Thank you for this time. My name is Carol Kauffman and I'm with the Vermont Family Alliance, an advocacy group for parental rights and responsibilities and minor protections.

H89 and S37 will constrict Article 22s "personal reproductive liberty", without voter approval or a day in court. Companion bills S37 and H89 will protect a one direction model of care for a minor child who may be experiencing gender dysphoria, therefore, interfering in the Vermont state constitutional right to reproductive liberty.

H89 and S37 do not extend equal personal reproductive protection as required under Article 22. Act 47 (2019) purpose and policy guarantees "(a) The State of Vermont recognizes the fundamental right of every individual to choose or refuse contraception or sterilization. (b) The State of Vermont recognizes the fundamental right of every individual who becomes pregnant to choose to carry a pregnancy to term, to give birth to a child, or to have an abortion."

Prior to the November Article 22 vote, Representative George Till, Speaker of the House Krowinski, Senator Ruth Hardy and former Representative Ann Pugh publicly stated that Article 22 will make it difficult for future legislatures to interfere with personal reproductive liberty.

H89 and S37 by exclusively protecting the one direction "gender-affirming" health care model and prohibiting so called "conversion therapy" are government interference and loss of reproductive liberty choices, because patients are denied information about a care model that could allow them to resolve their dysphoria without damaging their fertility and bodies.

Dr. Kenneth Zucker, long acknowledged as a foremost authority on gender identity issues would be in violation of Vermont standard of care.   Zucker believes that gender-dysphoria pre-puberty children are best served by helping them align their gender identity with their anatomic sex. This view ultimately cost him his 30- year directorship of the Child Youth and Family Gender Identity Clinic at the Center for Addiction and Mental Health in Toronto.

Susan and Marcus Evans would also be so-called "conversion therapists" under H89 and S37. They are the authors of *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*. Marcus Evans stated, "It's another matter to start interfering with a healthy body. One would want to think very carefully before you do that."

Feminist Dr. Debra Soh, author of "The End of Gender" would be another so-called "conversion therapist" in Vermont. She warns that mental health therapists are leaving this field because of laws limiting care to the one direction "gender affirming" model. Families, mental health and medical health providers- that believe in the science of two genders will become a target in Vermont under 26VSA3261

" (4) "Disciplinary action" includes any action taken by the (state) Board against a licensed clinical mental health counselor or applicant premised on a finding that the licensed clinical mental health counselor or applicant has engaged in unprofessional conduct." Dr. Soh's assertions are correct.

H89 and S37 committee members should understand therapeutic gender dysphoria models in which the Vermont government has deemed "conversation therapy" before you vote.

We should be able to agree that children do not have the physical, emotional or mental capacity to protect themselves or to make life altering decisions with or without their parents. Vermont state government has age restrictions for drinking alcohol, driving, gun ownership, smoking and marijana, with or without parent consent because of brain development.

For the same reasons, age restrictions must be considered for H89 and S37. Standards of care are changing rapidly, and parents' rights to direct the care of their children need to be protected in law. H89 expert testimony must address minor brain development, informed consent, minor consent challenges, minor protections, such as case plans, due process, and court oversight.

Unlike Vermont, sister states are not determining mental and medical gender care options through legislation. States are rightly concerned and focused on the known permanent side effects of the "gender affirming" hormone treatments that are not FDA approved and the irreversible surgical options. H89 and S37 committees should not vote without this imperative discussion.

I have submitted testimonials from individuals describing their experiences. Even though they are not from Vermont, their care was exclusively "gender affirming" as would be protected by H89 and

S37 and also recommended by some state and national medical societies. I hope you will read each one.

Will H89 and S37 protect minors and adults wanting to detransition to their biological sex, and will insurance cover all mental and medical treatment needed?

Prisha Mosley decided to stop transition, “No doctors will help me fix this, and insurance is paying for nothing.”

Consider one of the national cases of Chloe Cole, who is suing Kaiser Permanete of California. In Chloe Cole’s lawsuit, the Defendants falsely informed Chloe and her parents that Chloe’s gender dysphoria would not resolve unless Chloe socially and medically transitioned to appear more like a male. “The vast majority of childhood gender dysphoria cases resolve by the time the child reaches adulthood, with the patient’s self-perception reverting back to align with their biological sex.” Under Chloe’s one direction “gender affirming” model of care, “...between 13 to 17 years old Chloe underwent harmful transgender treatment, specifically, puberty blockers, off label cross sex hormone treatment and a double mastectomy.”

Parents must be free to find the individualized health care, transparency, and information that is necessary for them to direct the medical treatment that is best for their minor child beyond the one direction “gender affirming” model of care and government must not interfere.

Finally, the Vermont state government began to codify the one direction “gender-affirming” standard of care model into Vermont law, interfering with reproductive liberty and the parental right to direct their child’s mental and medical health care through the following statutes.

“Conversion therapy” was prohibited in 18 V.S.A. § 8351, by default protecting the one direction “gender-affirming” care model. Vermont began to interfere with the parent, child, and doctor relationship.
Act 35 (2017) “This bill proposes to allow minors to consent to mental health treatment for any condition related to the minor’s sexual orientation or gender identity.” without parental

knowledge. Under Act 35 parents are not able to select the most appropriate counselor for their children.

16V.S.A.132 requires, " At a minimum, condoms shall be placed in locations that are safe and readily accessible to students, including the school nurse's office." Again, parents are not involved and have no input over adult access to their children.

Parents are reporting gender ideology influences within their child's public school at an early age with books and cirricula they were unaware of. Both S37 and H89 will protect, "(B) any act or omission undertaken to AID or encourage, or attempt to aid or encourage, any person in the exercise and enjoyment or attempted gender affirming health care services secured by this State or to provide insurance coverage for such services." This alone is terrifying.

I submitted an amicus brief by Dr. Erica E. Anderson, Ph.D., with my testimony. Dr. Anderson is a clinical psychologist practicing in Berkeley, California, with over 40 years of experience, and is transgender. Dr. Anderson argues, "Whether a minor experiencing gender incongruence would transition socially is a major and potentially life-altering decision that requires parental involvement, for many reasons." Dr. Anderson's Table of Authorities is exhaustive.

The world has a problem with minor sexual exploitation. I recommend each committee member research "Operation Underground".

It's understandable that concern about suicide compels action. Each committee member must consider today's exponential suicide rate wthin the gender dysphoric demographic.   If suicide is the result of the absence of the one direction"gender affirming" health care model, then why doesn't history show higher suicide rates when today's "gender affirmng" model was not an option of care? Care must flow in both directions. Let's work to protect children by creating legislation that works for all children while not constricting reproductive liberty protected under Article 22.