

NEIL ABERCROMBIE
GOVERNOR



KATHRYN S. MATAYOSHI
SUPERINTENDENT

STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 01/27/2014

Committee: House Education

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: HB 1789 RELATING TO MINORS.

Purpose of Bill: Prohibits teachers and persons who are licensed to provide professional counseling from engaging in sexual orientation change efforts with a person under eighteen years of age.

Department's Position:

The Department of Education (Department) supports HB 1789. With respect to any student regardless of age enrolled in our public school system, it is important that all Department employees maintain a neutral stance on the subject of sexual orientation.



National Association of Social Workers Hawai'i Chapter

January 25, 2014

To: Representative Roy Takumi, Chair - Committee on Education
Representative Takashi Ohno, Vice Chair, and Members of the Committee on Education
and
Representative Isaac Choy, Chair – Committee on Higher Education
Representative Linda Ichiyama, Vice Chair, and Members of the Committee on Higher Education

From: National Association of Social Workers, Hawaii Chapter

Re: Special Session HB 1789 Relating to Minors

Date: Monday, January 27, 2013 Time: 2:00 p.m. Location: State Capitol Room 309

Representative Takumi, Chair, and Members of the Committee on Education and Representative Choy, Chair, and Members of the Committee on Higher Education, my name is Marty Oliphant and I am the Executive Director of the National Association of Social Workers (NASW), Hawaii Chapter. NASW is in **SUPPORT of HB 1789** which prohibits teachers and persons who are licensed to provide professional counseling from engaging in sexual orientation change efforts with a person under eighteen years of age.

The National Association of Social Workers prepared a 1997 policy statement in which it stated: “Social stigmatization of lesbian, gay and bisexual people is widespread and is a primary motivating factor in leading some people to seek sexual orientation changes. Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrates that reparative or conversion therapies are effective and, in fact, they may be harmful.” The increase in media campaigns, often coupled with coercive messages from some family and community members, may create an environment in which lesbians and gay men often are pressured to seek reparative or conversion therapies, which cannot and will not change sexual orientation.

The American Academy of Child and Adolescent Psychiatry in 2012 published an article in its journal, Journal of the American Academy of Child and Adolescent Psychiatry, stating: “Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful. There is no empirical evidence adult homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming. Indeed, here is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family rejection and undermine self-esteem, connectedness and caring, important protective factors against suicidal ideation and attempts. Given that there is no evidence that efforts to alter sexual orientation are effective, beneficial or necessary, and the possibility that they carry the risk of significant harm, such interventions are contra indicated.”

The social work profession has consistently fought for social justice, equality, and constitutional protections for Hawaii’s most vulnerable individuals and groups. Along with other social justice and civil rights advocates, social workers have played an indispensable role in preserving freedom and ensuring opportunity for all. Social workers believe that lesbian, gay, bisexual and transgender persons deserve the same protections and opportunities in their work, family, career and health equal to other members of society.

NASW strongly supports HB 1789. Please pass this bill. Thank you.

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 11:36 AM
To: EDNtestimony
Cc: mgolojuch@hotmail.com
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

HB1789

Submitted on: 1/26/2014

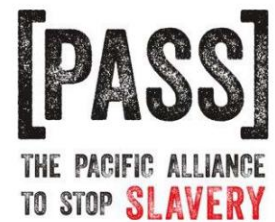
Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Golojuch Jr	GLBT Caucus of the Democratic Party of Hawaii	Support	Yes

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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January 23, 2014

COMMITTEE ON EDUCATION

Rep. Roy Takumi, Chair
Rep. Takashi Ohno, Vice Chair
Rep. Henry J.C. Aquino
Rep. Calvin K.Y. Say
Rep. Karen Awana
Rep. K. Mark Takai
Rep. Isaac W. Choy
Rep. Lauren Kealohilani Matsumoto
Rep. Faye P. Hanohano
Rep. Richard Lee Fale
Rep. Linda Ichiyama

NOTICE OF HEARING

DATE: Monday, January 27, 2014
TIME: 2:00 p.m.
PLACE: Conference Room 309
State Capitol
415 South Beretania Street

**RE: TESTIMONY IN STRONG SUPPORT OF HB1789
RELATING TO STUDENT BIAS**

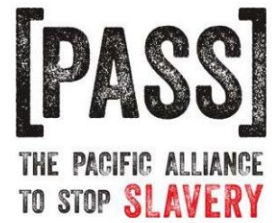
Aloha, Committee on Education:

The Pacific Alliance to Stop Slavery is in strong support of HB1789 and kindly urge you to pass this protective measure to ensure the health and well-being of Hawaii's LGBT youth. Often times, these children do not receive support from their families or churches who unjustifiably condemn them for their sexuality. Conversion Therapy is a cruel and ineffective method to infuse child abuse with the psychological profession by forcing an LGBT-identified child to conform to heterosexuality.

However, the issue before you is not a religious issue. It is an equal rights issue. Lawmakers must uphold the separation of church and state and honor the equal rights of all citizens; rights afforded to everyone after great historical struggle.

60 years ago the political upheaval was over race. Now we risk a backsliding into institutionalized discrimination, influenced by the religious right, by not recognizing the class disparity of the LGBT community.

Some argue that, unlike race, sexuality is a choice. It is not. Sexuality is an integral part of one's identity. Those who are not LGBT-identified have no right to define the identities of people in the LGBT



community, and children must be afforded the right and the safe space to develop their sexual identity on their own terms.

It is our priority, as a community, to ensure the protection, safety, and equal rights of all our people. Please review the statistics regarding LGBT youth attached to this testimony and pass this bill to protect our keiki.

Sincerely,

Kathryn Xian
Executive Director

(Graphic statistics attached)

Healing Our Community by Recognizing Religious Homophobia



LGBT YOUTH, who experience high levels of **REJECTION** from their families, are:

6x more likely to suffer from **MAJOR DEPRESSION**, and
8x more likely to **ATTEMPT SUICIDE**

...compared to their non-LGBT peers. ^[1]

Among **LGBT YOUTH**,

90% were **HARASSED** or **ASSAULTED**, ^[2] and
over **30%** **ATTEMPTED SUICIDE**. ^[3]

An estimated **20%** to **40%** of **HOMELESS YOUTH** are LGBT-identified. ^[4]

In 2011, Hawai'i public school students reported that they: ^[5]

MIDDLE SCHOOL		HIGH SCHOOL
6,800 (25.8%)	Experienced Depression	12,700 (29.5%)
5,900 (22.5%)	Considered Suicide	7,100 (16.1%)
4,100 (15.5%)	Planned Suicide	6,600 (15.0%)
2,400 (9.2%)	Attempted Suicide	3,200 (8.6%)
2,800 (10.4%)	Hospitalized for Attempted Suicide	1,300 (3.4%)

YOUTH THAT IDENTIFY AS LGBT: 3,100 (7.3%)

Sources Cited

1. Ryan, C. Supportive families, healthy children: Helping families with lesbian, gay, bisexual, & transgender children. San Francisco, CA: Merian Wright Edelman Institute, San Francisco State University, 2009.
2. 2005 GLSEN National Student Climate Survey
3. Suicide Prevention Resource Center. (2008). Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth. Newton, MA: Education Development Center, Inc. <http://www.sprc.org/library/SPRC_LGBT_Youth.pdf>.
4. Ray, N. (2006). Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless.
5. Hawaii Health Data Warehouse; State of Hawaii, Hawaii School Health Survey: Youth Risk Behavior Survey Module, Report Created: 2/13/2013. Retrieved August 27, 2013 from http://www.ksbe.edu/spi/PDFS/Reports/Demography_Well-being/yrbs/.



46-063 Emepela Pl. #U101 Kaneohe, HI 96744 · (808) 679-7454 · Kris Coffield · Co-founder/Legislative Director

TESTIMONY FOR HOUSE BILL 1789, RELATING TO MINORS

House Committee on Education
Hon. Roy M. Takumi, Chair
Hon. Takashi Ohno, Vice Chair

Monday, January 27, 2014, 2:00 PM
State Capitol, Conference Room 309

Honorable Chair Takumi and committee members:

I am Kris Coffield, representing the IMUAlliance, a nonpartisan political advocacy organization that currently boasts over 175 local members. On behalf of our members, we offer this testimony in support of, with proposed amendments for House Bill 1789, relating to minors.

Conversion therapy, often called “ex-gay” therapy, has no place in our society. Last year, our state recognized the civil right of same-couples to marry. Yet, the consecration of this most basic of freedoms is a small step toward eradicating institutionalized bias toward LGBT citizens, whose sexuality is often seen as a discretionary act, rather than an essential aspect of an LGBT individual's identity. Today, more than ever, the science is clear: sexual orientation is not a choice, but a biological fact, only the expression of which is socially determined.

Conversion therapy involves a rejection of a child's sexual or gender identity. Minors who experience rejection based on their sexual orientation face especially serious health risks. In one study, lesbian, gay, and bisexual young adults who reported higher levels of rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with their peers. This is documented by Caitlin Ryan et al. in their article entitled “Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults,” (2009) 123 *Pediatrics* 346.

Numerous medical, psychological, and mental health organizations have condemned conversion therapy as problematic, unscientific, and developmentally dangerous. The American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation. The task force conducted a systematic review of peer-reviewed journal literature on sexual orientation change efforts, and issued a report in 2009. The task force

concluded that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources.

The American Psychological Association issued a resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009, which states: "[T]he [American Psychological Association] advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth."

The American Psychiatric Association published a position statement in March of 2000 in which it stated: "Psychotherapeutic modalities to convert or 'repair' homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of 'cures' are counterbalanced by anecdotal claims of psychological harm. In the last four decades, 'reparative' therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals' sexual orientation, keeping in mind the medical dictum to first, do no harm. The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed. Therefore, the American Psychiatric Association opposes any psychiatric treatment such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his or her sexual homosexual orientation."

The American School Counselor Association's position statement on professional school counselors and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth states: "It is not the role of the professional school counselor to attempt to change a student's sexual orientation/gender identity but instead to provide support to LGBTQ students to promote student achievement and personal well-being. Recognizing that sexual orientation is not an illness and

does not require treatment, professional school counselors may provide individual student planning or responsive services to LGBTQ students to promote self-acceptance, deal with social acceptance, understand issues related to coming out, including issues that families may face when a student goes through this process and identify appropriate community resources."

The American Academy of Pediatrics in 1993 published an article in its journal, *Pediatrics*, stating: "Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation."

The American Medical Association Council on Scientific Affairs prepared a report in 1994 in which it stated: "Aversion therapy (a behavioral or medical intervention which pairs unwanted behavior, in this case, homosexual behavior, with unpleasant sensations or aversive consequences) is no longer recommended for gay men and lesbians. Through psychotherapy, gay men and lesbians can become comfortable with their sexual orientation and understand the societal response to it."

The National Association of Social Workers prepared a 1997 policy statement in which it stated: "Social stigmatization of lesbian, gay, and bisexual people is widespread and is a primary motivating factor in leading some people to seek sexual orientation changes. Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrates that reparative or conversion therapies are effective, and, in fact, they may be harmful."

The American Counseling Association Governing Council issued a position statement in April of 1999, and in it the council states: "We oppose 'the promotion of "reparative therapy" as a "cure" for individuals who are homosexual'."

The American Psychoanalytic Association issued a position statement in June 2012 on attempts to change sexual orientation, gender, identity, or gender expression, and in it the association states: "As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice; and psychoanalytic technique does not encompass purposeful attempts to 'convert,' 'repair,' change or shift an individual's sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes."

The American Academy of Child and Adolescent Psychiatry in 2012 published an article in its journal, *Journal of the American Academy of Child and Adolescent Psychiatry*, stating: "Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful. There is no empirical evidence adult

homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming. Indeed, there is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family rejection and undermine self-esteem, connectedness and caring, important protective factors against suicidal ideation and attempts. Given that there is no evidence that efforts to alter sexual orientation are effective, beneficial or necessary, and the possibility that they carry the risk of significant harm, such interventions are contraindicated."

The Pan American Health Organization, a regional office of the World Health Organization, issued a statement in May of 2012 and in it the organization states: "These supposed conversion therapies constitute a violation of the ethical principles of health care and violate human rights that are protected by international and regional agreements." The organization also noted that reparative therapies "lack medical justification and represent a serious threat to the health and well-being of affected people."

That said, we understand that school-based behavioral modification is typically performed by subcontracted, certified behavioral health specialists under SBBH guidelines. While we believe that teachers—of which our state definition of “teachers” includes counselors—should be subject to the bill's requirements to prevent against adverse interactions between educators and the students with whom they engage each day, we also feel that the most egregious and likely cases of school-based abuse would be remain covered by the proposal if teachers were removed from the bill. If teachers are to be maintained in the bill, however, **we encourage the committee to also add education officers, as defined in §302A-101, which includes principals, vice principals, and professional employees of the state, all of whom engage in interactions with children regarding behavioral struggles and related developmental issues.**

Finally, it is imperative to note that this measure in no way impacts the right of religious organizations to offer conversion counseling or “ex-gay” programs on their own grounds or under the supervision of churches. Rather, this bill merely prevents certified professionals from doing so, protecting the public from those who would misuse professional status to perpetrate medically inaccurate and psychologically unsafe practices—bullying—on our children and our shores.

Mahalo for the opportunity to testify in support of this bill.

Sincerely,
Kris Coffield
Legislative Director

To: Chair Roy Takumi

Vice Chair Takashi Ohno

Esteemed members of the House Committee on Education

From: Mike McGuire, New Hope Leeward

Hearing 2:00PM, Monday, January 27, 2014

Info: Rm. 309, Hawaii State Capitol

Re: OPPOSITION to HB1789

Thank you for the opportunity to testify in OPPOSITION of HB1789. I have a graduate degree in Marriage and Family Therapy, as well as, a Masters in Divinity, and serve in a counselor in a church context. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) **Science around Sexual Orientation Change Efforts for adults** . HB1789, page 1, line 10, references “sexual orientation change efforts pose critical health risks.” This is an overstatement. Researcher Mark Yarhouse, Professor of Psychology and director of the Institute for the Study of Sexual Identify at Regent University had this to say about California Senate Bill 1172, from which HB1789 is derived.

The Bill references a number of mental health organizations. One concern is that the Bill uses stronger language than the organizations, in at least a few cases. For example, the Bill indicates that SOCE are ineffectual, while the APA task force (2009) tends to talk about not having sufficient evidence to support claims of change, or alternately that change is “uncommon”, and that newer studies are not sufficient in quality to answer whether or not SOCE does or does not change orientation. I would note that there are those who disagree with these conclusions, but even if you agreed with these conclusions, this language and these nuances are simply not seen in the Bill.

Furthermore, in a longitudinal study of religious mediated change, researchers concluded that positive outcomes are achievable in reduction of homosexual desire and satisfactory heterosexual adjustment.¹

2) **The Needs of Hawaii’s Adolescents and Families** : Adolescents are best served by a community of compassionate, competent professionals who are interested in serving the best needs of the client. This bill fails to consider the needs and desires of the adolescent who desires to explore sexual identify issues, and may in the course of that journey, decide to pursue sexual orientation change. This population deserves fair and equal treatment by the legislature.

3) **Adolescent Rights.** This bill is contrary to the trend, which empowers adolescents and provides access to mental health services (reproductive health, parental notification, etc).

4) **Clergy Rights:** The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. Requiring clergy to give counsel contrary to their firmly held religious beliefs, or require them to abstain from serving their congregants with regard to sexual orientation issues is a violation of their rights.

5) **Professional Counselor Rights.** Many counseling professionals take their profession very seriously and adhere to their professional code of ethics and the best of empirical research and treatment. Some professional counselors are sought out because of their cultural understanding and respect for religious values. This bill would prevent them from serving clients who request assistance in changing unwanted sexual behavior.

I acknowledge the legislature's concern to protect minors from harm and agree that it is an issue to be considered seriously. But Christian clergy, counselors, and clinicians can offer a balanced view that respects the religious and spiritual beliefs and values of clients while also assessing for times when a client is motivated by external pressures and shame rather than an informed understanding of a range of options that might be available to him or her.

It is for these reasons that HB1789 is deeply flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

Respectfully,

Mike McGuire

¹ Jones, Stanton L. & Mark A. Yarhouse (2007). Ex-Gay's? A Longitudinal Study of Religiously Mediated Change in Sexual Orientation. IVP: Downers Grove, IL.

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 11:38 AM
To: EDNtestimony
Cc: honoluluprideparade@gmail.com
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Rob Hatch	Honolulu Pride	Support	Yes

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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92-954 Makakilo Dr. #71 Kapolei, HI 96707 Email: Rainbowfamily808@gmail.com Phone: 808-779-9078 Fax: 808672-6347

Monday, January 26, 2014

RE: **HB1789 - Conversion Therapy**

In Strong Support

TO: House Chair, Vice Chair and members of the Education Committee

Rainbow Family 808 strongly supports HB 1789 In order that our society continues to respect all it's citizens. Conversion Therapy or more commonly called Reparative Therapy is destructive to our children and society because it is based on the erroneous concept that one's sexual orientation can be change. I can on sooner change my heterosexuality than I can change my height or race.

Recently a 60 yr.old male shared that age 8, he considered suicide because he knew he was different. He liked boys. Fortunately, he's still alive today and preparing to celebrate his 30 year relationship with the love of his live. Not all gays are so fortunate.

Since 1975, the American Psychological Assn.(APA) has worked to remove the stigma associated with our gay, lesbian and bisexual o`hana. To continue to discriminate against our LGBT o`hana is to ignore scientific information and our spirit of Aloha.

My late friend John hid his Aids medication after years of ridicule, harassment and discrimination. He would be alive today if our society accepted him as the wonderful person he was. I've lost my friend John and untold others to an ill-informed society and his unforgiving church. Please don't continue this archaic belief that people can or should change their sexual orientation. I know I can't change mine nor would I want to. Please accept our LGBT o`hana just the way they are: beautiful human beings.

I urge that you pass HB1789 in due haste for the benefit of all Hawai`i. Hawaii won't be the first state to ban such archaic practices not will we be the last to stand up for social justice To do otherwise, would support discrimination.

Please pass HB2059 now before other lives are ruined. Thank you very much.

Carolyn Martinez Golojuch, MSW - Rainbow Family 808, President

January 23, 2014

COMMITTEE ON EDUCATION

Rep. Roy Takumi, Chair
Rep. Takashi Ohno, Vice Chair
Rep. Henry J.C. Aquino
Rep. Calvin K.Y. Say
Rep. Karen Awana
Rep. K. Mark Takai
Rep. Isaac W. Choy
Rep. Lauren Kealohilani Matsumoto
Rep. Faye P. Hanohano
Rep. Richard Lee Fale
Rep. Linda Ichiyama

NOTICE OF HEARING

DATE: Monday, January 27, 2014
TIME: 2:00 p.m.
PLACE: Conference Room 309 State Capitol
415 South Beretania Street

**RE: TESTIMONY IN STRONG SUPPORT OF HB1789
RELATING TO STUDENT BIAS**

Aloha, Committee on Education:

As a survivor of so-called "reparative therapy," I urge you to consider seriously the passing of HB1789 prohibiting the practice of any such or similar change efforts to the sexual orientation of young people in our state.

When I was a minor in high school, my parents sent me to see a therapist who had convinced them change in my sexual orientation would be possible (provided, of course, that the patient would be 'committed enough' to the process and continued to go to expensive therapy sessions). At the time, I was a straight A student, a leader in my high school, with plenty of friends and high prospects from the college applications I was sending out. All the same, that year was marked with being depressed and considering suicide or running away out of not knowing how to cope with living in a home where my parents had been convinced that if I worked hard enough, I could change my orientation.

What's worse, is that the therapist I was sent to made a significant amount of money off of this lie he told my parents and the personal hell he created for me.

This bill is about stopping charlatans from profiting off the lies they tell parents who might not understand the issues at hand and protecting children from being hurt because of these schemes.

The fact the advocates of this so-called "reparative therapy" are charlatans is publicly available knowledge. Most notably:

In 2001, Dr. Robert Spitzer, a psychiatrist who led the cause in removing homosexuality from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders in 1973, delivered a paper on the question of orientation change therapy in which he claimed some highly motivated individuals might be able to. In 2012, Dr. Spitzer apologized for his study, having decided that many of the participants were under such pressure to lie that an objective study would be difficult if not impossible.¹

In 2013, Exodus International, the worldwide evangelical ministry purporting to help people change their sexual orientation, publicly apologized and closed down their ministry forever stating, "For quite some time, we've been imprisoned in a worldview that's neither honoring toward our fellow human beings, nor biblical." Even Alan Chambers, former poster-boy for such therapies, admits he still has same-sex attractions, despite being married to a woman and having children.²

Yet, regardless of these major shifts, both from dispassionate parties seeking objective study and religious organizations with an admitted bias, these therapies continue to be sold to parents and churches continue to urge parents to send their children to such damaging experiences.

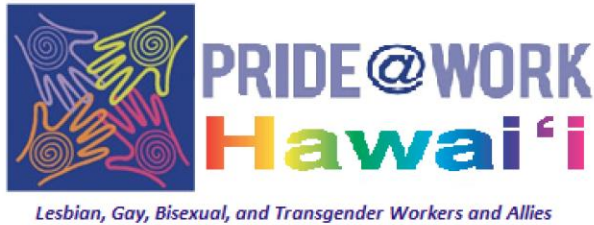
With these realities in mind, it is my hope and prayer for all affected that you pass HB1789 and protect our state's youth.

Faithfully yours,

The Rev. Matthew Lukens
Priest
Parish of St. Clement, Honolulu, HI

¹ <http://www.nytimes.com/2012/05/19/health/dr-robert-l-spitzer-noted-psychiatrist-apologizes-for-study-on-gay-cure.html?pagewanted=all&r=0>

² <http://www.cnn.com/2013/06/20/us/exodus-international-shutdown/>



January 27, 2014

House Committee on Education
Rep. Roy Takumi, Chair
Rep. Takashi Ohno, Vice Chair

RE: Testimony in Strong Support of HB 1789

Pride At Work Hawai'i, which advocates for full equality and inclusiveness for lesbian, gay, bisexual, transgender, intersex and queer workers and our families, strongly supports HB1789, which would "protect the physical and psychological well-being of minors, including lesbian, gay, bisexual, and transgender youth, against exposure to serious harms caused by sexual orientation change efforts."

As the American Psychological Association notes, "efforts to change sexual orientation through therapy... have serious potential to harm young people because they present the view that the sexual orientation of lesbian, gay, and bisexual youth is a mental illness or disorder, and they often frame the inability to change one's sexual orientation as a personal and moral failure." The American Psychiatric Association agrees, noting that "the potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior."

Further, the 9th U.S. Circuit Court of Appeals has ruled that a gay-conversion therapy ban passed in California did not violate the constitutional rights of counselors, minor patients or their parents.

Trying to force anyone - especially a minor - to change a basic part of themselves, such as sexual orientation, through repudiated and potentially harmful means, is a form of child abuse, which no one in a position of State-sanctioned authority should be allowed to practice.

Thank you for your consideration of this important bill to protect our youth.

PRIDE AT WORK HAWAII'I advocates for full equality and inclusiveness - in our workplaces and our unions - for LGBT workers and our families, and builds solidarity between the Labor movement and the LGBT community.

PO Box 22416 Honolulu, HI 96822 (808) 543-6054 prideatworkhi@gmail.com www.prideatworkhawaii.org

HAWAII FAMILY ADVOCATES

DATE: January 25, 2013
TO: House Committees on Education and Higher Education
Rep. Roy M. Takumi, Chair; Rep. Takashi Ohno, Vice Chair
Rep. Isaac W. Choy, Chair, Rep. Linda Ichiyama, Vice Chair
Hearing January 27, 2014
2:00 p.m. Room 309
RE: Opposition To HB 1789

Dear Chairs, Vice Chairs and Committee Members,

BOARD DIRECTORS

James Hochberg, Esq.
President
Director

My name is James Hochberg, and I have been a civil rights attorney in Honolulu since 1984. Currently I am also the president of Hawaii Family Advocates, a 501(c)(4) independent expenditure, non-candidate committee.

