

HF 16 – Transgender Bill

Comments on transgender Bill.

Question 1. Reading through this text, I see a prohibition on a class of medical interventions which are being possibly discussed between a doctor and a patient. This is a very similar fact pattern to the Supreme Court case *Griswold v. Connecticut* which built the original framework for medical privacy. This was a case specifically sponsored by Planned Parenthood in 1965. This decision set the state for *Roe vs. Wade*, and recently even in Minnesota, the prohibition on any limits to abortion due to a “constitutional right”. This constitutional right was originally revealed in *Griswold*. Is it really the Democratic Caucuses desire to set the stage to possibly cause a challenge and/or overturning of *Griswold*? It isn’t necessarily that I am pro-abortion, but I find this very odd and self destructive to those who are pushing this legislation.

Question 2. The structure of this law is interesting in that it prohibits a group of doctors in a specific area of study from conducting services in an area in which they are the specialist. If taken with some of the bills pushing emotional sensitivity training in schools which introduces children to concepts like gender fluidity which has the potential to shift where they can and do experience attraction (as they haven’t considered other non-binary combinations before), then some have argued that this could technically meet the criteria of this law minus the specific tie to health care professionals. As such, we are technically prohibiting one group which is specialized in mental health from engaging in activities which result in changing desire (arguably something within the study of mental health) while we through another law are going to engage in teaching teachers how to teach courses which can change desire though they haven’t specialized in mental health. It would seem to come from the outside like a law prohibiting plumbers from working on pipes, with another bill which specifically requires electricians to engage in plumbing. This is just puzzling and seems an attempt to appease a certain niche voter group instead of focusing on the major concerns of Minnesotans like inflation. Please clarify to show that the needs of Minnesota are indeed your primary concern with this bill.

Question 3. We have been bombarded as a people by the phrase, “we need to follow the science”. Additionally, we need to make sure that the state is indeed engaging in work which specifically can be shown to be within the guidelines of the power of state. One of the broadest powers that we have would be to act in the interest of public health. Based on these two statements, I note that 1. there is no specific standard of care stated in this bill. That would suggest actually that indeed, this isn’t about a singular actual determined way of changing desire, but indeed it is against the idea that anyone should consider changing desire in any way. This is questionable. 2. Many outside have explicitly stated that indeed no one of consequence has been engaged in these services for years. With regards to each of these, if indeed this issue is something which has caused injury to the people of Minnesota and there is an urgent need for actions, I will be the first to blow the horn. The issue is that I have seen no reports on deaths or significant injuries attributed to this issue in the state of Minnesota. Has there been any studies on the harm caused by this process nationwide? Has it been published by a peer reviewed publication? Has the Health and Human Services of Minnesota determined a notable problem with practitioners of this offensive care? Has their report shown statistically significant injuries and/or mortalities over similar therapies for trauma and/or depression? What are the numbers? Where are the reports? Who are the individuals involved? In order to have a p-value that is significant in any way, shape or form, there need to be at least 30 cases. Technically, we need thousands minimum in an extended study to correct for cohort affect called a longitudinal study. What are their names? How about nationwide with verification that this is not hearsay and that indeed there is a driving problem

and people suffering? Who are these people and what are their injuries? Where's the science? What exactly is the standard of care and how exactly is the process which has been causing these injuries employed? There are some that have said that this is specifically pandering to a particular ideology. I am open to proof that this accusation is incorrect if indeed it is.

Question 4. What do you mean by attraction? It is completely fluid. It is a correct use of the word attraction to say that a person who has a problem with cutting is attracted to cutting. There absolutely are people engaged with youth who have this problem and I want them to continue! I understand this isn't what was intended, however the language used is extremely ambiguous and concerning. What about someone who has a problem overeating. A counselor working with this individual may suggest different therapies to help with stress or other factors which help to eliminate these cravings. That would be altering an attraction. Again, not what you are trying to achieve. That is the point. This is a poorly worded bill that I would not vote for ever.

Question 5. This relates back to the courts point on question 1. If there is consent by a patient for a doctor to engage in a particular treatment that perhaps has affects that the patient desires, why is the government interceding? Even without a doctor, we are pushing to de-regulate cannabis currently. That is something that individuals can 'decide' they want the affects concerning. There is a question in my mind why it is okay for someone to choose cannabis without the advice from their doctor, but they should not be allowed to choose any therapy which could help them be attracted and engage socially they way they desire. I was asked while in front of a building protesting a supposed series of statements as to the safety of the vaccine and how we need to stomp down misinformation. As a person who has suffered from Myocarditis and was hospitalized in the cardiac ICU at Mayo Hospital for over a week, I feel that people who desire to make the decision not to have some foreign substance put in their body should have that right, and should be able to not loose their jobs due to the decision. I was asked by a reporter who was sharp what is the difference between the right to choose not to have the vaccine and the right to choose abortion. It was a valid question. The answer of course is found in Roe vs. Wade. I believe life exists at conception and therefore the right to life legally trumps the right to choose a medical procedure. Legally, they are not equivalent. Please clarify why the right to choose cannibals without a doctor is more sacred than the right to choose some therapy whether talk therapy, or whether it is some type of mental exercise therapy to help divert attractions which an individual finds disruptive to the happiness (read pursuit of happiness) that they desire.