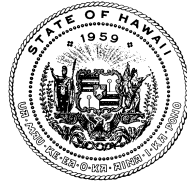


# HB664 HD2

Measure Title:	RELATING TO GENDER IDENTITY.
Report Title:	Conversion Therapy; Prohibited
Description:	Clarifies that the ban on sexual orientation change efforts applies to conversion therapy practices or treatments that seek to change an individual's sexual orientation or gender identity. (HB664 HD2)
Companion:	<a href="#">SB674</a>
Package:	None
Current Referral:	CPH/JDC
Introducer(s):	MIZUNO, SAY, San Buenaventura



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of HB664 HD2  
RELATING TO GENDER IDENTITY**

SENATOR ROSALYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

SENATOR KARL RHOADS, CHAIR  
SENATE COMMITTEE ON JUDICIARY

Hearing Date: March 20, 2019, 9:00 AM

Room Number: 229

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department of Health supports this bill and its efforts to clarify  
3 the language in the bill passed last session banning “conversion therapy” or “sexual orientation  
4 change efforts” with minors. This bill is a housekeeping measure that does not expand the scope  
5 of the existing legislation. It is designed only to change the language of the bill to make it clear  
6 that the ban on these procedures applies equally to efforts to change the sexual orientation of  
7 lesbian, gay or bisexual minors and to efforts to change the gender identity of transgender  
8 minors. Conversion therapy can be abusive and cause psychological distress in regard both to  
9 changing sexual orientation and gender identity.

10 This bill is a product of a task force led by the Department of Health (DOH), Child and  
11 Adolescent Mental Health Division (CAMHD) as mandated by Act 13, SLH 2018. The task  
12 force was comprised of legislators, representatives of health insurers, state agencies, and  
13 advocates, and community members. A list of task force attendees and a summary of task force  
14 findings may be found in the task force's legislative report:

15 [https://www.capitol.hawaii.gov/session2019/bills/DC240\\_.pdf](https://www.capitol.hawaii.gov/session2019/bills/DC240_.pdf).

16 The original draft of this bill caused some disagreements among advocates for lesbian, gay,  
17 bisexual, transgender, questioning, queer (LGBTQ) youth about the language used.

1 Representative John M. Mizuno, Chair of the House Committee on Health, requested that  
2 CAMHD staff work with several individuals who submitted testimony on the original House  
3 version of the bill in order to create a consensus version. This has been accomplished, and the  
4 current version of the bill (HB664 HD2) reflects this consensus language.

5 **Offered Amendments:** None.

6 Thank you for the opportunity to testify on this bill.

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

\_\_\_\_.B. NO. \_\_\_\_\_

---

---

# A BILL FOR AN ACT

RELATING TO GENDER IDENTITY.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1 SECTION 1. Section 453J, Hawaii Revised Statutes, is  
2 amended by amending its title to read as follows:

3 "~~{}~~Chapter 453J~~{}~~"

4 ~~[SEXUAL ORIENTATION CHANGE EFFORTS]~~ CONVERSION THERAPY  
5 PROHIBITED FOR SEXUAL ORIENTATION AND GENDER IDENTITY."

6 SECTION 2. Section 453J-1, Hawaii Revised Statutes, is  
7 amended to read as follows:

8 "~~§453J-1 [Sexual orientation change efforts]~~ Conversion  
9 therapy prohibited; advertising prohibited. (a) No person who  
10 is licensed to provide professional counseling shall:

11 (1) Engage in or attempt to engage in [~~sexual orientation~~  
12 ~~change efforts]~~ conversion therapy on a person under  
13 eighteen years of age; or

1           (2) Advertise the offering of [~~sexual orientation change~~  
2            ~~efforts~~] such conversion therapy on a person under  
3            eighteen years of age.

4           (b) Any person who is licensed to provide professional  
5            counseling who engages in or attempts to engage in the offering  
6            of [~~sexual orientation change efforts~~] conversion therapy on a  
7            person under eighteen years of age shall be subject to  
8            disciplinary action by the appropriate professional licensing  
9            authority.

10           (c) For purposes of this section:

11            "Advertise" means a communication made by or on behalf of a  
12            person who is licensed to provide professional counseling, made  
13            for the purpose of inducing or promoting a professional  
14            counseling relationship in which [~~sexual orientation change~~  
15            ~~efforts~~] conversion therapy will be undertaken on a person under  
16            the age of eighteen. "Advertise" includes oral, written,  
17            graphic, or pictorial statements or representations, including  
18            those made through any electronic or print medium.

