



July 7, 2023

Senator Caroline Menjivar
Assembly Health Committee Members
1021 O Street, Suite 6720
Sacramento, CA 95814

RE: SENATE BILL 729 (Senator Menjivar, Assemblymember Wicks, Senators Portantino and Wiener – Infertility Treatments for all

Dear Senator Menjivar and Senate Health Committee Members:

Our Duty is an international group of parents with no political affiliation or religious leanings.

We apologize in advance for our vulgar exhibits, but we are compelled to demonstrate the perversions to educate you on reality.

Our Duty opposes SB729. This bill will change the definition of “infertility” to include “a person’s inability to reproduce either as **an individual** or with their partner without medical intervention.” The absurdity of this new definition is beyond the pale – no one is able to reproduce as an individual. Humans are not cloneable. This is basic biology.

The definition also alters what has been traditionally been a medical condition to that of a “status.” Instead of a medical condition precluding fertility, under SB729 one can be infertile merely by not having a sexual partner, or by not having the appropriate biological organs. Under this bill, private insurance must cover the costs of “treating” anyone who is unable to have a baby on their own accord, or with their partner. It would no longer be an elective procedure to assist persons – any persons – wishing to have a child. SB729 will create a right – an inalienable right - that all persons who want a baby can purchase a baby. California is already the surrogacy capital of the United States and it will see exponential growth in an industry that, of course, harms women.

A. Anyone Can Buy a Baby Under this Bill

SB729 bill states: “Consistent with Section 1365.5, coverage for the treatment of infertility and fertility services shall be provided without discrimination on the basis of **age**, ancestry, color, **disability**, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. This

subdivision shall not be construed to interfere with the clinical judgment of a physician and surgeon.” (Emphasis added.)

The prohibition against “age” discrimination means that anyone, regardless of age, can force his insurance carrier to pay for him to find him a baby. Could the person be 18? How about 12? Since this legislature believes that 12-year-old children are mature enough to leave their families’ homes without any claim of abuse, incest, self-harm or harm to others (AB665), or consent to drug treatment in secret, why isn’t he mature enough to get himself “fertility treatments” under this bill? Wouldn’t that be discrimination against young people? Would a 65-year-old woman who is infertile be able to force her insurer to cover IVF for her?

Under SB729, no one can be turned down for fertility treatment—whether it’s for surrogacy, IVF or some other medical mechanism for creating a made-to-order baby. A quadriplegic with no partner could get a child. Someone with acute mental issues, drug addiction or alcoholism would be eligible, since those are disabilities. Could someone who is a pedophile get a baby, paid for by insurance?

How about a man who identifies as a woman and wants a baby because his fetish is to breastfeed, as part of sexual pleasure or proof positive that he is a real woman? Yes, his insurance carrier will also be forced to provide him with a baby. (See Exhibit A, – a photo of a man expressing from his nipples some unholy, synthetic concoction – likely by using domperidone, a non-FDA-approved drug that causes infants to have irregular heartbeat– while he pleasures himself; Exhibit B, a photo of another man with a baby sucking the same chemical compound¹; Exhibit C, transwoman writing for *Them* magazine explains how it is done.)

Anticipating the argument that one might believe these extreme scenarios would never occur, given the bill’s purported “saving language”— “*This subdivision shall not be construed to interfere with the clinical judgment of a physician and surgeon*” — We regret to inform you that the traditional world, which placed children’s innocence and health above all else, left our Golden State long ago. Neither physicians nor surgeons are fail-safes in today’s California.²

Jeanine Salomone, a lesbian who was not interested in having relations with a man, took her partner’s egg that was fertilized by Salomone’s brother’s sperm (read that again) and was artificially impregnated. Her doctor was Vicken Sahakian in California. Jeanine was **62 years old** when she gave birth. Not to be outdone, Maria del Carmen Bousada de Lara gave birth to twins at age 67 and then died a year later of cancer, leaving her children as orphans. Dr. Sahakian of California was her Dr. Mengele³ for that procedure too. These aberrations will become commonplace, because one will no longer be required to be a *wealthy* narcissist in order to get a baby. As long as one has health insurance in California, anyone can get a child, with help

¹ <https://www.spiked-online.com/2023/07/03/the-bizarre-case-of-the-breastfeeding-dad/>

² Since doctors in California are forced to perform whatever gender intervention is asked of them under pain of being doxxed, investigated, or re-educated, doctors will either just go along with the demands of the legislature or—for those with morals—leave the state, as many have already done.

³ Dr. Mengele is the Hitler physician who performed horrendous experiments on captives in his Jewish torture camps.

from Dr. Sahakian or his colleagues who place money above ethics. And we know that legislation requiring Medi-Cal to cover these “infertility” treatments is just around the corner.

B. SB729 Will Harm Poor Women and Women of Color

In keeping with moving California as far to the left as possible and placing men’s rights above all else, it will be women who will be harmed.⁴ This means biological women—who are now referred to as non-men (or is that for lesbians only?)⁵ or “bonus-hole havers.”⁶ And not just any women, but women in need of economic assistance, who will sell their wombs for cash. In fact, it is the poor women who will be used in California’s growing business of commercializing babies, as exposed in Laura Harrison’s 2016 book, “Brown Bodies. White Babies: The Politics of Cross-Racial Surrogacy.”

