



Written by [Selwyn Duke](#) on July 28, 2019

## Mom Seeks SCOTUS Ruling After State Helps Minor Son Get “Sex Change” Against Her Will

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As in many states, the Minnesota House [voted](#) earlier this year to ban youths from willingly seeking therapy designed to eliminate homosexual urges. But the same legislators apparently think it’s okay to help a youth get a so-called “sex change,” which causes irreparable physical harm, against his parents’ will

One Gopher State mother learned this the hard way, after officials usurped her parental rights and facilitated her minor son’s “gender transition” (i.e., body mutilation) treatments without her consent. That mother is now asking the Supreme Court to review her case. As the *Christian Post* [reports](#):

The Thomas More Society filed a petition for a writ of certiorari to the Supreme Court on Wednesday afternoon on behalf of Anmarie Calgaro, who is suing St. Louis County officials over their involvement in her child’s gender transition.

Society Special Counsel Erick Kaardal said in a statement emailed out to supporters that the case was “a parent’s worst nightmare.”

“Calgaro’s child, while a minor, was steered through a life-changing, permanent body altering process, becoming a pawn in someone else’s sociopolitical agenda and being influenced by those who have no legal or moral right to usurp the role of a parent,” stated Kaardal.

“This is an unacceptable situation for any parent and a serious violation of parental and due process rights.”

In November 2016, Calgaro sued St. Louis County, Fairview Health Services, Park Nicollet Health Services and the St. Louis County School District for providing her son with gender transition treatments without her consent.

School officials argued that the child, called “E.J.K.” in court documents, should be treated as an emancipated minor because he was living on his own and had an emancipation letter, albeit one that was not legally binding.

In May 2017, District Court Judge Paul Magnuson ruled against the mother, arguing that each of the various parties, including the school district, could not be sued for violating parental rights.

“Unbelievably,” Kaardal also said, “Minnesota statutes authorize a county to deem a minor ‘emancipated’ to receive welfare payments to live on their own and allow medical providers to void parental input if it determines the minor is living apart from the parents and is managing personal



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financial affairs,” WND.com [informs](#), providing further detail. ““And the St. Louis County School District in Minnesota has a custom and practice of barring a parent for more than two years from involvement in the child’s education after a child is deemed by the school principal, not by a court order, to be emancipated.””

The real issue here is the principle, not Calgaro’s particular case. Since her son was 17, he would have been legally emancipated in less than a year’s time; moreover, though we don’t have all the details, this is apparently a family in disarray.

Regardless, the state could just as easily, it appears, have usurped parental rights with respect to a 15 or 14-year-old (and, presumably, even a younger child). Is this justifiable? After all, at issue here isn’t a case of an abusive parent mutilating a youth’s body; in fact, at issue is a case of the state ensuring that someone else may do so.

It’s part of a larger phenomenon, too, one in which parental authority isn’t determined by parental fitness, but political correctness. If a child wants a nose job or even to get an aspirin from the school nurse, he’ll likely need parental consent. Yet some states will let a girl have an abortion without such. Likewise, claiming you want to “change your gender” is now as fashionable as killing your baby.

Unfortunately, Made-up-sexual-status alteration treatment isn’t as reversible as a nose job. It’s not unusual to hear about [sex-change regret](#), either, as I reported [here](#). An example is the [case](#) of Australian Patrick Mitchell, who wanted to “become a girl” (impossible) at age 12, was given regular estrogen starting at 13, but then changed his mind at 14. He’ll probably never be the same again.

Yet Patrick certainly is normal in one respect: More than 80 percent of girls and 90-plus percent of boys experiencing “gender dysphoria” — feelings of strong “cross-gender identification,” as psychologists put it (misusing the term “gender”) — will outgrow the phase. What they won’t outgrow is quack medical intervention pursued in deference to their feelings.

That’s the point, too. It’s logical to think that before prescribing for a person powerful hormone treatments or body-rending surgery, that medical tests would be performed to verify that at issue is a “body” (biological) problem, as opposed to a psychological one. But think again.

The gender dysphoria diagnosis is made solely based on *feelings*, strong and persistent feelings of that “cross-gender identification.” It’s much like, instead of performing medical tests to confirm heart disease’s presence, cutting open a man’s chest and performing a bypass simply because he “feels” as if he has a bum ticker.

In reality, though, the apparent contradiction of disallowing reparative therapy (to eliminate homosexual urges) for youth but enabling their “sex changes” does have a perverse consistency to it.

Consider: I’ve long pointed out that when people descend into moral relativism, which has swept the West, and thus can no longer use (Absolute) Truth as their yardstick for decision-making, they resort to the only guide they have left: emotion. Thus do we live in the Age of Pathos, where, a [study showed](#), Americans are most likely to decide what’s “right” based on feelings.

So where’s the aforementioned consistency, the common thread? Well, thou shalt not try to change a person’s homosexuality because *feelings* tell him he’s so.

But thou mayest try to change a person’s sex if his *feelings* tell him he’s not. Objective reality (including morality) be darned.

Of course, the only beings that should be ruled by feelings are animals and very young children. So, we



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could ask mental-health professionals and politicians: In which group are you?

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