



Testimony of Mr. Jason Adkins, Esq.
Minnesota House of Representatives Health Finance and Policy Committee
Preventive Health Policy Division
H.F. 2156 (Hollins), March 2, 2022

Chair Freiberg and Members of the Committee:

The Minnesota Catholic Conference, the public policy voice of the Catholic Church in Minnesota, opposes H.F. 2156, 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 legislation does not prohibit any specific form of treatment or therapy. Instead, it is an overly broad speech ban that targets a wide array of talk therapy, and which will prevent young people from receiving needed services. The strange logic 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 irrational premises about human sexuality¹. Please vote no on this proposal.²

1. 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 deep-seated homosexual tendencies. 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.”³

The Church stresses that “[p]arents should also have recourse to specialists with solid scientific and moral formation in order to identify the causes over and above the symptoms [of same-sex attraction] and help the [children] to overcome difficulties in a serious and clear way.”⁴

In our 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

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 We would have no opposition to more narrowly tailored measures that target and ban specific forms of treatment or “conversion therapy” that are objectively cruel, unusual, unscientific, or have consistently shown to offer no benefit to a patient. But we would also note that questionable or harmful mental health or therapeutic practices already fall within the scope of the Minnesota Deceptive Trade Practices Act, Minn. Stat. § 325D.44, as well as within the professional licensure process.

³ U.S. Conference of Catholic Bishops, *Ministry to Persons with a Homosexual Inclination: Guidelines for Pastoral Care*, USCCB, 2006

⁴ Pontifical Council for the Family, *The Truth and Meaning of Human Sexuality: Guidelines for Education within the Family*, 1995.

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.

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

Mental health professionals with whom we work 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 discordance or same-sex attraction may have other psychological problems or show a lack of psychosexual maturity that requires attention and treatment.

Consider one very realistic hypothetical: A child may enter a counseling setting having already reached a conclusion about sexual orientation or gender identity with little or inaccurate information. For example, a boy may conclude that, because he does not fit within unproductive gender stereotypes (i.e., he may like the color pink, ponies, and baking), he is actually a girl. The child has come to a very serious and potentially life-altering conclusion without a deeper understanding about stereotypes and sexuality. Minors, in most instances, are simply unequipped to make these judgments without the assistance of competent adults.

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. Providers are being handcuffed for reasons that may not be about science or ethics.

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 and patients who seek their assistance. In that case, the patient is left unserved, and is instead given no option other than to continue to live with unwanted same-sex attraction, or, in the case of gender discordance, to be funneled into "gender affirming" medicine involving 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 it is often abused.⁵

In fact, there is a curious 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.⁶ It is built around a worldview of personal autonomy instead of sound science.⁷

⁵ Abigail Shrier, "Top Trans Doctors Blow the Whistle on Sloppy Care," *Common Sense Substack*, Oct. 4, 2021, available at <https://bariweiss.substack.com/p/top-trans-doctors-blow-the-whistle?s=r>

⁶ 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/nacal-decision-memo.aspx?proposed=N&NCAId=282&bc=ACAAAAAAQAAA&>

⁷ 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>

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Great Britain has banned sex-reassignment surgeries and treatments for minors because of minors' inability to properly consent to permanent physical alterations.⁸ 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 harmful 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.

⁸ 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/>.