Shawn Luiz, Esq.
Vice President
Director

I am testifying in opposition to HB1789 because many with same-sex attractions have successfully changed that via the very therapy this bill bans for minors. I would be happy to provide you with a copy of the Certification of Nicholas A. Cummings, Ph.D, Sc.D. who testified to that in court documents less than one year ago in New Jersey. This ban violates constitutional rights. Pono Choices lures middle school minors into homosexuality and now you are taking away the therapy they may need?

Sandra Young, Esq.
Secretary
Director

Alex Meimer
Treasurer
Director

Every patient should have the right to get the help they need. Every patient should have the right to a therapist who supports their counseling goals. If someone is happy with same-sex attraction, they have the right to experience it. But by the same token, if someone is unhappy with same-sex attraction, they should have the right to change it. It's not fair to deny teenagers the opportunity to get help they want. It's not fair for the government to decide that treatment that has helped many people achieve their goals cannot be offered.

Mary Lou Brogan
Director

Counselors must be free to determine with the patient what the appropriate therapy should be. Your committee knows nothing about the many teens who experience same sex attraction and do not want to be homosexual. You are taking their personal choice away. Many of you claim to be pro-choice. This bill is the opposite of a pro-choice bill.

These review the recently published paper entitled "**When Government Keeps Teens from Seeing the Therapist**" by Robert Carle *within* Constitutional Law November 14th, 2013. I would be happy to email you a copy.

Sincerely,

JAMES HOCHBERG, ESQ.

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 1:56 PM
To: EDNtestimony
Cc: info@hawaiiifamilyforum.org
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Eva Andrade	Hawaii Family Forum	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 1:53 PM
To: EDNtestimony
Cc: belinda_jacobs@hotmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Belinda L. Jacobs	ChristianCounselingofAmerica.org	Oppose	Yes

Comments: Homosexual tenancies are NOT a Civil Rights issue, per there is no scientific nor biological marker that identifies individuals as homosexual ... Medial Facts should be taught to students ~

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EQUALITY HAWAII

Monday, Jan. 27, 2014

Testifying in Support of HB1789, Relating to Minors

Chair Takumi and the House Committee on Education members:

Equality Hawaii, the state's largest LGBT advocacy and education organization, writes in strong support of HB 1789, a bill relating to minors that would ban the use of conversion therapy.

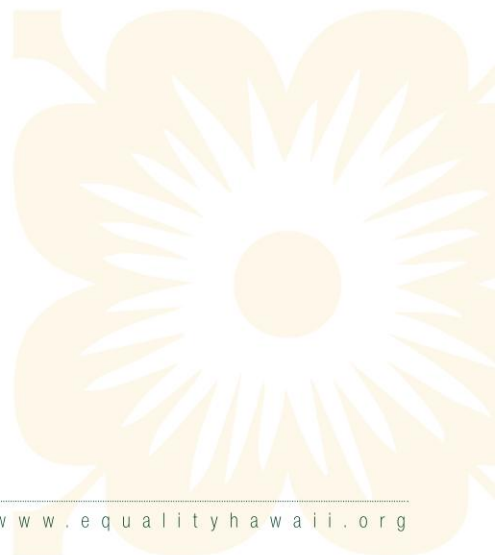
Use of this type of "therapy" has been disavowed by every professional medical and mental health organization. Survivors of these "therapy" attempts report long-term damage to their continued development as a healthy, productive citizens. The practice also operates from the premise that being gay or lesbian is "wrong" or "correctable," neither of which is true nor backed by scientific evidence.

I have talked with several survivors of this type of therapy. It was cruel, inhumane and significantly stunted their emotional development as a lesbian or gay adult ready to embrace a full, productive lives. Thoughts of suicide and depression were the only outcomes from the "therapy." Not only did the therapy not work, many reported the practioners running the programs were also "not cured" and living double lives.

We cannot allow this advanced form of child abuse masquerading as a mental health practice to continue or take root in Hawaii.

Please protect our youth from this Medievel practice and approve this measure.

Mahalo,
Donald L. Bentz, Executive Director



To: Chair Roy Takumi
Vice Chair Takashi Ohno
Esteemed members of the House Committee on Education

From: <<<NAME>>>, <<<Affiliation, if appropriate>>>

Hearing Info: 2:00PM, Monday, January 27, 2014

Rm. 309, Hawaii State Capitol

Re: OPPOSITION to HB1789

Thank you for the opportunity to testify in OPPOSITION of HB1789. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.

2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats.

3) Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men¹). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be dishonest at best.

¹ Centers for Disease Control, "HIV Among Gay and Bisexual Men", May 2012
(http://www.cdc.gov/hiv/pdf/library_factsheet_HIV_among_GayBisexualMen.pdf)

5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

ohno2-Rexie

From: Isaiah Chong <isaiahchong@yahoo.com>
Sent: Thursday, January 23, 2014 5:21 PM
To: EDNtestimony
Subject: HB1789-WrittenTestimony-(InPerson)

Honorable Education Committee of the Hawai'i House of Representatives,
Rep. R. Takumi, Chair
Rep. T. Ohno, Vice Chair
Rep. C. Say, Speaker (emeritus)
Rep. H. Aquino
Rep. K. Awana
Rep. I. Choy
Rep. F. Hanohano
Rep. L. Ichiyama
Rep. M. Takai
Rep. R. Fale
Rep. L. Matsumoto

I write to you in the utmost support of HB1789. I have read of the negative impact conversion therapy (also called Reparative Therapy, Sexual Orientation Change Efforts, or SOCE) has had on youth, especially when they reach adulthood. Hawai'i's law must protect our keiki from overzealous professionals and educators who may be treating the person, the minor person, based on their personal opinions or what they personally believe to be medically/psychologically sound. In 2007, the American Psychological Association formed a research taskforce which reviewed the practices of conversion therapy and a conclusion was reached after a thorough study that stated, "results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE."

Conversion therapy may seem like a viable option for those people who seek it as adults, it should be their choice, as it is their right, but please pass legislation to protect our keiki o ka 'aina from an unwarranted intrusion in to their personal lives and their youthful psyches by others. At this time and to my knowledge, two sovereign nations, Brazil and Ecuador, have banned SOCE; two American states, California and New Jersey, have banned SOCE. So-called "corrective rape," a form of rape used to correct a person's same-sex attraction is prevalent in some developing countries and it is illegal here, as with all forms of non-consensual sex, but conversion therapy on minors is not illegal here? It seems quite illogical: In one case, unwanted sexual intercourse is forced on a person to bring forth "correction." In the other case, unwanted psychological practices are forced on a minor person to bring forth "correction."

Before considering this bill and giving your vote, I humbly ask that you each take the time to read these two studies. Much mahalo for you tireless service to our moku'aina.

[*\[http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf#_utma=149406063.1803615662.1390528330.1390528330.1390528330.1&_utmb=149406063.1.10.1390528330&_utmc=149406063&_utmz=149406063.1390528330.1.1.utmcsr=google|utmccn=\\(organic\\)|utmcmd=organic|utmctr=\\(not%20provided\\)&_utmv=-&_utmk=28749116\]\(http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf#_utma=149406063.1803615662.1390528330.1390528330.1390528330.1&_utmb=149406063.1.10.1390528330&_utmc=149406063&_utmz=149406063.1390528330.1.1.utmcsr=google|utmccn=\(organic\)|utmcmd=organic|utmctr=\(not%20provided\)&_utmv=-&_utmk=28749116\)](http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf#_utma=149406063.1803615662.1390528330.1390528330.1390528330.1&_utmb=149406063.1.10.1390528330&_utmc=149406063&_utmz=149406063.1390528330.1.1.utmcsr=google|utmccn=(organic)|utmcmd=organic|utmctr=(not%20provided)&_utmv=-&_utmk=28749116)

<http://web.archive.org/web/20110407082738/http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/200001.aspx>

With great honor and respect,
Isaiah Nahaku'okeola Chong

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 23, 2014 2:24 PM
To: EDNtestimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

HB1789

Submitted on: 1/23/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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To: HOUSE COMMITTEE ON EDUCATION Chair Rep. Roy M. Takumi, Vice Chair Rep. Takashi Ohno;
And: HOUSE COMMITTEE ON HIGHER EDUCATION Chair Rep. Isaac W. Choy, Vice Chair Rep. Linda Ichiyama
Re: TESTIMONY IN OPPOSITION TO HB1789 RELATING TO CONVERSION THERAPY; SEXUAL
ORIENTATION; MINORS

Dear Honorable Chairs Takumi, Ohno, Choy, Ichiyama, Members of House Education & Higher Education Committees:

John P. Roco, M.A., M.A., Counselor
National Provider Identifier: 1831340223
Post Office Box 11272
Honolulu, Hi 96828

“As someone who has interned and worked in juvenile incarceration facilities specializing in juvenile sex offender treatment, also as a social worker with caseload specifically assigned due to this training I would like to testify in opposition to HB1789 relating to conversion therapy, sexual orientation and minors.”
John P. Roco, M.A., M.A.

Friday January 24, 2014

Thank you for the opportunity to testify in person at the hearing on HB 1789 held @ 2pm in Room 309 of the Hawaii House of Representatives before the Education and Higher Education committees.

Sincerely,

John P. Roco, M.A., M.A.

phone: 808.721.9845 | johnroco.weebly.com

HB 1789

This bill is vague and should not be passed. It appears to be a mis-guided effort from those promoting a same sex attraction lifestyle as normal, when in fact it is not regardless of its lawfulness. Health experts agree that same sex attraction is not the norm and this bill appears to prohibit minors from discussing their aversion to same sex attraction with trained professionals.

It gives the impression that it is ok to encourage same sex attraction even if not desired, yet at the same time trampling on the rights of those who are averse to same sex attraction. For example if a minor trapped as a child in a same sex marriage family wants to discuss with a trained professional that they don't feel its right to grow up forced to observe same sex behavior, this bill prohibits that.

This tramples on the rights of a minor who may not be comfortable with their family arrangement but legally allowed to leave the family until they are an adult. The rights of the children are being forgotten and cast aside in this huge rush to assign rights to this new class.

If you are an American you will recognize the following truths.

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.

The passage came to represent a moral standard to which the United States should strive.

many of our ancestors fought and gave their lives so that we could be a nation, under God, working and living and making a better life for our children and their children.

many generations have prospered.

bill hb1789 goes directly against this moral standard. and it should not be passed. it should of not even been considered at all.

our citizenship in this great country was made possible by good and morally strong men and women who gave their all in establishing a land of freedom.

their focus was on their God and their family and this new nation.

I oppose the consideration of HB1789.

today, we should spend all our time and focus and attention on restoring the basic truths that brought us prosperity and happiness.

great are the social ills upon this land and this is so because our government is so caught up in themselves.

our representatives MUST never forget the roots of this free land and stand up for morality, agency, and the pursuit of happiness.

we must remain, linked together with the firm belief that we must help those that are struggling.

and in the chaos that is prevalent in our communities today: we need to allow our young men and women AND our children to be free to seek out the help that they feel they need.

no man. no organization. no government should be allowed to stop you from choosing the path you want to follow.

a child, regardless of age, has a mother and a father. if they have any chance of working together to build up one another, no one or nothing should stop that. that relationship between parents and children is sacred. it is kapu. it must be preserved.

this land will only be preserved by ke akua IF we continue to live here in righteousness and that requires living a life that fosters taking care of the land and of our ohana.

do not pass hb 1789.

I am opposed to this bill HB1789 for the following reasons:

This bill violates freedom of speech and religious freedom protections guaranteed by the US Constitution. It creates a system that infringes on patient rights and a uniform right to acquire knowledge and make informed choices. It infringes on the freedom and right to choose. The law violates a person's equal rights and equal protections under the law.

Every patient should have the right to get the help they need.

Every patient should have the right to a therapist who supports their counseling preference.

If someone is happy with same-sex attraction, they have the right to experience it. But by the same token, if someone is unhappy with same-sex attraction, they should have the right to change it.

It's not right to deny teenagers the opportunity to get help they seek.

The bill contradicts its self because it allows for intervention to prevent unsafe sexual practices, where homosexual sex (anal sex) is a highly risky sexual practice which increases the likelihood of acquiring the AIDs Virus and HIV. Heterosexual sex has a much lower risk of acquiring the AIDs virus and HIV. So, actually the bill allows intervention to change behavior to protect the client by reducing the risk of acquiring HIV and AIDS.

Doctors are under obligation to protect their patients from further harm to their health. Homosexual sex is a high risk activity which can lead to acquiring HIV and AIDS. The Hippocratic Oath states: "And I will use treatments for the benefit of the ill in accordance with my ability and my judgment, but from what is to their harm and injustice I will keep them."

There have been many people who were practicing homosexual sex and changed their minds and are now happy to be in a relationship with someone of the opposite sex. They changed their minds and their behavior.

The law is unfairly biased towards homosexual sex and provides no protections for those who choose to switch to heterosexual sex.

Thanks,

Kevin Salts

Hawaii Resident

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, January 25, 2014 1:36 AM
To: EDNtestimony
Cc: toddhairgrove@hotmail.com
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

HB1789

Submitted on: 1/25/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Todd Hairgrove	Individual	Oppose	Yes

Comments:

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To: Chair Roy Takumi

I OPPOSE this bill. For the reasons mentioned below. I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.

2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats.

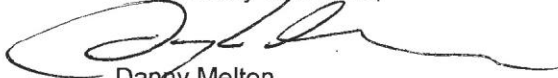
3) Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be dishonest at best.

5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

Respectfully submitted,



Danny Melton
Colonel, U.S. Marine Corps (retired)
Waipahu, HI

To: The Honorable Chair Roy Takumi

I OPPOSE this bill.

It infringes on Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.

It infringes upon Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats.

Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be dishonest at best.

5Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

Respectfully submitted,


Yong Melton
Waipahu, HI

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, January 25, 2014 7:10 AM
To: EDNtestimony
Cc: Iroller@hawaii.rr.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/25/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
James Roller	Individual	Oppose	No

Comments: I am writing in opposition to this bill. Every patient has the right to counseling as they see fit and as they desire. This bill destroys the rights of patients. Homosexuality is a choice, one that many individuals have made and one that many individuals have retreated from by choice, but only through time and counseling. Failure to allow those who wish to exit the lifestyle or not enter it at all by suppressing counseling from teachers and therapists is severe rights infringement. I ask for your utmost consideration in this matter. Thank you.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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To: Chair Roy Takumi
Vice Chair Takashi Ohno
Esteemed members of the House Committee on Education
From: Phil Yasuhara, Kapolei, HI
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol
Re: OPPOSITION to HB1789

This proposal is seriously flawed and is simply a blatant attempt to promote the lesbian, gay, bisexual and transgender (LGBT) lifestyle. I oppose this bill for the following reasons:

1. The entire bill is based upon the premise that sexual orientation is immutable, which has not been proven in legitimate scientific studies and has been disproven time and again anecdotally. Ironically, this same bill asserts that gender, which is established genetically, IS changeable! This is blatant, inconsistent, hypocritical political correctness! If sexual orientation counseling is prohibited, should not gender change counseling also be prohibited as well?
2. The negative assertions upon which this bill is based confuse correlation with causation, i.e., that negative effects are a result of sexual orientation counseling efforts. The proponents of this bill fail to acknowledge that the LGBT lifestyle itself may be the cause of such negative effects and that abandoning the lifestyle could eliminate most, if not all, of these negative effects.
3. The bill would infringe on parental rights to seek treatment which they deem in the best interests of their minor children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who the State expects to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.
4. The bill would also infringe on the First Amendment rights of parents to freely exercise religious beliefs especially with regard to the spiritual welfare of their children.
5. The bill would infringe on the rights of professional counselors to act in the best interests of a child. The course of counseling and treatment for a minor child should be a confidential, carefully considered professional, case-specific decision arrived at by the parents, counselor and child him/herself. Professional counselors are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not legislators, no matter how well-meaning.
6. This bill would prohibit sexual orientation counseling EVEN IF all parties, including the counselee, agree that this is the desired course of action. Such a bill has no place in a democracy!

The scientific jury is still out regarding the causes of alternate lifestyles. It currently seems to be consensus that such lifestyles are the result of complex social, emotional, psychological and other factors, and NOT biological in origin.

For all these reasons, I strongly oppose this bill.

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, January 25, 2014 10:04 AM
To: EDNtestimony
Cc: mwillman@illinoisalumni.org
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/25/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Mark	Individual	Oppose	No

Comments: I oppose this bill. This bill restricts speech and choice. Please allow people to be free in speech and choice.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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To: Chair Roy Takumi
Vice Chair Takashi Ohno
Esteemed members of the House Committee on Education
From: Geri Yasuhara
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol
Re: OPPOSITION to HB1789

Thank you for the opportunity to testify in OPPOSITION of HB1789. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.

2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats, no matter how well-meaning.

3) Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of “sexual orientation change efforts” presented in sections 2 and 3 of the bill require that any course of action be “sexual-orientation neutral”. The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men¹). This scientific, and medically-accurate fact however does not fit the “sexual-orientation neutral” test set forth in HB1789.

4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor’s parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be dishonest at best.

¹ Centers for Disease Control, “HIV Among Gay and Bisexual Men”, May 2012
(http://www.cdc.gov/hiv/pdf/library_factsheet_HIV_among_GayBisexualMen.pdf)

5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, January 25, 2014 11:11 AM
To: EDNtestimony
Cc: jkladines3@hotmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/25/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Jeena	Individual	Oppose	No

Comments: Let's talk about "rights." -Every patient should have the right to get the help they need. - Every patient should have the right to a therapist who supports their counseling goals. -If someone is happy with same-sex attraction, they have the right to experience it. But by the same token, if someone is unhappy with same- sex attraction, they should have the right to change it. Let's talk about "fairness." -It's not fair to deny teenagers (or, people, if the proposed law tries to eliminate SOCE for everyone) the opportunity to get help they want. -It's not fair for the government to decide that treatment that has helped many people achieve their goals cannot be offered. -Protect children, not harm them. SOCE isn't harmful. The fact is that change happens, and that homosexual behavior is what is harmful. Remember In Novemver 2014, Jeena Ladines, Pearl City 96782

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NO on HB1789!

1/25/2014

To the Hawaii State Legislature:

I am a registered voter on Kauai, and I urge you to pay attention to the unconstitutional implications of HB1789 and vote NO. I am a Licensed Clinical Psychologist in the State of Hawaii, and hold Board Certification as a Professional Christian Counselor. As a member of the American Association of Christian Counselors, I have been aware of this blatant attempt to undermine the practice of integrating Faith with Psychological Treatment, specifically through California's State Senate Bill 1142, which mimics HB1789. I respectfully submit the AACC's position that articulately reflects my own position in this manner:

The AACC's Official Affidavit for this Case

Eric Scalise, Ph.D., Vice President of Professional Development, has submitted an affidavit on behalf of the AACC's role as an organizational plaintiff in the present legal case. The following are excerpts from the AACC's sworn affidavit:

- “The AACC believes the professional research literature and a number of peer-reviewed articles demonstrate positive support for the efficacy of faith, spirituality and religious values as they pertain to treatment outcomes. For example, prominent researcher, Dr. Harold Koenig, Director of the Center for Spirituality, Theology and Health at Duke University, completed a systematic review of nearly 1,600 published health-related studies and concluded that the integration of a spiritual paradigm not only demonstrates increased levels of self-esteem, social support and life satisfaction, but simultaneously reduces levels of anxiety, depression, loneliness, and suicide.”
- “The AACC further believes the research literature supports the notion that when a client receives care within the confines of his/her basic worldview and foundational value system—of which religious affiliation is a significant marker for most—treatment outcomes are more positive.”

- “The AACC strongly believes in the time-honored and foundational ethical value of client self-determination. California Senate Bill 1172 directly and significantly undermines what is considered as a cornerstone principle in the treatment of mental health disorders. This principle can be found in the language of the ethical codes of notable professional member organizations such as the American Psychological Association (APA), the American Counseling Association (ACA), and the American Association of Marriage and Family Therapists (AAMFT), to name a few.”
- “It is the AACC’s position that every client seeking mental health services has the inherent right to participate in treatment that is in alignment with his/her religious beliefs and faith-based values and, furthermore, to have this right vigorously protected.”
- “One of ACA’s [American Counseling Association] divisions, the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), has developed written spiritual competencies to be incorporated into treatment protocols. In reviewing the proceedings at the 2007 ACA national conference in Detroit, Michigan, ASERVIC hosted a panel discussion of educators and clinicians. These individuals were intentionally identified as being nationally recognized for their expertise in teaching and research in the area of spirituality in counseling.” [Eight of the competencies having particular relevance to the discussion of the effects of SB 1172 were given.]
- “The AACC believes, as evidenced in the language of the above listed competencies—in particular #8 and #12—a client’s spiritual and religious values are, indeed, valid and reasonable determinants for the focus and direction of treatment.”
- “The AACC believes Senate Bill 1172 places prospective clients in an untenable double bind when receiving mental health services related to gender identity and/or sexual orientation issues, especially when their religious values may inform and direct their behavior in a manner contrary to same sex attraction. Furthermore, Senate Bill 1172 may, in fact, represent actual harm to the client because it does not allow the treating

practitioner to address these competing value systems, leaving the client with no means to process the potential inner conflict.”

- “While acknowledging the current controversy over the implementation of sexual orientation change therapies, the general lack of conclusive research in this area, and the legitimate need for adolescents to receive competent care when addressing issues pertaining to sexual orientation, the AACC firmly believes that Senate Bill 1172 moves far beyond its original intent to protect minor clients and represents a reckless infringement on the religious liberties of anyone needing treatment.”
- “The AACC believes when a client’s faith values may be in conflict with other cultural values, especially as they may pertain to the language found in Senate Bill 1172, that ultimately the client—and in the case of a minor, his/her parent or legal guardian—has the moral and ethical right to participate in and determine the appropriate course of care, including alignment with his/her relevant religious beliefs.”
- “In light of the above statement, the AACC strongly believes that Senate Bill 1172 unfairly and unnecessarily discriminates against the religious liberties of the client and represents an intrusive and potentially damaging dynamic regarding the delivery of care.”

Further Clarification on the AACC’s Intent and Position

In response to initial objections from the California Attorney General’s office, Dr. Scalise has further clarified AACC’s position on several of the issues that were raised:

1. The AACC is not really engaging in the substantive question as it pertains to the scientific efficacy of SOCE and/or reparative therapy. Rather, what the AACC is concerned about is a client’s right to have his/her faith values respected within the therapeutic milieu. The research literature does demonstrate the efficacy of faith integration and the role of spirituality in therapy, thereby making it relevant.

2. Second, the AACC is advocating that every client has a fundamental right to self-determination in therapy. Our organization, likewise, believes that ethics codes (across the disciplines of psychology, counseling, social work, and marriage & family therapy) support this cornerstone principle. This construct is further supported by the statements previously given in the ASERVIC guidelines on a client's religious values.
3. Third, because both California Senate Bill 1172 and the tenants of the three major religions in this country (Christianity, Judaism, and Islam) address the subject of sexual orientation and behavior, faith values and a client's choices do most definitely become relevant.
4. Fourth, if a client's faith values are in conflict with his/her sexual orientation and/or behavior, then we believe the client, and not the state, should have the right to ultimately determine which set of values are to be incorporated into one's life. Senate Bill 1172 restricts a mental health provider from engaging therapeutically with a client on this subject, regardless of any emotional or psychological duress the client may be experiencing due to the conflict of values.

I URGE you to vote NO on HB1789. Thank you for your attention in this extremely important matter.

Sincerely,

Dr. Valerie J. Willman

Ph. D. Licensed Clinical Psychologist, Board Certified Professional Christian Counselor

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, January 25, 2014 11:37 AM
To: EDNtestimony
Cc: joyhorcajo@altig.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/25/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
joy horcajo	Individual	Oppose	Yes

Comments: To: Chair Roy Takumi Vice Chair Takashi Ohno Esteemed members of the House Committee on Education From: Joy Horcajo Hearing Info: 2:00PM, Monday, January 27, 2014 Rm. 309, Hawaii State Capitol Re: OPPOSITION to HB1789 This proposal is seriously flawed and is simply a blatant attempt to promote the lesbian, gay, bisexual and transgender (LGBT) lifestyle. I oppose this bill for the following reasons: 1. The entire bill is based on the premise that sexual orientation is immutable, which has not been proven in legitimate scientific studies and has been disproven time and again anecdotally. Ironically, this same bill asserts that gender, which is established genetically, IS changeable! This is blatant, inconsistent, hypocritical political correctness! If sexual orientation change counseling is prohibited, should not gender change counseling also be prohibited as well? 2. The negative assertions upon which this bill is based confuse correlation with causation, i.e., that negative effects are a result of sexual orientation change efforts. The proponents of this bill fail to acknowledge that the LGBT lifestyle itself may be the cause of such negative effects and that abandoning the lifestyle could eliminate most, if not all, of these negative effects. 3. The bill would infringe on parental rights to seek treatment which they deem in the best interests of their minor children. 4. The bill would also infringe on the First Amendment rights of parents to freely exercise religious beliefs especially with regard to the spiritual welfare of their children. 5. The bill would infringe on the free exercise of religion by counselors of faith. The scientific jury is still out regarding the causes of alternate lifestyles. It currently seems to be consensus that such lifestyles are the result of complex social, emotional, psychological and other factors, and NOT biological in origin. If you wish to prohibit employees of the Department of Education from engaging in such activities, I would not object. I do object to such a prohibition for all professional counselors for the reasons I cited above.

