House committee hears emotional arguments on transgender bills

Debate waged for four hours in the House Judiciary Committee on legislation restricting transgender rights in athletics and medical care.

by Mara Silvers and Alex Sakariassen 01.18.2021

HELENA — In an emotional four-hour hearing Monday, advocates and opponents of transgender rights debated two bills before the House Judiciary Committee, setting the stage for a controversial vote later this week.

Both pieces of proposed legislation, sponsored by Rep. John Fuller, R-Kalispell, saw a higher number of people who spoke in opposition than in support.

The testimony presented fundamental disagreements about whether young people who do not identify with the gender they were assigned at birth should be allowed access to athletics and medical treatment. Lawmakers also heard testimony that included a slew of references to medical studies and analysis, much of which was later undermined or complicated by other medical professionals and health care organizations.

House Bill 112 would bar transgender girls and young women from women’s sports teams at the K-12 and collegiate levels. First to speak in favor of HB 112 was Barbara Ehardt, a Republican lawmaker from Idaho who carried a similar law last spring that has since been blocked by a federal judge. During her testimony, Ehardt speculated that allowing a transgender woman to compete on a collegiate women’s sports team would force teams at other schools to change their recruiting practices and seek transgender players of their own in order to remain competitive.

“Sports is one of the best examples at the college level of Pete and Repeat,” Ehardt said. “We copy each other all the time in order to attain success, and recruiting for it is a perfect example of that.”

Many proponents of HB 112 said that transgender women and girls would have physical advantages over their cisgender peers. Beth Stelzer, a Minnesota resident and founder of the Save Women’s Sports coalition, told the committee that the participation of transgender women “undermines the sole purpose of Title IX. It is unethical, unfair, unnecessary, unscientific and unsound.”

Zoey Zephyr, a Missoula resident and former state wrestling champion, turned to her personal experience to refute arguments about transgender women having athletic advantages. Since she transitioned in recent years, Zephyr said, she no longer has the advantages that made her a star athlete in college. Her abilities, she said, now fall in the same range as cisgender women.

“Trans people do not transition to gain an advantage in sports. We just don’t,” Zephyr said. “And I say that as someone who spat in water bottles and wore sweatshirts in the sauna to try to gain an advantage in wrestling.”

Zephyr told members of the committee that HB 112 would prevent trans students from enjoying competitive sports and punish them for living their lives. Portraying transgender women’s participation as a threat to the integrity of women’s sports paints “a false picture of life as a trans woman,” she continued, and misses why transgender people transition in the first place, “which is to lead a happier life.”
Representatives for student governments at both the University of Montana and Montana State University raised concerns that HB 112 runs counter to NCAA policy and could jeopardize economic opportunities for campuses and communities in hosting major sporting events. Jack Rinck, speaking on behalf of the Associated Students of the University of Montana, noted that the NCAA pulled championship games from North Carolina in 2016 in response to the state’s passage of a bill requiring transgender individuals to use public bathrooms corresponding with the sex listed on their birth certificates.

Rev. Laura Jean Allen, senior minister at First Christian Church in Helena, delivered to the committee a letter signed by 43 faith leaders from across Montana opposing HB 112, and Montana Women Vote Executive Director SJ Howell read off a list of organizations, including the Montana Gender Alliance and the Montana Human Rights Network, that oppose the bill.

Some additional opponents challenged the enforceability of the bill, inquiring as to how lawmakers, the state or school officials would go about determining the gender of a student athlete.

“I’m just confused, as a parent, how are you going to determine the biological sex of my child?” Rebecca Sheldon, a Helena resident, asked committee members. “Are you going to do chromosome and hormone testing?”

In his closing statements on HB 112, Rep. Fuller restated his belief that allowing transgender women to participate on women’s teams “destroys athletic opportunities.” He also maintained that the NCAA’s guideline requiring transgender women to complete one year of testosterone suppression treatment prior to competing on a women’s team creates a potential health risk for trans teens.