19            "Conversion therapy" means any practices or treatments that  
20            seek to change an individual's sexual orientation or gender  
21            identity, including efforts to change behaviors or gender  
22            expressions or to eliminate or reduce sexual or romantic  
23            attractions or feelings toward individuals of the same gender.

1       "Conversion therapy" shall not include counseling that  
2 provides assistance to a person undergoing gender transition, or  
3 counseling that provides acceptance, support, and understanding  
4 of a person or facilitates a person's coping, social support,  
5 and identity exploration and development, including sexual-  
6 orientation-neutral interventions to prevent or address unlawful  
7 conduct or unsafe sexual practices, as long as such counseling  
8 does not seek to change an individual's sexual orientation or  
9 gender identity.

10       "Person who is licensed to provide professional counseling"  
11 means a person who performs counseling as part of the person's  
12 professional training, including a physician, especially one  
13 practicing psychiatry, licensed pursuant to chapter 453;  
14 psychologist licensed pursuant to chapter 465; nurse licensed  
15 pursuant to chapter 457; social worker licensed pursuant to  
16 chapter 467E; licensed mental health counselor licensed pursuant  
17 to chapter 453D; or licensed marriage and family therapist  
18 licensed pursuant to chapter 451J.

19       ~~["Sexual orientation change efforts" means the practice of~~  
20 ~~attempting to change a person's sexual orientation, including~~  
21 ~~but not limited to efforts to change gender identity or gender~~  
22 ~~expressions and behaviors; or to reduce or eliminate sexual or~~  
23 ~~romantic attractions or feelings toward a person of the same~~  
24 ~~gender.~~



Report Title:

~~[Gender Identity Change Efforts]~~Conversion therapy prohibited for sexual orientation and gender identity; Chapter 453J, Hawaii Revised Statutes

Description:

Prohibits ~~[both sexual orientation and gender identity change Efforts]~~ conversion therapy under Chapter 453J, Hawaii Revised Statutes. (HB664 HD1)

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*





# HAWAI‘I CIVIL RIGHTS COMMISSION

830 PUNCHBOWL STREET, ROOM 411 HONOLULU, HI 96813 · PHONE: 586-8636 FAX: 586-8655 TDD: 568-8692

March 20, 2019  
Rm. 229, 9:00 a.m.

To: Hon. Rosalyn H. Baker, Chair  
Members of the Senate Committee on Commerce, Consumer Protection, and Health

Hon. Karl Rhoads, Chair  
Members of the Senate Committee on Judiciary

From: Linda Hamilton Krieger, Chair  
and Commissioners of the Hawai‘i Civil Rights Commission

Re: H.B. No. 664, H.D. 2

The Hawai‘i Civil Rights Commission (HCRC) has enforcement jurisdiction over Hawai‘i’s laws prohibiting discrimination in employment, housing, public accommodations, and access to state and state funded services (on the basis of disability). The HCRC carries out the Hawai‘i constitutional mandate that no person shall be discriminated against in the exercise of their civil rights. Art. I, Sec. 5.

H.B. No. 664, H.D. 2, prohibits conversion therapy and adds gender identity as a protected basis to the current prohibitions against licensed professional counselors and teachers from engaging in or advertising sexual orientation change efforts on students and persons under eighteen years of age. The bill amends HRS chapter 453J, enacted as Act 13 in 2018, which bans conversion therapy for minors regarding sexual orientation, and broadens its applicability. H.D.2 also defines “conversion therapy.”

The HCRC supports H.B. No. 664, H.D. 2. The HCRC supports the civil rights of all people, including the most vulnerable.



March 14, 2019

Senate's Committees on Commerce, Consumer Protection & Health, and Judiciary  
Hawaii State Capitol  
415 South Beretania Street, Room 016  
Honolulu, HI 96813

Hearing: Wednesday, March 20, 2019 – 9:00 a.m.

RE: **STRONG SUPPORT House Bill HD 2** – RELATING TO GENDER IDENTITY

Aloha Chair Baker, Chair Rhoads and fellow committee members,

I am writing in STRONG SUPPORT House Bill 664 HD 2 on behalf of the LGBT Caucus of the Democratic Party of Hawai'i. HB 664 HD 2 would prohibit both sexual orientation and gender identity change efforts under Chapter 453J, Hawaii Revised Statutes.

The language in Act 13, SLH 2018 is little outdated and confusing to the communities that it is protecting from this barbaric practice and the language we are referring to “sexual orientation change efforts” respectively.

