

Testimony of Leslie Wolfgang, Director of Public Policy, Family Institute of Connecticut, against SB 1530 and HB 7135

March 24, 2025, Judiciary Committee Public Hearing on HB 7135 and Committee on Government Administration and Elections Public Hearing on SB 1530, Connecticut General Assembly.



Thank you for the opportunity to provide written testimony. My testimony is in opposition to Raised Bill Numbers [1530](#), An Act Concerning Government Administration And The Provision Of Reproductive And Gender-Affirming Health Care Services To Patients and [7135](#), An Act Concerning The Provision Of Reproductive And Gender-Affirming Health Care Services To Patients which are substantially similar.

Both of these bills make a substantive change to Connecticut law by incorporating “fertility” (line 19, SB1530) and “assisted reproduction” (line 7, HB7135) into the list of services subject to the restrictions and protections of this bill. You should know that “fertility” and “assisted reproduction” includes surrogacy. The complications this creates for future plaintiffs and even their children, deserve careful consideration.

Section 52-571m of the Connecticut General Statutes is part of Connecticut’s Shield Law package that was passed as [Public Act 22-19, originally HB5414](#). It is a doctor protection bill. The act was amended by [Public Act 22-118, section 197](#), a budget implementer bill to include “treatment related to gender dysphoria” as “reproductive health care services”. These bills are an attempt to break out the “gender affirming health care services” from the definition of “reproductive health care services”.

Since “gender affirming health care services” were added by a budget implementer, that portion of the Act did not receive public comment or a hearing. So, today you will hear from people testifying as to why “gender affirming health care services” are problematic and should not be protected by Connecticut’s shield laws. I support any recommendation that you exclude application of this law to those who received their care under age 19. The changes proposed by these bills affect the entire Shield Law, but I will focus my remarks on the countersuit provisions of section 52-571m(b) of the Connecticut General Statutes.

People who regret their “gender affirming care” regularly refer to themselves as “detransitioners” or “desisters”. The rate of detransition or desisting has been recently speculated by a member of WPATH publicly, as high as 30%. Can you imagine having

your breasts removed as a child as a treatment for gender dysphoria, only to realize that you made a grave error as you matured and grew out of your dysphoria and wanted to start a family. It is very difficult to come to terms with the mutilation of your body. You feel humiliated and betrayed. The obstacles to coming to terms with the distress and initiating a cause of action are immense, but maybe there is legal recourse.

Any attorney who takes your case and sues a provider in Connecticut will have to weigh the severe penalties and deterrents in Connecticut's shield laws. Particularly section 52-571m which creates a civil cause of action for a countersuit with severe penalties. Setting aside the exceptions for the causes of action, any attorney will have to take extra time analyzing how the laws in their client's state compare with Connecticut's laws. Any determination of whether a "similar claim would exist" (line 43) in Connecticut as compared to the plaintiff's state is bound to be subjective and riddled with complications and time-consuming analysis. Few attorneys who are already dealing with an injured client, a client who may also have limited bandwidth and funds, will be willing to take the case. And that is likely the purpose of the law and that is unfair.

The reproductive rights provision of the shield law is also problematic, but the punishments are especially galling when it comes to "gender affirming care" which can be drawn out over the course of years and take many more years to realize you've been harmed. There are [minors](#) and [young women](#) in Connecticut and out-of-state who have had and continue to have their breasts removed as part of "gender affirming care" by Connecticut doctors. At least one Connecticut gender doctor [was exposed for intending to target](#) their services to children in states that ban gender affirming care. We should not be foreclosing or creating obstacles for these kids to receive compensation or pursue lawsuits. I've also included a Myth/Fact sheet about "gender affirming care" in Connecticut with my written testimony.



Dr. Amaya Deakins ✓ · Jan 31, 2025



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Hi, gender affirming care expert and @wpath member here. I want to take time to remind everyone that the current #detrans rates are estimated to be +/-30 percent. This doesn't include those who #desist or continue to transition. This means that you those who detrans are valid and



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Should receive support and treatment just like those who transition. I do not want anyone to be harmed by the practice of #GAC However this appears to be the case for some adolescents. I call on @wpath leadership to develop detrans psychological And medical treatment protocols.

4:28 PM · Jan 31, 2025 from Fredericksburg, VA



<https://x.com/SwipeWright/status/1885726408925954352/photo/1>

Myth/Fact regarding “Gender Affirming Care” in Connecticut - 2025

MYTH: No women are being denied their sports recognition or awards in CT.

