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To: House Human Services Committee
From: Christopher Dodson, Executive Director
Subject: House Bill 1301 - Protection of Minors from Gender Transitioning Interventions
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The North Dakota Catholic Conference supports the intent of House Bill 1301 to prohibit medical providers from using puberty-blocking drugs, cross-sex hormones, or surgeries on a child who has emotional distress surrounding his or her sex.

We are still analyzing the details of House Bill 1301, but wish to encourage the committee to work on this and related bills to enact legislation to protect children from these procedures.

Much has already been said regarding the lack of information about the long-term consequences of these interventions, the inability of children to fully comprehend the nature of the interventions and their consequences, and the overriding fact that no medical intervention can truly realign a person's sex.

We wish to offer some other facts for consideration.

To begin with, we need to recognize that these medical interventions may be called "gender-affirming," but in reality, they are acts of gender transitioning. Each intervention included in the bill — puberty blockers, cross-sex hormones, and surgeries — act on the physical body so that it takes on the characteristics of the person's self-identified gender.

Several principles exist when examining whether a medical intervention is ethical.

The first is whether the object, that is, the direct and intended purpose of the act is good. In the case of puberty blockers, cross-sex hormones, and sex reassignment surgery the purpose — indeed, the only purpose — is gender transitioning or providing a step toward gender transitioning. Certainly, some practitioners will talk about alleviating stress or reducing anxiety, but the chosen method to address those conditions is gender transitioning.

Gender transitioning is ultimately a fiction or a battle against nature. The body cannot change its sex. This raises serious doubts as to whether the intended act is itself good.

Another criterion for determining whether a medical intervention is ethical is whether the intended effect is achieved by a harmful action. In this

regard, all three interventions addressed in this bill — puberty blockers, cross-sex hormones, and sex reassignment surgery - clearly fail.

Puberty blockers do only one thing. They suppress normal and healthy bodily development.

The administration of cross-sex hormones does not treat any disease. It only interferes with the normal and healthy functioning of the human body.

Sex reassignment surgery does not treat any pathology. It is the alteration or removal of healthy organs and tissue, an act also known as mutilation. The consequences are permanent.

None of these actions treat any disease. No illness is averted and no pathology is treated. That is why they cannot properly be called “treatments.”

Some argue that as a result of these interventions, the individual might have less stress, anxiety, or depression. These are what are called “consequentialist” appeals. They attempt to justify a harmful act by appealing to an indirect, though possible, good consequence. These arguments ignore, however, that the act itself harms the body and that the act itself — that is, harming a healthy body does not directly treat (not medically indicated for) the gender incongruence.

Unfortunately, violations of these principles of medical ethics have become tolerated. They should not be tolerated when it comes to children. Children should not be subject to medical interventions that harm, sometimes irreparably, healthy bodily functions, organs, and tissues for the sake of forcing the body to look or feel like something it is not.

We urge this committee to work on this and related bills to enact legislation prohibiting these interventions on children.