HB 664 HD 2 replaces “sexual orientation change efforts” with the more commonly known term “conversion therapy” and in doing so erases any confusion by the general public and those that are required to enforce the Hawai'i Revised Statutes. This measure will not only remove any confusion, for everyone involved, but also simplify the statute. It will also bring Hawai'i in-line with similar bans in others states, as well as our counterparts on the continent as they strive to ban this barbaric practice.

Mahalo for the opportunity to testify in STRONG support of HB 664 HD 2.

Mahalo nui loa,

Michael Golojuch, Jr.  
Chair

**HB-664-HD-2**

Submitted on: 3/14/2019 5:59:09 PM

Testimony for CPH on 3/20/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lisa Dau	Testifying for Keiki Injury Prevention Coalition (KIPC)	Support	No

Comments:

Keiki Injury Prevention Coalition SUPPORT HB664 HD2

Mahalo,

Lisa Dau, RN, Injury Prevention Coordinator-KIPC



# Hawai'i Psychological Association

*For a Healthy Hawai'i*

P.O. Box 833  
Honolulu, HI 96808

[www.hawaiipsychology.org](http://www.hawaiipsychology.org)

Phone: (808) 521-8995

Testimony in SUPPORT of HB664 HD2  
RELATING TO GENDER IDENTITY

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair

COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair  
Senator Glenn Wakai, Vice Chair

Wednesday March 20, 2019, 9:00AM, Conference Room 229

The Hawai'i Psychological Association (HPA) supports this bill and its efforts to clarify the language in the bill passed last session banning “conversion therapy” or “sexual orientation change efforts” with minors. This bill is a housekeeping measure designed only to change the language of the bill to make it clear that the ban on these procedures applies equally to efforts to change the sexual orientation of lesbian, gay or bisexual minors and to efforts to change the gender identity of transgender minors. Conversion “therapy” is not therapeutic - it can be abusive and cause psychological distress in regard both to changing sexual orientation and gender identity.

This bill is a product of a task force led by the Department of Health (DOH), Child and Adolescent Mental Health Division (CAMHD) as mandated by Act 13, SLH 2018. The task force was comprised of legislators, representatives of health insurers, state agencies, and advocates, and community members, including an HPA representative.

The original draft of this bill caused some disagreements among advocates for LGBTQ youth about the language used. Representative Mizuno, Chair of the House Committee on Health, requested CAMHD staff to work with several individuals who submitted testimony on the House version of the bill in order to create a consensus version. This has been accomplished, and the current version of the bill (HB664 HD2) reflects this consensus language. We urge the committee to pass this amended version.

Sincerely,

Julie Takishima-Lacasa, PhD  
Chair, HPA Legislative Action Committee

**HB-664-HD-2**

Submitted on: 3/17/2019 5:20:29 PM

Testimony for CPH on 3/20/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Pride Work HI	Testifying for Pride at Work Hawaii	Support	No

Comments:

Aloha Senators,

The Pride at Work Hawaii, an affiliate of Hawaii State AFL-CIO, supports the passage of HB 664 HD 2.

Mahalo for your consideration and for the opportunity to testify STRONG support of HB 664 HD 2.

Mahalo,

Pride at Work - Hawaii

## Helping Hawai'i Live Well

To: Senator Rosalyn Baker, Chair, Senator Stanley Chang, Vice Chair, Members, Senate Committee on Consumer Protection and Health  
Senator Karl Rhoads, Chair, Senator Glenn Wakai, Vice Chair, Members, Senate Committee on Judiciary

From: Trisha Kajimura, Executive Director

**Re: TESTIMONY IN SUPPORT OF HB 664 HD2 RELATING TO GENDER IDENTITY**

**Hearing: March 20, 2019, 9:00 am, CR 229**

Thank you for hearing HB 664 HD2, which amends Chapter 453J, Hawaii Revised Statutes, to add "And Gender Identity Change Efforts" to its title and in several places to clarify that sexual orientation change efforts AND gender identity change efforts are BOTH prohibited as was *originally intended* by Act 13. This distinction is important because the law needs to clearly protect transgender and other gender minority youth. Mental Health America of Hawaii supports this bill.

This bill provides the necessary changes using language in the current law 1) to equally highlight the two types of change efforts that are prohibited in this law in the title and the text as intended by Act 13. 2) clarifies that there are two kinds of change efforts addressed by this law by setting forth the two types of change efforts separately and consistently throughout the law instead of leaving "efforts to change gender identity" buried within the definition of "sexual orientation change efforts."