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ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, January 25, 2014 11:45 AM
To: EDNtestimony
Cc: pubspace1@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/25/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Alec Shimizu	Individual	Oppose	No

Comments: Aloha Chair Takumi and Vice Chair Ohno, I'm writing as an educator in our public school system and as a parent. I am vehemently opposed to HB 1789 because it strips parents of the right to provide counseling for their children should they feel it necessary. According to federal law, no parent can be denied the right to have their child screened for support services whether it be for special education, counseling, or other types of services offered by the state and/or federal government. So how can you introduce legislation that strips me of that right simply because the LGBT community takes it as an offense? It's my right as a parent to seek support for my child, especially if that support is freely available to all parents of children in our public school system. All requests for services are confidential so what right do members of the LGBT community have to infringe on the services parents request for their children? It is of no consequence and it should be of no concern to them what I request in terms of support for my own child. If a parent had a child who started to pray a Buddhist mantra as a result of hearing their classmate say the mantra, and that parent wanted to request counseling for their child, the counseling request is only between the school and the parent. If the Buddhist community took the request as an offense, it wouldn't matter because it would be none of their business. All counseling matters are confidential and are between the parent and the school. For the LGBT community to say that the request for counseling should be denied and/or made unavailable is an incredible insult to the nature of counseling requests in general. If the LGBT community wants to be recognized as a normal lifestyle choice, that's fine. But others who have lifestyles contrary to the LGBT lifestyle consider theirs to be normal and have every right to live as such. But their freedom to do so would be infringed upon if you allow this bill to pass. As an educator, this bill is completely unethical and unconstitutional and it is an intrusion of my, and other parents', right to confidentially seek services for their children's welfare and benefit. I literally cannot believe what I am seeing in our legislature. It's wrong to force all others to accommodate the wishes of a few when they are simply talking about a lifestyle issue. I am a Christian and live my life accordingly. I would never think of forcing anyone of a differing life choice to give up their freedoms simply because they are not in congruence with mine. However, the LGBT community is doing exactly that and they are seeking your help to force everyone who does not espouse their lifestyle to adjust to them. This is not about making accommodations that we all make on a daily basis to get along with our fellow man. This bill infringes on my fundamental right to raise my child and seek help for them regarding confidential issues. I ask and expect that you exercise your reason and judgment to kill this bill. Alec & Lynne Shimizu 1203 Ala Alii St. #87 Honolulu, HI 96818 (808) 383-6457

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Dear Committee on Education & Committee on Higher Education,

I am in opposition of HB 1789

The children of the State of Hawaii should have the right to choose who they seek help when they have a conflict with their inner thoughts and feelings with same-sex attraction. Their choice may be to seek counsel from a teacher or counselor they trust and have confidence in. If this bill passes, legislature is eliminating an opportunity to help resolve any confusion, depression, unhappiness, or whatever feeling this minor student is encountering.

My personal experience with discussing a very private situation with my teacher, who was also my club advisor, while I was in high school helped me conquer a situation I was in. She was somebody I built a student/teacher relationship over the years that I trusted and had comfort in knowing that her advice was sincere and she was there to help me through it.

It's unfair for the government to decide where a minor can get help to achieve their personal choice of changing their same-sex attraction.

By government eliminating options of getting help through teachers or counselors is harming their potential of resolving their personal issues.

Sincerely,
Theresa Benito

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, January 25, 2014 11:35 PM
To: EDNtestimony
Cc: stkanehailua@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/25/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
susan kanehailua	Individual	Oppose	No

Comments: I strongly oppose this bill. If someone is happy with same-sex attraction, they have the right to experience it. But by the same token, if someone is unhappy with same-sex attraction, they should have the right to change it. It's not fair for the government to decide that treatment that has helped many people achieve their goals cannot be offered. Please listen to our voices.

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Dear Representatives

My name is Susan Duffy and I urge you to oppose HB 1789.

I do not believe that we should base legislation on the false scientific claim that children are born homosexual. This is not a proven fact.

We should also recognize that every human being has every right to try to obtain the help that he or she needs. A person seeking help from a licensed therapist or counselor has every right to do so and it is simply wrong for the state to interfere with that basic human right.

Citizens who engage in homosexual acts are subject to considerable risks of infection and extremely vulnerable to life long illness. In fact, “the most recent data from the Centers for Disease Control (CDC) documents that “male to male sex” (homosexuality) is deadly for youth. Nearly 93 percent of HIV infections in males aged 13–19 and 91 percent in males aged 20–24 come from “male-to-male sexual contact.”¹

“The CDC also reported in December 2012 that “new infections among the youngest [MSM] males having sex with males] (aged 13–24) increased 22 percent, from 7,200 infections in 2008 to 8,800 in 2010.”² This is rather an alarming increase.

Given the statistics, parents should indeed have every right to seek therapy for their children. If one of them struggles with their sexuality, every good parent will try to do what is right for their child. The risks for sexual abuse and infection are matters too important not to be taken seriously. I urge you to oppose this bill.

¹ <http://www.salvomag.com/new/articles/salvo12/12segelstein.php> (accessed January 26, 2014)

² Ibid.

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 8:21 AM
To: EDNtestimony
Cc: sd3@hawaii.rr.com
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Douglas	Individual	Support	No

Comments:

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ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 11:36 AM
To: EDNtestimony
Cc: 3333sd@gmail.com
Subject: *Submitted testimony for HB1571 on Jan 27, 2014 14:00PM*

HB1571

Submitted on: 1/26/2014

Testimony for EDN/HED on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Sue Donaldson	Individual	Support	No

Comments:

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ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 7:06 AM
To: EDNtestimony
Cc: sdinion@mac.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Steve Dinion	Individual	Support	No

Comments: Please support this important to protect youth from abuse on the basis of sexual orientation!

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Aloha Members of the Committee on Education,

I am writing to strongly oppose HB 1789 Relating to Minors.

The Constitution of the United States provides rights to all people. I believe these rights have been safeguarded and continue to be safeguarded through the current processes and systems being employed with regard to professional counseling to minors.

Every patient should have the right to get the assistance they need. Each patient should have the right to a therapist who supports their counseling goals and needs. If someone is happy with same-gender attraction, they have the right to experience it. However, by the same token, if someone is unhappy with same-gender attraction, they should have the right to change it.

I agree that it is not fair to deny minors the opportunity to get assistance they want. It is also unfair for the government to decide that treatment, that has helped many people achieve their goals, cannot be offered.

It should be about the protection of children and to keep them from harm. This bill however threatens and violates the counselor's freedom of speech, the patient-physician relationship and it above all prevents parents and children from getting the help they desire.

As a public school administrator I counsel student based on what it is that they desire and direct them to the services they desire. In addition as a lay minister in our congregation, I counsel youth to assist them firstly to be safe, secondly, they are encouraged to have discussions with their parents and thirdly provide them with an understanding of what they may be feeling. However, it will always be up to the individual to exercise their free agency to make choices. This can never be taken away from them.

Choices has always been afforded and will always be protected.

I ask for you to seriously consider what the bill is doing with regard to the ability for teachers, counselors and any other individuals who are affected by this bill. Please vote against it to preserve the rights provided to us through the Constitution.

Seriously Yours

Stanford Hao

Saturday, January 25, 2014

Rep. Roy Takumi, Chair
House Education Committee

Rep. Isaac Choy
House Higher Education Committee

Re: **TESTIMONY IN OPPOSITION TO HB-1789**

Dear Honorable Chairs Takumi and Choy, and all Members of the House Education and House Higher Education Committees:

As a registered voter in the State of Hawaii, resident of Central Oahu and father of a middle class family, this testimony is submitted for HB-1789 scheduled for January 27, 2014. Please don't interpret my inability to testify in person as an indication of my lack of passion—I *strongly oppose it*.

First, the bill points out that minors who are rejected by their family for same sex reasons may experience numerous negative affects. But that statement is true for any minor rejected by their family *for any reason*. How does this bill define rejection—permanent or temporary estrangement?

I am a Christian pastor and a father of eleven children; one of them is an adult lesbian who has struggled with her sexual identity. Over the past decade, she sought my counsel on this and other matters—because we love and trust one another. However, it would dishonest to say that she never felt “rejected” by us over the past ten years. Life's challenging questions are never resolved quickly or without some friction. And questions about sexuality are definitely challenging. If HB-1789 were law, would I have been allowed to give her my “counsel” about her sexuality? And what does this bill mean to me now, should one of my other children face a similar circumstance?

It is my belief that the current bill attacks my rights *and responsibilities* as a parent and pastor. Society has bemoaned parents who have shirked their responsibilities, yet this legislation appears intent on taking parental rights away. I respectfully submit that passage of HB-1789 would further jeopardize the social fabric of the State of Hawaii.

Sincerely,



ROJELIO HERRERA
94-368 HAKAMOA ST.
MILILANI, HI 96789

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 1:06 PM
To: EDNtestimony
Cc: rysalud0904@yahoo.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Y. Salud	Individual	Oppose	No

Comments: I oppose HB 1789. I stand on Biblical principles. And obey GOD rather than man. In November I'll remember those who tried to pass this bill.

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HB1789

I strongly oppose this bill as I did SB1. This time I pray you will listen.

As I see it the objective of this bill is to prohibit a parent(s) from seeking any kind of help or counselling for a child who requires more than a parent(s) is able to provide, when it comes to sexual orientation.

This bill will prohibit a child (under the age of 18) from receiving any help or professional counselling, due to confusion with regard to sexual orientation. May I assume this would include Pastors who offer family counselling?

Sexual orientation appears to be the key.

I see the biggest victims of this bill will be those innocent children that are being forced through curriculums like ... "Pono Choice." May I assume that the concern is that counselling might interfere with the homosexual lifestyle indoctrination of these young impressionable children. A documented unhealthy lifestyle if I may.

You were elected/hired to do a job. That job is to represent your constituents. Did you do that? Did you have an honest discussion with them regarding the context of this bill? Did you even bring this bill to their attention? If not, why not? Because you felt it was unimportant? Or was it because you knew they would be up and arms and demand this bill be killed before the ink was dry?

I think the later, the idea that you would override the rights of a loving caring parent is unconscionable.

So in closing I strongly oppose the passing of this bill and again hope you will join me.

Sincerely
Rita L. Kama-Kimura
District 36

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, January 25, 2014 4:55 PM
To: EDNtestimony
Cc: neswmusic@yahoo.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/25/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Rick Morse	Individual	Oppose	No

Comments: Dear Representatives: I am opposing Bill HB1789 on the grounds that it is a psychologically inhumane measure that would have devastating effects on the people it is imposed on ... Below is a link from 'Time' magazine in regards to how homosexuality -- as well as heterosexuality -- is determined in the womb. You can research this study yourself if you don't feel like clicking the link. Thank you for your time. --Rick Morse link - <http://healthland.time.com/2012/12/13/new-insight-into-the-epigenetic-roots-of-homosexuality/>

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ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 1:34 PM
To: EDNtestimony
Cc: rguzzo@hawaii.rr.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Regina Guzzo	Individual	Oppose	Yes

Comments: I oppose this bill. This is not something the government should have any say in. This is a parental right that is given to us through the constitutional law of freedom of religion. As a parent and a religious person I have every right to choose how my child is counceled. It is not the responsibility of the government but the parents to care for their own children. Therefore the government should have no say in this matter. I oppose this bill and strongly request that you vote no on this bill. Passing this bill will be in direct violation of constitutional law which is the supreme law of the land of which we live. If we start going against that law then we will become a society without law. It is not always right for the government to intervene. Granted there are certain circumstance but we must not change the law because of a few miscreants. It is not fair to the law abiding citizens that trusted you to represent them. Vote No on SB1789

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ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 9:57 AM
To: EDNtestimony
Cc: mjgolo@email.phoenix.edu
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Golojuch	Individual	Support	No

Comments: I am in strong support of this bill. We need to stop treating people as "unnatural" because of their sexual orientation. The person knows who she or he is and should not be subject to this type of treatment. I personally would like to see this bill apply to all individuals no matter what their age. I definitely do not want minors to be subject to experimentation that is not required. Thank you for letting me state my point of view. Please vote in favor of this bill.

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ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 1:48 PM
To: EDNtestimony
Cc: murakamimichele@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
michele murakami	Individual	Comments Only	No

Comments: I oppose this bill.

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ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 5:08 AM
To: EDNtestimony
Cc: AAADrywall@hotmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Margaret Scow	Individual	Oppose	Yes

Comments: To: The House Committee on Education & the House Committee on Higher Education
Hearing Date & Time: Mon. Jan 27, 2013, 2 pm Place: Hawai'i State Capitol Auditorium Re: Strong
OPPOSITION to HB1789, relating to Minors To Chair Roy Takumi, Vice Chair Takashi Ohno and
Members of the Committee on Education AND Chair Isaac Choy, Vice Chair Linda Ichiyama and
Members of the Committee on Higher Education: I strongly OPPOSE HB1789. I am opposed to the
Legislators deciding about what kind of counseling a minor should or should not receive. This is a
parental right and not a government decision. Parents need to decide what is right for their minor
child. This bill does not protect all youths equally. And this bill is not in the best interest of our youth.
Please vote NO on HB1789. Sincerely, Margaret Scow

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convening of the public hearing.

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webmaster@capitol.hawaii.gov

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 11:27 AM
To: EDNtestimony
Cc: lola96744@hotmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
lola kau	Individual	Oppose	Yes

Comments: I am not in support of HB1789 as we will be infringing on our free speech. If the LB GT community can have their say on what is and is not done in the public arena, they are taking away the right of free speech to others.

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I oppose HB 1789

I once lived a homosexual lifestyle but through much needed counseling, and prayer I was able to change my feelings, thoughts, wants, and desires at the age of 16 In June 2006.

I am now happily with a loving husband of 4 ½ years. If it wasn't for receiving help in a area I strongly dealt with, my marriage and my family would have no future.

To deny the rights of counsal for teenagers who seek is equivilant to denying a married couple the rights to counseling for problems of infidelity. How can one deny such rights as to get help?

Little by little I see the injustice of the government constantly getting involved in areas that there shouldn't be any concern. Ever heard of the saying if its not broken don't fix it? We need to adhere to the bigger issues of this island. Like the homeless rates, or the amount of children being sex trafficked, to the bad illegal drugs that continue to impact hundreds of Families a day.

Regards ladoshie holman

ohno2-Rexie

From: Kulia Petzoldt <tkpetzoldt@me.com>
Sent: Sunday, January 26, 2014 8:18 AM
To: EDNtestimony
Subject: In Strong Support of HB1789

To my representatives,

As a Hawaii resident, a Mother, a member of the LGBTQ community and a human I write to you in strong support of HB1789. Protecting our children from abuse in the form of pseudo-scientific "therapy" not only protects our keiki but also allows for actual, scientifically proven, psychotherapies not to be sullied by this disgrace. It is 2014, and we all know beyond a shadow of a doubt, that sexual orientation is something people are born with. Imagine, for example, that someone felt it was appropriate to send you to abusive therapy in your teen years to force you to sexually desire a same sex partner? Feels wrong? It is. Please support HB1789 for our keiki and our community to be protected from this sort of abuse.

Aloha,
Kuliaikanu'u Petzoldt
Kailua, Oahu

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 1:47 PM
To: EDNtestimony
Cc: nani_lii@yahoo.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Kerrie Villers	Individual	Oppose	Yes

Comments: I am opposed to this bill, which strips therapists and counselors of the ability to lovingly counsel and assist individuals who are struggling with gender issues and those who are seeking professional help in coming out of a homosexual, bisexual, or transgender lifestyle. This bill also denies parents the ability to find professional assistance for their minor child who may struggle with such issues by limiting their counseling options to counseling in favor of pursuing a homosexual, bisexual, or transgender lifestyle.

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To: Chair Roy Takumi
Vice Chair Takashi Ohno
Esteemed members of the House Committee on Education

From: Keith Kenyon

Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol

Re: OPPOSITION to HB1789

To: Chair Roy Takumi
Vice Chair Takashi Ohno
Members of the House Committee on Education

Good Afternoon Chair Takumi, Vice-Chair Ohno and members of the House Committee on Education. Please accept my written testimony in STRONG OPPOSITION to HB1789. I am unable to attend the hearing in person.

I was completely shocked to see HB1789 introduced, especially after the Special Session debacle the good people of Hawaii endured only months ago. Respectfully request your forgiveness to my "green" language and approach.

Why was this bill introduced?

This is what I see on the Hawaii State Legislation page: *Prohibits teachers and persons who are licensed to provide professional counseling from engaging in sexual orientation change efforts with a person under eighteen years of age.* Really? I read the language in the bill and my jaw dropped. I'm in disbelief. It seems so one-sided, not fair to all people and not really fostering equality.

My very first thought: why are we introducing a bill that effects such a small percentage of people? If it's truly to protect the "minor," as this bill indicates, then what sort of protection are we offering? I'm reading the bill and see bans on what teachers, counselors and other professionals cannot do. I'm assuming that the bill targets heterosexual teachers and counselors because of this language: "*The legislature therefore concludes that all minors, especially lesbian, gay, bisexual, and transgender minors...*" What will happen if an LGBT teacher or counselor and heterosexual student is involved? Will the heterosexual student receive equal consideration AND fairness as an LGBT student? The way the language is currently written, I don't think they will. Recommend removing the words "especially lesbian, gay, bisexual, and transgender minors." My intent here is to develop equality, no matter which minor or teacher/counselor is involved.

Next, I read through the draft of this bill three times and never once saw any mention of parents. If we are making it illegal to intervene, professionally, with our minors, then what course(s) of action should teachers and counselors take? I totally understand the legislature's reluctance to attempt detailed specifics in any bill because that could lead to the risk of prescribing the wrong technique for a variety of scenarios. Can we at least consider language that teachers and counselors can legally refer minors back to family, or include family in any intervention plan?

Section 3, as written, prohibits just about anybody else who could help from helping. If a minor is already getting rejected by family and teachers and counselors are banned from sexual orientation change, then that seems to leave the minor without any help at all. Who are the minors supposed to seek help from? Another person of the same sexual orientation? How is that okay? I think it's in the best interest of the state to promote the well-being of our children and NOT prevent minors from receiving help.

Additionally, the current wording contained in HB1789, SECTION 3, includes:

"§436B- Sexual orientation change efforts prohibited. (a) No person who is licensed to provide professional counseling, including but not limited to a physician specializing in the practice of psychiatry, physician assistant, psychologist, social worker, mental health counselor, marriage and family therapist, or a person who performs counseling as part of the person's professional training for any of these professions, shall engage in sexual orientation change efforts on a person under eighteen years of age."

This language seems to be including ministers, preachers, pastors... clergy, in general. Recommend clearly banning clergy with the rest of the professionals listed OR specifically exempting clergy from this bill. Rationale is that we should not be dragging religion into legal confusion. I realize it might not be politically correct to include the actual words, but the omission of "religion" or "clergy" from HB1789 language is a strong indicator to me that the introducers recognize the dilemma, at hand. I've been coached to NOT speak religion in my testimony, but cannot help to think that at least one introducer fears God. Otherwise, clergy and/or religion would be specifically addressed.

Further, it's pretty obvious that the reference to the American Psychological Association taskforce forms the basis for HB1789. Recommend including specific reference to the year and title of the APA report. Also, recommend including other recognized studies from like the Center of Disease Control. For example, at <http://www.cdc.gov/lgbthealth/> we can find a little trivia information: "Men who have sex with men (MSM) accounted for 63% of the estimated new HIV infections in 2010." If I were a minor, that type of information might help influence my sexual orientation.

Please ask yourselves these questions while considering HB1789:

- 1) Whose rights is HB1789 protecting? The minor's? For ALL minors or just the LGBT minor? What about the heterosexual minors' rights?
- 2) Is sexual orientation a protected class at the federal level? Is HB1789 attempting to protect sexual orientation? If so, why?
- 3) Are parents' rights addressed?
- 4) Is it fair to basically ignore a minor's sexual orientation issue? AND not provide a course of action involving family and/or trained professionals?
- 5) Is it fair to include study information that favors our same sex oriented people, but NOT include study information that supports our opposite sex oriented people?
- 6) Is HB1789 attempting to protect sexual attractions? That's the way this bill reads, but gets confusing when it attempts to identify different groups of people.

HB1789 can be perceived as a bill that protects sexual attractions. At the end of the day, let's not forget that about 92% of Hawaii is attracted to the opposite sex. Reference: [Feb 2013 Gallup poll](#).

Chair Takumi, Vice-Chair Ohno and members of the House Committee on Education please either overhaul HB1789 to make it completely equal and fair for all people involved, or please kill this bill.

Thank you for this opportunity to testify.

A handwritten signature in black ink, appearing to read 'Keith Kenyon', with a stylized flourish extending to the right.

Keith Kenyon

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 11:24 AM
To: EDNtestimony
Cc: kathyhashimoto@hawaii.rr.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Hashimoto	Individual	Oppose	No

Comments: Disallowing individuals from seeking therapy they desire is antithetical to the ideals of the United States. Citizens of our nation have God given rights which include freedom of speech, exercising of one's religious beliefs, regardless if they differ from current progressive and cultural trends, and freedom of association. Therefore, any measure which seeks to control individual choice in type of therapy, private doctor/counselor patient relationship and personal enhancement through draconian measures has no place in our American Republic.

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ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 11:28 AM
To: EDNtestimony
Cc: Jesuswept721@gmail.com
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Karli Miyata	Individual	Oppose	No

Comments:

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TESTIMONY to House Committee on Education

H.B. 1789 Relating to Minors

Monday, January 27, 2014

2:00 PM -- State Capitol Auditorium Room 309

Submitted in **OPPOSITION** by: Mary Smart, Mililani, HI 96789

Chairman Takumi, Vice-Chair Ohno and Members :

1. This bill is based on unsound premises. The removal of homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM) was based on political correctness (PC) and a vote that passed by a slim margin, not science. This was clearly documented in the book "Destructive Trends in Mental Health" by Rogers H. Wright and Nicholas A. Cummings (pgs 7 and 15) as well as many other reports and news articles. As we know from the days of the belief in "flat earth," popular politically correct beliefs do not constitute fact.

2. Fewer doctors are joining the AMA. There is a rapid downward trend.
<http://www.medpagetoday.com/MeetingCoverage/AMA/27147>

Dr. Mark Neerhof of Chicago states "The AMA really doesn't speak for practicing physicians,"

<http://blog.heritage.org/2011/06/23/doctors-medical-students-abandon-ama-in-search-of-alternatives/>

If doctors have lost faith in the AMA, Hawaii's legislators should not blindly impose poorly researched laws upon the people of Hawai'i.

3. The legislature should not demand that youth must be tormented by unwanted sexual attractions until they are eighteen years old. That demand is unfair and denies choice to individuals based on age discrimination. This is especially alarming when we have documented evidence that homosexuality (male to male sex) is deadly for youth. The Center for Disease Control reports: "Nearly 93 percent of HIV infections in males aged 13–19 and 91 percent in males aged 20–24 come from "male-to-male sexual contact." It is particularly disturbing is that the community of Native Hawaiian/Pacific Islander are contracting this disease at a high rate according to the CDC. The infection rates are even higher in Black/African Americans. It is unconscionable to ignore facts.

http://www.cdc.gov/hiv/pdf/statistics_epidemiology_of_infection_through_2011.pdf

4. The legislature should not block the rights of a youth to get the help they need to avoid the odds of contracting a life-threatening disease. There are many people who have

escaped their same sex attractions and have moved on to happy and productive lives. Michael Glatze, once a "poster boy" for homosexuality is now a happily married man to a woman. It is unfortunate that in our day and age it is still acceptable to discriminate against and harass former homosexuals. They are living proof that you don't have to stay in that lifestyle. There is a way out and Reparative Therapy is one of those paths.