FACT: Addison Coughlin, Ryan Braccia, Hanna Freund and others lost in 2024 to different boys in CT. Addison Coughlin also lost on 1/11/25 and more girls will lose as men and boys are given permission to cheat in girls sports. Putting boys' feelings above a girl's biological reality is cruel and demeaning. A Connecticut District court ruled on 11/05/2024 that school officials must take a girl's complaint of discrimination “seriously” and protect “fair competition”. *Soule vs Connecticut Interscholastic Athletic Conference*

MYTH: CT Schools are not socially transitioning students without parental consent/knowledge.

FACT: The CT Department of Education has not withdrawn its 2017 FAQ Guidance (pages 8&9) to schools to hide and facilitate a child's secret gender transition from parents including records.

MYTH: Sex change surgery is not performed on minors in Connecticut.

FACT: Connecticut Children's Hospital and Hartford Healthcare have been documented to have performed sex change operations as part of “gender affirming care” on children. Until CT Children's Hospital was exposed, they advertised it on their website. Additionally, they have been exposed as trying to reach minors in states where puberty blocking and sex change hormones/surgery are prohibited. Not only are sex change operations happening on minors, the State of Connecticut has paid for surgeries on children as young as 15. Several other hospitals, including Yale, have been documented as performing sex change operations on children.

MYTH: Parents are free to raise their children in CT as their biological sex.

FACT: The CT Department of Children and Families maintained a page on their official website for children to report their parents at 1-800-842-2288 for misgendering or otherwise not supporting their “gender identity and expression”.

MYTH: Children will commit suicide if they don't receive "gender affirming care".

FACT: During the Skirmetti oral argument at the Supreme Court on December 5, 2024, the ACLU's attorney admitted that any evidence of suicides because of lack of “gender affirming care” is “rare”. A 2023 study determined that, “Individuals who underwent gender-affirming surgery had a 12-fold higher suicide attempt risk than those who did not.” There is a growing body of evidence that the suicide narrative is false. Children

should be allowed to grow out of their gender confusion with compassion and comprehensive care.

MYTH: Puberty Blockers are reversible.

FACT: Blocking puberty prevents the critical rewiring in the brain that underpins the ability to make complex decisions and causes permanent impaired neurological development. Puberty blockers are more than a 'pause button': roughly 98% of children who take them go on to take cross-sex hormones. Blockers also lead to lack of orgasm sensation and sexual maturity. Precocious Puberty is a specific condition where a child's endocrine system develops abnormally early. This is a disease, and puberty blockers were developed and FDA approved to treat this condition only. Gender dysphoric children have normal endocrine systems and do not have this disease. To use puberty blockers in these cases is not FDA approved and is experimental.

MYTH: Puberty Blockers and "gender affirming care" are safe.

FACT: "Gender Affirming Care" leads to arrested psychological development, brain shrinkage, permanent sterility, brittle bones, little or no sexual development, increased risk of cancer, no sexual sensations including orgasm, sexual and pelvic floor dysfunction, "deletion" of sex organs (eunuch status) or dual sex organs (vagina and penis). In fact, for 2 years a CT bill has been proposed to freeze the gametes of children who start "GAC" for "fertility preservation" because advocates know that "gender affirming care" leads to sterilization.

MYTH: Social gender transition is neutral.

FACT: Social transition (adopting clothing and mannerisms of opposite sex, chest binding, tucking, changing pronouns, etc) is an 'active intervention' and may have significant effects on the child or young person in terms of their psychological functioning and physical growth. It should not be undertaken by schools and teachers.

MYTH: There is medical consensus on "gender affirming care".

FACT: Countries who pioneered "gender affirming care" and other European countries are pulling back. Children and parents cannot give informed consent to gender affirming care. Children cannot provide informed consent by virtue of their age. Parents cannot provide informed consent either. The gender clinics have not provided watch and wait or psychological care as a treatment option. And parents have not been informed of the growing literature that speaks against "gender affirming care". The clinics therefore do not present balanced information with a thorough discussion of risks/benefits. It is also unethical to suggest that gender affirming care is safe and effective when there is no good science to support that claim.

MYTH: Without social affirmation and “gender affirming care” transgender children cannot express their true authentic selves.

FACT: Transgenderism is a social theory and should not be taught to children. A child cannot be born in the wrong body and it is abuse and without scientific merit to teach children otherwise. Instead, children should be taught to love their bodies and expect great things as they mature sexually and physically. Diversity of expression should be encouraged while respecting and understanding real sexual differences. Mental health issues should be addressed holistically and with parental supervision and consent.

