**To be a Sophomore in June**

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June 26th, 2015. It was the summer right before my sophomore year of high school when the U.S. Supreme Court struck down state bans on same-sex marriage to legalize it in all 50 states, ensuring that same-sex marriage licenses from any state would be honored. In my lazy suburban home in Austin, I watched the national coverage and celebration of the historic and triumphant conclusion of *Obergefell v. Hodges* just before the end of Pride Month. Marriage was the farthest thing from my mind as a high school student on summer break, but I couldn’t deny the uplifting and empowering impression the decision made on me as a queer young adult. Simply having the option of marriage available meant queer individuals had more control over their own representation in the eyes of institutions that recognize and have benefits for heteronormative spouses, and this is especially true for healthcare. Queer couples now had nationwide access to healthcare coverage options such as employer-sponsored health insurance, spousal dependent coverage, consolidated family deductibles, spousal Medicare/Medicaid eligibility, and joint Health Savings Accounts. More importantly, couples now also had legal recognition of medical decision making, bringing us closer to ensuring queer individuals would have the most control over their desired health outcomes. It also finally meant John James Arthur’s final wish of being remembered and survived by his spouse, James Obergefell, could be reflected on a death certificate in their home state of Ohio (*Obergefell v. Hodges,* 2015).

June 20th, 2023. I am now preparing myself to enter the proverbial sophomore year again as a second-year medical student. As an adult on the verge of being responsible for my health insurance, I find myself pondering about the prospects of my own future healthcare decisions, who can be involved, and would my autonomy be respected. At the same time, I am reminded to think about what I can do as a future queer healthcare professional to empower the queer patients that may come under my care. These motivations inspired me to look towards the current LGBTQ+ legislation being discussed and debated nationwide and in Texas. Still, under the impression of the momentous victory for the LGBTQ+ community in 2015 with marriage equality, I expected there to be more pro-LGBTQ+ legislation almost a decade later. The reality of the situation couldn’t be further from my hopes.

By the time I left high school in 2018, there were 42 anti-LGBTQ+ legislative bills proposed across the nation: a little less than half being specifically anti-transgender, and the rest mostly related to discrimination of services to LGBTQ+ individuals based on religious beliefs (NBC News, 2022). Today, there are currently 492 anti-LGBTQ+ bills that are being debated, defeated, or passed in the 2023 legislative session, according to the tracker provided by the American Civil Liberties Union (ACLU, 2023). Of the anti-LGBTQ+ bills proposed in 2023 alone in 2023, over half are anti-transgender: from bills prohibiting transgender youth from receiving gender-affirming care (HB 648 in Louisiana and LB 574 in Nebraska) to bills banning transgender individuals from using the restrooms congruent with their gender identity (HB 1521 in Florida and SB 1040 in Arizona) (Human Rights Campaign, 2023). Some bills are anti-LGBTQ+ on a broader sweep, attempting to restrict or prohibit diversity, equity, and inclusion programs (SB 83 in Ohio, H. 3728 in South Carolina, and SB 17 in Texas, which was passed as I write, in June 2023) (Human Rights Campaign, 2023).

Texas itself takes up 53 of the 492 anti-LGBTQ+ bills this year, according to the ACLU. While most were defeated, enough were passed to significantly hinder transgender rights specifically. For example, the passing of Senate Bill 15 would now ban transgender university athletes from being able to compete on teams other than the ones reflecting their biological sex assigned at birth despite the National Collegiate Athletic Association having policies that monitor transgender athletes’ testosterone levels (Nguyen, 2023). Most notably directly affecting LGBTQ+ healthcare in Texas was Senate Bill 14, which bans transition care for queer youth. Under this bill, physicians providing any form of transition care to anyone under 18 can have their medical licenses revoked. Hospitals that provide any type of transitioning care would also lose public funding. Finally, youths who are currently transitioning would have to slowly stop treatment, a point to which many healthcare professionals have warned it to be physically and psychologically stressful on transgender youth (Nguyen, 2023). This change is perhaps the most detrimental to trans youth, considering a Journal of the American Medical Association Network’s prospective clinical cohort study from last year observed strong associations between denial of gender-affirming care and mental illness within a transgender nonbinary (TNB) youth population. TNB youths in the trial who were issued puberty blockers and gender-affirming hormones following the initial visit had 60% lower odds of moderate to severe depression and 73% lower odds of suicidal thoughts at their one year follow-up compared to those who did not receive gender-affirming care (Tordoff et al., 2022). For those in the trial who did not receive gender-affirming care following the initial visit, Tordoff et al. observed statistically significant increases in moderate to severe depression by the three month follow-up and significant increases in suicidal thoughts by the six month follow-up. Denying or revoking ongoing gender-affirming care could result in an increase in mental decline among TBN youth statewide, magnifying the mental health crisis among the LGBTQ+ community of Texas. SB 14 was passed into law on June 2nd, 2023, but its impact has yet to be seen as it faces lawsuits filed by families and health professionals citing the same deleterious effects on transgender care (*Loe v. State of Texas,* 2023).