<http://www.charismanews.com/us/42135-former-gay-activist-responds-to-critics-after-marrying-a-woman>

5. There is no genetic proof that homosexuals are "born that way". The science of DNA proves we are born either males or females. In spite of the deniers, the Bible confirms this fact. We are frequently told we must follow science, yet, the politically correct community would like us to ignore science and accept that diagnosis that some people are classified by their sexual attractions. This same PC group would prevent people from obtaining help to free themselves from what they consider unwanted and dangerous. It is interesting to note that the PC of our day are eager to fight obesity and spend billions of taxpayer dollars on "obesity reparative therapy" with programs such as "Let's Move" when the CDC believes there can be genetic reasons that lead to obesity. It is unjust and unfair to give one community a way out of their orientation to overeat and gain weight and deny the same help out of their unwanted affliction just because it has to do with sexuality.

<http://www.cdc.gov/features/obesity/>

<http://abcnews.go.com/GMA/Health/michelle-obama-childhood-obesity-initiative/story?id=9781473>

6. By making invaluable intervention unavailable to our youth, the suicide rate is likely to increase, not decrease. Many children and their parents do not know that this resource is available and this bill would make those services illegal. Will people have to resort to "back alley" psychiatric services to get the help they so desperately desire? Are you going to criminalize children who seek help for their unwanted desires? Will you put doctors and citizens in prison because they were aiding a distressed child?

7. Our children are our future and we need to provide them healthy choices. This bill must be rewritten require that an organization that provides Reparative Therapy for sexual orientation issues in located on each school campus that also hosts a Gay, Lesbian, and Straight Education Network (GLSN). It is unfair and unjust to deny youth the option they need and desire. Don't let Hawaii be known as the state that denies our Keiki their choice for happiness.

8. Request you vote AGAINST H.B. 1789. Thank-you.

Aloha Chairs and members of the Committee on Education and the Committee on Higher Education,

My name is Kari Benes, and I am strongly opposed to HB1789. I work with youth both in the community, and if a minor seeks my wisdom or wisdom from a counselor about issues as sensitive as sex, sexual orientation, sexually transmitted diseases, and sexual immorality, freedom should not be limited to teachers, mental health professionals, therapists, counselors, and any other professional to inform them of the healthiest choices in regards to sex for the whole well-being, including mind, body and spirit.

Contrary to the belief of the APA, the negative health consequences of participating in homosexual sex does exist, and prohibiting any professional from comprehensively counseling an individual, which could include sharing vital health information, is not only a disservice but quite possibly forcing them to life altering conditions that lead to serious disability and or death.

It is disservice to the gay community if counseling professionals have to sugar coat the truth in relation to health risks associated with any type of sexual activity, in fear that that individual may not be "encouraged" in the homosexual lifestyle that they are in.

A well-meaning professional might cause a sexually confused youth to desire abstinence or to become straight, because in sharing the disproportionate high risk of contracting an unwanted STD or awful health conditions homosexual lifestyle might become very unattractive. If in sharing important health information, a minor who changes their sexual identity from gay/confused to straight, then that counselor violates this law and is subject to loosing their license.

Here is a very **small** sampling of the risks of homosexual sex (especially men with men) that might be overlooked if a bill such as HB1789 were to pass:

- A five-year CDC study of 3,492 homosexual males aged fifteen to twenty-two found that one-quarter had unprotected sex with both men and women. Another cdc study of 1,942 homosexual and bisexual men with HIV found that 19 percent had at least one episode of unprotected anal sex--the riskiest sexual behavior--in 1998 and 1997, a 50 percent increase from the previous two years.[8]
- The journal *AIDS* reported that men involved in relationships engaged in anal intercourse and oral-anal intercourse with greater frequency than those without a steady partner.[15] Anal intercourse has been linked to a host of bacterial and parasitical sexually transmitted diseases, including AIDS.
- HPV is "almost universal" among homosexuals. According to the homosexual newspaper *The Washington Blade*: "A San Francisco study of Gay and bisexual men revealed that HPV infection was almost universal among HIV-positive men, and that 60 percent of HIV-negative men carried HPV." [17]
- HPV can lead to anal cancer. At the recent Fourth International AIDS Malignancy Conference at the National Institutes of Health, Dr. Andrew Grulich announced that "most instances of anal cancer are caused by a cancer-causing strain of HPV through receptive anal intercourse. HPV infects over 90 percent of HIV-positive gay men and 65 percent of HIV-negative gay men, according to a number of recent studies." [18]

- A CDC report documents "significant increases during 1994 to 1997 in rectal gonorrhea . . . among MSM," indicating that "safe sex" practices may not be taken as seriously as the aids epidemic begins to slow.[24]
- In 1999 the CDC released data showing that male rectal gonorrhea is increasing among homosexuals amidst an overall decline in national gonorrhea rates. The report attributed the increase to a larger percentage of homosexuals engaging in unsafe sexual behavior.[25]
- The incidence of throat Gonorrhea is strongly associated with homosexual behavior. The *Canadian Medical Association Journal* found that "gonorrhea was associated with urethral discharge . . . and homosexuality (3.7 times higher than the rate among heterosexuals)."[26] Similarly, a study in the *Journal of Clinical Pathology* found that homosexual men had a much higher prevalence of pharyngeal (throat) gonorrhea--15.2 percent compared with 4.1 percent for heterosexual men.[27]

We don't deny educating youth on the risks of drinking excessive alcohol, pollution, smoking, drinking sugary drinks, so why should we deny them of the freedoms they should have in seeking counsel about such a sensitive issue?

This bill diminishes health equity, by censoring the most well-meaning individuals in our community. Please stop this injustice. **Oppose HB1789.**

Mahalo for your time,

Kari Benes

Resident of Kaimuki

8. "Bisexuals Serve as 'Bridge' Infecting Women With HIV," *Reuters News Service* (July 30, 2000). Available at: www.mb.com/ph/scty/2000%2D07/sc073004.asp.

9. A. P. Bell and M. S. Weinberg, *Homosexualities: A Study of Diversity Among Men and Women* (New York: Simon and Schuster, 1978), pp. 308, 9; see also Bell, Weinberg and Hammersmith, *Sexual Preference* (Bloomington: Indiana University Press, 1981).

10. Paul Van de Ven et al., "A Comparative Demographic and Sexual Profile of Older Homosexually Active Men," *Journal of Sex Research* 34 (1997): 354. Dr. Paul Van de Ven reiterated these results in a private conversation with Dr. Robert Gagnon on September 7, 2000.

15. A.P.M. Coxon et al., "Sex Role Separation in Diaries of Homosexual Men," *AIDS*, July 1993, pp. 877-882.

17. Bill Roundy, "STDs Up Among Gay Men: CDC Says Rise is Due to HIV Misperceptions," *The Washington Blade* (December 8, 2000). Available at: www.washblade.com/health/a.

18. Richard A. Zmuda, "Rising Rates of Anal Cancer for Gay Men," *Cancer News* (August 17, 2000). Available at: cancerlinksusa.com/cancernews_sm/Aug2000/081700analcancer..

24. "Increases in Unsafe Sex and Rectal Gonorrhea."

25. *Mortality and Morbidity Weekly Report* (Centers for Disease Control and Prevention) January 29, 1999, p. 48.

26. J. Vincelette et al., "Predictors of Chlamydial Infection and Gonorrhea among Patients Seen by Private Practitioners," *Canadian Medical Association Journal* 144 (1995): 713-721.

27. SPR Jebakumar et al., "Value of Screening for Oropharyngeal Chlamydia Trachomatis Infection," *Journal of Clinical Pathology* 48 (1995): 658-661.

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, January 25, 2014 3:24 PM
To: EDNtestimony
Cc: kjtagon19@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/25/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Judy Taggerty-Onaga	Individual	Oppose	No

Comments: This is not the role of the school or DOE. The school is not to instruct children about their sex lives or choices. Children should be allowed to be children and protected and guided in helpful healthy ways. Not trying to change their sex or way of thinking, it's Brainwashing and it's WRONG. Please stop . Please remove "Pono Choices" as it give false information and encourages kids to do things they would not do on their own. These kids still need to be reminded to BRUSH THEIR TEETH. They are kids, leave them alone. School use to be a safe place for kids to learn life skills, not bedroom skills from Adults that should know better. Shame on them all.

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House Committee on Education
Jan. 27, 2014 2:00pm
Conference Room 309

Re: Opposition to HB 1789 – Sexual Orientation Change Efforts

Dear Chairman Takumi and Members of the Education Committee,

The purpose of this act is to protect the physical and psychological well-being of minors, including those apparently struggling with their sexual orientation.

Why would the government prohibit telling minors the facts about the high physical risks of engaging in homosexual behavior if we are trying to protect them?

According to the Canadian Rainbow Health Organization they are claiming that the Public Health Agency is not giving enough attention to the needs of GLB.

The statistical evidence is then proffered, in the group's 10 page complaint of the health issues which "disproportionately affect" the homosexual community, including:

- The life expectancy for gay and bisexual men is 20 years less than the average Canadian man;
- GLB people commit suicide at rates ranging from twice as often to almost 14 times more than the general population;
- GLBs have smoking rates ranging from 1.3 to three times higher than average;
- GLBs become alcoholics at a rate 1.4 to seven times higher than the general population;
- GLBs use illicit drugs at a rate from 1.6 to 19 times higher than other Canadians;
- GLBs experience depression at rates ranging from 1.8 to three times higher than average;
- Homosexual men comprise 76% of AIDS cases and 45% of all new HIV infections;
- GLB populations are at a higher risk of lung and liver cancer;
- Homosexual and bisexual men suffer a higher rate of anal cancer than heterosexual men;
- Lesbians report a higher rate of breast cancer;
- GLBs experience verbal and physical abuse at a greater rate than most Canadians.

These are very serious health risks and it is unthinkable that the government would not want our children to know the facts of engaging in homosexual behavior.

Please oppose HB 1789!

Sincerely,

Lora Burbage

Kaneohe

Testifier: Joseph R. Spatola

Saturday, January 25, 2014 at 8:00p.m HST

OPPOSITION to HB NO. 1789

To: The Committee on EDUCATION and Committee on Higher Education

At: 2:00p.m on Monday, 27 January 2014 in Room 309

1-Remove all sex/health education from school. That is a parent's responsibility.

2- Teach FORMAL (Ballroom/Ballet) Dancing in school. It is a proven method to teach proper etiquette between the sexes.

3-Teach Financial Responsibility classes in school.

4-Remove the definition of Homosexuality from the word GAY. Remove the word GAY from this bill and SB No. 1 and other related legislation. Homosexuals are not gay- THEY ARE HOMOSEXUALS.

5- The difference between No Japanese's and No Homosexuals is that Japanese is a Nationality that you are born into –no choice. To be Homosexuals is a choice, therefore I have a right to choose not to deal with them in any way if I so desire.

6- To limit our testimony in any way is unfair and UNAMERICAN!

I believe you know that this is just another dog and pony show. Yes we have to play your game and yes submitted our opposition to HB 1789. WE ask who wrote this bill and who sponsored it, just like SB1 you won't tell you who wrote it.

We all know this bill, like SB1 has already been decided and passed. The House (you) will listen-like you really care-but you don't. So why does the bill take effect as soon as it is passed, why are all the DOH and DOE forms and procedures already in place, why are they denying the heterosexual community to have a say it what happens in school to our children? Why are you violating are first and second amendment rights. Why do homosexuals lie, they are not gay they are homosexuals and we need to delete the words for the definition of GAY. Also SB 1 was so that Homosexuals can get married! Why then do we need to have it taught in school? Why do they stop parents from opting out or just saying NO to homosexuality? I know the answer, and I know you will disagree but; they are part of a movement to destroy America. Little do the Homosexuals know is that most of their funding comes from the Muslim community and groups that hate America? They do not realize that when America falls so will they because if the Muslims take over Homosexuality is a Contract Killing in the Quran. (The Quran is what Muslims call their holy book.) So if God's will doesn't get them the Muslims will. The Homosexuals created a false authority to recognize their false religion. They lie....They are not Gay they are HOMOSEXUAL!

That's just how I feel and my thoughts. What's next if a HOMOSEXUAL asks me out I can't say no; based on sexual preference. Or maybe the St Damien Statue in front of the Capitol will come under attack! Read the book the Language of Pao and The Turner Diaries. What's in those books is happening today!

There's more we have to look at what the BIG picture is. Government has taken over the medical, housing, supported forced unionization, limited our retirement cost of living increases. Housing (reverse mortgage) -gives the house to the government. Obama may have created 40,000 jobs but his administration has lost 460,000 jobs. The jobs lost were white and blue collar jobs, high tech. the ones created were service type jobs, fast food, hotel work- that's the reason unions what to increase the minimum wage. It was the unions fault we lost most of the jobs. Then Obama care instead of EDUCATION - keeps Americans stupid, creates a two class society-the rich politician and the poor. There is too much power and profit in politics. We need 2 term limits on every office from dog catcher to President. Only one office may be held then you go back to the job you had. President is the only office you can run for-you get your own backing and there will be financial limits and if you have more money than the completion- you pay for them to have equal opportunity. Politics should be a labor of LOVE not a career.

PONO CHOICES are bad news and should be defeated/repealed too. So should SB No. 1!

Also the theory about a gene causing HOMOSEXUALITY is false. Because if that were true why do you need to teach it in school? Also why are there people who stop being HOMOSEXUALS? If a gene caused the problem they would not be able to choose? If you say that a human can perform opposite to their DNA or gene structure-THAN IT IS A CHOICE!

DEFEAT THIS BILL: H.B. No. 1789

I want to be Governor and President of the USA and stop the insanity.
Help me to Help you. My Name is Joseph R. Spatola and I approve this message.

Bee Happy

Joseph R. Spatola, II (Joe)
1255 Nuuanu Ave. #1805
Honolulu, HI 96817
Spatwerx@gmail.com

To: Chair Roy Takumi
Vice Chair Takashi Ohno
Esteemed members of the House Committee on Education
From: Jennifer Swearingen
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol
Re: OPPOSITION to HB1789

Thank you for the opportunity to testify in OPPOSITION of HB1789. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. While I can appreciate that the House is trying to ban a therapy deemed by some as harmful, I believe they are overstepping their bounds as a government entity. The most appropriate therapy or treatment is something that parents should be able to weigh based on their own diligent research and comparison of risk v. benefit. Simply put, this legislation may be trying to protect minors, but in so doing they are eroding the fundamental freedom of a parent to direct the upbringing of their offspring until such time as the child is no longer considered a minor.

2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and their opinions should be highly respected and esteemed above those of limited interest.

3) Medically Accurate Information: The current wording of the bill would prohibit the dissemination of medically accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men¹). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or

¹ Centers for Disease Control, "HIV Among Gay and Bisexual Men", May 2012
(http://www.cdc.gov/hiv/pdf/library_factsheet_HIV_among_GayBisexualMen.pdf)

even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be a completely unacceptable infringement of my family's religious freedom rights, as well as my pastor's.

5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely. I thank you again for taking the time to allow me to voice my opinion.

Yours very respectfully,

Jennifer Swearingen

To: Chair Roy Takumi, Vice Chair Takashi Ohno & esteemed members of the House Committee on Education
From: Michele Pagdilao
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol
Re: OPPOSITION to HB1789

Thank you for the opportunity to testify in OPPOSITION of HB1789. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.

2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats.

3) Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be dishonest at best.

5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

Sincerely yours,
Michele Pagdilao
Ewa Beach, Hawaii

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, January 25, 2014 4:32 PM
To: EDNtestimony
Cc: jarrododa@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/25/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Jarrod Oda	Individual	Oppose	No

Comments: Every teen/patient should be able to receive the help they desire. If they feel they no longer like the feelings of being LGBT, they should be able to talk to a therapist about it.

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Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 2:18 PM
To: EDNtestimony
Cc: pyasuhara@hawaii.rr.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM
Attachments: HB 1789.pages

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Yasuhara Patti	Individual	Oppose	No

Comments:

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Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 2:25 PM
To: EDNtestimony
Cc: ldylei@hotmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Leilani Keopuhiwa	Individual	Comments Only	No

Comments: My name is Leilani Keopuhiwa and I strongly oppose HB1789. It seems that the laws now PUSH homosexuality under the guise of freedom to be anything you want to be, under any circumstance. Now, any opposition means that the person in opposition is immediately called a Homophobe. That equates to name calling & hate talk to me, just as calling a homosexual names. Why the double standard? Why is all the support given to those who CHOSE to be homosexual, and none to someone who chooses NOT to be, and seeks help? Why the heavy-handed one-sidedness? This law seeks to push homosexuality, not just protect those from being ostracized, or treated badly. I do not condone bullying of anyone, gay or otherwise. But now the table has turned, and those who do not accept that lifestyle as normal, wholesome or righteous are bullied and threatened because of THEIR beliefs. What in Heavens name makes it acceptable to take away one groups rights, to give rights to another group, and in this case, a smaller group? Why has our government not listened to the people, and just railroaded, and literally shoved down our throats something we can NEVER accept? We should never be threatened with what we believe in, or the ability to seek out and help someone in need, or requests help. This law would prevent those who DO NOT want to live that lifestyle, or feels coerced, or forced to live a lifestyle that they were bullied into just to appear "normal" is just as unjust as the name calling etc. that the gay community experienced. Again..why the one sidedness? I have very little confidence in my government, and fully expect our comments not to be read, or the voices not to be heard as in the HB1 debacle. Shame shame shame on those of you with hidden agendas. I firmly believe this is not just about homosexual rights, but of something much deeper and threatening to our country.

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ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 1:45 PM
To: EDNtestimony
Cc: janetg@attentionplus.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Janet Grace	Individual	Oppose	No

Comments: Aloha Chairs Choy, Takumi & Vice Chairs Ichiyama & Ohno, I urge you to please vote no on this measure which clearly violates the patient-physician relationship. It violates the counselor's freedom of speech. This sadly prevents the professional help that our parents and keiki may desire and need. Mahalo for your consideration in reading my testimony. Again, I urge you to vote NO on this harmful bill. Janet M. Grace District 22 - Waikiki

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To: Chair Roy Takumi, Vice Chair Takashi Ohno & esteemed members of the House Committee on Education
From: Jan Tetsutani
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol
Re: OPPOSITION to HB1789

Thank you for the opportunity to testify in OPPOSITION of HB1789. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

- 1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.
- 2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats.
- 3) Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.
- 4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy and youth leaders that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be dishonest at best.
- 5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will kill this bill indefinitely.

Sincerely yours,

Jan Tetsutani

Kapolei, Hawaii

January 26, 2014

To:

Rep. Roy Takumi, Chair
Rep. Henry J.C. Aquino
Rep. Karen Awana
Rep. Isaac W. Choy
Rep. Faye P. Hanohano
Rep. Linda Ichiyama
Rep. Calvin K.Y. Say
Rep. K. Mark Takai
Rep. Richard Lee Fale
Rep. Lauren Kealohilani Matsumoto

From: Laura Schuetze

RE: **Support of HB 1789**, Relating To Minors
Hearing: Monday Jan. 27, 2 p.m. Rm. 309

Aloha, Representative Takumi and members of the House Committee on Education:

I am submitting testimony in strong support of HB 1789, a bill relating to minors that would ban the use of conversion therapy in Hawai'i.

When I grew up, I had many friends who were coerced into conversion therapy and pressured to "change" their sexual orientation as teenagers. The impact of sending the message to youth that they must change their identity in order to be accepted by their family and community is devastating. I have seen first hand how the attempts by teachers, family or religious leaders to have teenagers change their identity as an LGBT person causes long term effects such as increased depression, suicides and substance abuse.

It is crucial to remember that all major professional medical and mental health organizations in the United States have taken a strong stance against conversion therapy. This includes the American Medical Association and The American Psychiatric Association.

We must demonstrate the ethical responsibility that we have to our youth in Hawai'i. If we want our youth to succeed academically and professionally in the future, we must send a message that we welcome all youth as future citizens and leaders. We must enact protections so that they can develop a healthy self-esteem about who they are regardless of their sexual orientation. I ask you to support HB 1789 with your "yes" vote to demonstrate that discrimination towards LGBT youth will not be permitted in Hawai'i.

Thank you for your time and consideration.
Laura Schuetze

Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 6:46 PM
To: EDNtestimony
Cc: kalener@hawaii.edu
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Kalene Rogers	Individual	Oppose	No

Comments: Please vote no to this bill and allow counselors to voice what they believe and not what they are told to say.

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My Name is Jaime McGuire and I strongly oppose HB1789.

First and foremost, this bill limits a patient's right to get the help they need. Every patient should have a right to choose a therapist who supports his or her counseling goals. This bill closes the door on that opportunity. It is not the place of our state legislature to decide what is appropriate treatment for a person. Appropriate treatment should be determined by an individual, their doctor or therapist, and in the case of this bill the parent/guardian.

We must be aware that while this bill's intent is to try to protect some from harm it may inadvertently put more people at greater risk of not receiving the help that they need. There are some who desire counseling to assist them with their same-sex attraction.

My hanai niece is one such example. At the age of 16 she was led into a homosexual lifestyle by a 20 yr old adult. Immediately she began a spiral nose dive into depression, bad grades, violent behavior and a strained family relationship. Her parents pursued counseling to help her deal with her conflicting emotions. Through the help of her counselor and the support of her parents she eventually had the clarity to break-off the relationship with the manipulative adult who engaged and led her into the lesbian lifestyle and she now has a peace and has chosen on her own to practice the heterosexual lifestyle.

Please vote against this bill.

SANDRA G. Y. YOUNG

Attorney at Law

P.O. Box 2897

Aiea, Hawaii 96701

Telephone: (808) 487-8464

Date: January 26, 2014

To: Members of the House Committees on Education and Consumer Protection and Commerce

Re: Opposition to HB 1789

Dear Chair McKelvey, Chair Takumi and Members of the House Committees on Education and Consumer Protection and Commerce:

I strongly oppose HB 1789, and ask that you not pass the bill out of the committees. I am an attorney, but also possess a master's degree in counseling and guidance (with an emphasis on school children).

It is destructive to the child's psychological and spiritual well-being to deny a child counseling to overcome unwanted sexual attractions, including but not limited to same sex attractions, attraction toward children (pedophilia) and other types of non-heterosexual attractions. Will these children be told that they were born that way, and thus, cannot change, or must they wait until they are adults before they can get the help they desire? By denying a child this kind of help and refusing to give the child much-needed hope that he or she can change, the Legislature may be exacerbating the child's problem and contribute to the child's self-destructive behavior.

With counseling, I have given children hope, and seen remarkable changes in their lives. Children need a strong foundation, and counselors and teachers alike can help them achieve their goals and dreams. Laws must be fair, and those who desire help to change their unwanted sexual desires should be given the tools they need.

HB 1789 interferes with the patient-therapist relationship and the fundamental right of the therapist's or teacher's rights of free speech. Further, this bill encourages the child to turn to folks who have no experience or knowledge in behavior modification techniques to help them overcome unwanted sexual attractions, and that may not be as helpful to the child as a skilled therapist. It also forces children to bear the cost of leaving the state to obtain treatment where such prohibitions do not exist. In addition, there is no confidentiality rule when children get help from a non-therapist for their unwanted sexual desires.

HB 1789 also infringes on the constitutional right of a person's freedom of religion. In my view, the state does not have a compelling interest to impose such a law on religious schools or with its religious students, teachers and counselors who hold a different world view, as well as the rights of parents who desire to help their children.

Finally, consider all of the people who have lived a life that they did not like, but today, they have changed, and express joy and gratitude that they no longer live a lifestyle antithetical to their world view. Please give our keiki the same opportunity to change, have hope and live satisfying lives consistent with their values.

Thank you for your concern for all of Hawai'i's keiki, so please vote no on HB 1789.