Mental Health America of Hawaii (MHAH) is a 501(c)3 organization founded in Hawaii 77 years ago, that serves the community by promoting mental health through advocacy, education and service. MHAH actively works on the issue of youth suicide and bullying prevention with a special focus on LGBTQ+ youth and organizes a coalition of LGBTQ+ youth advocates, called the Rainbow Youth Coalition. LGBTQ+ youth are put in harm's way when they face a lack of acceptance in their families, schools and communities.

Thank you for the opportunity to submit this testimony **in support of HB 664 HD2**. You can reach me at [trisha.kajimura@mentalhealthhawaii.org](mailto:trisha.kajimura@mentalhealthhawaii.org) or (808)521-1846 if you have any questions.

To: Hawaii State Senate Committees on Commerce, Consumer Protection and Health and  
Judiciary  
Hearing Date/Time: Wed., Mar. 20, 2019, 9:00 a.m.  
Place: Hawaii State Capitol, Rm. 229  
Re: Testimony in strong support of H.B. 664, HD2, relating to Gender Identity

Dear Chairs Baker and Rhoads and Members of the Committees,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in strong support of H.B. 664, HD2, which seeks to prohibit persons licensed to provide professional counseling from engaging in, attempting to engage in, or advertising sexual orientation and gender orientation change efforts (commonly known as “conversion therapy”) to persons under 18 years of age.

LGBTQ rights and reproductive rights are deeply connected to justice for all. We have long stood with lesbian, gay, bisexual, and transgender people in the struggle for full equality — many of whom turn to Planned Parenthood for health care, information, and education. We are committed to building a world where no one experiences discrimination or violence because of their gender identity, gender expression, or sexual orientation.

We support H.B. 664 because it seeks to protect LGBT youth from “conversion therapy,” which has been found to be dangerous, inhumane and long discredited by respected medical and mental health institutions, including the American Psychological Association. It has subsequently been outlawed for licensed mental health providers in nine states and the District of Columbia. We can do better for Hawaii’s youth.

Thank you for this opportunity to testify in support of this important measure.

Sincerely,

Laurie Field  
Hawaii State Director



March 18, 2019

Honorable Rosalyn H. Baker  
Chair  
Senate Committee on Commerce,  
Consumer Protection, and Health

**RE: Support of S.C.R. 200 REQUESTING THE PUBLIC UTILITIES COMMISSION TO APPROVE A SUBSIDY THROUGH UTILITY RATES FOR REASONABLE RATEMAKING TREATMENT TO LESSEN THE BURDEN OF ENERGY COSTS ON LOW- AND LIMITED- INCOME AND SPECIAL MEDICAL NEEDS CUSTOMERS. Hearing Date: Wednesday, March 20 at 10:00 a.m. in CR 229**

Dear Chair Baker, Vice Chair Taniguchi and Members of the Committee,

I am Tori Abe Carapelho testifying on behalf of Hospice Hawaii. Established in 1979, Hospice Hawaii is a non-profit organization that cares for people with life-limiting illness and their families, ensuring the highest quality of life possible.

Hospice Hawaii supports S.C.R. 200. Our organization has been participating in the Low Income Constituent Focus Group meetings facilitated by the Hawaiian Electric Companies and we collaborate with the utility to help our mutual clients in need. This resolution will ensure that the Hawaiian Electric Companies have the ability to help lessen the burden of energy costs for our underserved clients.

Thank you for the opportunity to share our support with you.

Sincerely,

A handwritten signature in black ink, appearing to read "Tori", written in a cursive style.

Tori Abe Carapelho  
President & CEO

TAC/mk





ONLINE SUBMITTAL MARCH 18, 2019

**DATE:** March 20, 2019

**TO:** [COMMITTEE ON COMMERCE,  
CONSUMER PROTECTION, AND  
HEALTH](#) Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair

[COMMITTEE ON JUDICIARY](#)  
Senator Karl Rhoads, Chair  
Senator Glenn Wakai, Vice Chair

**FROM:** Eva Andrade, President

**RE:** Opposition to HB 664 HD 2 Relating to Gender Identity

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and various faith-based groups.

If a young person is experiencing conflict between his or her sincerely held religious beliefs and same-sex attractions (that may have developed because of sexual abuse), this law would prevent their trained and licensed counselor or therapist, from providing counseling to help them move away from unwanted same sex confusion. Regular counseling typically involves common and standard therapeutic goals, such as eliminating unwanted behavior, developing healthy connections with both men and women, bringing truth and healing to any past injuries and abuse, and building a solid and confident sense of identity.

