

To the House Judiciary Committee:

I write in opposition to H7577 on the grounds that it would make it harder for people who are harmed by medical procedures to receive justice, and on the grounds that reproductive rights and transgender medical treatments must be treated separately, each on their own merits.

March 12 is Detrans Awareness Day, that is, a day dedicated to raising awareness of people who undertook gender transition, only to stop or reverse the process, discovering that gender affirming treatments did not solve their problems, and often made them worse. Many are left with regret and iatrogenic medical problems. (I am including a factsheet from [detransawareness.org](http://detransawareness.org) with a brief overview.)

Detransitioners who have received gender affirming care speak of insufficient assessment, lack of complete information, and complications ensuing from treatment. If practitioners are misdiagnosing people, pursuing inappropriate medical treatments that are not proven to be helpful, and failing to inform patients of risks, patients should have the opportunity to seek redress. H7577 would make this difficult.

Contrary to much popular press, concerns about medical malpractice in the field of gender medicine are not a right-wing bogeyman. Many progressives, and especially many within the gay and lesbian community, of which I am a member, see what's happening with alarm.

Also contrary to mainstream press coverage, the science of transgender care is far from settled, especially with regard to the current cohort of young female people identifying as trans—a demographic group very different from the primarily male subjects represented in the literature. Several other countries have undertaken systematic reviews and found the evidence lacking. The US is an outlier in its full-bore commitment to gender affirmation, a position major medical organizations maintain in spite of the poor state of evidence in the field. People who ignore the warnings in the evolving research literature should not be exempt from liability. Take a look at the WPATH leaks that underline how this is no scientific evidence that gender dysphoria can be cured by child mutilation, puberty blockers or hormones. The "medical" professionals of WPATH (World Professional Association of Transgender Health) have admitted it themselves:  
<https://environmentalprogress.org/big-news/wpath-files>

I therefore urge you to reject H7577's attempt to protect practioners from liability, and its cynical ploy to link controversial transgender medical procedures to well-established reproductive health care practices.

Carol L DeFeciani  
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Island and  
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# HOW MANY PEOPLE REGRET TRANSITIONING AND WHY?

No one knows how many experience transition regret because no one is tracking patients, but there are indications of growing numbers... and the reasons for regret are telling.

- A **detransitioner** is someone who identified as trans, non-binary, or another gender identity but then regrets the medical interventions and re-identifies with their natal sex.
- A **desister** is someone who identified as transgender but stopped so identifying before medicalizing.
- There are also people who regret transitioning without detransitioning, sometimes because they feel it would be too hard to detransition.

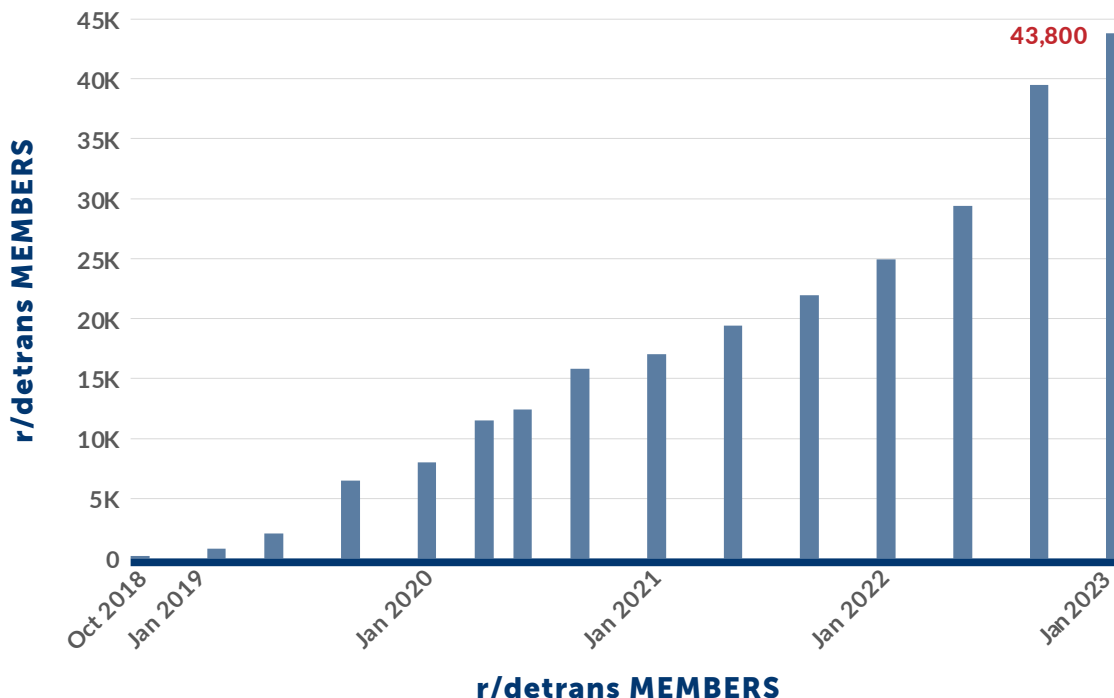
*“my chest is maimed with heavy scarring ... i miss being feminine ... from the second i woke up in the operating room i knew it was a mistake. ... i was so sure of my identity. I’m realizing I was just lost and in over my head.”*