“Drugs in sports is a growing concern,” Fuller said. “What is wrong with this picture, where we are requiring athletes of a certain particular portion of the population to take large amounts of drugs, drugs we do not know what the long-term effects will be, in order for them to be eligible to compete? I contend that that’s a path to perdition.”

House Bill 113, Fuller’s second bill heard by the committee, would prohibit medical providers from using widely accepted best-practice treatments for youth with gender dysphoria, including puberty blockers and hormonal treatments. If found to be in violation of the law, health care professionals could be fined up to $50,000.

A number of medical associations, including the Montana chapters of the National Social Workers Association and the American Academy of Pediatrics, registered their opposition to the proposal.

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ROB GREGOIRE, PARENT OF A TRANSGENDER CHILD, TESTIFYING AGAINST HOUSE BILL 113

“At the heart of this bill, the Legislature is inserting itself between a provider and their patient,” said Stacey Anderson, representing the Montana Primary Care Association. “House Bill 113 supplants medical care and decision-making of a provider with that of a political body.”
Some people who spoke in favor of the bill based their testimony on doubts that young people who are experiencing gender dysphoria can capably make decisions about their health care, and that medical providers and parents are green-lighting treatment that youth may come to regret. Other proponents offered their assessments that many youth who believe themselves to be transgender may be mistaken and end up identifying with the gender assigned to them at birth.

“I was a tomboy. I know so many girls that were tomboys, and that’s fine,” said Helena resident Donna Elford, who said she has previously worked with children and teens. “Let them mature at the rate that they can make this decision as an adult, not children. Let’s not go with what is popular at the moment and destroy children’s lives,” she continued.

“None of us wants to be defined by the things that we did when we were younger. I certainly don’t want to be defined by the things that I did when I was younger,” said Jeff Laszloffy of the conservative Christian Montana Family Foundation. “And that’s the point. Children should not make irreversible decisions at a time in life when they’re going through the greatest change. Let’s give them a chance to grow up first.”

Opponents of HB 113, many of whom identified as transgender individuals or family members of trans people, described their experiences with puberty suppressants and hormonal treatments as fundamentally helpful and important. According to standards of care established by the World Professional Association for Transgender Health, blockers and hormones are recommended as treatment options only for youth who express consistent and persistent gender dysphoria as recognized by mental health professionals. Gender-affirming surgery involving a person’s genitalia is only recommended for those who are 18 and older, making those types of procedures particularly rare.

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“Access to hormones and medical care have allowed me to thrive,” said Maris Fessenden, who identified as transgender when addressing lawmakers. “I oppose this bill and I urge you all to do the same.”

“I ask you to let medical professionals and parents be the gatekeeper, not lawmakers,” said Rob Gregoire, a third-generation Montanan and a parent of a transgender child. “I appreciate what you’re doing, but it’s not the right thing.”

Many medical professionals who testified against the bill also expressed concerns that denying medical care to minors would put trans and nonbinary youth at risk for increased suicide attempts, a phenomenon that is already higher among that population compared to their peers. In a recent study, suicidal thoughts among adults who wanted and received puberty blockers as youths were reported to have dropped significantly.

Other opponents said both bills would imperil the private lives of many people currently living in Montana and would send the wrong message about who is welcome in the state.

“I’m asking you to vote these bills down, leave trans and nonbinary kids alone. Let them and their families thrive here just as they would thrive anywhere else,” said SK Rossi, a lobbyist representing the cities of Bozeman and Missoula. “We can’t afford to be known as a state that bullies our youth.”
A spokesperson for Gov. Greg Gianforte did not say whether he supports either measure. In past interviews, the governor has referred to transgender women as “men” and said he does not support their participation on women’s sports teams.

“We are very early in the lengthy legislative process, and the governor will carefully review any bill the Legislature sends to his desk,” spokesperson Brooke Stroyke wrote in a statement to Montana Free Press.

House Judiciary Chairman Barry Usher said lawmakers are scheduled to vote on both bills on Friday. If passed, the measures would advance to the House floor.

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