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## Testimony of Dr. Brock Libby Adolescent Medicine Physician, MaineHealth In Opposition to LDs 926 and 1401 “An Act to Ban Biological Males from Female Sports”

May 6, 2021

Senator Carney, Representative Harnett and members of the Joint Standing Committee on the Judiciary, my name is Dr. Brock Libby and I am an adolescent medicine physician originally from Cornville, Maine. I work at Maine Medical Partners in Portland, Maine in both primary care and in the pediatric subspecialty Gender Clinic where I treat gender diverse youth from the ages of 11 to 26. Today, I am here to testify in opposition to the bills before you, and specifically to explain why they would be harmful to the very population of young people I treat.

While I work at MaineHealth, I speak first and foremost as an adolescent medicine physician. I chose this subspecialty of medicine because it values and advocates for each and every young person in our care. I am testifying in opposition to this legislation because it violates the foundation of providing adolescents with the opportunity to live physically and mentally healthy lives.

Specifically, I am speaking out against this bill is because it would require us to treat certain young people differently than others by requiring physicians to assess young people who were born as biological males and who identify as transgender and want to participate in athletics differently than those who do not wish to participate in sports. This clearly discriminates against those transgender young people for whom participation in athletics is a goal. It is antithetical to both gender care and the very tenets of adolescent health and medicine.

Secondly, this bill violates the current standards of care. I rely upon patients to provide me with their gender identity. This bill would require unnecessary and unwanted genital exams on some youth who wish to participate in sports. This is not the standard of care, and performing unnecessary and unwanted genital examinations will bring significant harms. The first (and most important) is that it assumes that we do not trust our patients. It sets the tone of an adversarial relationship and it will make a therapeutic alliance between patient and provider nearly impossible. All patients deserve a physician who listens, empathizes and validates their experience. As their physician, I consider myself an expert in the medical care that I am providing, but the patient is the expert in their own lives/identity. A patient's identity does not come from a physician; it comes from the patients themselves. As one can see, telling them I need a lab value or an invasive examination to believe them is completely counter intuitive to this process and to our relationship.

Third, I (and all other adolescent medicine providers across the country) am referred patients who are both medically and psychosocially complex – usually the most complex in the system. Many of my new patients have a history of sexual assault and/or post-traumatic stress disorder and this type of examination, especially at the very beginning of our interactions, would be incredibly traumatizing. When someone is initially traumatized by their physician, the data are clear that they do not return for follow-up visits – and as health care providers, we work hard to establish the lasting relationships with our patients that are so important to their ongoing health.

Another concern is making private medical data part of public record. If this bill were to go into effect and a young person was prohibited from joining an athletic team, the recourse would require that their private medical records be provided to the Commissioner for determination. That, too, violates the current standard of care. As a physician who is dedicated with working with Maine's youth, I believe that we should be encouraging participation in athletics and other extra-curricular activities. All too often, I see the negative impact that isolation, shame and fear have on young people. This bill is expressly intended to capitalize on discrimination through the lens of medicine – violating our oath to “First, do no harm.” It is for these reasons that MaineHealth and I are against this bill being made into law.

In conclusion, I have had innumerable gender diverse youth discuss with me how this process makes them feel. One summed up the process in an emotive manner when they said to me “people will never understand what it feels like to have a group of people who are not like you determine what rights and privileges we can have. Why has our society moved from expanding rights for everyone to one that only wants to limit the forward progress of a particular group of people? While we are being other'ed in this situation, we are all humans; we have thoughts, families, feelings and lives. This bill would negatively affect all of these and I just wish people knew this.”

It is our hope that this bill will not become law and we will not have to make very difficult clinical decisions for the future that will affect a whole generation of young people. Thank you for the opportunity to testify, and I would be happy to answer questions.