



# Taxpayers Will Pay for Sex-change Surgery for Minors In Vermont

The same state that nearly sent a man who says he's a woman to the governor's mansion has just upped the ante. Vermont's health insurance managers [will now require taxpayers](#), via Medicaid, to pay for "sex reassignment surgery" for minors.



"Sex reassignment" is impossible of course, but that scientific fact won't stop the state's Dr. Frankensteins who would experiment on mentally-ill children.

So if a 10-year-old boy on Medicaid in the "Green Mountain State" says he is a girl trapped in a boy's body, if he wants to have the reassignment surgery, and if his parents support having him mutilated, then Vermont will be there, scalpel in hand.

## "Woke" Parents

The new rule came down in May. Not only will minors be allowed to get the surgery (with parental consent), the *Burlington Free Press* [reported](#), but Medicaid — meaning taxpayers — will foot the bill. Twenty-five percent of the state's residents and 50 percent of them under 18 years old use Medicaid, the newspaper reported.

Noting that the "gender-affirming surgeries include [16 types of genital surgery](#), as well as breast augmentation or mastectomy, a surgery that removes the whole breast," the newspaper permitted the director of a "transgender health clinic" to explain why the plan is a great idea: "Having young people have to wait until they were 21 just didn't really make any sense."

[Another booster noted](#) that a "'staggering percentage' of transgender and non-binary youth have reported considering suicide," which is unremarkable given that such kids are mentally ill and need psychiatric help.

The newspaper's scribe apparently forgot to find someone who might think taxpayer-financed mutilation of children isn't such a bright idea. One critic of the policy worried on Twitter about "woke" parents who might actually permit a doctor to butcher their child.

"So it's within the realm of possibility that one of the toddlers identified as 'trans' by Woke parents and their doctors could be a candidate for genital surgery," [tweeted 4thWaveNow](#). "Why not? If they're 'true trans,' what would be the reason to wait? Cue the next specialty: Preschool SRS surgeons."

Unsurprisingly, the rules say, "Vermont Medicaid does not cover reversal or modification of the surgeries approved under this rule," which inspired [this skeptical tweet](#) from 4thWaveNow:

Meanwhile, nearly every day a new detransitioned/desister appears on social media — people who transitioned as teens or even early 20s. But grammar school kids just "know" their identities and shouldn't be questioned. How long will it take before the runaway train is slowed down?

## SRS Doesn't Help



Written by [R. Cort Kirkwood](#) on June 15, 2019

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That concern, that [SRS doesn't help](#) these poor folks because they are severely mentally ill, is the reason [John Hopkins Hospital stopped](#) the procedures in 1979, largely because of Dr. Paul McHugh, former chief of psychiatry there.

McHugh has been fighting a losing battle against transgender ideology, but in 2015 [explained in Public Discourse](#) that sex change is not possible. The idea, he wrote, like “the storied Emperor, is starkly, nakedly false. Transgendered men do not become women, nor do transgendered women become men. All (including Bruce Jenner) become feminized men or masculinized women, counterfeits or impersonators of the sex with which they ‘identify.’ In that lies their problematic future.”

In other words, the surgery doesn't help men who think they are women, and women who think they are men. When the cutting is done, they're still mentally ill:

When “the tumult and shouting dies,” it proves not easy nor wise to live in a counterfeit sexual garb. The most thorough follow-up of sex-reassigned people — extending over thirty years and conducted in Sweden, where the culture is strongly supportive of the transgendered — documents their lifelong mental unrest. Ten to fifteen years after surgical reassignment, the suicide rate of those who had undergone sex-reassignment surgery rose to twenty times that of comparable peers.

McHugh avers that “transgenders” need psychiatric care, not a surgeon with drugs, scalpel, forceps, and sutures. They need “evidence-based care,” not ideological support from left-wing activists and those who suffer the same mental illness:

[Continued McHugh:](#)

Gender dysphoria — the official psychiatric term for feeling oneself to be of the opposite sex — belongs in the family of similarly disordered assumptions about the body, such as anorexia nervosa and body dysmorphic disorder. Its treatment should not be directed at the body as with surgery and hormones any more than one treats obesity-fearing anorexic patients with liposuction. The treatment should strive to correct the false, problematic nature of the assumption and to resolve the psychosocial conflicts provoking it. With youngsters, this is best done in family therapy.

In 2017, [Hopkins restarted](#) the mutilations.

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