As a pediatric and adult endocrinologist (a physician that that deals with the medicine of hormones), I oppose House Bill 1298 which attempts to prevent transgender youth from participating in athletics.

As the only pediatric endocrinologist in the state of North Dakota, I have the unique responsibility and privilege of caring for transgender youth and young adults seeking treatment to alleviate their gender dysphoria. I also care for children and adolescent with other chronic and serious endocrine medical conditions, which increases their risk for depression, anxiety, self-harm and suicide. However, it has only been those trans youth patients who have actually succeeded in suicide attempts.

It is a fact that student participation in sports have positive mental health effects in addition to the obvious effects it has on overall health and wellbeing. Excluding trans youth from participating in school sports will have significant mental health consequences in a group that already has the highest risk for attempted suicide and levels of depression.

Your bill assumes that transgender youth, particular transgender girls will have an unfair advantage over cis-girls. The risk of excluding trangender girls or women in sports will hurt all women. The policy proposed could subject any girl or woman to accusations and invasive tests because of concerns of being "too masculine" or "too good" for their sport to really be a cis-woman or cis-girl. As a pediatric endocrinologist, I have evaluated healthy young girls who come to me because they are too tall and measure well over two standard deviations above the normal for age and ultimately become tall women (often measuring six feet or taller). One could argue that they too could be discriminated against because they exceed the expected body type that could in theory advantage them in female sports.

Dr. Joshua D. Safer who contributed to the policies and standards set by the NCAA states that "a person's genetic make-up and internal and external reproductive anatomy are not useful indicators of athletic performance" and "that there is no inherent reason why their physiological characteristics related to athletic performance should be treated differently from the physiological characteristics of a non-gender woman". In a study published in Science in 2018, Joanna Harper's research found that a nonelite group of eight transgender distance runners were no more competitive as women than as men. Her findings suggested that a performance advantage was not always maintained over cisgender women as transgender women faced a reduction in speed, strength, endurance and oxygen-carrying capacity.

Since 2011, trans athletes have been able to compete on teams at NCAA member collegiate and universities consistent with their gender identity like all other student-athletes with no disruption to their gender's collegiate sports. It is also my understanding that since the 2015 North Dakota High School Athletic Association's policy about transgender students in sports, that no issues have come up about a specific transgender athlete's unfair advantage.

It is clear that excluding trans youth from sports or other activities is harmful and are more likely to experience detrimental effects to their physical and emotional wellbeing when they are pushed out of affirming places, activities and communities. Transgender youth face discrimination and violence that makes it difficult to even stay in school. A 2015 U.S. Transgender Survey report

found that 22% of trans women who were perceived as trans in school were harassed so badly they had to leave school because of it and another 10% were kicked out.

So, it is my professional opinion that the House Bill 1298 will unjustly discriminate again transgender youth in our state and subject them to further harm and risk of mental health exacerbation and self-harm.

The NCAA and the NDHSAA have already set guidelines that address the concerns of trans youth's participation in sports. These guidelines are backed up by scientific data and by experts in the field of medicine, genetics and psychology.

Luis Casas, MD

Pediatric and Adult Endocrinologist