Very truly yours,

SANDRA YOUNG

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 7:09 AM
To: EDNtestimony
Cc: jlouis@hawaii.edu
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Jamie Louis	Individual	Support	No

Comments:

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Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 8:53 PM
To: EDNtestimony
Cc: tamagawak001@hawaii.rr.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
lynn tamagawa	Individual	Oppose	No

Comments: By passing this bill you are taking away the freedom of counselors in helping people asking for help. if people want to be helped who will they turn to? this bill takes away freedom of choice and will also jeopardize people's jobs who were trained to help people in need.

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To: Chair Roy Takumi, Vice Chair Takashi Ohno & esteemed members of the House Committee on Education
From: Henry Guerrero
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol

Re: OPPOSITION to HB1789

HB1789 Reference (1/16/14)

Page No.	Section No.	Line No.	
Page 1	SECTION 1	Lines 3-5	1. The Legislatures' premise that for forty years, Major professional associations of mental health practitioners and researchers in the U.S have found it a fact that being lesbian, gay, bisexual, or transgender is not a disease, disorder, illness, deficiency, or shortcoming has no substantiation. There is no specific mention of which specific major professional associations these are referred to. This is like saying that "some prominent scientists came together in agreement to recognize that evolution is a fact, which we all know has never been proven and has been losing it's credibility at an alarming rate, and recently has been declared dead. Historically, homosexuality has been around for thousands of years and has always been and is still regarded as an unnatural and immoral behavior. It is the practice of homosexual behavior that causes harm, not just to the person practicing it, but to the functions of their families, friends, and society as well. In general, people should be held responsible for their own actions, not the other way around.
Pages 1 & Page 2	SECTION 1	Line 15, Lines 1-11	2. a. Exactly how many cases were involved in these studies that the Legislature refers to that confirms the serious health risks that minors face based on their sexual orientation due to their homosexual behavior and their resulting family rejection? Quantification of these studies is needed in order to justify imposition of this bill on <u>ALL</u> minors. The enacting of laws is a serious matter because it involves the whole of society. This bill is not justified if only a few cases were involved in these studies. b. To be fair in the name of science, human behavior, and has there been studies on health risks that minors face when they experience family rejection based on their sexual orientation being either a heterosexual orientation or one based on abstinence? Why aren't these sexual orientations addressed in this bill? This bill is biased towards practicing, reaffirming, and encouraging homosexual behavior and should be deferred.
Page 2	SECTION 1	Lines 12-15	3. a. The supposed purpose of this Act to protect the physical and psychological well-being of minors, including those who participate in homosexual behavior from harm caused by sexual orientation change efforts is counterproductive to reducing the alleged harm supposedly experienced by these minors. Knowing the serious harms that homosexual behavior is doing to minors, and then enacting a law that makes it harder for them to change is like telling them that you care for them, but you want them to continue committing suicide, continue being depressed, continue using illegal drugs, continue engaging in unprotected sex. I want to make it as hard as possible for you to change. Does the Legislature really care? Who are you really doing this for? What is the Legislature's real agenda? b. Why does this bill only involve minors? Doesn't this also relate to adults? Is this bill just the beginning because it has been proven easier to enact this agenda first thru the school system because this is where the parents are not there?
Page 2	SECTION 2	Lines 19-21	4. a. Barring a teacher from engaging in sexual orientation change efforts on a student under eighteen years of age violates the parental rights of teachers who are parents of minors. This is an unfair infringement on the rights of a particular set of parents, that being parents who are teachers vs. parents who aren't teachers. This is also an infringement of the privacy of a family and their 1st amendment right to teach and exercise religious values relative to sexual orientation. b. This bill is aimed at homosexual behavior protection. To be fair, there should also be rights for heterosexual orientation as well as abstinence. To create fairness across the board, teachers should be barred from teaching all kinds of sexual orientation in the classroom such as "Pono Choices" unless the minor student voluntarily seeks to learn it.
Page 4	SECTION 3	Lines 1-9	5. a. Barring licensed professional counselors infringes on the livelihood of a counselor. These counselors are trained professionals in this field and depend on counseling services to survive. Targeting specific clientele to be off limits for their services is unconstitutional. Counselors are also parents and the same reasons apply as stated in Item 4.a. above. b. Clergy also fall in this counseling category and this bill infringes on their first amendment right to exercise religion and impart their values to the church body.

For the reasons above, HB1789 is very deeply-flawed. Please be responsible legislatures and defer this bill indefinitely.

Sincerely yours,
Henry Guerrero
Kapolei, HI

To: Chair Roy Takumi
Vice Chair Takashi Ohno
Esteemed members of the House Committee on Education
From: Heidi Hao Molokai Resident and Concerned Mother of 7 Children
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol
Re: OPPOSITION to HB1789

This proposal is seriously flawed and is simply a blatant attempt to promote the lesbian, gay, bisexual and transgender (LGBT) lifestyle. I oppose this bill for the following reasons:

1. The entire bill is based upon the premise that sexual orientation is immutable, which has not been proven in legitimate scientific studies and has been disproven time and again anecdotally. Ironically, this same bill asserts that gender, which is established genetically, IS changeable! This is blatant, inconsistent, hypocritical political correctness! If sexual orientation counseling is prohibited, should not gender change counseling also be prohibited as well?
2. The negative assertions upon which this bill is based confuse correlation with causation, i.e., that negative effects are a result of sexual orientation counseling efforts. The proponents of this bill fail to acknowledge that the LGBT lifestyle itself may be the cause of such negative effects and that abandoning the lifestyle could eliminate most, if not all, of these negative effects.
3. The bill would infringe on parental rights to seek treatment which they deem in the best interests of their minor children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who the State expects to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.
4. The bill would also infringe on the First Amendment rights of parents to freely exercise religious beliefs especially with regard to the spiritual welfare of their children.
5. The bill would infringe on the rights of professional counselors to act in the best interests of a child. The course of counseling and treatment for a minor child should be a confidential, carefully considered professional, case-specific decision arrived at by the parents, counselor and child him/herself. Professional counselors are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not legislators, no matter how well-meaning.
6. This bill would prohibit sexual orientation counseling EVEN IF all parties, including the counselee, agree that this is the desired course of action. Such a bill has no place in a democracy!

The scientific jury is still out regarding the causes of alternate lifestyles. It currently seems to be consensus that such lifestyles are the result of complex social, emotional, psychological and other factors, and NOT biological in origin. For all these reasons, I strongly oppose this bill.

To: Chair Roy Takumi, Vice Chair Takashi Ohno & esteemed members of the House Committee on Education
From: Hary Quemado
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol
Re: OPPOSITION to HB1789

Thank you for the opportunity to testify in OPPOSITION of HB1789. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.

2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats.

3) Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be dishonest at best.

5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

Sincerely yours,
Harry Quemado
Mililani, HI 96789

January 26, 2014

Re: Testimony in support of HB 1789 Relating to Minors (Ban on Conversion Therapy for LGBT Youth)

Aloha Chair, Vice Chair and members of the House Education Committee:

I am writing in **strong support of HB 1789** for banning conversion therapy in Hawai'i.

In Hawai'i, the rights of gay, lesbian, bisexual, and transgender people have been recognized with the passage of non-discrimination bills for employment and public accommodations, as well as the recent passage of the marriage equality bill. The American Psychological Association has removed homosexuality from its list of mental illnesses and considers heterosexuality and homosexuality as normal expressions of sexuality. The American Psychiatric Association, in a statement from 2000, states that conversion or "reparative" therapy to change one's sexual orientation can cause further psychological harm to youth, leading to depression, self-destructive behavior since a therapists alignment with the societal prejudices against homosexuality would reinforce self-hatred already experienced by the patient.

I am a gay Catholic man in a committed relationship for over 23 years. I am president of Dignity Honolulu, an organization for lesbian, gay, bisexual and transgender Catholics. I am glad that my family and friends support me and that I was not subjected to conversion or reparative therapy. Organizations such as Exodus and other "ex-gay" ministries have not been successful in changing the sexual orientation of the people participating in their programs, and have actually caused more psychological harm instead. Hawai'i should follow the lead of California and support the ban of this type of "therapy".

Again, I urge you to support HB 1789 banning conversion therapy for LGBT youth in Hawai'i.

Respectfully,

Gene Corpuz
1139 9th Ave., #1602
Honolulu, HI, 96816
GeneCMSPH@aol.com
808-779-1965

To: Chair Roy Takumi, Vice Chair Takashi Ohno & esteemed members of the House
Committee on Education

From: Garret Shon

Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol

Re: OPPOSITION to HB1789

Thank you for the opportunity to testify in OPPOSITION of HB1789. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.

2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats.

3) Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be dishonest at best.

5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply and seriously flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

Sincerely yours,

Garret Shon
Kapolei, HI 96707

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 1:57 PM
To: EDNtestimony
Cc: fenna_g@yahoo.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Gale Fenna	Individual	Oppose	Yes

Comments: Who benefits from this bill?

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 10:24 PM
To: EDNtestimony
Cc: johnrhinkle@hotmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
john hinkle	Individual	Support	No

Comments: I am writing in Strong support of HB1789. As a professional mental health therapist/counselor for over 40 years and Hawaii licensed mental health counselor, this so-called 'conversion therapy' has no place in our society. It is not a "therapy". Several years back, many school systems did not want children to be left-handed. So, they forced children to write in a right-handed manner, even though their brain was wired for them to be left-handed. We now know that forcing children to "use the wrong hand" has caused a host of problems. Now this 'conversion therapy' nonsense. Please understand, 'conversion therapy' is not a 'therapy'. Ongoing research on this topic demonstrates that rather than "helping" it actually causes a great deal of harm and should not be given the same respect that proper therapeutic interventions are given. I urge you to support HB1789. Thank you!

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Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 10:36 PM
To: EDNtestimony
Cc: alilfaith808@ymail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
karen	Individual	Oppose	No

Comments: As a former college student and future health care professional, i have learned that through the American laws and my education, every person/patient has a right to get the help they need if they seek it. If a patient who needs help physically, emotionally, and mentally, it is the duty of ALL HEALTH CARE PROFESSIONALS ranging from therapists to physicians, nurses, and counselors, etc to support and provide the help needed for that patient. If someone is happy with same sex attraction, they have a right to experience it. BUT IF SOMEONE IS UNHAPPY WITH SAME SEX ATTRACTION that person has the RIGHT TO CHANGE IT. As a future health care professional it saddens me that i will not be able to assist my future patients who do seek help because this bill does not allow me to fulfill my calling and my duty as a health care professional. thank you for taking the time to read my testimony and i pray that you will find it in your hearts to protect our children, my generation, and my future children's generation as well as the many resources and professionals who have poured their hearts out to help those who do seek to change. Take care always and mahalo, karen

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Strong Support of HB1789

My name is Elana Waite. I am a high school senior, an out member of the LGBT community and still a minor under the law. I strongly support HB1789. I came out to friends and family in the 8th grade; I was blessed in regards that the only people that have insisted my sexual orientation could be changed are boys who think I need to be shown what a "real man" is like. My parents were very supportive. Sadly, many close friends and peers are not as fortunate. Although acceptance of the LGBT community is increasing, many suffer from verbal and sometimes physical harassment at school because of their orientation or gender expression.

School is not the only place that my LGBT friends deal with harassment. For nearly all of them, at home is a much more hostile place than school. Most are not even out to their families because they are so frightened about the verbal, physical and mental abuse their parents may inflict on them if they did.

I believe that this so called reparative therapy falls under the mental abuse category. The practice is denounced by the American Psychological Association, has a long track record of being ineffective, and causes long term psychological trauma to the individuals that have attempted the treatment. Parents should not have the right to force their children into any particular identity. If the LGBT identifying person becomes an adult and is seeking to repair their sexual orientation, which is not even considered to be a mental disorder by the APA, they may do so. However, vulnerable children and teens must be protected for all forms of abuse under the law, including forced identity changes.

Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 6:12 AM
To: EDNtestimony
Cc: unmanib@maui.net
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

HB1789

Submitted on: 1/27/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Unmani Cynthia Groves	Individual	Support	No

Comments:

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HB1789

I strongly oppose this bill as I did SB1. This time I pray you will listen.

As I see it the objective of this bill is to prohibit a parent(s) from seeking any kind of help or counseling for a child who requires more than a parent(s) is able to provide, when it comes to sexual orientation.

This bill will prohibit a child (under the age of 18) from receiving any help or professional counseling, due to confusion with regard to sexual orientation. May I assume this would include Pastors who offer family counseling?

Sexual orientation appears to be the key.

I see the biggest victims of this bill will be those innocent children that are being forced through curriculums like ... "Pono Choice." May I assume that the concern is that counseling might interfere with the homosexual lifestyle indoctrination of these young impressionable children. A documented unhealthy lifestyle if I may.

You were elected/hired to do a job. That job is to represent your constituents. Did you do that? Did you have an honest discussion with them regarding the context of this bill? Did you even bring this bill to their attention? If not, why not? Because you felt it was unimportant? Or was it because you knew they would be up and arms and demand this bill be killed before the ink was dry?

I think the later, the idea that you would override the rights of a loving caring parent is unconscionable.

So in closing I strongly oppose the passing of this bill and again hope you will join me.

Sincerely

Frances Santoki

Mililani

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 1:29 PM
To: EDNtestimony
Cc: dianeho.home@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Diane Ho	Individual	Oppose	Yes

Comments: I am totally against not offering help to anyone who is requesting help. Please help our children in offer counseling for their benefit. I would like to testify for allowing clergy, professional therapist,councilors at schools when asked for their help! . Against hub 1789, Diane Ho

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Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 8:41 AM
To: EDNtestimony
Cc: faithful3338929@yahoo.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/27/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Miller	Individual	Oppose	No

Comments: I am opposed to HB 1789. Counseling should be made available as an option and not banned entirely.

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ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 10:49 AM
To: EDNtestimony
Cc: davedecleene@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
David	Individual	Oppose	No

Comments: I have taught high school and junior high the past twenty years in Hilo, and have recently retired. I oppose HB1789. Are you proposing that the government give rights? That the government define fairness? This would set a dangerous precedent. This law violates the patient-physician relationship. It violates the counselor's freedom of speech. It prevents parents and children from getting the help they desire. On what grounds do you reserve for yourselves the power to decide an issue that encompasses the inviolate privacy of an individual to seek help according to his or her inclination? As a Catholic, I am familiar with a Catholic organization Courage that has a long and successful history of assisting those conflicted about same sex attraction. And there are many similar organizations affiliated with different denominations and organizations. Would you deny the children of Hawaii access to this help that they seek voluntarily? Is the government setting itself up as the final authority on a dimension of human experience as complex as love, and sexuality, and family connections? You must remove yourselves from this issue. Each child and parent must be left the freedom to decide all counseling matters, unobstructed by a government which seeks to insert itself so mistakenly, so arrogantly, into such a personal realm.

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To: Chair Roy Takumi, Vice Chair Takashi Ohno & esteemed members of the House Committee on Education
David Tetsutani
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol

Re: OPPOSITION to HB1789

Thank you for the opportunity to testify in OPPOSITION of HB1789. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the upbringing of their own children. The most appropriate therapy or treatment for guidance is something that parents should be able to decide in instilling the values that they feel their child should have without the interference of the government. They are NOT the governments property or children they are private citizens.

2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats or special interest groups.

3) Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be dishonest at best and an infringement on my freedom of speech and freedom of religion.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

Sincerely yours,

David Tetsutani

Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 7:00 PM
To: EDNtestimony
Cc: dkmcshane@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Daphine Kama-McShane	Individual	Oppose	No

Comments: I strongly oppose this bill as I did SB1. This time I pray you will listen. As I see it the objective of this bill is to prohibit a parent(s) from seeking any kind of help or counselling for a child who requires more than a parent(s) is able to provide, when it comes to sexual orientation. This bill will prohibit a child (under the age of 18) from receiving any help or professional counselling, due to confusion with regard to sexual orientation. May I assume this would include Pastors who offer family counselling? I urge you to oppose this bill. Sincerely, D.Kama-McShane Registered Voter

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Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 9:38 AM
To: EDNtestimony
Cc: jasonmallonee@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/27/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Jason Mallonee	Individual	Support	No

Comments: I am writing in support of HB1789, banning sexual orientation change therapy for minors. As someone who is gay, I can speak personally to the damaging effect such therapy can have. It sends a message that something is wrong with you. I can only imagine how this contributes to the already disproportionately high rates of suicide among LGBTQ youth and young adults. We as a society have a duty to protect our children from harm. This means meeting them where they are at and helping them understand their sexual identity, rather than change it. As a mental health professional (clinical social worker), I can speak to the importance of therapy that is supportive rather than reparative. I urge you to pass this bill banning conversion therapy for LGBTQ minors. Because they are minors under legal guardianship of an adult who may not have their best interest in mind, it is vital that as a society we put safety measures like this in place to protect them. Mahalo~

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January 26, 2014

COMMITTEE ON EDUCATION

Rep. Roy Takumi, Chair
Rep. Takashi Ohno, Vice Chair
Rep. Henry J.C. Aquino
Rep. Calvin K.Y. Say
Rep. Karen Awana
Rep. K. Mark Takai
Rep. Isaac W. Choy
Rep. Lauren Kealohilani Matsumoto
Rep. Faye P. Hanohano
Rep. Richard Lee Fale
Rep. Linda Ichiyama

NOTICE OF HEARING

DATE: Monday, January 27, 2014

TIME: 2:00 p.m.

PLACE: Conference Room 309

State Capitol

415 South Beretania Street

RE: TESTIMONY IN STRONG SUPPORT OF HB1789
RELATING TO STUDENT BIAS

Aloha Honorable Chair Takumi, Vice Chair Ohno, and the House Committee on Education:

I am a Psychologist and Educator in strong support of HB1789 and I kindly urge you to pass this protective measure to ensure the health and well-being of Hawaii's LGBT youth. As Professor and Chair of the Department of Psychology at the University of Hawai'i at Manoa, I appreciate the opportunity to share my professional perspective on this bill. While my testimony is informed by my profession and decades of training and research, this testimony does not necessarily represent the position of my employer.

Conversion Therapy (also known as Reparative Therapy) is a cruel and ineffective method that attempts to force an LGBT-identified child to conform to heterosexuality. All the major national mental health organizations have officially expressed concerns about therapies promoted to modify sexual orientation, and most have condemned these efforts. This is probably because, to date, there has been no scientifically adequate research to show that these kinds of efforts are safe or effective. As a psychologist, my professional point of view is that this kind of "therapy" not only causes direct harm to those who are subjected to it, but it causes indirect harm to LGBT people, and perhaps all in society, because it reinforces the false belief that sexuality is a mutable characteristic. It also reinforces stereotypes and contributes to stigma.

What we need to be doing is supporting the healthy development of all our people, no matter their sexuality. In the education and mental health professions, we are called upon to respect clients' culture, ethnicity, age, gender, gender identity, sexual orientation, religion, socioeconomic status, language, and disability status, and we work to eliminate biases based on these factors. It makes sense for us to require teachers and licensed mental health providers in our state to follow the ethical standard of the major mental health organizations, including the American Psychological Association, the American Psychiatric Association, the National Association of Social Workers, the American Academic of Pediatrics, the American Counseling Association, and the American School Counselor Association.

This is a human rights issue, and it is an important civil rights issue for the legislature to consider. Some argue that, unlike race, sexuality is a choice. It is not. Sexuality is an integral part of one's identity. Those who are not LGBT-identified have no right to define the identities of people in the LGBT community, and children must be afforded the right and the safe space to develop their sexual identity on their own terms. We need to keep abusive procedures like Conversion Therapy out of our schools and therapy rooms.

Please pass this bill.

Sincerely yours,

Ashley E. Maynard, Ph.D.
Professor and Chair
Dept. of Psychology
University of Hawaii at Manoa

Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 9:43 AM
To: EDNtestimony
Cc: noellecambeilh@hotmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/27/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Noelle Cambeilh	Individual	Support	No

Comments: Please vote in support of HB 1789. All major American medical, psychiatric, psychological and professional counseling organizations agree that conversion therapy has been discredited and can have damaging effects including increased anxiety, depression and suicidal ideation. It is time to accept people for who they are. Noelle Cambeilh L.C.S.W

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Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 9:52 AM
To: EDNtestimony
Cc: jcwhite54@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/27/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Judith White	Individual	Comments Only	No

Comments: I support the passage of this bill, which will ban conversion therapy for LGBT youth in Hawaii. Please pass this important piece of legislature! Dr. Judith C. White

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Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 3:26 PM
To: EDNtestimony
Cc: daniellestacey17@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Danielle Smith	Individual	Oppose	No

Comments: Please vote no on HB 1789. I consider this an issue of free speech that should be protected. The right of a person to be counseled HONESTLY by those they go to should also be protected.

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Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 2:06 PM
To: EDNtestimony
Cc: cathy4228@gmail.com
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Catherine Riley	Individual	Oppose	No

Comments:

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I stand in strong opposition to HB-1789. Unless and until the legislature can provide *compelling* evidence that *all* reparative therapy in *all* its practices and forms by *all* councillors is producing a real, causative, damaging effect on individuals who go through it then, the proposed legislation is hyperbolic and overreaching. This measure should be terminated immediately.

The only conclusion to be drawn from this is that the ultimate intention is to remove all rights of parents to teach their children morals and values. That the only acceptable method of parenting is to let the children do whatever they want to. The legislature did not make the children, it has no place or right to decide (apart from *violence and abuse*) how they are raised.

Homosexuality and transgenderism have not been remotely proven to be distinct from choice and influence (this was testified to at length during the SB1 hearings). And scientific studies to the contrary have been shown time and again as flawed, inconclusive, and/or outright falsified in sample-size, methodological, participant selection, and inferential error.

For all these reasons and more the legislature should not be limiting parents' right to seek—and counselors' right to provide—passionate, loving care and assistance for persons under the age of 18 who seek to struggle against and/or leave the LGBT lifestyle. I am opposed.

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 10:20 AM
To: EDNtestimony
Cc: bkulbis@reagan.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Brett Kulbis	Individual	Oppose	No

Comments: I strongly oppose HB-1789. This bill is just what thousands of Hawaii's citizens feared would happen once SSM was passed. The same concern that was dismissed by every Legislator who voted in favor of SSM. Now your trying to force parents to accept LGBT orientations in their children as "normal" and prohibits them from seeking counseling or treatment for their minor child. This is an assault on parental rights!

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Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 2:07 PM
To: EDNtestimony
Cc: birthpang@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Bobbie Pang	Individual	Oppose	No

Comments: It is important to receive professional family counseling should a teen have a question about their gender. Prohibiting this would not serve the families interest or our society. This law violates the patient-physician relationship. It violates the counselor's freedom of speech. It prevents parents and children from getting the help they desire. Protect the parents rights and their relationship with their young adolescents for their health and well being.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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To: Chair Roy Takumi, Vice Chair Takashi Ohno & esteemed members of the House Committee on Education
From: Bev Mau
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol
Re: OPPOSITION to HB1789

Thank you for the opportunity to testify in OPPOSITION of HB1789. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.

2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats.

3) Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be dishonest at best.

5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

Sincerely yours,
Bev Mau
Ewa Beach, Hawaii

Telephone:
(808) 534-1514

Fax:
(808) 538-3075

JAMES HOCHBERG
ATTORNEY AT LAW

745 Fort Street
Fort Street Tower, Suite 1201
Honolulu, Hawaii 96813

Cellular Telephone:
(808) 256-7382

Email Address:
Jim@JamesHochbergLaw.com

January 10, 2014

Testimony in opposition to HB 1789

Chair Roy M. Takumi
Vice Chair Takashi Ohno
Representative Henry J.C. Aquino
Representative Isaac W. Choy
Representative Faye P. Hanohano
Representative Linda Ichiyama
Representative Mark M. Nakashima
Representative K. Mark Takai
Representative Lauren Matsumoto
Representative Richard Fale

Dear Chair, Vice Chair and Members of the House Education Committee:

Attached please find an anonymous testimony in opposition to HB 1789 from a Hawaii licensed, clinical psychologist. I am legal counsel to this psychologist who has asked me as an officer of the State of Hawaii court system to present this testimony on the basis that you will accept it through my office. The psychologist explains on the last page of the testimony why it is submitted anonymously. The substance is much more important than the fact that the psychologist will not be identified. Please accept this testimony in opposition to HB 1789 and please do not pass HB 1789 out of your committee.

Sincerely,

JAMES HOCHBERG, A.A.L.

Re: Testimony on HB.1789

Aloha Representatives,

I am a licensed clinical psychologist in Hawaii.

