest that all trans-feminine athletes are at a competitive advantage discredits the importance of other factors in athletic success, including training,

underlying coordination, genetics, committed parents with the financial and time resources to support their student athletes with private coaching, intensive summer camps and other opportunities that provide enhanced probabilities of athletic prowess. To suggest that competing against a trans athlete is the factor that will make the difference between success and failure in athletic endeavors is a gross exaggeration. Fairness in play is the responsibility of the coaches to teach proper play, the referees to ensure adherence to the rules and spirit of the game, and the student athletes who should embody good sportsmanship. It is not the role of the government.

To deprive trans students of the opportunity to use bathroom and locker room facilities that align with their gender identity deprives them of their much-needed acceptance that is essential for all adolescents. As I stated above, the risk in a situation when a person who is trans-gender is mixed within a population of cis gender students is to the trans-gender person, not to the cis gender girls in that locker room. To avoid having to use a bathroom that is incongruent with their gender-identity, some students will allow themselves to have medical complications like dehydration. Is that what our schools should promote?

Allowing a student to use a preferred name and pronoun does not harm anyone. If a student prefers a nickname, are we going to decline to use that name unless we check with their parents? Each of my own children had nicknames that they preferred among their friends. Refusing to acknowledge students' preferred name and pronouns is unnecessarily punitive.

I strongly urge you to continue to allow schools to provide a welcoming and supportive environment for all students, not just the ones who are cis gender. To that end, I urge you to vote "ought not to pass" on this collection of bills.

Thank you for your time and the opportunity to share my perspective.

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Senator Clancy, Representative Kuhn and Honorable members of the  
Judiciary Committee:

Thank you so much for the opportunity to submit written testimony to the  
Committee. My name is Amy Barrett I am a resident of Hampden and a  
member of the Maine American Academy of Pediatrics, as well as the  
Medical director of Penobscot Pediatrics. I am writing in opposition to  
LD1432 and LD 1337

Women's shelters are meant to be a haven for those members of the  
community who do not have safe living spaces for themselves and  
sometimes for their children. Women who are trans are some of the  
highest risk members of the community and, as such, deserve to have  
access to these protections. To suggest that they do not deserve these  
protections denies their humanity and belittles their experience. To  
deliberately change the Maine Human rights act to exclude any group from  
protection from discrimination diminishes the role of the Act itself.

I urge you to vote "ought not to pass"

Thank you for your attention and for the opportunity to present to the  
Committee.

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Senator Clancy, Representative Kuhn and Honorable members of the  
Judiciary Committee:

Thank you so much for the opportunity to submit written testimony to the Committee. My name is Amy Barrett I am a resident of Hampden and a member of the Maine American Academy of Pediatrics. I am writing in opposition to bill LD 380.

As a member of the pediatric community, it is my great pleasure to have the opportunity to be a part of my patients' challenges and triumphs. I rejoice with their families when they succeed, and I shed tears when they are hurt or they struggle. The young people with gender dysphoria face life with a strong sense of wrongness that impacts their sense of self, their comfort with their bodies, their voice, their friends and creates a barrier that leads quite often to severe depression and anxiety. They are frightened to share their dysphoria with others because of a fear of rejection. However, when they are able to begin the long process of transition, it often feels very freeing. I have had the experience of watching a child grow and change from a severely depressed girl who struggled with self-harm to a confident and vibrant young man who was excited to start each day. That young man had the support of a family who loved him unconditionally. Unfortunately, that is not always the case.

The process of transition involves an assessment of gender identity and meeting with experts in psychology, endocrinology, pediatrics and social work. There is a period of counselling that precedes any discussion of medical transition. It is not a decision that is taken lightly by the medical team, nor by the patient.

The patient who has undergone the beginning process of social transition and persistently struggles with dysmorphia may sink into a severe depression as a result of “normal” pubertal development. For those patients, suicidal thoughts are common, and suicide attempts are frequent, often with tragic results. Some patients cannot share their gender dysphoria with their guardians due to fear of being kicked out of their home, physically or emotionally assaulted, or belittled. For those people, being able to access the complex and long process of transition once their decision-making capacity has been established and verified and their gender dysphoria has been confirmed and persisted can save their lives.

I urge you to protect this vulnerable population by voting “ought not to pass” on LD380

Thank you again for the opportunity to address you.

Amy Barrett, MD