Men renting wombs already have little regard for the women-vessels, but when SB729 renders cost a non-issue, the floodgates of surrogacy will be opened wide. So many poor women will be able to sell their bodies and their health to pay the rent.

By way of example, Britt⁷ agreed to carry a baby for a homosexual couple. One of the men contributed the sperm to fertilize the egg supplied by Britt. While pregnant, Britt discovered that she had breast cancer, which is a known risk from the cocktail of drugs used to prepare the “rental womb” for implantation of the fertilized egg. The purchasers were quite upset by this development, in light of the fact that the chemotherapy needed to save Britt would damage their purchase. The annoyed surrogate fathers even went so far as to call Britt’s oncologists and treating hospital threatening to sue them if treated Britt for her cancer. They *owned* that bonus-hole-haver. Britt could have birthed the 25-week-old baby prematurely, with predicted medical complications—which the purchasers did not want. But the purchasers also did not want Britt to give the child up for adoption, despite families at the ready, because they did not want their precious DNA out there in the world. Therefore, said the contract holders, Britt could either die of cancer or terminate the pregnancy. Today, we know that the baby is not alive, but Britt is not willing to state whether the baby was born alive and then left to die. Britt has a GoFundMe page to help her pay for her cancer treatments. The surrogacy money disappeared, along with the baby.

⁴ Violent men are placed in prison with women. Dana Rivers, a man who brutally murdered a lesbian couple and their adopted black son, stabbing them repeatedly, was convicted but may get to live out his life with women he so hates because he could not be accepted as one. <https://www.karadansky.com/state-v-dana-rivers-updates> Women and girls are being forced to view men’s penises in their what used by comfortable spaces. <https://nvpost.com/2021/09/02/charges-filed-against-sex-offender-in-wi-spa-casecharges-filed-against-sex-offender-in-notorious-wi-spa-incident/>. **Perhaps the “non-men” on the caucus can explain their rejection of their community? Our Duty’s lesbian members are most interested.**

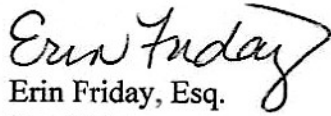
⁵ John Hopkins University Glossary defines “Lesbian [sexual orientation]:A non-men attracted to non-men.” We wonder how the lesbians on the LGBTQ caucus find this definition. Exhibit C.

⁶ The LGBT foundation wants to ensure that no one’s feelings are hurt so “vagina” is now “bonus hole” Exhibit D.

⁷ <https://cbc-network.org/2023/07/breaking-when-surrogacy-goes-badly-there-are-no-winners-interview/>

Vote No on SB729.

Respectfully,



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Enclosures



Jane (COW MODE)  @secret_jane_ · 6d

wish i could better capture how the milk *sprays* out with the first squeezes

 1



 7



Exhibit A



Tweet

mentioned can reply.



Mika Minio-Paluello @mik... · 5d ...

In the end, I only breastfed my child for a few weeks.

I then had to stop because I had a cancer relapse and didn't want to poison my child.

Here's me on the bus to hospital for the 1st chemo round, feeding my child for the last time



🔄 4,837 ❤️ 1,654 📊 39.8M ↗️



EXHIBIT B

Yes, Trans Women Can Breastfeed — Here's How

Three trans women share their personal experiences with inducing lactation and breastfeeding.

BY KATELYN BURNS

Earlier this year, the medical journal Transgender Health published a case study that grabbed headlines everywhere from the New York Times to the Guardian, documenting how a New York transgender woman was able to use a regimen of drugs to induce lactation and become her child's only source of nutrition for six weeks. It was hailed as the "first formal report in the medical literature of induced lactation in a transgender woman," as authors Zil Goldstein and Dr. Tamar Reisman told the Times.

Yet this was no news to many within the transfeminine community, where it has been widely understood that trans women can breastfeed for years. In online forums and on social media, trans women have long shared anecdotal accounts of methods used and success achieved in lactating and feeding their children. As far back as 2010, Dr. Christine McGinn, a trans surgeon who specializes in gender reassignment surgery, appeared on the Oprah Winfrey show in a sensationalized segment that revealed she had both fathered her children and was the sole parent to breastfeed them. What's more surprising is that it took this long for a medical journal to document the process.

One commonly-used method for non-gestational cisgender and transgender women to induce lactation is called the Newman Goldfarb protocol. It relies on the anti-nausea drug domperidone, which is banned by the FDA due to heart

Exhibit C

health risks (but widely used in Europe and Canada). Dr. Molly Moravek, a reproductive endocrinologist at the University of Michigan, praised the fact that more people are now talking about how trans women can breastfeed in the same way as cisgender women — but worries that people will “miss the part where the very last thing they say in the study is that we still need to do more research to figure out the right doses of these medications.” And indeed, induced lactation in trans women is still highly experimental.