I am a born and raised local boy from blue-collar, sugar worker parents in a typical sugar plantation town. The nationalities with which I grew up were the rainbows we saw through the sugar cane fields on the way to school. So to were their religious beliefs and churches that dotted our and nearby towns – the Catholics, Adventists, Baptists, Buddhists, Congregationalists, Mormons, Witnesses, even the Moncados (and yes there were some who didn't seem to have any religious beliefs or go to church). Nationalities and religions (or none), we knew we were all different but similar.

We didn't understand (and yes, maybe we couldn't quite accept) the myriad ways we expressed our cultural and religious beliefs but together we could laugh, play, eat, drink, go to each other kids' first birthday luaus, graduations, weddings, and funerals. We treasured this mixed plate of cultures. While at the same moment, knowing that for each family was embedded in our na'ua, different truths. We lived among these truths *and* expressed in words and deeds the aloha that we saw and felt among each other. In many, one (*E Pluribus Unum*).

I grew up knowing that there were homosexuals in our community and most families held values inconsistent with homosexual relations. Yet not only were they not harassed by anyone in the community (my parents concurred with me on this) but also there were several who were respected leaders.

As a clinical psychologist I have dedicated my life to giving back to this wellspring of aloha in which I was raised. I have practiced for over two decades, acquiring along the way certification by my western profession deeming me as having achieved a high level of knowledge and skill.

But I also know there are truths that defy changing even with the most sophisticated, advanced, research methodologies, western science (or political thought) has at its disposal. These truths are sieved through the centuries if not millenniums of cultures down to the family. These are the heart's truth

(passed on and experienced) and not easily persuaded like the head's truth of modern influences. These deeper truths come with each family I see embedded within this modern culture, within the rules you have decreed.

The hubris for temporary government representatives and workers to dictate theirs or any one else's values a family can and cannot transmit to their children. Do you believe there are no negative consequences trying to alienate and impose with current western culture's values (in this case homosexual behavior) a families' na'au from their own children?

To clarify, clinical psychologists (and others who counsel) can't "psych-out" their truth upon anyone. Little consolation but should this bill become law, even government representatives and workers at your most coercive *can't change a heart that doesn't want to be changed*, or to this I am addressing, *not change a heart that does want to be changed*. If you think government representatives aren't coercive try disregarding the IRS, TSA, police, and/or legislators' laws. Yet, thank God the worst government representatives can do is to fine, imprison or kill the body, but never the heart' ways and will.

Families seek counsel from clinical psychologists (and others specializing in dealing with families and children) when in distress, desiring to live a happier, more meaningful life, *consistent with their na'au*. We don't coerce a change of their deep truths. We may point our inconsistencies with their behavior and what they say they desire for their lives. If open, suggests methods to live a life with more integrity.

To state the obvious, clinical psychologists (who are perceived to be the most academically and clinically trained counselors) aren't successful in helping people, minor children included, **who don't want to change or be helped**.

What you are (*hopefully unknowingly*) proposing in this bill is that *families don't have a right to address (explore, question) behaviors, thoughts and emotions they deem apparently inconsistent with their culture and family's truths from whomever they choose*.

Although my practice is not predominantly based on those struggling with issues in which homosexuality is a self-identified part of their angst, I have been successful with more than a handful of people strongly desiring assistance in ceasing their homosexual behaviors and whose na'au has told

them that their behaviors are inconsistent with it. Similarly, I have referred men and women (teens included with parental permission) wanting counsel in facilitating issues within their homosexual lifestyle to colleagues competent in this area.

I have chosen anonymity in addressing you because I have already been threatened with legal action and fear harassment (a fear that I believe Rep. Jordan can attest to after her votes on S.B1). What prompted the threat was that I had politely and respectfully declined to counsel someone (voluntarily self-identified as a homosexual) requesting help in relationship enhancement. I communicated that I lacked competence working with those wanting to facilitate their homosexual lifestyle; nonetheless a threat was made.

This bill is inconsistent with our unalienable rights as citizens of this great nation and can I even more boldly declare, this bill is inconsistent with our Hawaiian truths.

Respectfully submitted,

Anonymous

To: Chair Roy Takumi, Vice Chair Takashi Ohno & esteemed members of the House Committee on Education

From: Ben Tamamoto

Hearing Info: 2:00PM, Monday, January 27, 2014

Rm. 309, Hawaii State Capitol

Re: OPPOSITION to HB1789

Thank you for the opportunity to testify in OPPOSITION of HB1789. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.

2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats.

3) Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counselling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be dishonest at best.

5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

Sincerely yours,

Ben Tamamoto
Waipahu, HI

January 26, 2014

House Joint Committee
Education and Committee on Higher Education

Re: HB 1789

Dear Elected Officials,

I oppose the passage of the above bill. If a person is happy with same-sex attraction, they should have the right to experience it. But by the same token, if someone is unhappy with same-sex attraction, they should have the right to seek help to change it. They should be able to get the help they need. They should have the right to a therapist who supports their counseling goals.

It would not be fair to deny teenagers the opportunity to get the help they want. It would not be fair for the government to decide that treatment that has helped other people achieve their goals cannot be offered. Government should let the teenager and parent or custodian make the decision to seek treatment.

We all should work to protect children and not harm them. The child should be able to get the information or treatment required to make better decisions. This is a decision that this teenager will have to live with so he should be given the choice to make that decision.

Please don't take away the right to choose.

Sincerely,

Baron T. Mizusawa

1. Every patient should have the right to seek help they need.
2. Every patient should have the right to a therapist who support their counseling goals.

To: Chair Roy Takumi
Vice Chair Takashi Ohno
Esteemed members of the House Committee on Education
From: Amy Lynne Shiroma
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol
Re: OPPOSITION to HB1789

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2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats.

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¹ Centers for Disease Control, "HIV Among Gay and Bisexual Men", May 2012
(http://www.cdc.gov/hiv/pdf/library_factsheet_HIV_among_GayBisexualMen.pdf)

5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 2:29 AM
To: EDNtestimony
Cc: apaterson2474@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Amanda Paterson	Individual	Support	No

Comments: As we have heard and the Legislature has acted on, being an LGBT individual is not a choice. Please ban conversion treatments, there are worse things than a youth who grows up an LGBT individual. This is NOT an argument that should be based on religious grounds, please allow youth to know that being an LGBT individual is a normal part of life - because speaking from knowledge, it's not something that we have chosen to be, it IS how we were born.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Jenna Takenouchi

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 26, 2014 10:03 PM
To: EDNtestimony
Cc: acardinesjr@gmail.com
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

HB1789

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Allen	Individual	Oppose	Yes

Comments:

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Jenna Takenouchi

From: Jim Hochberg <jim@hawaiifamilyadvocates.org>
Sent: Saturday, January 25, 2014 6:09 PM
To: Rep. Roy Takumi; Rep. Takashi Ohno; Rep. Isaac W. Choy; Rep. Daynette Morikawa
Cc: director@hawaiifamilyforum.org; YOSHIMITSU, Walter
Subject: HB 1789
Attachments: 004 Change Happens - Deposition of Nicholas A. Cummings.pdf; Article - When Gov't Keeps Teens From Therapists.pdf; 2014-1-25 HFA Testimony HB1789 Relating to Minors.docx

Aloha Chairs and Vice Chairs of the House committees on Education and Higher Education respectively, I submitted testimony in opposition to HB 1789 but wanted to make the attached resources available to you. I am attaching my testimony and two documents for your consideration in connection with the hearing on Monday, January 27, 2014, at 2 p.m. of HB 1789. I hope you take the time to read them. If you look at the Deposition of Nicholas A Cummings, Ph.D. , Sc.D, paragraphs 23 through 25 on page 6 reads:

23. Of the approximately 100 patients who were treated by Kaiser in San Francisco, I estimate that only 30 of these patients were able to attain a state of well-being. The remaining 70 patients who had sought to change their lives through psychoanalysis were left remaining one-third of patients who were left with a state of promiscuity, unhappiness, drug addiction, and other problems.

24. I believe that our success in the treatment of patients was due to the fact that we were selective in recommending psychoanalysis to those patients who considered themselves as highly motivated and who were willing to undergo the process. This was a major factor in our success.

25. The role of psychoanalysis in the treatment of patients has become highly politicized. The emphasis is now on the patient's efforts to convince the public that psychoanalysis is an inherited characteristic.

Please look at the article that addresses what HB 1789 is designed to do. I hope you do not pass this bill out of your committees. Thank you very much.

Jim Hochberg

President, Hawaii Family Advocates
745 Fort Street Mall, Suite 1201
Honolulu, Hawaii 96813

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(808) 256-7382 cell

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Charles S. LiMandri (*admitted pro hac vice*)
Teresa L. Mendoza (*admitted pro hac vice*)
Freedom of Conscience Defense Fund
P.O. Box 9520
Rancho Santa Fe, CA 92067
(858) 759-9948

Attorneys for Defendants

MICHAEL FERGUSON, et al.,

Plaintiffs,

-vs-

JONAH, etc., et al.,

Defendants.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - HUDSON COUNTY
Docket No. L-5473-12

Civil Action

**CERTIFICATION OF NICHOLAS A.
CUMMINGS, Ph.D., Sc.D.**

I, Nicholas A. Cummings, certify:

1. I received a bachelor's degree in psychology from the University of California at Berkeley, a master's degree in psychology from Claremont Graduate School, and a doctorate in clinical psychology from Adelphi University. I have been awarded five honorary doctorates for innovations in such diverse fields as education and the Greek classics.

2. I was Chief Psychologist for the Kaiser Permanente health system from 1959 to 1979, based in San Francisco, California.

3. I was a member of President Kennedy's Mental Health Task Force and President Carter's Mental Health Commission. I was an advisor to the Health Economics Branch of the then Department of Health, Education and Welfare, the Senate Subcommittee on Health (Senator Edward Kennedy, Chair), and the Senate Finance Committee (Senator Russell Long, Chair). I have testified before the Congress of the United States 18 times. On behalf of the Health Care Financing Administration, I conducted the 7-year Hawaii Medicaid Project that prompted the federal government to overhaul the way Medicaid was being delivered.

4. I launched the professional school movement by founding the California School of Professional Psychology (CSPP), one of the first freestanding schools of professional psychology in the nation. CSPP has trained nearly half of the practicing psychologists in California.

5. I also founded the National Academies of Practice (the 150 most distinguished practitioners in each of dentistry, medicine, nursing, optometry, osteopathic medicine, pharmacy, podiatric medicine, psychology, social work, and veterinary medicine), the National Council of Professional Schools of Psychology (NCSPP), the San Joaquin County Psychological Association, and the American Managed Behavioral Healthcare Association (AMBHA).

6. With others I co-founded the California Psychological Association, the San Francisco Bay Area Psychological Association, and the Council for the Advancement of the Psychological Professions and Sciences (CAPPS).

7. I was President of the American Psychological Association (APA) from 1979 to 1980, as well as its Divisions 12 (Clinical Psychology) and 29 (Psychotherapy).

8. I served as Executive Director of the Mental Research Institute (MRI) in Palo Alto from 1979 to 1981. The focus of MRI is to explore and to encourage the use of an interactional approach to further understand and more effectively resolve human problems from the family to all other levels of social organization. MRI provides therapy services, training and workshops and conducts research.

9. I have written over 450 journal articles and 51 books, 10 with my daughter, Janet L. Cummings, Psy.D. (A select list of publications is attached as Exhibit A.)

10. I am the recipient of numerous awards, including psychology's highest, the American Psychological Foundation Gold Medal for Lifetime Achievement in the Practice of Psychology in 2003.

11. Throughout a half-century of professional activity, I never saw fewer than 40 to 50 patients per week in private practice. I believed if I lost contact with hands-on clinical practice, I would lose sight of the important factors in clinical psychology.

12. In 2008, I designed, and with Arizona State University, launched the state-of-the-art Doctor of Behavioral Health (DBH) program, now part of ASU's School of

Health Solutions, along with medical and nursing schools and other innovative healthcare programs. Known as the Nicholas A. Cummings Integrated Behavioral Care Program, it not only integrates all of the mental health professions (e.g., psychology, social work, counseling, marriage/family therapy), but also trains the DBH to be an integral part of the nation's healthcare system.

13. At present, I am an Honorary Distinguished Professor at Arizona State University and Distinguished Professor Emeritus at the University of Nevada, Reno.

14. I am currently President of the Cummings Foundation for Behavioral Health, an independent nonprofit research, educational and service institute, and I chair the Board of Directors of The Nicholas and Dorothy Cummings Foundation, which my wife and I founded in 1994. The Foundation is dedicated to ensuring routine healthcare includes doctoral psychotherapy

15. I have been a life-long champion of civil rights, including gay and lesbian rights.

16. As a member of the APA Council of Representatives, in 1975 I sponsored the resolution by which the APA issued its official position that homosexuality is not a mental disorder. Similarly, in 1976 I sponsored another resolution, which passed the Council unanimously, that gays and lesbians should not be discriminated against in the workplace. While President of the APA, in 1979 I appointed the APA's first Task Force on Lesbian and Gay Issues.

17. I am also a proponent of the right of patient self-determination. I believe and teach that gays and lesbians have the right to be affirmed in their homosexual identity and also have the right to seek help in changing their sexual orientation if that is their choice.

18. During the years I was Chief Psychologist for Kaiser Permanente, San Francisco's gay and lesbian population burgeoned. Correspondingly, we saw a much larger number of gay and lesbian patients than might have been seen in a usual psychotherapy practice.

19. I personally saw over 2,000 patients with same-sex attraction, and my staff saw another 16,000. We worked very hard to develop psycho-therapeutic approaches to meeting the needs of these patients. In many respects, we were pioneers in meeting the needs of this population.

20. These patients generally sought therapy for one of three reasons: to come to grips with their homosexual identity, to resolve relationship issues, or to change their homosexual orientation.

21. We would always inform patients in the third group that it was difficult therapy and change was not easily accomplished. With clinical experience, my staff and I learned to assess the probability of change in those who expressed a wish to become heterosexual.

22. On presentation, only a small minority of patients stated a goal of reorienting. Dissatisfaction with their homosexual experiences, including issues such as the transient nature of relationships, disgust or guilt feelings about promiscuity, fear of disease, or a desire

to have a traditional family, eventually caused other patients also to express a desire to attempt reorientation.

23. Of the approximate 18,000 gay and lesbian patients that we treated through Kaiser in San Francisco, I estimate that about 67% had satisfactory outcomes. The majority of these patients were able to attain a happier and more stable homosexual lifestyle. Of the patients who had sought to change their sexual orientation, hundreds were successful. The remaining one-third of patients had unsuccessful therapeutic outcomes, including continued promiscuity, unhappiness, drug addiction, etc.

24. I believe that our rate of success with reorientation was relatively high because we were selective in recommending therapeutic change efforts only to those who identified themselves as highly motivated and were clinically assessed as having a high probability of success.

25. The role of psychotherapy and counseling in sexual orientation change efforts has become highly politicized. Gay and lesbian rights activists appear to be succeeding in their efforts to convince the public that homosexuality is one identical, unitary, unvarying and inherited characteristic.

26. To my dismay, some in the organized mental health community, including the APA, previously tended not to dispute this view that all homosexuality is "hard-wired" and that same-sex attraction can never be changed, even though it is not supported by scientific evidence. More recently, the APA appears to have softened its stance somewhat in light of the emerging evidence.

27. Persons who identify as homosexual fall along a very broad spectrum of personalities, ranging from shy young men who are so frightened of girls that they fear they must be gay to boys who almost from birth preferred to play with dolls and wear girls' clothing and everything in between. Contending that all same-sex attraction is an unchangeable or immutable characteristic like race is a distortion of reality.


28. Attempting to characterize all sexual reorientation therapy as "unethical" violates patient choice and makes a third party the de facto determiner of therapeutic goals.

29. Rather, it is unethical for a professional, or a professional organization like the APA, to prevent a patient from seeking help to change his or her sexual orientation if that is the psychotherapeutic treatment the patient desires after being informed of the difficulty of the work, the chances of success, and the possibility of recidivism.

30. Accusing professionals who provide treatment for fully informed persons seeking to change their sexual orientation of perpetrating a fraud is not accurate. Such a tactic serves only to stigmatize the professional and shame the patient. A political agenda should not be permitted to prevent gays and lesbians who desire to undertake sexual orientation change efforts from exercising their right to self-determination.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: May 3, 2013


Nicholas A. Cummings

HAWAII FAMILY ADVOCATES

DATE: January 25, 2013
TO: House Committees on Education and Higher Education
Rep. Roy M. Takumi, Chair; Rep. Takashi Ohno, Vice Chair
Rep. Isaac W. Choy, Chair, Rep. Linda Ichiyama, Vice Chair
Hearing January 27, 2014
2:00 p.m. Room 309
RE: Opposition To HB 1789

Dear Chairs, Vice Chairs and Committee Members,

BOARD DIRECTORS

James Hochberg, Esq.
President
Director

My name is James Hochberg, and I have been a civil rights attorney in Honolulu since 1984. Currently I am also the president of Hawaii Family Advocates, a 501(c)(4) independent expenditure, non-candidate committee.

Shawn Luiz, Esq.
Vice President
Director

I am testifying in opposition to HB1789 because many with same-sex attractions have successfully changed that via the very therapy this bill bans for minors. I would be happy to provide you with a copy of the Certification of Nicholas A. Cummings, Ph.D, Sc.D. who testified to that in court documents less than one year ago in New Jersey. This ban violates constitutional rights. Pono Choices lures middle school minors into homosexuality and now you are taking away the therapy they may need?

Sandra Young, Esq.
Secretary
Director

Alex Meimer
Treasurer
Director

Every patient should have the right to get the help they need. Every patient should have the right to a therapist who supports their counseling goals. If someone is happy with same-sex attraction, they have the right to experience it. But by the same token, if someone is unhappy with same-sex attraction, they should have the right to change it. It's not fair to deny teenagers the opportunity to get help they want. It's not fair for the government to decide that treatment that has helped many people achieve their goals cannot be offered.

Mary Lou Brogan
Director

Counselors must be free to determine with the patient what the appropriate therapy should be. Your committee knows nothing about the many teens who experience same sex attraction and do not want to be homosexual. You are taking their personal choice away. Many of you claim to be pro-choice. This bill is the opposite of a pro-choice bill.

These review the recently published paper entitled "**When Government Keeps Teens from Seeing the Therapist**" by Robert Carle *within* Constitutional Law November 14th, 2013. I would be happy to email you a copy.

Sincerely,

JAMES HOCHBERG, ESQ.



Public Discourse

When Government Keeps Teens from Seeing the Therapist

by [Robert Carle](#)
within [Constitutional Law](#)

November 14th, 2013

[California](#) and [New Jersey](#)'s new laws banning talk therapy to address same-sex attraction in minors violate the rights of parents and children to seek counseling that conforms to their values. They also endanger First Amendment rights.

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The governors of [California](#) and [New Jersey](#) have recently signed bills into law that violate First Amendment protections of freedom of speech and freedom of religion. These new laws ban licensed counselors from engaging in talk therapies that reduce the level of same-sex attractions in minors for whom such reduction is a personal goal. Strikingly, these bills apply to all minors except those who wish to change their sex (“gender identity”) altogether, via hormones and surgery.

Legislators in [New York](#), [Massachusetts](#), and [Pennsylvania](#) are pushing for similar talk-therapy bans. Such legislation usurps the rights of parents and children to seek counseling that conforms to their values. They are also based on faulty premises.

When signing these bills, Governor Jerry Brown dismissed sexual orientation modification as “[quackery](#),” and Governor Chris Christie said that “[people are born gay](#).” Both these statements ignore empirical evidence that, for many teenagers, sexual orientation is unstable and malleable. The most comprehensive study of sexuality to date, the 1992 [National Health and Social Life Survey](#), found that,

without any intervention whatsoever, three out of four boys who think they are gay at sixteen don't think they are gay by the age of twenty-five.

The Center for Disease Control and Prevention's 2007 report, [Adolescent Health in the United States](#), surveyed 10,000 teenagers and found that the vast majority of sixteen-year olds who reported only same-sex sexual attractions reported only opposite-sex sexual attractions one year later. Because these surveys produced such unexpected results, [similar studies](#) were soon replicated all over the Western world. The outcomes were almost identical, with population-based samples now reaching into the hundreds of thousands.

[Nicholas Cummings](#), a former president of the American Psychological Association, writes that "contending that all same-sex attraction is immutable is a distortion of reality." As chief psychologist for Kaiser Permanente in San Francisco, Cummings oversaw hundreds of patients who were successful in changing their sexual orientations. Cummings was selective in recommending therapeutic change only to those who were highly motivated to change and who were clinically assessed as having a high probability of success.

The vast majority of Cummings's gay and lesbian patients didn't want to change their sexual orientations, and Cummings offered them therapy to attain happier and more stable homosexual lifestyles. Dr. Cummings writes, "Attempting to characterize all sexual reorientation therapy as 'unethical' violates patient choice." Instead, Cummings believes that lawmakers should respect a patient's inalienable right to self-determination.

Sexual Orientation Therapies

For the last two decades, many cultural conservatives have been troubled by the way in which mainstream psychologists and psychiatrists have been pushing teenagers to prematurely identify themselves as gay, and they have been seeking out therapists with more traditionalist perspectives on sexuality.

In 1998, Stanford Professor Dr. James Lock published a controversial article in the *American Journal of Psychotherapy* entitled "[Treatment of Homophobia in a Gay Male Adolescent](#)." The subject of this article was a fourteen-year-old boy (J.) who was deeply conflicted about his sexuality. Lock reports that J.'s mother "doted on

him and clearly had difficulty limiting him.” J.’s father was distant from the entire family, but especially from J. Although J. was troubled by his inability to make male friends and to play team sports, Dr. Lock made no effort to help integrate J. into normal, age-appropriate social activities.

Instead, Dr. Lock quickly diagnosed J. as having a problem with “internalized homophobia,” and he worked to set J. on a path to gay self-acceptance. He encouraged J. to join a gay support group, which left J. feeling acutely depressed. At the age of sixteen, J. began having sexual encounters with a man in his late twenties, after which J. felt “empty, unhappy, dissociated.” Dr. Lock interpreted these encounters as J.’s way of “avoiding real relationships.” He also cited homophobia as a reason for J.’s starkly negative reaction to these encounters. Dr. Lock advised therapists to work with “homophobic” gay teenagers (1) by helping gay teens to explore sexual fantasies through films, books, and magazines, and (2) by supporting appropriate exploration of same-sex romantic and sexual interactions.

Dissatisfied with gay-affirmative therapeutic models, clinical psychologist [Joseph Nicolosi](#) began to offer talk-only “reparative” therapy to help build up a heterosexual identity in sexually-conflicted teenagers. Nicolosi believes that homosexual feelings are, in many cases, a result of childhood sexual abuse, dysfunctional parenting, and the failure of boys to form adequate friendships with other boys.

One of Nicolosi’s clients, Dave, had been molested by an uncle between the ages of eight and eleven. Dave’s parents divorced when he was twelve, and Dave lived with his mother and his stepdad. Although Dave felt same-sex attractions, he did not want to live his life as a gay man because of his devout Christian faith. Dave sought out a therapist who shared his values. Dr. Nicolosi, who is Catholic, worked with Dave’s pastor and youth pastor to help him develop healthy male friendships.

Dave went away to a church summer camp and joined the church’s basketball team. Although Dave is not athletic, his counselor encouraged him to push himself past his discouragement and persist in his involvement in sports. The church’s recreation center became for Dave a refuge from some of the tensions at home. In

counseling, Dave came to see that his stepfather was capable of giving him some of the male affirmation he craved.

[Patients who benefit](#) from reparative therapy report that they enhanced their gender identities; learned how to integrate with peers at school; and found solutions that were in keeping with their beliefs. Critics of reparative therapy feel that they were misinformed about realistic outcomes and misled with unsubstantiated theories. They felt pressure to be heterosexual, and they blamed themselves for not changing.

Catholic theologian [Joshua Gonnerman](#) warns that the “offer of orientation change can be an . . . idol in which all of one’s hope is placed” and that “the failure to change sexual orientations can easily shatter someone who placed her hope in heterosexuality.” Gonnerman reminds us that chastity is the sexual ethic that the church demands, not heterosexual functioning.

