

I am Mikela Bonner. My pronouns are she/her. I carry degrees in both biology and nursing as well as significant experience in KU School of Medicine pursuing a Medical Doctorate before not transitioning and not accessing gender-affirming healthcare cost me that dream. I have written this to encourage you to halt the progression of HB2792, a bill that displays the utter misunderstanding so many have regarding the lives transgender youth and adults alike. The scientific consensus is overwhelmingly in support of gender-affirming care, and pretending as if the medical community does not already have a well-established, evidence-based standard of care regarding the care of gender-diverse children, adolescents, and adults is disingenuous at best and malicious at worst.

Medical care is a combination of art and science, but heavy on the science. The art comes from how professionals interact with their patients to the nuances of procedural interventions such as IV insertions which rely on the “feel” of veins under one’s finger. The meat and potatoes of medical care is a profoundly robust display of The Scientific Method at work, the culmination of something we are all taught in elementary school. The Scientific Method decrees that for something to be most fully evaluated for trustworthy answers to questions of how the natural world works, a framework must be followed. This framework is the establishment of a question, and then hypothesis that may be tested. An intervention is designed for the hypothesis while all other variables are held constant. The intervention is tried, and the results are then analyzed. Then comes the most critical part of the process: peer review and replication. For anything to pass through the crucible of The Scientific Method, it must be reviewed by scientifically-literate peers and the experiment replicated with similar results produced. This must be done over and over. This is how “Science” with a capital “S” is performed. It is important to note that it is not in the nature for any scientific endeavour to claim to have “100%” proven a hypothesis. Scientific exploration is a practice in humility, hence our phrasing that “the evidence very strongly supports” any number of subjects. This is how we understand that the Earth is not flat, the Sun is not the center of the universe, and that infections are not the work of some devil or spirit but of tiny invaders to our bodies: bacteria, viruses and parasites. This is science. Science is how medical care is developed and practiced. This is how Standards of Care come to be. This is universal throughout medical care. This is how we have learned that diabetics tend to benefit from Statin therapy, how we have learned that patients going through menopause and andropause can benefit from hormone therapies to counteract some effects of aging, and how we have learned the best way to care for transgender people medically.

The choice to transition is merely the first step of a very long road as a transgender person navigates life and the medical system. Through repeated and ongoing evaluation of hypotheses, targeted interventions, analysis, and reevaluation of further hypotheses, the medical community has developed what are referred to “Gold Standards” of care that are generally considered interchangeable with the phrase “Standards of Care.” These practices can be found throughout every field of medical care, from the care of anxiety and depression to hypertension to cancer and to gender-affirming care for both cisgender and transgender people. My personal care team, as well as the care team I am part of at my primary care clinic are guided by the eighth edition of the World Professional Association for Transgender Health (WPATH). The WPATH guidelines are agreed upon by international consensus and offer guidance and targets of care across the entire spectrum of an individual’s life, from childhood to death. The Standards of Care are available to read, free of charge, from the WPATH website for anyone who chooses to. As I assume the members of the committee can read, I will instead outline how the

Following standards of care is such a common aspect of any form of medical care that it is frankly ludicrous and laughable to think that medical providers would en-masse decide to just throw caution to the wind, risk the work of decades of their life, just to stick it to “traditional gender roles” or whatever hogwash is the latest talk among the conspiratorially minded. With regards to the wider public, it is understandable that there would be concerns regarding the care of transgender individuals broadly and transgender youth specifically. Surgery in particular a something people seem obsessed

with, indeed almost every transgender person is callously asked on a regular basis: “have you had *The Surgery* yet?” Besides the immense cost associated with surgical interventions, one must remember that surgical interventions are not sought out by all transgender individuals, and beyond the WPATH Standards of Care, many surgeons will have their own criteria that goes above and beyond WPATH when they evaluate surgical candidates. Anecdotally, my own surgical team would not operate on someone under the age of 18 and they required several meetings with mental health professionals to help ensure that I understood my desires and the impact this could have on my life, as well as meeting with each member of the surgical team to discuss the pros and cons of surgical interventions and the effects I could expect on my life.

Threatening medical providers who are providing “Gold Standard” care is foolish both with regards to transgender people and for the precedence it sets across all medical care. The goal of government is to empower the lives of it’s populace and the uncertainty and attacks against medical providers and threats of legal action is having a cooling effect on the ability of transgender individuals to find care, causing them to have to look across state lines for care, and inducing mental health crises that even further strain a catastrophically underfunded area of medical care within the United States. Further, the precedence this sets is grave. Today a group decides that transgender people should be restricted from accessing care. Who is to say that tomorrow the same people state any women should not be allowed to receive medical care without their husband’s or father’s explicit consent and if a medical provider provides care that that provider should be able to be pursued legally by any individual in the woman’s family? Would that not have a catastrophic chilling effect on women’s independence entirely? Bills like HB2792 were once only a hypothetical. Who is to say that the situation I just outlined, a situation that is only now hypothetical, won’t one day have it’s own HB2792 moment?

This is not something I chose, it’s not some hat I wear on a whim. As a transgender person, these bills that are sweeping the country are signs of a coordinated and persistent attack on my population. As a healthcare worker, the aspects of these bills that insinuate that medical professionals are not following a standard of care is both laughable and insulting and shows just how little the public understands about medical care broadly and transgender healthcare specifically. I ask you to take a moment to consider that professionals who are experts in their fields and who follow the most robust and tested means of explaining and understanding the universe, from stars to cells, may know more than you and are already acting in the best interests of transgender people. I submit to you that all you have to do to help ensure transgender people are receiving the best the medical system has to offer is to step out of the way, and let us and our healthcare professionals engage in medical care just as you engage with your healthcare professionals regarding your medical care.