All professional organizations and state licensing boards already have the ability address the concerns behind this bill without incurring its negative consequences. Bad therapy must and should be reported to the medical licensing board – not the Hawaii State legislature. The state licensing board can decide if the therapy is not accepted therapy. This is simply an issue of fairness - minors (with support and guidance from their parents) should be free to choose the professional and licensed counselor that can best treat them; however, their religious freedom and convictions should not be denied in the process.

Attached are comments from the National Task Force for Therapy Equality who deals with this issue across the nation. I asked them to submit comments to help you as you consider this issue. You may also want to consider that in Florida, on January 30, 2019, Federal Magistrate Amanda Arnold Sansone ruled<sup>i</sup> that plaintiffs’ Robert Vazzo, David Pickup, and New Hearts Outreach free speech rights had been violated by the ban on sexual orientation, and that the city presented no evidence of minors being harmed by so-called “conversion therapy” within the city of Tampa.

We recommend you hold this bill. Mahalo for the opportunity to testify.

---

<sup>i</sup> <https://www.courtlistener.com/docket/6260236/vazzo-v-city-of-tampa-florida/> (accessed 03/18/19)



## Opposition to HB 664

March 14, 2019

### Harms of Censoring Psychotherapy for Gender Distress

(1) SCOTUS: Professional speech has **the same First Amendment rights** as any other speech; effectively abrogated 9th and 3rd Circuit Court decisions on which bans have relied.<sup>1</sup> It is unconstitutional to allow affirmative therapy but not change-allowing therapy.<sup>2</sup> Federal magistrate judge said Tampa, FL therapy ban failed all First Amendment tests.<sup>3</sup> ACLU of Rhode Island and Religious Organizations:<sup>4</sup> bans threaten 1st Amendment rights.

(2) Alternate sex identity resolves in 75–98% of minors if they are not affirmed as another sex according to 9 professional orgs.<sup>5</sup> Affirmation stops resolution say 8 professional orgs.<sup>6 7</sup>

(3) **Affirming children and adolescents who reject their sex sends them on a risky path of:** experimental puberty-blockers<sup>8</sup> (no research<sup>9</sup>), high dose, toxic<sup>10</sup> wrong-sex hormones (poor research<sup>11</sup>), permanent infertility, potential loss of sexual function, being a medical patient for life, destroying healthy breasts and reproductive organs,<sup>12</sup> 2-2.5 times higher rate of heart disease and cancer deaths, 2.8 times higher rate of persisting psychiatric hospitalizations, 19 times higher rate completed suicides—even if minors live in an affirming society—all before they are able to drive.<sup>13</sup>

- These statistics are from the best available research.<sup>14</sup>
- **This is hardly a cure for suicide or psychiatric problems. It is not healthy.**
- Sexual non-function may isolate these minors when they become adults.
- ACLU of Rhode Island: this treatment is highly controversial in the medical profession.<sup>15</sup>
- Sterilizing minors should be illegal, has not been shown to work better than talk therapy.
- Several professional organizations support change-allowing talk therapy.<sup>16</sup> It is much safer.

(4) **Identifying as another sex is *not innate.***<sup>17</sup> It may have ***pathological causes.***

- 10 professional orgs: alternate sex identity is not simply caused by biological factors such as brain microstructures but has psychological causes.<sup>18</sup> There can be pathological causes.<sup>19 20</sup>

(5) **Resolving underlying trauma or psychopathology *requires psychotherapy* and may *as a by-product* resolve alternate sex identity. HB644 forbids necessary psychotherapy.**

- The American Psychological Association's *APA Handbook of Sexuality and Psychology* cautions the affirmative approach can neglect treating problems.<sup>21</sup>
- **The World Professional Association for Transgender Health does not recommend medicalizing treatments when an underlying psychiatric disorder is causing distress over ones sex.**<sup>22</sup> **Banning therapy leaves therapists nowhere to go with these clients.**
- Failure to treat trauma or disorders causing rejection of innate sex can lead to persisting trauma, adverse life consequences, and suicide. Worldwide, 90% of people who commit suicide have unresolved mental disorders.<sup>23</sup> So, for heavens sake, do not ban ordinary, client-directed therapy, using evidence-based or well-established practices, that may as a by-product result in embracing innate sex. That is all that change-allowing therapy is.

