



MT SB99

Written Testimony from [Women's Liberation Front](#)  
Submitted January 26, 2023

**SUPPORT for MT SB99 – “Youth Health Protection Act”**

Women’s Liberation Front (WoLF) is pleased to have the opportunity to submit written testimony in support of MT SB99. This bill enhances the protection of Article II Section 15 of Montana’s Constitution to further protect minors from undergoing unnecessary and irreversible medical procedures. It is extremely important to consider the profound impact that “gender affirming” treatments have on children and adolescents, and we appreciate your concern for this serious issue. WoLF represents hundreds of members and tens of thousands of supporters throughout the United States; our members and supporters strongly oppose unnecessary medical interventions being imposed upon vulnerable children and adolescents.

Over the past few years, increasing numbers of children in the United States have indicated that they identify as “transgender,” “non-binary,” “gender fluid,” or as other types of identities that do not necessarily conform with socially-created sex stereotypes. [According to GLSEN](#), around 92% of these children are female. [These children and their parents](#) have been informed by myriad special interest groups, as well as some healthcare providers, that radical and permanent medical interventions will help improve the children’s mental health. However, long term studies suggest that individuals’ mental health actually worsens after medical interventions. Some special interest groups and healthcare providers even claim that medical interventions will save children’s lives; they insinuate – and sometimes even directly state – that children who do not receive so-called “gender affirming treatment” [will die by suicide](#). This claim is not supported by evidence. Two research studies indicate that patients’ mental health is not improved and their suicide risks may even worsen in the long-term if “gender confirmation” surgery is performed. [One study](#) found that most of the evidence claiming positive outcomes for “gender reassignment” procedures is of poor quality, and the few studies that used high-quality methods found that some patients experienced poor outcomes and might be at risk of suicide. [Another study](#) found that death by suicide was higher for patients who had “sex reassignment” procedures, and concluded that patients who underwent

these procedures were at “considerably higher risks” of suicidal behavior, psychiatric morbidity, and death.

According to the [Gender Mapping Project](#), the number of medical intervention providers for vulnerable children and adolescents has dramatically grown over the past decade; there are now more than 800 clinics that provide services related to so-called “gender affirmation” or gender dysphoria treatments for children. These clinics offer a range of experimental medical services to children and adolescents, including cross-sex hormones, puberty-blocking drugs, double mastectomies, radical hysterectomies, and numerous other procedures. Independent for-profit surgeons also advertise to children on social media platforms like TikTok and Instagram. Young people immersed in online social media are, in many instances, swept into an online fantasy, fuelled by shiny, glossy stories of the “wonders” of permanent physical modifications such as double mastectomies. Increased public promotion of drugs and surgeries to alter children’s superficial appearances, along with threats that their children will die by suicide if they do not receive these treatments, have caused many parents to believe that it is appropriate and even necessary for their children and teenagers to undergo permanent and life-altering medical interventions.

Unnecessary surgeries, puberty-blocking medications, cross-sex hormones, the removal of healthy body parts, and other cosmetic surgical procedures on young people have harmful, long-lasting, and often permanent effects. It doesn’t matter if a child is 10, or 14, or 17 – the child will undoubtedly be affected for the rest of his or her life by medical professionals who were responsible for profound, life-altering decisions about the child’s body, future health, and future fertility. We encourage you to review [our recent submission to the National Institutes of Health](#); in our NIH submission, we provided detailed discussions about some of the ways that unnecessary medical interventions can harm children, adolescents, and adults.

SB99 prohibits the use of public funds to directly or indirectly provide medications or surgeries for a minor who is experiencing an inconsistency between his or her sex and perceived gender or perceived sex. We fully support the prohibition of public funding to pay for these types of medical interventions. We especially applaud the prohibition discussed in Section 4.8, which clearly states that state employees whose official duties include the care of minors may not, while engaged in their official duties, promote the use of “transitioning,” medications, or surgeries as treatment for minors who are struggling with perceptions about their identities. Unfortunately, we have seen an increased number of state employees throughout the country promoting the idea that children and adolescents should have access to completely unnecessary life-changing

medical treatments. Many parents view state employees as credible and trustworthy authorities about children's healthcare. Therefore, it is essential for state employees to be prohibited from misleading parents and children about these types of treatments.

SB99 appropriately places the burden of responsibility on medical professionals and holds these professionals accountable for causing harm to children and adolescents. We agree that medical professionals should absolutely be held accountable when they encourage, promote, and/or provide unnecessary, permanent, and life-altering medical interventions to children and adolescents.

While we firmly believe that medical professionals should be held responsible, we also want to note that many practitioners have been repeatedly informed by their professional associations, mentors, and colleagues that "gender affirming" treatments are the *only* appropriate responses for minors who might be "gender dysphoric" or for minors who identify as transgender, non-binary, etc. In fact, some professional associations now normalize and encourage "gender affirming" treatments and medically unnecessary interventions for children. Therefore, medical professionals may be placed between "a rock and a hard place" when it comes to making decisions about how to respond to minors' requests for surgeries, puberty-blockers, and other medical interventions. We would like to urge caution against assuming that all healthcare providers are malicious or are intentionally taking advantage of vulnerable children. Some (or perhaps many) medical professionals are simply following advice and guidance that is now considered mainstream or even "best practice."

Finally, for additional information, please review the [amicus brief](#) that we submitted in support of the Arkansas SAFE Act, which prohibited "gender affirming" surgeries and drugs for children.

Thank you for reviewing our written testimony. We support SB99, and we are available and willing to discuss these important, complicated issues with you. We welcome your questions and we are happy to serve as a resource for you. If committee members are interested, we are able to connect them with a medical expert who is available to answer questions about how various treatments and surgeries harm children and adolescents, especially girls. Please contact us if you would like to be connected with our medical expert.

## References:

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