— Female detransitioner, hormones and double mastectomy at 15

## WHAT WE KNOW ABOUT REGRET

- Studies show that 80% to 88% of pre-pubescent children who believe that they should be the opposite sex, but **do not socially transition** (change name, pronouns and outward appearance) would grow up to be comfortable with their unaltered, natal bodies. A large portion are same sex attracted<sup>1</sup>.
- Recent studies show that most people detransition within 4-6 years of transitioning.
- Reddit/Detrans ([www.reddit.com/r/detrans/](http://www.reddit.com/r/detrans/)), a platform for those questioning transition was created in November 2017. Between 9/22 and 2/23, detrans/reddit subscribers grew by 4,300 — more than 1,000 a month. While not every member is a detransitioner and not all detransitioners join, the significant growth indicates rapid increase and interest in detransitioners.

## DETRANS REDDIT MEMBERS BY YEAR



<sup>1</sup> A Follow up Study of Boys with Gender Identity Disorder, Devita Singh, Susan J. Brady and Kenneth Zucker; [www.frontiersin.org/articles/10.3389/fpsy.2021.632784/full](http://www.frontiersin.org/articles/10.3389/fpsy.2021.632784/full).



*"I am mourning an entire life that should have been mine... I'm just, like so angry. I am just so sad... Why did I do that? None of it makes any sense. I can't have kids. ... I thought this would fix everything."*

— Jalisa Vine, adult female detransitioner  
Cross-sex hormones, double mastectomy, hysterectomy, and phalloplasty

*"My parents were told the options were transition or suicide. They complied. My distraught parents wanted me alive."*

— Chloe Cole, 18-year-old female detransitioner  
Puberty blockers, cross-sex hormones, and double mastectomy at age 15



Photo: The Epoch Times

## WHY DO PEOPLE DETRANSITION?

Due to the lack of patient follow-up, the reasons for detransition are largely unknown, but two recent studies shed some light on the subject:

### **Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners<sup>1</sup>** (Littman):

- For both males and females, the most common reason for detransitioning (65% females/48% males) was that the person became more comfortable identifying as their natal sex.
- The majority (55%) felt that they did not receive an adequate evaluation from a doctor or mental health professional before starting transition.
- Nearly half (46%) said counselors over-promised the benefits and about one quarter (26%) said counselors minimized the risks. In contrast, a minority said counselors were not positive enough about benefits (5%) or were too negative about risks (6%). Counselors were much more likely to encourage than to urge caution about medical transition.
- Only 24% of respondents informed their clinicians that they had detransitioned, which has led to a tremendous underestimate of the number of individuals with regret.

### **Detransition-Related Needs and Support: A Cross-Sectional Online Survey, Journal of Homosexuality<sup>2</sup>** (Vandenbussche):

- The most common reported reason for detransitioning was realizing that gender dysphoria was related to other issues (70%); the second was health concerns (62%), followed by transition not helping with dysphoria (50%).
- 45% reported they were insufficiently informed about health risks before starting medical transition or other interventions.
- Most detransitioners had comorbidities — over half (54%) had 3+ comorbidities, 69% reported depression, 63% anxiety, and 33% post-traumatic stress disorder.

Both studies have similar primary reasons for regret. Neither found that discrimination or lack of support was a major reason for detransitioning.

*"...trans-rights advocates and mainstream-media outlets should stop downplaying the reality of detransition, lest readers and viewers conclude that it's a negligible issue. It's not."*

— Kinnon MacKinnon, transman, assistant professor of social work, York University  
*Take Detransitioners Seriously*, The Atlantic, Jan 2023  
([www.theatlantic.com/ideas/archive/2023/01/detransition-transgender-nonbinary-gender-affirming-care/672745/](http://www.theatlantic.com/ideas/archive/2023/01/detransition-transgender-nonbinary-gender-affirming-care/672745/))

1 Littman, L. *Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners*. Arch Sex Behav 50, 3353–3369 (2021). <https://doi.org/10.1007/s10508-021-02163-w>

2 Vandenbussche, E. 2021. *Detransition-Related Needs and Support: A Cross-Sectional Online Survey*. Journal of Homosexuality 69 (9): 1602–1620. <https://doi.org/10.1080/00918369.2021.1919479>