*Laura Haynes, Ph.D.*, Chair Research & Legi Policy, Nat'l Task Force for Therapy Equality,  
[info@TherapyEquality.org](mailto:info@TherapyEquality.org); Refs and more info at: [TherapyEquality.org/HarmsOfTherapyBans](http://TherapyEquality.org/HarmsOfTherapyBans)



# Opposition to HB 664

---

## REFERENCES:

- <sup>1</sup> *National Institute of Family and Life Advocates v. Becerra*, 138 S.Ct. 2361, 2018.
- <sup>2</sup> *Masterpiece Cakeshop, Ltd. v. Colorado Civil Rights Commission*, 138 S.Ct. 1719 (2018).
- <sup>3</sup> <http://lc.org/013019TampaPIOrder.pdf>
- <sup>4</sup> California Catholic Conference, Ethics & Religious Liberty Commission of the Southern Baptist Convention, Church United, Awake America
- <sup>5</sup> Endocrine Society Guideline is co-sponsored by 6 additional US and European orgs: Amer Assn of Clin Endocrinologists, Amer Soc of Andrology, Eur Soc for Pediatric Endocrinology, Euro Soc of Endocrinology, Pediatric Endocrine Soc, and World Prof Assn for Transgender Health (WPATH). (Hembree, W. et al, 2017, Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*, 102:1–35, <http://dx.doi.org/10.1210/jc.2017-01658>, p.10.)  
Amer Psychiatric Assn, 2013, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), Arlington, VA: American Psychiatric Association, p. 455.  
Amer Psychological Assn: Bockting, W., 2014, Chapter 24: Transgender Identity Development, In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology*, Washington D.C.: Amer Psychological Assn, Vol 1, p. 744.
- <sup>6</sup> Bockting (2014), in *APA Handbook of Sexuality and Psychology*, 1: 744, 750.
- <sup>7</sup> Endocrine Society Guideline (Endocrine Society plus 6 co-sponsoring organizations), 2017, p. 11.
- <sup>8</sup> Gagliano-Juca et al (2018). Androgen Deprivation Therapy is Associated with Prolongation of QTc Interval in Men With Prostate Cancer. *Journal of the Endocrine Society*, 2: 485-496.  
Endocrine Society Guideline with 6 co-sponsoring organizations, 2017, pp. 14-15.
- <sup>9</sup> The first study in 2020 will be only for 5 years, not long enough to give long term/endpoint outcomes. Olson, J., et al (2015-2010) The Impact of Early Medical Treatment in Transgender Youth. National Institutes of Health. (Grant study description.) <http://grantome.com/grant/NIH/R01-HD082554-01A1>
- <sup>10</sup> WPATH (2011), pp. 37-40, 50, 97-104; Endocrine Soc. & 6 co-sponsoring orgs (2017), pp. 21-25.  
Laidlaw, M. (6/26/2018) Testimony to CA Senate Judiciary Committee; (2018-10-24), The gender identity phantom, <http://gdworkinggroup.org/2018/10/24/the-gender-identity-phantom/>
- <sup>11</sup> WPATH Standards of Care (2011), p. 24.  
Endocrine Society Guideline (with 6 co-sponsoring organizations) (2017).
- <sup>12</sup> Endocrine Society Guideline (Hembree, et al, 2017), WPATH Standards of Care (2011).
- <sup>13</sup> Dhejne C. et al. (2011) Long-term follow-up of transsexual persons undergoing sex reassignment surgery: Cohort study in Sweden. *PLoS ONE* 6(2): e16885. doi:10.1371/journal.pone.0016885.



## Opposed to HB 664

<sup>14</sup> Centers for Medicare & Medicaid Services, August 30, 2016, Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N), <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=282>.

<sup>15</sup> ACLU of Rhode Island (March 22, 2017), blog, <http://www.riaclu.org/blog/post/the-aclu-of-rhode-island-opposes-conversion-therapy>

Cantor, J. (2018), American Academy of Pediatrics policy and trans-kids: Fact-checking. Sexology Today! <http://www.sexologytoday.org/2018/10/american-academy-of-pediatrics-policy.html>  
[gdworkinggroup.org](http://gdworkinggroup.org); [YouthTransCriticalProfessionals.org](http://YouthTransCriticalProfessionals.org); [4thWaveNow.com](http://4thWaveNow.com)

<sup>16</sup> 87,000 MEDICAL AND MENTAL HEALTH PROFESSIONALS have supported clients' rights to therapy that is open to change in unwanted sexual orientation or unwanted gender identity and/or opposed banning such therapy: Alliance for Therapeutic Choice and Scientific Integrity, Amer Assn of Christian Counselors, Amer Assn of Physicians & Surgeons, Ameri College of Pediatricians, Catholic Medical Assn, Christian Med and Dental Assn, Internat'l Fed for Therapeutic or Counselling Choice, Internat'l Network of Orthodox (Jewish) Mental Health Professionals, and Society of Catholic Social Scientists.

