

Testimony

In opposition to: Senate Bill 449, regarding gender identity

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I urge you to oppose Senate Bill 449, which would add “gender identity” to the characteristics protected in Maryland’s laws regarding discrimination in public accommodations, housing, and employment.

The first thing I want to say today is: I have compassion for those who suffer from gender identity problems. I do not underestimate the pain that people experience when they want to be, or believe that they are, something different from their biological sex.

However, the solution offered, or implied, in the bill before you simply will not be effective in easing that pain.

A person who believes they are, or wishes to be, the opposite sex from that which is written in the chromosomes of every cell of his or her body, is suffering from a disconnection with an immutable biological reality. The solution to this problem is not actions—up to and including self-mutilating surgery amputating healthy body parts—which will reinforce this disconnect with reality. The solution is compassionate counseling aimed at helping the individual to uncover the psychological roots of their gender identity problems, and to become comfortable with one’s actual biological sex.

Recent research has provided new evidence that sex reassignment surgery—the goal toward which many transgender people aspire, although not all obtain it—simply is not effective in easing the psychological pain experienced by those struggling with gender identity problems.

A recent study, drawing from data covering the entire population of the nation of Sweden, examined post-surgical outcomes for all 324 persons who had sex-reassignment surgery in that country between 1973 and 2003. Their conclusion was:

This study found substantially higher rates of overall mortality, death from cardiovascular disease and suicide, suicide attempts, and psychiatric hospitalizations in sex-reassigned transsexual individuals compared to a healthy control population.

And lest you think that this is only because of higher rates of health problems in this population before surgery, the authors of the study controlled for that factor, noting that suicide was higher even “after adjustment for prior psychiatric morbidity,” and

psychiatric hospitalization was higher “even after adjusting for psychiatric hospitalization prior to sex reassignment.”¹

I understand the motivation behind this bill—the sponsors are concerned about the pain in the lives of these individuals, and hope that this intervention will ease that pain.

While I share that motivation, I must oppose this bill because it *will not work*. This bill would force the state and private actors—employers, landlords, and others who provide public services—to officially and legally affirm the very delusion that puts these suffering individuals at odds with reality. Not only will it not make their lives better, but it will *prevent* them from getting the very help they do need to make their lives better.

Please oppose Senate Bill 449.

¹ Cecilia Dhejne et al., “Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden,” *PLoS One* 6(2): e16885 (Public Library of Science, February 22, 2011); online at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043071/>