Wanting to protect clients from false hopes of change that may never happen, [Warren Throckmorton](#), who won an award in 2002 for supporting reparative therapy, helped develop a new framework for managing sexual identity conflicts called [sexual identity therapy](#) (SIT). SIT creates therapeutic space for the self-acceptance of clients who are unable or unwilling to change their sexual orientations. It also guards against the simplistic misconception that all gay people did not bond with their parents or were sexually abused.

According to Throckmorton, our sexual preferences are not hard-wired but rather a result of temperament, environment, and life experiences. In therapy, Throckmorton helps clients distinguish between identity (chosen self) and attractions (feeling). “Feelings and desires are not standards or commands,” [Throckmorton writes](#), “they are reactions to whatever environment we find ourselves. Feelings often change as we change our environments and make commitments to chosen values.”

However, sometimes feelings do not change. In these cases, we must decide whether or not we want to act in accord with our beliefs. For some clients this will mean choosing to be celibate; others will modify or abandon traditionalist religious beliefs.

Banning Speech

Unfortunately, the subtleties of these Christian approaches to therapy are lost in the drama of legislative hearings. At the three-hour hearing in Trenton that preceded the vote to ban conversion therapy, lead witness [James “Brielle” Goldani](#) testified that in 1997 he had been sent by his parents to a religious camp in Ohio run by the Assemblies of God Church called “True Directions.” Goldani said that he was subjected to electroshock therapy and nausea-inducing IV injections to cure him of homosexuality.

In the wake of the hearing, Ohio’s Secretary of State and Attorney General launched investigations, and they found that [no such camp](#) called True Directions ever existed in Ohio. The Assemblies of God had never heard of True Directions and would never have sanctioned such barbarism.

Goldani’s horror story was lifted from a 1999 film titled “[But I’m a Cheerleader](#),” starring RuPaul. In the film, the parents of the main character send their daughter to a “conversion therapy” camp called True Directions where she receives the kind of treatment that Goldani describes. Unfortunately, it is quite common for proponents of bans on conversion therapy to circulate urban legends like “True Directions” to vilify therapists and pastors who disagree with them.

Lesbian cultural critic Camille Paglia [writes](#), “Responsible scholarship is impossible when rational discourse is being policed by storm troopers . . . who have the absolutism of all fanatics.” Paglia believes that it is a perfectly worthy aim to help gays function heterosexually, if they so wish. Paglia asks, “Is gay identity so fragile that it cannot bear the thought that some people may not wish to be gay?”

It is unclear how people of faith will resolve the internal debates about pastoral care for teenagers with same-sex attractions, but sweeping bans on all therapeutic efforts to reduce homosexual feelings in teenagers will have a chilling effect on religious counseling and set a dangerous precedent for psychotherapy of all kinds.

The bans will certainly make clinicians reluctant to work with teens to explore a range of sexual and gender identity issues for fear of legal ramifications. Indeed, we may be entering a strange new era in which therapists can freely help teenagers

manage heterosexual attractions and behaviors but are fearful of helping teenagers manage homosexual attractions and behaviors.

In response to the therapy bans, the [American Academy of Christian Counselors](#) wrote: “What does alarm us is the blatant disregard for faith values and the unnecessary restrictions that will be placed on clients and their families.” A teenager like Dave will no longer have the option of seeking out a counselor who shares his goals for himself. He will, instead, be stuck with a therapist who will be fearful of pursuing ethical treatments that run afoul of the law. Or Dave may seek treatment from an unlicensed, untrained counselor. For teenagers who are trying to balance the demands of their faith with the demands of their sexuality, this will certainly make their journey to adulthood even more difficult and lonely.

The bans on talk therapy have consequences for the freedoms of speech and religion of all Americans. The [Ninth Circuit Court of Appeals](#) was only able to uphold this ban in California by defining one-on-one counseling as “conduct” rather than “speech.” The court held that talk-only sexual re-orientation therapy is more like administering electroshock treatments than communicating a message.

[Paul Sherman and Robert McNamara](#), who represent the Institute for Justice, warn that if “speech” can be relabeled “conduct” in this way, then governments can begin regulating teachers who engage in the “conduct” of instructing, actors who engage in the “conduct” of entertaining, and consultants who engage in the “conduct” of strategizing. “Whatever one’s view of the merits or evils of ‘reparative’ talk therapy,” [McNamara and Sherman write](#), “it consists entirely of spoken communication,” and this should bring it within the scope of First Amendment protection. The Ninth Circuit’s ruling represents a radical break from the American tradition of protecting unpopular speech that offends the sensibilities of a powerful interest group.

Robert Carle is a professor of theology at The King’s College in Manhattan. He is an editor of [Signs of Hope in the City](#) and a contributor to Society, Human Rights Review, World Magazine, and Touchstone.

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http://www.thepublicdiscourse.com/2013/11/11181/?utm_source=RTA+Carle+Therapy+Ban&utm_campaign=winstorg&utm_medium=email

To: Chair Roy Takumi, Vice Chair Takashi Ohno & esteemed members of the House Committee on Education

From: Sue Rosco

Hearing Info: 2:00PM, Monday, January 27, 2014 Rm. 309, Hawaii State Capitol

Re: OPPOSITION to HB1789

Thank you for the opportunity to testify in **OPPOSITION of HB1789**. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. The most appropriate therapy or treatment is something that parents should be able to decide based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.

2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by the government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not the government.

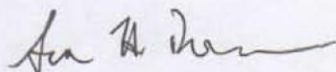
3) Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. I find this government intrusion on the rights of people of faith to be discriminatory and an infringement on First Amendment Rights.

5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents, or professionals involved in the treatment or therapy of minors from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. This measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

Sincerely yours,



Sue H. Rosco
Ewa Beach, Hawaii

January 26, 2014

To: Chairs Roy M. Takumi and Isaac W. Choy
and members of the House Education and Higher Education committees

From: Sue Felix, LSW

Re: HB 1789 Relating to Minors -- Strong Opposition

I remember working with a very charming and talented dancer when he was in 6th and 7th grade. He had some learning disabilities and some behavioral and emotional difficulties in school and in his family life, and was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). As a licensed social worker I provided individual and family therapy. His mother and other relatives had repeatedly told him he was gay like his uncle, because he exhibited a few effeminate traits, at least according to cultural norms. He had no father figure in his life. His stressful confusion about his sexual orientation was one of several issues which arose during the course of our sessions together. We worked on his social skills with both genders, and he responded well to cognitive-behavioral therapy and just plain ol' "talk" therapy. He ultimately decided that he was not gay. A couple of years ago he recognized me at the mall, and showed off his infant daughter, his second child. I suppose that if this legislation has been enacted 15 years ago, a very small part of my work with this boy would have been considered a "sexual orientation change effort" on my part. I could have been accused of unprofessional conduct and subjected to discipline, perhaps losing my social work license. No matter that the young man is not gay, and is now a happy husband and father.

According to a 1992 National Health and Social Life Survey found that three out of four boys who think they are gay at 16 no longer think they are gay by the age of 25, with no intervention whatsoever. A longitudinal study of 10,000 teens, by the University of North Carolina, found that the vast majority of 16-year olds who initially reported exclusive same-sex sexual attractions reported only opposite-sex sexual attractions one year later. In other words, the premise which seems to be proclaimed by gay activists, that sexual orientation is immutable, is a wrong and harmful premise.

Confusion and uncertainty about many life issues, including sexuality, is part of growing up. Sometimes a child or teen needs to talk with a trusted teacher, or even a mental health expert. Minors with unwanted or confusing sexual attractions should have a right to services or treatment in accord with their moral and cultural beliefs. Parents should have a right to help their children receive appropriate treatment. Experts have a right to free speech when they assist their clients.

It seems to me that the writers and proponents of House Bill 1789 are not concerned about these rights, but only the unfettered rights of gay activists to push their worldview onto our children.

With all due respect, you, our lawmakers, are not mental health experts. The claims against reparative therapy which have been made by the activist LGBTQ lobby are not founded on scientific evidence. This legislative attempt is irresponsible. This legislation is unjust and harmful. Please exercise wisdom and stop this bill from moving forward.

Respectfully,

Susan M. Felix, LSW (currently inactive license)
Honolulu

From: Rick Lazor, M.S.W.
House Education Committee
The Honorable Chair Roy M. Takumi
Hearing on 27 January, 2014; 2:00 p.m.
House Bill 1789
Testimony Written and In-person (abbreviated)

TESTIMONY IN OPPOSITION TO H.B NO. 1789 RELATING TO MINORS

Aloha Honorable Chair Takumi and Vice-Chair Ohno and Members of the Committee.

Thank for the privilege of being able to address you concerning HB 1789.

My name is Rick Lazor and I have served since 1976 on O'ahu and Moloka'i as a youth worker, a pastor and for a short time as a social worker in the Department of Education. Most of that time was spent in enjoyable and fruitful years in Representative Ohno's district. While on Moloka'i, I also served as a member of the interdisciplinary diagnostic team for Child Protective Services under the old Department of Social Services and Housing. Today I am pastor at OlaNui!, a church in Kaka'ako.

I am here this afternoon to support the right of each and every student to seek the counsel or therapy they choose when dealing with issues of sexual identity from whomever they wish or to seek no counsel at all. Therefore, I strenuously oppose HB 1789.

I have reviewed many of the materials cited in the Bill, particularly the Family Acceptance Project study from which statistics have been cited, done through San Francisco State University.

During my years as a youth minister, the two topics of conversation for which teens and pre-teens most often sought my opinion were in the area of parents and family or issues of sexual behavior and sexuality. Years later, those are still two of the topics most of the minds of minors as I pastor. I suspect the situation was no different in Jesus' day. Students deal on a daily basis with sex and issues with Mom and Dad.

This bill would seek to legislate that it is proper for the government to interfere with a patient/client relationship in counseling by prohibiting a school teacher or licensed professional from offering a listening ear and counsel to a minor who may be interested in undergirding his or her natural sexual identity.

Not only is the Bill troublesome for the ill-conceived restrictions it places on access to information and free association for minor students (not to mention intrusion in patient/client relationships); but the Bill also states that the Legislature comes to these conclusions based on spurious relationships and dubious claims at best.

The Bill cites studies examining adults who experienced quote "family rejection" as youth based on sexual orientation. Then it prohibits teachers and professionals from offering particular counsel to minors. Yet there is no empirical basis shown for concluding that "family rejection" has any relationship whatsoever to counseling from a teacher or a youth minister or a professional therapist or a best friend.

Genuinely troubling statistics are given in the bill related to the rate at which these adults experience a number psychosocial problems.

Yet, what companion research was undertaken on **heterosexual** adults who experienced high rates of parental rejection for **other** reasons as teenagers? How do **their** rates of attempted suicide, depression, illegal drug use, or unprotected intercourse for other reasons of rejection compare to those of minors who practice or explore homosexuality? Are not parents capable of causing significant pain for their children because they did

not play football? or clarinet? or because they chose an unacceptable boyfriend? or carried only 2.1 GPA or any number of other reasons parents wrongly reject their keiki?

While the studies and statistics cited prove only that parental rejection hurts; they offer no substantiation for the conclusion that minors should have their rights to speak to a teacher or counselor about sexual identity confusion taken from them or that said professionals should be restricted from any therapeutic conversation about the subject.

And what is a "sexual orientation change effort" anyway? An attempt is made in the bill to define this term and yet there is no guidance given for what truly constitutes such an "effort."

What takes place during a "sexual orientation change effort?" For example, there is a world of difference between a therapist or teacher having a student-initiated conversation about sexual identity confusion with a teenager and a therapist or teacher vigorously employing some suspect method to force an outcome. The latter tactic would certainly raise questions but why the former?

What constitutes such counsel from a teacher? Is it a formal 50-minute hour for therapy? a conversation during a tutoring session? a five-minute talk initiated by the student with his or her coach after a game? a portion of a session taught to a group of students during the course of the school day?

Suppose he or she makes use of an approved curriculum that exposes to young minors for the first time to the subject of anal sex in terms that treat such behavior as no better or worse than penile/vaginal sex? Something like "Pono Choices?" Would it not be reasonable to suggest that this teacher might be engaged in a "sexual orientation change effort" by teaching students that one form of sexual intercourse is as "healthy" as the next?

Further, the bill condemns any effort by an adult to counsel a minor to consider changing sexual orientation, behaviors identity or expression. Yet Section 2 [c] specifically allows adults to counsel minors towards transitioning from one gender to another. On what basis is that exception deemed as appropriate or necessary, let alone healthy? Why is this particular exception permitted?

Section 1 Paragraph 5 states that "The purpose of this Act is to protect the physical and psychological well-being of minors, including lesbian, gay, bisexual and transgender youth, against exposure to serious harms caused by sexual orientation change efforts.

Section 1, Paragraph 4 states a therefore all youth should be protected against "sexual orientation change efforts" by teachers and professionals if they experience family rejection.

So then, if such a minor does NOT experience family rejection, is "sexual orientation change efforts" by teachers and counseling professionals then permitted?

And once again, what person or board or entity would determine what constitutes such rejection? Who decides when the intent of this Bill has been violated by a teacher or school counselor or professional or church youth worker? the student? a principal? an attorney?

Any teacher or counselor with an ounce of compassion and a true sense of the pain many of our students experience today in the area of sexual identity confusion can applaud the intent of any effort to help students make sense of their lives. But this bill falls far short of offering any such compassion.

Over 50 years ago, a popular pastor was asked to do a monthly "Dear Abby"- type question-and-answer column for Ebony Magazine. In the January, 1958 edition of that magazine, a young minor asked this question followed by the pastor's answer:

Question: *My problem is different from the ones most people have. I am a boy, but I feel about boys the way I ought to feel about girls. I don't want my parents to know about me. What can I do? Is there any place where I can go for help?*

Answer: *Your problem is not at all an uncommon one. However, it does require careful attention. The type of feeling that you have toward boys is probably not an innate tendency, but something that has been culturally acquired. Your reasons for adopting this habit have now been consciously suppressed or unconsciously repressed. Therefore, it is necessary to deal with this problem by getting back to some of the experiences and circumstances that lead to the habit. In order to do this I would suggest that you see a good psychiatrist who can assist you in bringing to the forefront of conscience all of those experiences and circumstances that lead to the habit. You are already on the right road toward a solution, since you honestly recognize the problem and have a desire to solve it.*

One may agree or disagree with the pastor's conclusions here. One may call him ill-informed or accurate or naïve or something else.

But we must not forget to also call him Dr. Martin Luther King. This was his regular column. This was his sincere counsel to a sincere minor.

This is the only written expression of Dr. King that we have concerning his view of sexual identity confusion and homosexual behavior. House Bill 1789 would ban his counsel, subject him to "disciplinary action by the appropriate licensing authority."

I urge you to vote "no" on House Bill 1789.

Thank you sincerely,

Rick Lazor, MSW

Pastor, OlaNui!

Honorable Legislators,

Thank you for this time to testify. I am 18 and I live in Kapahulu. I am opposed to HB 1789 as currently proposed.

Why I am opposed is as follows:

1) It limits the free speech of counselors. If I was a counselor and tried to help a child, for whatever reason, to stop an orientation change (maybe I know the child and realize that the stress, focus, and impact on his life would be too much...), I would not be able to do that. Instead, the government is now mandating what I can and cannot say, despite what I as a counselor see fit. On that principle I opposed HB 1789

2) It does not solve the problem. The study quoted in the first page and second page said that the increased rate of suicide was from FAMILY REJECTION. Just because a counselor wants to help a child from being gay et al., does NOT mean 1) The counselor rejects the child 2) The counselor's help will increase pressure, and in turn cause an increased chance of suicide. Yes, the bill states it wishes to lesson rejection/pressure from the counselor to the "rejected" child, but that does not address the issue. The child still will feel rejection from his/her parents, and will have the same suicide rates as cited in the study.

3) What if the child wants to change? If I was a minor and went to a counselor and asked for help because I started to have same-sex attractions and I didn't want it? They would not be able to help me because the government said "no."

This piece of legislation wishes to solve an issue in society but does not remedy the wound. On top of that, it does not give thought to the rights of others and the consequences that will result from it.

I humbly request that you vote no to HB 1789 as currently written or amend the bill to solve the questions raised above.

Mahalo!

Very Respectfully,

Joshua Sweet

To: Chair Roy Takumi
Vice Chair Takashi Ohno
Esteemed members of the House Committee on Education
From: Gail Sumner
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol
Re: **OPPOSITION to HB1789**

Thank you for the opportunity to testify in OPPOSITION of HB1789. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) Parental Rights: HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the most appropriate treatment and therapy for their children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.

2) Professional Discretion: Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat one individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats.

3) Medically-accurate Information: The current wording of the bill would prohibit the dissemination of medically-accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (79% of all newly infected men¹). This scientific, and medically-accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

4) Clergy Rights: The vague language in Section 3 (proposed changes for §436B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be dishonest at best.

¹ Centers for Disease Control, "HIV Among Gay and Bisexual Men", May 2012
(http://www.cdc.gov/hiv/pdf/library_factsheet_HIV_among_GayBisexualMen.pdf)

5) Unequal Protection for Minors: While it is clear that the intent of HB1789 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1789 is deeply-flawed. It is my hope that Chair Takumi will defer this bill indefinitely.

I oppose the passage of HB 1789. This bill sounds good on its face, but there are potential negative consequences that can potentially hurt minors from receiving the help they need in determining their sexual orientation.

I do not agree with bullying of any kind. I also believe a parent and child can love and accept each other, even if they disagree on the minor's life choices. It is sad to hear of the suffering a child in any aspect.

However, this bill will prevent the minor and the parents from being the final and most important decision makers regarding the best type of counseling he or she receives. Also, let us not forget there are examples of minors who HAVE benefited from such therapy.

Finally, we must not violate the free speech of our educators/counselors, who are tasked with helping our children, nor violate the physician/patient relationship, as this bill will do.

Regards,

D. Louis

Dear Representatives Mizuno, Awana, Cachola, Carroll, Evans and Hanohano,

I respectfully disagree with HB1789. As a future nurse, we counsel our patients whatever age they are. In this case, minors. Having this bill nullifies that right of the patient and my right as a nurse to counsel. Every patient or client should get the help they need whether it be a counseling or therapy. If a minor chooses and is glad with same-sex attraction, I do not hinder him or her to experience that preference. However, a minor who wishes to be counseled on the same topic of same-sex attraction and is not happy with this and considers this a potential problem, I do not see why he or she cannot access to this type of help.

Like you honorable representatives, I too, seek fairness. Denying teenagers or minors the help that they need would mean injustice. It is not fair for the state of Hawaii to dictate that effective treatments such as counseling will not be available for minors because of their problem with their sexual orientation.

I am here to do good, to protect and not harm our Keiki. Please consider my plea. Our Keiki needs access to people who can help them in whatever they are going through in their young life, eliminating this help is detrimental. If professionals cannot use their knowledge in this, where will our children turn to.

Mahalo for your understanding,

Carm Akim

ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 12:50 PM
To: EDNtestimony
Cc: susan.bann@gmail.com
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

HB1789

Submitted on: 1/27/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
susan bannister	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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ohno2-Rexie

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 5:26 PM
To: EDNtestimony
Cc: MelissaEgusa@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

HB1789

Submitted on: 1/27/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Egusa	PFLAG - Kauai	Support	No

Comments: The current bill 1789 would be detrimental to any person, at any age. A person's sexuality is determined at birth, it is not a choice. Like eye color, sexuality cannot be changed. The issue of conversion therapy is considered to be not effective, inhumane, and simply wrong by the leading experts in the American Medical Association as well as the American Psychological Association and numerous mental health organizations. As a mother of three adult children, one of whom is gay, I would not have allowed anyone to try to convert my son, whether it was in a school setting, medical facility, or group therapy program. With all the troubles in our world, a gay person is not an issue that needs to be fixed. Homeless families, lack of medical care, and education opportunities are troubles that we should be fixing, Mahalo for banning conversion therapy. Melissa Egusa PFLAG Mom President, PFLAG - Kauai

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 9:59 AM
To: EDNtestimony
Cc: jayaschapiro@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM

LATE

HB1789

Submitted on: 1/27/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
jaya	Individual	Support	No

Comments: The act of persuading a young person in matters of sexual orientation, gender identity or any forms of self identity is a misappropriation of the counselor-child relationship. Conversion therapy is harmful and de-humanizing. It is an ethical violation that counters the core nature of therapeutic work. Dr. Schapiro, Hawaii licensed clinical psychologist

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 11:54 AM
To: EDNtestimony
Cc: estherjoeysmom@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM



HB1789

Submitted on: 1/27/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Esther Gefroh	Individual	Comments Only	No

Comments: Aloha: Please enter my opposition to this bill as those in power in the state of Hawaii are actively trying to promote homosexuality and the target is our children/teens. Sincerely,

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 1:29 PM
To: EDNtestimony
Cc: dritchey@hawaii.rr.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM



Follow Up Flag: Follow up
Flag Status: Flagged

HB1789

Submitted on: 1/27/2014
Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Denise Ritchey	Individual	Oppose	No

Comments: I respectfully oppose HB 1789. No person should be denied the wisdom and freedom of seeking counsel. Very truly yours, Denise Ritchey dritchey@hawaii.rr.com

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 3:01 PM
To: EDNtestimony
Cc: daniel4aloha@gmail.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM



HB1789

Submitted on: 1/27/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Daniel Nicolosi	Individual	Support	No

Comments: Stop the "insane, unethical and abusive" so-called conversion/reparative therapy practice. It's not "therapy." It's ideological mind control from a small group of people that are promoting their own misguided agenda. It's been proven "wrong" and that it causes sever harm for decades!

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To: Chair Key Takama
Vice Chair Takeishi Ohno
Esteemed members of the House Committee on Education
From: Ryoko Kuroki
Hearing Info: 2:00PM, Monday, January 27, 2014
Rm. 309, Hawaii State Capitol
Re: OPPOSITION to HB1789

LATE TESTIMONY

I thank you for the opportunity to testify in OPPOSITION of HB1789. For the reasons listed below, I hope you will find that this measure is highly flawed and should not be allowed to advance from this committee.

1) **Parental Rights:** HB1789 is an unnecessary intrusion into the rights of parents and guardians as to the best appropriate treatment and therapy for their children. The most appropriate therapy or treatment is something that parents should be able to weigh based on the comparative benefits, weaknesses and risks associated. This should be a decision that parents and guardians, who are already expected to advocate on behalf of any minor in their charge, should be able to make without the interference of any government entity.

2) **Professional Discretion:** Additionally, this measure creates an undue burden on professionals involved with the treatment or therapy of a minor. These professionals should also be allowed to act in the best interests of their patient, not be told by a blind government how to treat any individual or another. The choice of therapy is specific to every situation and to every patient, and the proper course of treatment is already designed to reflect best-practice of the specific field and the needs of the patient. Our school counselors and other professionals are highly trained to assist minors with the perils of adolescent and teenage development, and therefore should be the ones making decisions for these individuals, not government bureaucrats.

3) **Medically accurate information:** The current wording of the bill would prohibit the dissemination of medically accurate information by school counselors and other professionals to counsel a minor. The definition of "sexual orientation change efforts" presented in sections 2 and 3 of the bill require that any course of action be "sexual-orientation neutral". The Centers for Disease Control has stated that homosexual males account for a disproportionate amount of HIV infections (70% of all newly infected men¹). This scientific, and medically accurate fact however does not fit the "sexual-orientation neutral" test set forth in HB1789.

4) **Clergy Rights:** The vague language in Section 4 (proposed changes for §438B-(a)) would apply to clergy that offer counseling and therapy in their capacities as religious officials. This would force clergy to withhold or give advice contrary to the religious beliefs of the clergy person, of the minor's parents or even the minor themselves. As a person of faith, I find this government intrusion on the rights of people of faith to be deplorable at best.

¹Centers for Disease Control, "HIV Among Gay and Bisexual Men", May 2012
(http://www.cdc.gov/hiv/pdf/library/factsheet/HIV_among_gay_bisexual_men.pdf)

b) Unequal Protection for Minors: While it is clear that the intent of HB1780 is to protect a homosexual or homosexual-leaning minor from being prescribed sexual reassignment therapy by heterosexual parents, there are no reciprocal benefits to prevent homosexual parents from prescribing sexual reassignment therapy to a heterosexual or heterosexual-leaning minor. On its face, this measure is unequal in its protection of minors.