<sup>17</sup> Bockting, W. (2014), pp. 739-758.

Diamond, M., 2013, Transsexuality Among Twins: Identity Concordance, Transition, Rearing, and Orientation, *International Journal of Transgenderism*, 14:1, 24-38. Figure of 20% concordance for identical twins in abstract corrected to 28% by calculation from Table 5, p. 28.

Bailey et al (2016), p. 76.

<sup>18</sup> Endocrine Society and 6 co-sponsoring orgs: Endocrine Society Guideline (2017), pp. 6-7.

*APA Handbook of Sexuality and Psychology* (2014), 1: 743-744, 750, 451, 457.

American Association of Pediatricians: Rafferty J, et al (2018), Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents, pp. 2, 4, *Pediatrics* 142(4): e20182162.

<sup>19</sup> *APA Handbook of Sexuality and Psychology* (2014), 1: 743-744, 750.

<sup>20</sup> WPATH (2011). Standards of Care, p. 24

<sup>21</sup> Bockting, W. (2014). *APA Handbook*, 1: 744, 750.

<sup>22</sup> WPATH (2011), p. 24.

<sup>23</sup> Cavanagh, J. et al (2003), Psychological autopsy studies of suicide: a systematic review, *Psychological Medicine*, 33: 395–405, Cambridge University Press, DOI: 10.1017/S0033291702006943

Nock, M. et al (2013), Prevalence, correlates and treatment of lifetime suicidal behavior among adolescents: Results from the National Comorbidity Survey Replication—Adolescent Supplement (NCS-A), *JAMA Psychiatry*, 70(3): p. 18, Table 3, doi:10.1001/2013.jamapsychiatry.55.

TESTIMONY FOR HEARING

Wednesday, March 20, 2019

TIME: 9:00AM

Conference Room 229

OPPOSITION TO HB 664 HD2



Dear Legislator,

Our organization of mental health professionals urges you to *oppose any legislation* that would ban so-called “conversion therapy” for minors. Many states have rejected these bans.

- Everyone has the freedom and the right to resolve unwanted feelings, love who they want, and embrace their body sex.
- Sexual orientation and gender identity are not biologically determined like skin color,<sup>1</sup> and psychological and family factors are causes.<sup>2</sup> Transgender identity may be pathological.<sup>3</sup>
  - American Psychological Association, *APA Handbook of Sexuality and Psychology*<sup>4</sup> which the APA has approved (given its “imprimatur”) and declared “authoritative.”<sup>5</sup>
- This bill legislates gender dysphoric children onto a path of experimental puberty blockers and toxic sex-change hormones, that often sterilize them for life, having their breasts chopped off, and potentially castration, all before they are old enough to drive, yet forbids them *talk* therapy to help them embrace their body.
- As many as 98% of boys and 88% of girls<sup>6</sup> and no less than 75% of boys and girls<sup>7</sup> come to identify with their innate body sex if supported through natural puberty and not socially transitioned.<sup>8</sup>
  - American Psychiatric Association, *Diagnostic and Statistical Manual, Fifth Edition*
  - American Psychological Association, *APA Handbook of Sexuality and Psychology*
- A rigorous study of 16-year-old boys who identified as exclusively same-sex attracted found that one year later, only 11% still did.<sup>9</sup> 90% of the exclusively and strongly same-sex attracted boys experienced father absence or loss.<sup>10</sup> Absence of a parent, especially the parent of the same sex as the child, can lead to same-sex attraction, behavior, and orientation identity.
  - Several Studies That Meet Rigorous Scientific Standards<sup>11</sup>
- Childhood sexual abuse may potentially lead to having a same-sex partner for some.
  - American Psychological Association, *APA Handbook of Sexuality and Psychology*.<sup>12</sup>
- The full acceptance of transgender identity approach “runs the risk of neglecting individual problems the child might be experiencing....”<sup>13</sup>
  - American Psychological Association, *APA Handbook of Sexuality and Psychology*

**Talk therapy treats individual problems that may be causing gender distress or same-sex attraction for some. A therapy ban takes away a child’s right to that talk therapy.**