Nobody should take drugs or undergo medical procedures without the supervision of a doctor, and nothing in this article should be construed as medical advice. Below, them. spoke with three trans women about why and how one might induce lactation in order to hear their experiences, and uncover the highly individualized reasons they did so.

Kaia, 30, Toronto, ON

My wife and I have a really nice basis for comparison, because we went from two boobs to four boobs when I transitioned. There's a lot more sleep this time around, and a lot more ability for my wife to be able to go out and know that you're not going to have a baby freakout. I remember back when we had our first child, five years ago, she had to go somewhere for an hour, and the baby's sitting there screaming, and we hadn't pumped milk before that. We were first-time parents, we were 24, didn't know what we were doing, and I was just freaking out. I texted her and said “I don't know what to do, I can't feed the baby, what do I do?” We just wound up having a baby scream for a half hour, and she came back and felt really horrible.

Stuff like that doesn't happen anymore. We've had two people to get a baby to sleep, two people to feed it, and I don't know if this is in any way correlated, but we've never had a baby grow this fast before. They gained back their birth weight

Exhibit C

in a week, and they're gaining an average of 1.1 ounces a day, and have maintained that consistently.

Brettany, 56, Texas

My body will never allow me to conceive and bear a child, and I've always wanted to at least be able to nurse one. That was the main motivation for this. The secondary motivation was that I wanted to bring my breasts to full maturity. At that time I was comfortably into stage four on the Tanner scale [*a system used to medically qualify the development of secondary sex characteristics*], and from my research I realized most cis women do not even make it to Tanner stage five unless they've gone through pregnancy or a lactation protocol, because it requires that extra bit of development that prepares you for breastfeeding in order to finish the development of your breasts.

I did some research about lactation and tried to dig up whatever I could on it, and came across a protocol called Newman Goldfarb.

With a fairly long session, I could produce about an ounce. It was kind of funny because my spouse has really struggled with my breasts growing and at that point she was giving me tips on how to stimulate more milk production. I think that I would have done quite a bit more, except at about that time we found out we had to move to another city, and then we've had to move again since. I've stayed away from the progesterone in hopes that at some point I can re-lactate and get into donation.

Most Popular

Exhibit C

Dr. Laura Arrowsmith D.O., 68, Tulsa, OK

When I was in my late 50s, I decided that I was going to try this to see if I could do it. I underwent a drug regimen and used a breast pump fairly regularly. And gosh, within about a month, I guess, I was producing milk!

After I got to the point where I understood that I could lactate, I didn't pursue it further — I didn't have any need to maintain lactation. It's a supply and demand sort of thing, so I stopped the medication and the pumping and of course I dried up. It was just super, super neat.

I think it strongly reinforced my sense of womanhood. I had some great inner satisfaction in knowing that I could do what a cisgender woman could. It was very important to me, and I'm proud and happy that I did that.

My main career was as a radiologist. I retired from that about a year ago; I've seen my own mammograms and there's absolutely no way that a radiologist could look at my mammogram and say "Oh, that person's trans." Breast tissue is breast tissue. Looks identically, works identically.

The lactation thing for me just affirmed my womanhood, I think that was the most important part.

Katelyn Burns is a freelance journalist and trans woman. Her other work has been featured for The Washington Post, VICE, Elle, Esquire, and Playboy, among others. She lives in Maine with her two young children.

Language to use when supporting trans men and/or non-binary people

In partnership with

LGBT


foundation

Using the correct language when referring to someone's gender identity is a simple and effective way to demonstrate support and recognition. If incorrect language is used without being corrected, it can cause someone to feel hurt or distressed. This may lead them to leave and to eventually seek support elsewhere.

Remember, everyone makes mistakes from time to time. It's important that you acknowledge them, correct yourself, learn from them, and move on. Dwelling on mistakes could make the person you are talking to feel more uncomfortable.

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 Shop

 Forum

 Helpline

Glossary

This glossary explains some of the words we use in our information or that you might hear used by a patient. This is not a definitive list and we recognise that some people may prefer different words. It is still necessary to check the words or phrases your patient would prefer.

A B C D E F G H I J K L M N O
P Q R S T U V W X Y Z

B

Bonus hole – An alternative word for the vagina. It is important to check which words someone would prefer to use.

C

Cisgender or cis – Someone whose gender identity aligns with the sex they were assigned at birth.

Congruence – Sense of harmony and ease with our gender.

D

Deadnaming – Intentionally or unintentionally using the former name of a trans and/or non-binary person without their consent.

Discrimination – Treating someone unfairly because of a certain characteristic, in this case being trans and/or non-binary. It is against the law to discriminate against someone because of their gender identity.

 C



LGBTQ GLOSSARY

Lesbian [*sexual orientation*]: A non-man attracted to non-men. While past definitions refer to 'lesbian' as a woman who is emotionally, romantically, and/or sexually attracted to other women, this updated definition includes non-binary people who may also identify with the label.

Gay Man: A man who is emotionally, romantically, sexually, affectionately, or relationally attracted to other men, or who identifies as a member of the gay community. At times, "gay" is used to refer to all people, regardless of gender, who have their primary sexual and or romantic attractions to people of the same gender. "Gay" is an adjective (not a noun) as in "He is a gay man."