

Written Testimony of Meredith McNamara, MD MSc  
Assistant Professor of Pediatrics, Yale School of Medicine

U.S. House of Representatives Oversight and Reform Committee Hearing on  
“The Rise of Anti-LGBTQI+ Extremism and Violence in the United States”

Chair, Rep. Carolyn Maloney (NY-12)

December 14, 2022

Thank you, Chair Maloney, Ranking Member Comer, Members of the Committee, for the opportunity to submit this testimony and to offer my professional perspective as an expert in the science of gender-affirming care and the health needs of LGBTQ+ youth, and as one charged with supporting them in a political climate filled with unprecedented hate.

I am a Board Certified Pediatrician and Adolescent Medicine Physician, and an Assistant Professor at the Yale School of Medicine in New Haven, Connecticut. I serve the diverse health needs of young people aged 12 to 25 during a vibrant and dynamic period of life change. Adolescents are powerful societal assets, and it is in our collective interest to nurture them.

LGBTQ+ youth now stand to inherit a more hostile world than the one in which previous generations came of age. The healthcare that some of my patients rely upon is dogged by political attacks that stoke public fear, degrade medical authority and fuel anti-LGBTQ hate. As members of this Committee know, 2022 has been a dismal year for state legislation targeting social dignity and healthcare for gender diverse youth in the United States. In February of this year, after the Texas Attorney General issued a legal opinion holding that gender-affirming care constitutes “child abuse,” the Department of Child and Family Services was directed to investigate families and remove youth from their homes if their parents consented to gender-affirming care. While the lawsuit PFLAG v Abbott has obtained injunctions to halt the targeting of Texas families for now, the actions remain a risk and Texas families are traumatized. The Alabama Vulnerable Child and Compassion Act, also enacted this year, was the first legislation to intimidate clinicians and parents with imprisonment for providing or consenting to gender-affirming care. Regulatory actions in Florida this past summer unfolded swiftly to deprive 9,000 Medicaid-dependent transgender Floridians of all ages of coverage for gender-affirming medications, with a more expansive ban from the state’s Medical Board expected in the coming weeks.

Disinformation - meaning information that is known to be false and presented as truth – was used by biased political actors to justify legal interference into standard healthcare. My colleagues and I, who are subject matter experts in gender-affirming care and law, performed thorough rebuttals of disinformation claims in these bans. Our reports, which are attached to my testimony, were cited in litigation challenging these bans. The ease with which disinformation is used to harm vulnerable people, like LGBTQ+ youth, marks a disturbing new reality.

Despite legally codified falsehoods, gender dysphoria is real; gender-diverse identities are valid; gender-affirming care is safe, effective and evidence-based; and it is provided throughout the United States in accordance with rigorous standards of care. Gender-affirming

care is provided by physicians and psychologists who carefully get to know the young person and their family over time, and medical treatment is never imposed. As part of a multidisciplinary team, providers discover the young person's strengths and talents, their systems of support, their goals, and their personalities – inclusive of and beyond gender identity. At least sixteen studies establish the benefits of gender-affirming care for transgender and gender-expansive youth who experience gender dysphoria and qualify for treatment based on practice guidelines. These benefits include increased body satisfaction, improved social functioning, more future orientation, and lower rates of depression, eating disorders, self-injury, and suicide. Youth of all gender identities deserve to feel comfortable in their bodies, to have fulfilling peer relationships, to look forward to adulthood and to experience psychological wellness.

Biased political actors could engage with these readily available truths, but instead they make harmful and unscientific claims. Without evidence, they state that psychotherapy alone is an appropriate treatment for gender dysphoria, thus evoking the same pathologizing of homosexuality that gave cover for now-discredited conversion therapy. They reference social contagion, a debunked stereotype that claims gender identity “spreads” among adolescents, and falsely supposes that youth cannot know themselves. “Desistance” and “regret” are misused terms that diminish the suffering of transgender people in an overwhelmingly cisgender society, rife with pressures and hostilities. In fact, studies of transgender individuals who have undergone medical transition have found rates of regret of less than 1%. And the denial of care is known to be harmful. Without access to gender-affirming care, as many as 40% of transgender and gender-expansive youth consider suicide.

