

Roberta DiMezza

From: John Cotoia <john_cotoia@alumni.brown.edu>
Sent: Monday, April 12, 2021 11:28 AM
To: House Judiciary Committee
Subject: HB6171: Support

Follow Up Flag: Follow up
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As a current Rhode Islander (I am a graduate of Johns Hopkins and Brown University and live in Providence), I vehemently support HB6171. My name is John Cotoia BS, MS, I use any pronouns, and I am a rising third year medical student at The Warren Alpert Medical School. As a future provider and in line with the education I am receiving, it is my expectation that colleagues and I will provide inclusive gender and sexual health care.

This bill is beneficent, just, holds providers accountable to nonmalficence and safeguards patient autonomy. Unless incompatible with life, anatomically obstructive or potentially cancerous, this bill preserves the individual's right to determine the future of all their organically developed tissues. This bill is necessary to protect an extremely vulnerable group of Rhode Island children (about 1.7%) who deserve the opportunity to develop a relationship with their bodies before contemplating, deciding, and accepting life-altering procedures.(1)

Current practices stem from a history of unnecessary, pressured decisions inappropriately touted to normalize the appearance and preserve genital function. There is no substantial evidence demonstrating the benefits of cosmetic genital surgery to a child's ***long-term*** mental or physical health, nor is there evidence of any risk to delaying the procedures until the individual can decide if they wish to have the surgery. In actuality, many intersex people experience multiple adverse side effects from genital surgeries, including scarring, chronic pain, loss of sensation, urinary and sexual dysfunction, and other complications that require repeated follow up surgeries. Intersex people also report symptoms of post-traumatic stress disorder, depression, feelings of loneliness, and fear of intimacy due to surgeries performed on them before they were old enough to participate in the decision themselves. Furthermore, surgery performed at an early age can assign a genital appearance that does not align with the individual's gender identity that emerges in childhood and develops over time.(1)

What all patients need, but especially this population of patients, is compassionate, trauma-informed, and affirming care. This bill is a step in that direction - please support HB6171.

(1) National LGBTQIA+ Health Education Center: A Program of the Fenway Institute. "Affirming Primary Care for Intersex People 2020." 6 August 2020. <https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/08/Affirming-Primary-Care-for-Intersex-People-2020.pdf>

This short, easy to read, 17pg *community-informed*** clinical guide on primary care for intersex people provides an overview of intersex terms and concepts, the health concerns of intersex people, intersex-affirming practices, and resources for further learning substantiated.

Best,

John A. Cotoia
Pronouns: any/all
Warren Alpert Medical School // MD '23

Brown University // ScM Medical Sciences '18
Johns Hopkins University // Molecular Biology '15
john_cotoia@brown.edu // C: (760) 429-8683