

My name is Camille Kiefel and I represent Detrans Help, a non-profit by detransitioners for detransitioners. I testify today to share my story in hopes of preventing this from happening to others.

Prior to my transition, I had spent 20 years of mental health therapy with conventional modalities. I didn't respond well to medications, saw a gender therapist, and had two rounds of transcranial magnetic stimulation therapy—an intervention reserved for treatment resistant depression. I was diligent, wanting to heal, but nothing my doctors offered helped me—they always saw my issue strictly as a mental one.

I was at the end of my rope when I transitioned. I struggled with severe mental illness and trauma. This should have been a red flag. Yet within a few months of requesting top surgery, it was performed on me—the Oregon Health Plan considered it a medical necessity. I had physical health issues that had been previously overlooked; when those were addressed, my mental health improved. Had that been managed, I would have never gotten the surgery.

I got two letters—one requesting the surgery, and another saying I was psychologically fit to do the surgery. I detransitioned a year and a half later. Even with the safeguards in place, I was still misdiagnosed. Now that the safeguards are gone, I am concerned a higher rate of individuals will be misdiagnosed and harmed.

Individuals with sexual trauma, internalized homophobia, and other mental health comorbidities are transitioning as a coping mechanism. There is going to be a large onslaught of detransitioners in the next few years. We do not know how to treat them. We have no infrastructure to support them. There is so much we don't know, and it is deeply concerning.

Detrans Help helps detransitioners in the US and across the globe. They don't feel safe being open about detransition. Many detransitioners no longer trust the medical field and have struggled getting proper medical care. Part of this is that there is no ICD-10 medical code for detransition, making billing and getting the medical care they need difficult. Would SF2209 mandate detransitioners' coverage as well? I know detransitioners who were denied medical care.

WPATH's SOC 8 should not be the standard of care. It does not look into trauma and comorbidities as a source of transition, and the text acknowledges they know very little about detransition. How can you know who is a good candidate for a procedure if you cannot tell who is not a good candidate? Because of this, I would request that detransitioners need a medical code and be protected as a minority under SF2209.