

TN HB 2835 and SB 2696

Written Testimony from [Women's Liberation Front](#)

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TN HB 2835 and SB 2696 – Enact the Youth Health Protection Act

SUPPORT

Women's Liberation Front (WoLF) is pleased to have the opportunity to submit written testimony in support of TN HB 2835 and SB 2696 (Youth Health Protection Act). These bills provide a mechanism to protect children from unnecessary, life-altering, and permanent medical interventions.

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 mental health actually worsens after intervention. 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.

According to the [Gender Mapping Project](#), the number of medical intervention providers for vulnerable children 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, 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.

HB 2835 and SB 2696 provide an extensive list of the many types of unnecessary, permanent, and/or life-altering medical procedures and interventions that many minors are now convinced that they “need” to have. These bills appropriately place the burden of responsibility on medical professionals and hold them accountable for causing harm to children and adolescents.

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.

WoLF receives a number of [submissions from adults who are extremely concerned about children being harmed by unnecessary medical treatments](#). One mother explained that her middle school daughter seemed to be swept away by a social contagion along with her female friends, stating, “It was literally overnight, as if an infection had swept them all away.” This mother watched in horror as her daughter became convinced she was actually a boy; her daughter was eventually able to move past this delusion with the help of counseling and medications:

“Ironically, it was my daughter's mental health crisis that saved her. As she spiraled deeper into depression, she withdrew from her friend group and eventually lost touch with them as middle school wore on. Thanks to therapy and the right balance of meds, she began to come out of her depressive haze once she entered high school. She confessed that the persona she had adopted was as a result of the trauma of puberty. She is now happy and healthy. She considers herself bi, but she embraces her female identity.”

It is extremely important to consider the life-long, permanent physical and mental impact that “gender affirming” treatments will have on children, and WoLF appreciates your concern for this issue.

Medical professionals should absolutely be held accountable when they encourage, promote, and/or provide unnecessary, permanent, and life-altering medical interventions to children.

However, we do want to note that many medical professionals (including mental health professionals) 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 or 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.”

For more information, please review [the amicus brief that WoLF 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 HB 2835 and SB 2696, 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.

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