

What About The Kids?

When people hear that we want cross-sex hormones to be available for free and without regulation, one of the first concerns brought up is always "what about the kids?" At its heart, the concern is this: what if a cisgender (non-trans) child is given cross-sex hormones? In our opinion, this line of thought gives greater value to the lives (actually, the reproductive capacity) of a minority of (hypothetical!) cisgender youths than the millions of verifiably real transsexual youths whose lives would be *definitively* improved and even *saved* by access to these medications. We ask: if the effects of artificial hormones on a cisgender youth is so detrimental, why aren't you at least as concerned about the effects of puberty in transsexual youth?

Moreover, detransition is a tragedy for primarily one reason: the vast majority of the time, people who detransition do so either because they lost their health coverage, or because life as a trans person became so inhospitable that they were coerced back into the closet. In other words, despite the work of anti-trans chauvinists to suggest otherwise, *most so-called desistors are, in fact, still transsexual!* The research is not ambiguous. Around 1% of people who transition decide to detransition; only 5% of those detransitioners do so because they found that their decision to transition was a mistake. Around 99% of youths who take puberty blockers eventually go on to continue transitioning (which prompts the question, why force them to wait?). Trans surgeries have the lowest regret rate of almost any other elective procedure — and the biggest reasons for regret are most often born of botched results (a risk they were willing to take and which doesn't reflect a change in their experience of gender dysphoria). The myth of coercion and overprescription is so far removed from the actual experience of transsexuals as to be nearly comical, the very embodiment of "the big lie."

So, in short, our position is this:

Regulation and gatekeeping harms substantially more lives than it protects. In fact, we assert that gatekeeping doesn't even really have an interest in protecting cis people (because such risk is practically non-existent outside of fear mongering rhetoric), but *only in harming trans people*. We again repeat: 99% of youths who take hormone blockers go on to take HRT. How many die because they couldn't access or afford care? How many survive but live with intense gender dysphoria and anguish knowing that the means to stave off puberty exists but was withheld from them? How many become targets of discrimination for being *non-passing*? Does anyone writing legislation even care to answer these questions? (A rhetorical question, of course they do not).

For a great many trans youth, **the alternative to transition is death**. Many of those who need HRT will try to acquire it *whether it is legal for them to do so or not*. As with many other cases of prohibition, criminalization decidedly does not prevent the prohibited activity, but drives it underground into the black (or gray) market where risks are substantially greater. Thus, if state legislators really have an interest in "protecting the kids," should anyone find an issue with our facilitation of gray market hormones, then we would encourage them to do everything in their power to ensure, at the very least, that puberty blockers are both legal and easily

accessible (or to admit that they don't really give a shit about the kids at all). Failing this, if they continue to rip away access to life-saving medication, the antagonism of the bourgeois state towards transsexuals will only become more obvious.