Legal actors who push disinformation want the public to view issues of gender and sexuality as black and white, but nuance is the reality. Not all transgender and gender-diverse youth experience gender dysphoria. Not all youth with gender dysphoria have gender affirmation goals that include medication, and even fewer desire surgery. Surgery is so rarely desired in adolescence that I have never cared for a patient who has desired a mastectomy or genital surgery during their teenage years. What my patients do desire, however, is an individualized and authentic expression of their selfhood. Together with my patients, their parents, and specialist providers, we assess the course of care that can best protect and promote their well-being. Critically, parents play a strong role in any decisions about gender-affirming medications. Parental consent is legally required in my state for youth under age 18, and as a specialist in adolescent medicine, I know – and respect – the critical role of family support in helping youth flourish.

My clinic is a sanctuary space for LGBTQ+ youth, but it has now been intruded upon by hateful rhetoric and threats arising from bans on clinical care. Transgender and gender-expansive youth everywhere are acutely aware that their existence and human rights now are up for debate. My colleagues and I have learned to brace ourselves for surges in crisis calls from LGBTQ+ youth that directly correlate with the enactment of state-sanctioned bans on gender-affirming care.

Most troubling to me is that, in this past year, extremist anti-transgender talking points and disinformation have found their way into my clinical space. I have been asked if a patient's gender identity was related to schools telling children they should identify as animals. Some parents expressed a fear that doctors would force them to sterilize their transgender child. To be

clear, the origins of these concepts can be traced to disinformation language in bans on gender-affirming care. I engage with these fears without reproaching parents, who are often repeating what they have read. However, I am struck by what is lost when extremist diversions obscure the young person. In some cases, the parent is so exhausted from climbing out of a disinformation hole that we can't focus on the patient as much as they deserve. This describes my experiences in Connecticut, where gender-affirming care for youth is explicitly protected in the law. As I speak to colleagues nationwide, I know that the situation is worse in the jurisdiction of looming bans, in states such as Idaho, Ohio, Texas, Alabama, Florida, Arkansas, Arizona and others, where up to 98,000 transgender and gender-expansive youth face loss of safe, standard healthcare.

Systems of disadvantage and disenfranchisement conspire to harm non-White patients the most. My first clinical experiences in providing gender-affirming care were in Chicago, where I treated HIV and gender dysphoria simultaneously. Many of these patients were Black and Hispanic young adults who had lost support systems in adolescence because of their sexual orientation or gender identity. Isolation, shame, and stigma harmed them in every way imaginable. Some presented with AIDS-defining illnesses that older colleagues knew well from the 1980s. Some have since been murdered. As legally enshrined lies about gender identity becomes a norm, it is difficult to imagine how much worse things can get for the most vulnerable. The Committee should also recognize that a federal judge in Texas ruled, in *Braidwood vs Beccera*, that private insurers with religious objections do not have to provide coverage for pre-exposure prophylaxis for HIV.

We have no right to be shocked when violence emerges from disinformation, fear, and hate. The mass shooting at Club Q was inevitable. Some of my patients – trans, cis, queer and straight – shared their grief with me spontaneously. As a further symptom of how deeply eroded our social norms have become, my colleagues and I have faced violent threats. The American Academy of Pediatrics and other medical organizations called on Attorney General Merrick Garland to investigate coordinated attacks on children's hospitals, healthcare providers and families. While I'm heartened to see attention drawn to this dire situation, it's only a symptom of how truly dangerous it is to be anything but a heterosexual, cisgender, and White person today.

Looking forward, I call upon every member of this Committee, no matter your political affiliation, to defend our youth. At this critical inflection point, the safety of LGBTQ+ people of all ages, the sanctity of the pediatrician-patient-parent relationship and the integrity of the law are now tied. The United States should be a global leader in safeguarding human rights but is falling out-of-step with international practice in allowing hateful disinformation and bans on gender-affirming care to percolate. Every relevant medical organization has issued affirmative, evidence-based statements in support of gender-affirming care for youth and many have joined legal initiatives defending their right to this care.

As an adolescent medicine physician, I know that no one waits until they grow up to be who they are. Legal interference into standard healthcare will not make young people cisgender or heterosexual at any stage in their life – they only make it dangerous to live authentically, both in the jurisdiction where they are active and elsewhere. But consider the converse – when marriage equality was upheld by our Supreme Court in 2013, suicidal thoughts and attempts among LGBTQ+ youth fell. It's an awesome power that the law holds over the well-being of my

most vulnerable patients. I urge you all to act to safeguard LGBTQ+ youth and to restore these promises made to youth after marriage equality.