



Supplement to Testimony in Opposition to S.F. 23 (Dibble)
Minnesota Senate Commerce and Consumer Protection Committee
February 14, 2023

Chair Klein and Members of the Committee:

The Minnesota Catholic Conference writes to reinforce our opposition to S.F. 23, the counseling ban. We enclose here, for reference, our prior testimony from February 8 in the Health and Human Services Committee, but I also wish to add supplemental information regarding unnecessary limits being imposed on advertisements and sales.

The prohibitions in this bill, and specifically Subd. 7, are overbroad and vague, and therefore threaten the freedom of speech guaranteed to us in the First Amendment. Under the proposed language, faith groups, religious bookstores, or even Barnes & Noble could conceivably be penalized for selling or distributing the Bible or the Catechism of the Catholic Church because of their promotion of an integrated sexuality consistent with human flourishing and their exhortation to turn away from sin. In short, both books call on the reader to “convert.”

Minnesotans should be allowed access to timeless truths that will help them to flourish. Placing a ban on advertisements and sales removes this right.

We do not endorse any particular form of counseling or therapy to address unwanted same-sex attraction or gender dysphoria, and we oppose the use of objectively harmful practices. But people have a right to access the psychological sciences to treat conditions and the underlying trauma that often causes those conditions to manifest themselves. What is on the table today is simply a desire to ban talk therapy and its accompanying materials because one side’s viewpoint has become to them a sort of religion to which everyone must agree. Instead of leaving room for youth to seek the types of treatment and materials that would be most helpful to them, this bill micromanages what message they receive and how it is portrayed. Somehow, youth can access so-called gender-affirming care and allegedly have the right to sterilize themselves and procure an abortion, but they do not have the ability to obtain counseling.

S.F. 23 is an attack on our fundamental rights and limits youth from getting the help they need. We hope you vote no on this legislation.

Thank you.

Maggee Hangge, Policy Associate
Minnesota Catholic Conference
mhangge@mncatholic.org



Testimony in Opposition to S.F. 23 (Dibble)
Minnesota Senate Health and Human Services Committee
February 8, 2023

Chair Wiklund and Members of the Committee:

The Minnesota Catholic Conference, the public policy voice of the Catholic Church in Minnesota, opposes S.F. 23, the counseling ban. This legislation denies young people who struggle with gender discordance and same-sex attraction access to the psychological sciences that help them live in harmony with their bodies and with a healthy, rightly ordered sexuality that promotes human flourishing.

The irony of this bill is that kids are allegedly able to consent to puberty blockers and permanent body-altering drugs and surgeries, but supposedly need to be protected from a licensed counselor or mental health professional. The bill functions primarily as a statement of moral disapproval, built around unscientific and unfounded premises about human sexuality¹.

People should continue to have access to the psychological sciences

The Catholic Church does not take a position on the efficacy of particular therapeutic practices to reduce, change, or eliminate same-sex attraction or homosexuality. Nor does it recommend any particular therapeutic course of action regarding gender discordance or a transgender identity.

The Church is open, however, to persons receiving therapeutic interventions that accompany proper pastoral care, advising that “Catholics who experience homosexual tendencies and who wish to explore therapy should seek out the counsel and assistance of a qualified professional who has preparation and competence in psychological counseling.”²

In the Church’s pastoral care of persons, we encounter many who seek to live in accord with the way God made them, male or female, and consistent with His providential plan for human sexuality. Often, they pursue a combination of spiritual and secular resources to give them hope and healing, and they should continue to have the freedom to do so, consistent with sound professional practice. We speak on their behalf today, as well as on behalf of the counselors and therapists who wish to serve them and who operate consistent with Christian anthropology.

The counseling ban inhibits the mental healthcare of those who seek therapy

Mental health professionals note that same-sex attraction and gender discordance can, among other things, be the symptomatic result of childhood trauma. Sometimes, addressing and working to heal the underlying trauma requires speaking to matters of sexual identity. Similarly, those experiencing gender

¹ For one summary of the science says of gender discordance, see, for example, Mayer & McHugh, “Sexuality and Gender: Findings from the Biological, Psychological and Social Sciences,” *The New Atlantis* (Fall 2016), available at https://www.thenewatlantis.com/docLib/20160819_TNA50SexualityandGender.pdf.

² U.S. Conference of Catholic Bishops, *Ministry to Persons with a Homosexual Inclination: Guidelines for Pastoral Care*, USCCB, 2006

discordance or same-sex attraction may have other psychological struggles or show a lack of psychosexual maturity that requires attention and treatment.

Whatever one's views on sexual orientation or gender identity, foreclosing a therapist from having a conversation with a minor about psychosexual development is a disservice to the child, and undermines the idea that there is real choice involved.

If a professional fears that any discussion of gender discordance or same-sex attraction could lead to their punishment and loss of licensure, they will avoid altogether serving certain types of clients who seek their assistance. In that case, the client is left unserved, and is instead given no option other than to continue to live with unresolved psychological pain or sexual attraction, or, in the case of gender discordance, to be funneled into “gender affirming” medicine. This can involve spurious, and often permanent, modes of treatment that have not shown to foster long-term psychological well-being. Even prominent practitioners of gender medicine have stated that this medicine often abused.³

In fact, there is a troubling irony to this legislation, namely, that actual conversion therapy, so-called “gender medicine”—an industry alliance of doctors, activists, and pharmaceutical companies—continues to grow exponentially despite gender transitioning having little to no evidence of success in relieving gender discordance.⁴ It is built around a worldview of personal autonomy and lucrative medical practice, instead of sound science.⁵

Other countries are re-considering their approach to this type of medicine. Among them is Great Britain, which banned sex-reassignment surgeries and treatments for minors because of minors' inability to properly consent to permanent physical alterations.⁶ That is a conversion therapy ban worth considering.

This legislation, however, merely emboldens gender ideologues and enriches pharmaceutical companies and unethical doctors—all of whom prey on young people and their naïve parents by promoting these irrational ideologies and irreversible body-altering practices. Those who are worried about suicides among young people experiencing a crisis of sexual identity should not foreclose to them professional psychological assistance. Instead, they should stand in opposition to this counseling ban.

Thank you.

Maggee Hangge, Policy Associate
Minnesota Catholic Conference
mhangge@mncatholic.org

³ Abigail Shrier, “Top Trans Doctors Blow the Whistle on Sloppy Care,” *Common Sense Substack*, Oct. 4, 2021.

⁴ United States Department of Health Centers for Medicare and Medicaid Services, “Gender Dysphoria and Gender Reassignment Surgery,” Aug. 20, 2016 (noting that “the four best designed and conducted studies that assessed quality of life before and after surgery using validated (albeit non-specific) psychometric studies did not demonstrate clinically significant changes or differences in psychometric test results after GRS [gender reassignment surgery]”) available at <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=282&bc=ACAAAAAQAAA&>

⁵ Andrew Long Chu, “My new vagina won't make me happy: and it shouldn't have to,” *N.Y. Times*, Nov. 24, 2018, available at <https://www.nytimes.com/2018/11/24/opinion/sunday/vaginoplasty-transgender-medicine.html>

⁶ Ryan T. Anderson, “Sex Change: Physically Impossible, Psychosocially Unhelpful, and Philosophically Misguided,” *The Public Discourse*, March 2018, available at <https://www.thepublicdiscourse.com/2018/03/21151/>.