The sustained attack on the rights of trans people in the United States — to participate in public life, to seek healthcare, to be recognized and supported by our loved ones, to even exist — continues. The legal attacks coming out of Idaho, Texas, and many other states mirror those in North Carolina’s since-repealed HB2. They prevent trans people from using the correct restroom and redefine “sex” to mean the gender on a person’s birth certificate, thus excluding trans people from the protection of anti-discrimination laws. I mention HB2 here because of the widespread attention the bill got, and because it came out the same year this trans correspondent did.

Let me be blunt. The people creating and funding anti-trans legislation aim to prevent trans kids from becoming trans adults, and they don’t care if that means we’re closeted or dead. The guise of concern for cis kids doesn’t extend beyond a fear that seeing acceptance for trans kids will lead to cis kids being supportive, or (god forbid) coming out themselves.

Here is a non-exhaustive overview of what lawmakers are currently trying to limit, ban, and criminalize:

- The right of teachers to accept their trans students and to respect students’ wishes when they want their coming out to be confidential.
- The right of parents and legal guardians to accept their trans kids and to choose evidence-based medical treatments (such as puberty blockers) for their children based on their knowledge, pediatrician recommendations, and the child’s wishes. The use of puberty blockers for trans adolescents is well supported by studies, including one last year by University College London and the NHS on trans kids ages 12-15, in which the vast majority of participants reported feeling happier and more comfortable on blockers. Puberty blockers were developed to delay early-onset puberty in cis children. This use isn’t challenged by these bills, despite lawmakers claiming that the use of blockers in trans adolescents is dangerous enough to warrant banning it.
- The right of trans adults under 21 to choose evidence-based medical treatments, including hormones and surgeries. Like puberty blockers, the majority of these treatments were developed for and continue to be used by cis patients (for example as hormonal contraceptives, low testosterone treatment, and chest reduction or augmentation), and their use in trans care is well supported. These bills only target these evidence-based treatments when they are being used by trans people.
- The right of doctors to provide evidence-based treatments to their patients with the consent of said patients and, when relevant, the patients’ parents and legal guardians.
- The right of trans students to use the appropriate bathroom at school. These bills claim to be aimed at preventing violence. They have been proven to fail to do so, including by a 2018 study by the Williams Institute at UCLA School of Law.
- The right of trans students, in particular trans girls, to participate in sports on the appropriate teams. Lawmakers argue this is necessary on the basis of differences in hormones, which exist person-to-person (cis or trans) especially during adolescence. Many of the students being targeted by this legislation would like to change their hormone levels with puberty blockers and, when age-appropriate, hormone replacement therapy, treatments that are also being restricted and criminalized by these proposals. Cis students will not be required to prove that they have ‘normal’ hormone levels in order to participate in sports on their chosen teams.

An extended version of this article, including action items and an annotated reading list of anti-trans legislation, can be found at fnewsmagazine.com.

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Elton Amadou-Connell (BFAW 2023) just started working on an advance directive because they don’t follow their own advice.