

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, the so-called shield bill, 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, the so-called shield bills, do not extend equal personal reproductive protection as required under Article 22.

Prior to the November vote, proponents publicly stated that Article 22 will make it difficult for future legislatures to interfere with personal reproductive liberty.

H89 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.

[18 V.S.A. § 8351](#) prohibits so-called "conversion therapy" and is codified in Act 35, H89 and S37. The Vermont government has prohibited a model of care that believes children are best served by helping them align their gender identity with their anatomic sex because 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

Each committee member must consider today's exponential suicide rate within 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 mysterious exponential youth suicide rates when today's "gender affirming" model was not an option of care and when the now prohibited "conversion therapy" was the mainstream model of care?

Vermont Family Alliance would like to bring in balanced expert testimony regarding other care models for gender health care protected under Article 22. For national examples, feminist Debra Soh, Sex Neuroscientist, author of "*The End of Gender*", debunking the myths about sex and identity in our society. Nancy Percy, author of "*Love Thy Body*", Dr. Susan and Marcus Evans, 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.”

I have submitted testimonials from individuals describing their experiences as fast tracked. Even though they are not from Vermont, their care was exclusively “gender affirming” and I believe each of them have lawsuits claiming lack of informed consent and permanent damages. I hope you will read each one.

Prisha Mosley decided to stop her medical transition, “No doctors will help me fix this, and insurance is paying for nothing.” Will H89 protect minors and adults wanting to detransition to their biological sex, and will insurance cover all mental and medical treatment needed?

Consider one of the national cases of Chloe Cole, who is suing Kaiser Permanente 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.” Chloe believes she was allow to make an adult decision as a child.

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 marijuana, with or without parent consent because of brain development.

For the same reasons, age restrictions must be considered for H89. 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.

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.

Vermont Family Alliance agrees that H89 does not change consent for minors and it does not restrict parent's rights. Yet, the standard of care can change the day after H89 becomes law. Also, parents have lost their right to direct their child’s reproductive care prior to H89.

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 growing lawsuits, in their child’s public school at an early age with books, curricula and counseling without their knowledge and by the time parents are involved, their oversight is too late as Abigail Shirer documents hundreds of families’ experiences within the fast tracked “gender affirming” model of care in her book, *Irreversible Damage, The Transgender Craze Seducing Our Daughters*.

H89 will only protect every unknown person participating in the one direction “gender affirming” care, leaving no protection for parents, mental and medical doctors and others who do not agree. “(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.” taken from H89. This should terrify every American.

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 details those reasons in her amicus. Dr. Anderson’s Table of Authorities is exhaustive.

H89 shield law continues to expand and protect unknown adult access to children without parental, state or court oversight.

It's terrifying that Vermont legislatures would actually believe that H89 is good and safe for children.

Thank you,

Carol Kauffman, Vermont Family Alliance