It is for these reasons that HB1780 is deeply-flawed. It is my hope that Chair Takami will defer this bill indefinitely.

With Aloha,

Patrick Rorie

TO: Chair Roy Takumi and Vice Chair Takashi Ohno,
Members of the House Committee on Education
Chair Isaac Choy and Vice Chair Linda Ichiyama,
Members of the House Committee on Higher Education

FROM: Sharon Nagasaki, Honolulu, HI

DATE: Monday, January 27, 2014 TIME: 2:00 p.m.

RE: Testimony in OPPOSITION TO HB1789, RELATING TO MINORS

LATE TESTIMONY

Thank you for the opportunity to present my testimony in opposition to HII 1719

Just a few months ago, in the name of equal rights, fairness, pono, and equality, Hawaii lawmakers voted to pass the "Hawaii Marriage Equality Act of 2013."

However, there does not appear to be even a hint of equal rights, fairness, or equality in HII 1789; nor is there any "pono" unless you are thinking of "Pono Choices."

This "Conversion Therapy; Sexual Orientation: Minors" bill cites the American Psychological Association's task force as concluding that "...sexual orientation change efforts can pose critical health risks to lesbian, gay and bisexual individuals..."

One of the critical health risks listed by the task force was "shame." To address this, I would like to offer this quote by Dr. Roxaria Butterfield from her book, "The Secret Thoughts of an Unlikely Convert." Dr. Butterfield was a tenured professor at Syracuse University who identified and lived as a lesbian for a number of years. After leaving her partner and the lesbian life, she married and she and her husband are now raising a lovely family. In commenting on the "shame" issue for those who may be confused or struggling with their identity and choices, Dr. Butterfield says, "Good teachers make it possible for people to change their positions without shame."

Unfortunately, HB1789 will prohibit teachers and persons who are licensed to provide professional counseling from engaging in sexual orientation change efforts for children in the public schools, which would be grossly unfair to the families who need the help.

Please vote NO on this bill.

Thank you.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 1:29 PM
To: EDNtestimony
Cc: dritchey@hawaii.rr.com
Subject: Submitted testimony for HB1789 on Jan 27, 2014 14:00PM



Follow Up Flag: Follow up
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HB1789

Submitted on: 1/27/2014
Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Denise Ritchey	Individual	Oppose	No

Comments: I respectfully oppose HB 1789. No person should be denied the wisdom and freedom of seeking counsel. Very truly yours, Denise Ritchey dritchey@hawaii.rr.com

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I am opposed to HB1789. It is not in the best interest of our kids. It does not, in fact, protect our children.

In Section 1 of HB1789, it states the purpose is to protect the physical and psychological wellbeing of minors...against exposure to ...sexual orientation change effects. The minors included in this bill are: lesbians, gay, bisexual and transgender youth. Where is the protection for the heterosexual boy and girl and the ex-gay individual? I have evidence that they have been targeted and are even as I speak, being psychologically molested and abused by parts of the sex "ed" that are now in place.

Section 2 C1 does not allow the caregiver to counsel anyone who has feelings toward a person of the same gender. But where is the privilege from interference for the heterosexual? There is none.

Also and maybe more blatantly unfair, Sec 2C1 states that a counselor cannot tell these minors about unlawful conduct or unsafe sexual practices. What!! Really? What kind of education is this???? It really makes me wonder whose interests are being served here. Seems like the kids are being used for someone else's pleasure or agenda and that is called predatory child abuse!!

LATE TESTIMONY

"..The CDC documents that "male to male sex" (homosexuality) is deadly for youth and that nearly 93 percent of HIV infections in males aged 13-19 and 91 percent in males aged 20-24 come from "male-to-male sexual contact." The CDC also reported in December of 2012 that "new infections among the youngest MSM [males having sex with males] (aged 13-24) increased 22 percent, from 7,200 infections in 2008 to 8,800 in 2010."

Sex researcher Gilbert Herdt explained in his 1989 book Gay and Lesbian Youth, "But even though homosexuality is "normal" it has to be promoted" He says that he and his colleagues need to "socialize" children into homosexual activity: We had not foreseen that...gay youth would also have to contend with the new horrors of AIDS (and that) teenage gays and lesbians would shun older guys as role models or even as friends... (To meet this challenge,) only now has gay culture begun to institutionalize socialization techniques for the transmission of its cultural knowledge to a younger generation. Herdt added that local gay movements should "provide their own infrastructure support for the coming out process in teens.

Medical anthropologist Douglas Feldman agrees, saying, "These (homosexual) kids are our future and we must invest in them". Although Feldman admits that "gay boys" have about a one in four chance of developing AIDS in approximately 7 years," he still thinks that gay cities can and should discourage HIV tests, while encouraging gay sodomy. Oral and anal sodomy are now taught in sex ed programs and appear in novels and books, geared toward elementary school children. Since 1974, Kinseyan sex "educators" have trained millions of children to try multiple partners and homosexuality. Kinsey himself had no scruples about sexually abusing minors, and he is not alone. A "Selected References" list posted online by NAMBLA contains a wealth of citations to "research" papers discussing and advocating sex with minors. A 1983 article, Child Sexuality" by Larry Constantine in the International Journal of Medicine and Law is described in NAMBLA's list as having found that "the most important determinant in the outcome of childhood incest or adult child sexual encounters is the child's perception of freedom of choice in participating." In their minds, if a child (no matter what age) is consenting to sexual involvement that legitimizes the activity. That is why sexual predators want access to young males: in order to sway them to consent. No counter evidence is allowed. The pertinent CDC facts and dangers are left out and minimized.

This bill proposes violation of counselor's freedom of speech, & goes against physicians' oath to protect their patients

It was Kinsey's followers who founded SIECUS, the Sexuality Information and Education Council of the U.S., the country's first modern sex education organization. Mary Calderone, the prima mover behind the establishment of SIECUS, "found fault with the model used in school-based programs because they focused on preventing pregnancy and venereal diseases," Grossman writes. "Calderone believed that when the negativity of sex educators is added to society's repressive morality, the result is too many no's." So she and her associates set out to change young people's attitudes about sex. Grossman notes that seed money from Hugh Hefner helped get the organization off the ground. (After all, who stood to profit more from young people growing up with liberated attitudes toward sex?) Despite its official-sounding name, SIECUS is a privately run organization. Along with Planned Parenthood and Advocates for Youth, SIECUS is today the flagship organization promoting comprehensive sex education to schools across the country. - See more at: <http://www.salvomag.com/new/articles/salvo17/12sexeducation.php#sthash.U1ZnVM1v.dpuf>

Kinsey's thought that a majority of Americans were participating in sexual behaviors prohibited by the Judeo-Christian tradition. He deduced that, because people's supposed sexual behavior was not in line with their purported beliefs, those beliefs must be repressive and therefore guilt-inducing and harmful. He declared, in effect, that it was time to reject those values and, as Dr. M. Grossman puts it, "acknowledge that we are what he called 'human animals' with sexual urges from cradle to grave." Kinsey's ideas can be summed up as follows, according to Grossman: "He believed sexuality is not an appetite to be restrained." -

"From its inception," Grossman said, "it was about changing society. The goal was to get rid of the constrictions and inhibitions of traditional sexual morality...in other words, the Judeo-Christian tradition of sexuality. That is the root of modern sex education, and that is what it still is today. It's not about health; it's about promoting a specific worldview."

If that sounds alarmist, read what former SIECUS president, Wardell Pomeroy, told a magazine interviewer in 1981:

In father-daughter incest, the daughter's age makes all the difference in the world. The older she is, the likelier it is that the experience will be a positive one. The best sort of incest of all, surprisingly enough, is that between a son and a mother who is really educating him sexually, and who then encourages him to go out with girls.

Information gleaned directly from Guidelines for Comprehensive Sexuality Education, published by SIECUS in 2004 (the third and most recent edition). It's available on the SIECUS website, which boasts that the publication is downloaded 1,000 times a month, to say nothing of the 100,000 hard copies that have been distributed. - See more at: <http://www.salvomag.com/new/articles/salvo12/12sexeducation.php#sthash.U1ZnVM1v.dpuf>

The SIECUS Guidelines provide specific bullet points for sex educators, organized according to students' ages. Here's a sampling of what they recommend for discussion with children ages 5 to 8 (i.e., starting in kindergarten):

- Both boys and girls have body parts that feel good when touched.
- Vaginal intercourse- when a penis is placed inside a vagina- is the most common way for a sperm and egg to join.
- Some people are homosexual, which means they can be attracted to and fall in love with someone of the same gender.

- = A family consists of two or more people who care for each other in many ways
- = Many people live in lifetime committed relationships, even though they may not be legally married.
- = Two people of the same gender can live in loving, lifetime committed relationships.
- + Touching and rubbing one's genitals to feel good is called masturbation.
- =

The following are some recommended talking points for children ages 9 to 12:

Some people are bisexual, which means they can be attracted to and fall in love with people of the same or another gender.

Children may have a mother and a father, two mothers, two fathers, or any other combination of adults who love and care for them.

- = Most boys and girls begin to masturbate for sexual pleasure during puberty.
- + A woman faced with an unintended pregnancy can carry the pregnancy to term and raise the baby, place the baby for adoption, or have an abortion to end the pregnancy.

For children ages 12 to 15, here are a few of the suggested topics:

Many scientific theories have concluded that sexual orientation cannot be changed by therapy or medicine.

- = All societies and cultures have transgender individuals.
- + Values should be freely chosen after the alternatives and their consequences are evaluated.
- = No one has the right to impose their values on others.
- + Masturbation, either alone or with a partner, is one way people can enjoy and express their sexuality without risking pregnancy or an STD/HIV.
- = Some sexual behaviors shared by partners include kissing; touching; cunnilingus; massaging; and oral, vaginal or anal intercourse.
- = Young people can buy nonprescription contraceptives in a pharmacy, grocery store, market, or convenience store.
- + Some methods of contraception, such as condoms, can also prevent the transmission of STDs/HIV.
- = Individuals need to critically evaluate messages received from different sources and establish guidelines for their own behavior.
- = All people, regardless of biological sex, gender, age, ability and culture are sexual beings.

And for high school students, ages 15 to 18, here's what SIECUS recommends discussing:

- = As society builds a better awareness and understanding of gender identity, transgender individuals may be more accepted and face less harassment and violence.
- = Most women need some clitoral stimulation to reach orgasm.
- = Some people use erotic photographs, movies, art, literature, or the Internet to enhance their sexual fantasies when alone or with a partner.
- = Some people continue to respect their religious teaching and traditions but believe that some specific views are not personally relevant.

And then there are the websites, such as Advocates for Youth and Go Ask Alice, that are recommended and linked to by the SIECUS website. Here's a

sampling of topics listed under "Sexuality" on the Go Ask Alice homepage: "Phone sex: Getting started"; "Erotic videos with women in mind"; "Manage a Trolz?"; and "S/M roleplaying."

In 2008, the Centers for Disease Control announced that one in four adolescent girls in the U.S. has a sexually transmitted infection. Grossman lays the blame squarely at the feet of NECCUS and what she called its "main cohorts," Planned Parenthood and Advocates for Youth. "This pandemic," she writes, "is a direct consequence of their vision and ideals." Directly or indirectly, via the sex education curricula they provide or the websites they recommend, young people are given an exaggerated view of the place of sexuality. They're expected to "explore." "Diverse" sexual behaviors are normalized. Familial values and religious beliefs shouldn't be "imposed" and may not be "relevant."

Grossman points out that in the early 1960s there were only two major sexually transmitted diseases (called venereal diseases then)—syphilis and gonorrhea.

With the advent of antibiotics, these infections were easily cured. So people were convinced that this was a non-issue. That we no longer had to be concerned with infections related to sexual behavior. In addition, in 1960, the birth control pill became available. . . . Infections and unwanted pregnancy were thought to be things of the past.

Today's science tells us otherwise. Dozens of sexually transmitted infections currently exist, some of which cannot be cured, not to mention HIV and AIDS. And we now know that there is no artificial method of birth control that is one-hundred-percent effective.

Furthermore, there is now research indicating that the prefrontal cortex of the human brain matures quite late. Science now confirms what parents have long suspected: Teenagers have immature brain

<http://www.salvomag.com/new/articles/salvo12/12seqalstain.php#sthash.0r2nWM1v.dpuf>

This is critical information because it means that teenagers are at high risk for relying on the "feeling" part of their brains, and not the part that considers consequences.

See more at:

<http://www.salvomag.com/new/articles/salvo12/12seqalstain.php#sthash.0r2nWM1v.dpuf>

The priority of those in the sex ed industry is NOT children's health. It is time for a major course correction. – Stop joisting the ill-conceived notion that sexual openness and exploration is healthy. That was never true, and it's surely not true now. Genital bacteria and viruses infect another young person every 3.3 seconds.

Instead of telling children that only they can decide when to have sex, we should be doing everything possible to encourage kids to delay sexual behavior. That's the message health professionals are obliged to be giving, if they claim to base their teaching on modern science.

TESTIFIER: Lisa A. L. Shodor, Hawaii Resident/ M.A. in Counseling
 TO: The House Committees on Education and Higher Education

LATE TESTIMONY

DATE OF HEARING: Monday, January 27, 2014
 TIME: 2:30 p.m.
 PLACE: Conference Room 309 State Capitol 415 South Harelandia Street

MEASURE NO. HB1789: RELATING TO MINORS: "Prohibits teachers and persons who are licensed to provide professional counseling from engaging in sexual orientation change efforts with a person under eighteen years of age."

Dear Reps. Takami, Choy, Ichiyama, Ohno and Members of the Education and Higher Education Committee,

I am submitting testimony in **STRONG OPPOSITION** to HB1789, relating to minors. As human beings, we are male and female, and our sexual attraction does not define us. As adult men and women, children look to us for guidance, support, wisdom, advice and proper instruction so that they may grow into healthy, mature and high-functioning adults.

Children and teens need to be able to receive help when they express the need for it, and many times, it may include counseling concerning confusion about their own attraction. Youngsters under the age of 18 are still learning about themselves and their environments, and it is common for children to experiment with peers of the same sex, which does not necessarily equate to same-sex attraction. Most young gay, lesbian and transgender in high school or teens are just that... experimental. I know a few friends from high school who experimented with same-sex attraction who are today happily married with children of their own.

Every child, including children and teens, should have the right to get the help they need, and should have the right to a counselor/therapist who supports their counseling goals. If someone is happy with same-sex attraction, they have the right to experience it. But by the same token, if someone is unhappy with same-sex attraction or/and is confused about it, they should have the right to explore/express their thoughts and feelings with a counselor, and if they decide same-sex attraction is really not for them, they should have a right to change their mind. It is unfair to deny children and teens the opportunity to get help they want; and not fair for the government to decide that treatment that has helped many people achieve their goals cannot be offered.

HB1789 also prevents true freedom of speech and protection of children/teens from perpetrators. Children, teens, and adults who have been abused have reported to experience symptoms of anxiety, depression, low self-esteem, anger, mistrust, social withdrawal, thoughts of suicide, shame, guilt, alcoholism/substance abuse, confusion and other negative feelings toward themselves. HB1789 states that "sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual individuals, including confusion, depression, guilt, helplessness, shame, social withdrawal, suicide, substance abuse, and other negative feelings and behaviors." Unless a thorough exploration into the child's history is conducted, who is to say that the symptoms cited in HB1789 did not exist prior to the child's same-sex attraction due to an experience of previous abuse? It is vital to the health and welfare of the child/teen to help them uncover the truth, especially if they were abused. Any feelings of shame, confusion, etc. may pre-exist, and the unidentified perpetrator may only continue harming other children, unless proper counseling and clinical practices are administered by a counseling professional. Allowing counselors and educators from providing the very service they are trained to ethically provide is an obstruction of justice, it violates the counselor-client relationship, and denies both parties their Constitutional rights to freedom of speech and freedom of privacy.

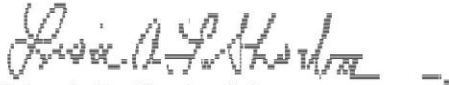
Maintaining confidentiality is one of the most important principles to providing ethical, legal and professional counseling to clients, and if HB1789 were to pass, a breach in confidentiality would take place, since HB1789 cannot be enforced unless someone is monitoring the counseling sessions. If a

Page 2 of 2
Relating to HB1789

client tell that their counselor was not providing the type of support and advocacy they want and need, they are able to seek out other professional help. In addition, if a client is receiving wanted counseling concerning their same-sex attraction, this law would violate their freedom of speech, as it will prevent the client from receiving the help that they seek.

I respectfully request that this measure not pass. Please VOTE NO on HB1789. Thank you very much for your time and for the opportunity to testify on this important matter.

Sincerely,



Lisa A. F. Shultz, M.A.
Resident of Honolulu

Ho‘opae Pono Peace Project

(808)256-6637 nativpeace@gmail.com

Testimony of Laulani Teale, MPH
in Support of HB 1789, Relating to Minors
COMMITTEE ON EDUCATION
Rep. Roy M. Takumi, Chair
Rep. Takashi Ohno, Vice Chair

LATE

1-27-2014

Aloha Kākou,

I am writing today in support of HB 1789, which would provide important protection to LGBT youth from sexual orientation change attempts by those entrusted with a role in their well-being. As someone who has worked extensively with LGBT youth, and has interfaced with such conversion efforts, I can definitively say the following:

- **Such efforts are futile.** They only serve to confuse and traumatize youth, and I have never seen any permanence in their effects. In fact, the longer-lasting such effects are, the more deeply youth are generally traumatized, and the longer and more painful their healing process is.
- **“Conversion therapy” is a violation of basic human rights.** Article 1 of the Universal Declaration on Human Rights states: “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.” Other rights impacted by such “therapy” are further articulated in Article 2 (equal protection), Article 3 (right to life, liberty and security of person), Article 5 (“No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment”), Article 7 (equality of protection before the law without discrimination), Article 12 (right to privacy, protection from attacks upon honor and reputation), Article 16 (rights to freedom in Marriage), Article 18 (“right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief”). Article 19 (right to freedom of opinion and expression), and Article 26 sec. 2 (“Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms”). Hawai‘i should strive to be a model in upholding these internationally-recognized rights.
- **Protection of LGBT youth increases positive outcomes.** Youth have a great need to be able to trust adults around them to support their personal, individual growth. This includes protection from attacks upon who they fundamentally are as people. When this respect and protection are lacking, a generalized lack of trust and unhealthy behavior can result.

Our youth deserve protection, respect and the freedom to be themselves. In consideration of these and many other reasons, I ask that you please pass **HB 1789** into law.

Mahalo nui loa for your time and consideration.

Me ke aloha ‘oia‘i‘o nō,

A handwritten signature in black ink that reads "Laulani". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Laulani Teale, MPH

Coordinator, Ho‘opae Pono Peace Project



TESTIMONY to House Committee on Education

H.B. 1789 Relating to Minors

Monday, January 27, 2014

2:00 PM -- State Capitol Auditorium Room 309

Submitted in **OPPOSITION** by: Mary Smart, Mililani, HI 96789

Chairman Takumi, Vice-Chair Ohno and Members :

1. This bill is based on unsound premises. The removal of homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM) was based on political correctness (PC) and a vote that passed by a slim margin, not science. This was clearly documented in the book "Destructive Trends in Mental Health" by Rogers H. Wright and Nicholas A. Cummings (pgs 7 and 15) as well as many other reports and news articles. As we know from the days of the belief in "flat earth," popular politically correct beliefs do not constitute fact. According to Barbara Gittings, same-gender sex activist, "It was never a medical decision -- and that's why I think the action came so fast...It was a political move."

2. The APA does not speak for all doctors. According to an article by Ryan Sorba, Dr. Charles Socarides call for a vote by all APA's 17,905 members. The election results were reports as: only 10,555 of the 17,905 members voted; 367 abstained; No votes to keep homosexuality in DSM as a mental disorder was 3,810; Yes votes to remove homosexuality from DSM as a mental disorder 5,854. Therefore the number voting to remove homosexuality was less than a third of the entire membership. It should be no surprise that membership in these organizations which do not represent their own constituency is dwindling.

<http://conservativecolloquium.wordpress.com/2007/10/01/homosexual-activists-intimidate-american-psychiatric-association-into-removing-homosexuality-from-list-of-disorders/>

<http://psychcentral.com/blog/archives/2012/07/13/why-the-apa-is-losing-members/>

If doctors have lost faith in the APA, Hawaii's legislators should not blindly impose poorly researched laws upon the people of Hawai'i.

3. The legislature should not demand that youth must be tormented by unwanted sexual attractions until they are eighteen years old. That demand is unfair and denies choice to individuals based on age discrimination. This is especially alarming when we have documented evidence that homosexuality (male to male sex) is deadly for youth. The Center for Disease Control reports: "Nearly 93 percent of HIV infections in males

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aged 13–19 and 91 percent in males aged 20–24 come from “male-to-male sexual contact.” It is particularly disturbing is that the community of Native Hawaiian/Pacific Islander are contracting this disease at a high rate according to the CDC. The infection rates are even higher in Black/African Americans. It is unconscionable to ignore facts.

http://www.cdc.gov/hiv/pdf/statistics_epidemiology_of_infection_through_2011.pdf

4. The legislature should not block the rights of a youth to get the help they need to avoid the odds of contracting a life-threatening disease. There are many people who have escaped their same sex attractions and have moved on to happy and productive lives. Michael Glatze, once a "poster boy" for homosexuality is now a happily married man to a woman. It is unfortunate that in our day and age it is still acceptable to discriminate against and harass former homosexuals. They are living proof that you don't have to stay in that lifestyle. There is a way out and Reparative Therapy is one of those paths.

<http://www.charismanews.com/us/42135-former-gay-activist-responds-to-critics-after-marrying-a-woman>

5. There is no genetic proof that homosexuals are "born that way". The science of DNA proves we are born either males or females. In spite of the deniers, the Bible confirms this fact. We are frequently told we must follow science, yet, the politically correct community would like us to ignore science and accept that diagnosis that some people are classified by their sexual attractions. This same PC group would prevent people from obtaining help to free themselves from what they consider unwanted and dangerous. It is interesting to note that the PC of our day are eager to fight obesity and spend billions of taxpayer dollars on "obesity reparative therapy" with programs such as "Let's Move" when the CDC believes there can be genetic reasons that lead to obesity. It is unjust and unfair to give one community a way out of their orientation to overeat and gain weight and deny the same help out of their unwanted affliction just because it has to do with sexuality.

<http://www.cdc.gov/features/obesity/>

<http://abcnews.go.com/GMA/Health/michelle-obama-childhood-obesity-initiative/story?id=9781473>

6. It is no surprised that our youth are more confused than ever before with the sexually explicit and on the verge of pornographic sex education courses in our schools, including Hawaii's Pono Choices curriculum, which encourage participation in unhealthy sexual practices outside of marriage. Furthermore, where same-sex marriage is allowed in the State for youth as young as fifteen, our young people deserve to have access to help they need and/or desire prior to making a decision on marriage.

7. In contrast to "harm" H.B. 1789 purports, there is a wealth of stories by people who's lives were saved by Reparative Therapy at the web site Voices-of-Change.org. Do not

ignore the voices of our youth who do not want to be tortured by unwanted urges. It would be heartless to ignore their pleas to retain access to this important service.

<http://www.voices-of-change.org/>

8. By making invaluable intervention unavailable to our youth, the suicide rate is likely to increase, not decrease. Many children and their parents do not know that this resource is available and this bill would make those services illegal. Will people have to resort to "back alley" psychiatric services to get the help they so desperately desire? Are you going to criminalize children who seek help for their unwanted desires? Will you put doctors and citizens in prison because they were aiding a distressed child?

9. Our children are our future and we need to provide them healthy choices. This bill must be rewritten require that an organization that provides Reparative Therapy for sexual orientation issues is located on each school campus that also hosts a Gay, Straight Alliance Network and/or Gay, Lesbian, and Straight Education Network (GLSN) to ensure equal access to all choices. It is unfair and unjust to deny youth the option they need and desire. Don't let Hawaii be known as the state that denies our Keiki their choice for happiness.

10. Request you vote AGAINST H.B. 1789. Thank-you.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 27, 2014 12:50 PM
To: EDNtestimony
Cc: susan.bann@gmail.com
Subject: *Submitted testimony for HB1789 on Jan 27, 2014 14:00PM*

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HB1789

Submitted on: 1/27/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
susan bannister	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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