While Texas and many other states have been drafting legislation directed toward transgender healthcare, we must recognize the potentially harmful effects of this recent rise in anti-LGBTQ+ legislation on the queer community’s health and well-being as a whole. Senate Bills like SB 1076, which would have banned public and charter schools from teaching gender identity and sexual orientation up to 12th grade, could have negatively impacted the mental health of LGBTQ+ youth by eliminating school as an environment for informative discussion, demystifying misunderstandings, and stopping bullying (Nguyen, 2023). Schools have already been shown to be an inherently negative environment for trans children because there is a lack of policies in place providing protections for or information on gender identity and expressions, so more education and policies on LGBTQ+ sensitivity provide a better framework overall to cultivate a healthy learning environment (Cicero et al., 2017). The passing of SB 17 has already effectively banned public universities from establishing or maintaining a diversity, equity, and inclusion office (Texas Legislature, 2023). Without the presence of these offices to oversee diversity training, such as LGBTQ+ sensitivity, public LGBTQ+ university students now may become more vulnerable to on-campus discrimination. Even a senate bill directed towards business owners like SB 476, which sought to reclassify bars and any other commercial business that hosted drag shows as “sexually oriented businesses,” could have affected the mental health of queer adults in Texas by straining historic queer safe spaces. Had SB 476 passed, many of the state’s LGBTQ+ bars would have to operate under regulations that come with higher taxes and fees if they were classified as a sexually oriented business (Nguyen, 2023). From small town closures to increases in expenses to keep up, the coping mechanisms of these spaces would have surely had a direct impact on the queer communities they served.

Each anti-LGBTQ+ legislative proposal that passes has its undeniable discriminatory consequences to follow. Each anti-LGBTQ+ legislative proposal that does not pass still serves as a harrowing glimpse into a reality that only serves to spur more anti-LGBTQ+ rhetoric: SB 476 did not pass but was scaled back only a few months later to give way to SB 12, the infamous bill that aimed to criminalize drag performances to children (Nguyen, 2023). We now also know that this ongoing rhetoric and even the mere act of passing anti-LGBTQ+ bills have direct negative impacts on the mental health of the constituents involved. A study by Raifman et al. in 2018 found a 46% increase in mental distress among LGBTQ+ adults in states that passed laws that allowed businesses to deny service to same-sex couples. Meanwhile, in 2002, a study by Parris et. al found that the number of texts to Crisis Text Hotline from LGBTQ+ youth increased one month after their respective states proposed anti-LGBTQ+ legislation.

It is only a matter of time before even more major legislation is proposed or is called back into question. The overturning of Roe v. Wade in June 2022 concurred with Justice Clarence Thomas’s ominous suggestion of high court reconsideration of many other cases, including *Obergefell v. Hodges* (Stolberg, 2022). All the opportunities for same-sex couples granted over 8 years ago could come to hang in the balance once again, especially with the wave of anti-LGBTQ+ rhetoric in legislation. So with all of the sides of queer health, from mental health to healthcare accessibility, being targeted as a point of contention in Texas and beyond, what can healthcare professionals and aspiring healthcare professionals do? As Jackson et al. summarize in their abstract on the role of clinicians amidst anti-LGBTQ+ legislation, we must continue to use our “privilege to engage stakeholders and advocate for LGBTQ+ inclusive policies at the institutional, local, state, and national levels” (Jackson et. al., 2023). We can start small by just making sure our institution’s clinics have gender-inclusive guidelines, ensuring demographic forms and electronic medical records that account for all gender-expansive identities, sexual orientations, and same-sex couples. Moving upwards to the local level can look like approaching school boards about their LGBTQ+ education and sports inclusion policies to see that they stay safe spaces for queer youth. The simple acts of voting or voicing opinions on national laws to pass The Equality Act or uphold *Obergefell v. Hodges* takes us to the last level. We can magnify the benefits to the queer community with LGBTQ+ affirming policy enacted through each level, but we must do so without losing focus on the dangers continuous anti-LGBTQ+ rhetoric and proposals bring.

The term ‘sophomore’ is a Greek portmanteau that combines the term ‘*sophos*’, meaning ‘wise’, with the term ‘*moros*’, meaning ‘fool’, to effectively translate to the oxymoron: a *wise fool*. *Wise* for us to recognize the magnitude of the situation; *foolish* of us to take it lying down.

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