- Even the Southern Poverty Law Center affirms “conversion therapy” uses only non aversive methods.<sup>14</sup> Stories of “therapy torture” and “aversion therapy” have been documented to be fraudulent in a report sent to the Federal Trade Commission.<sup>15</sup>
- More than 100 years of research have found the therapy is safe and effective.<sup>16</sup> A new five-year study of adult male clients who have unwanted same-sex attraction feelings is currently underway and meets APA standards. Results in the first year found distress decreased, sense of wellbeing increased, heterosexual thoughts and feelings increased, and homosexual thoughts and feelings decreased.<sup>17</sup>
- Leading suicide researchers found that, world-wide, 90% of people who commit suicide had mental disorders. The researchers’ number one prevention recommendation is to let them have psychotherapy.<sup>18</sup>
- The following organizations support therapy that helps minors who have unwanted sexual attraction or gender identity feelings to go on their journey and become able to love who they want and love their body: Association of American Physicians and Surgeons, American College of Pediatricians, American Association of Christian Counselors, Christian Medical and Dental Association, Catholic Medical Association, and Alliance for Therapeutic Choice and Scientific Integrity. Collectively, these organizations comprise *over 100,000 licensed mental and medical health practitioners* who value the right of self-determination for clients and their families.

Sincerely,

National Task Force for Therapy Equality  
([TherapyEquality.org](http://TherapyEquality.org))



David Pickup, LMFT  
Co-Founder



Christopher Doyle,  
MA, LPC, LCPC  
Co-Founder



Karl Benzio, MD  
Chair of Medical Ethics



Laura Haynes, PhD  
Chair of Research and  
Legislative Policy



Gregory Quinlan  
Chair of Faith Community  
and Pastoral Care



Robin Goodspeed  
Chair of Outreach and  
Communications



## Endnotes

<sup>1</sup> Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for Sexual Minorities. “[A]dvocates for sexual minorities have... [argued] that sexual orientation is a fixed, biologically based trait that cannot be chosen or changed,” but, “We hope that our review of scientific findings and legal rulings regarding immutability will deal these arguments a final and fatal blow.”

The authors are two highly regarded LGBT civil rights activists—psychology professor Lisa Diamond, who is a co-editor-in-chief of the *APA Handbook of Sexuality and Psychology*, and law professor Clifford Rosky, who won the Equality award from the Human Rights Campaign.

<sup>2</sup> The *APA Handbook of Sexuality and Psychology* states clearly, “Biological explanations...do not entirely explain sexual orientation,” and psychological factors are causes of sexual orientation. Rosario & Schrimshaw, 2014, in *APA Handbook*, v. 1, p. 583.

<sup>3</sup> Bockting, W. (2014). Chapter 24: Transgender Identity Development. In *APA Handbook of Sexuality and Psychology*, 1:743.

<sup>4</sup> Tolman, Deborah L. (Ed); Diamond, Lisa M. (Ed); Bauermeister, José A. (Ed); George, William H. (Ed); Pfaus, James G. (Ed); Ward, L. Monique (Ed). (2014). *APA Handbook of Sexuality and Psychology*, Vol. 1: Person-based approaches. Washington, DC, US: American Psychological Association. xxviii 804 pp., <http://dx.doi.org/10.1037/14193-000>

<sup>5</sup> Series Preface, in *APA Handbook of Sexuality and Psychology*, 1:xvi.

<sup>6</sup> Calculated from American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), p. 544. Arlington, VA: American Psychiatric Association, p 455.

<sup>7</sup> Calculated from Bockting, in *APA Handbook*, 1:744.

<sup>8</sup> Bockting, 2014, in *APA Handbook*, 1: 744.

<sup>9</sup> Udry, J.R., & Chantala, K. (2005). Risk factors differ according to same-sex and opposite-sex interest. *Journal of Biosocial Science*, 37, 481–497. <http://dx.doi.org/10.1017/S0021932004006765>, p. 486; also reported in Savin-Williams, R. (2006) Who’s Gay? Does it matter? *Current Directions in Psychological Science*, 15: p. 40)

<sup>10</sup> Udry and Chantala found that [90% of boys who had strong same-sex interest had absent fathers—a very strong relationship. Among boys, the greater the degree of same-sex attraction, the greater the likelihood of father absence, delinquency, and suicidal thoughts. As opposite sex interest also rose to the highest level, that strong relationship completely disappeared](#) (Udry & Chantala, 2005, p. 487).

<sup>11</sup> Udry, J.R., & Chantala, K. (2005). Risk factors differ according to same-sex and opposite-sex interest. *Journal of Biosocial Science*, 37, 481–497. <http://dx.doi.org/10.1017/S0021932004006765>. See also Frisch, M. and Hviid, A. (2006), Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes, *Archives of Sexual Behavior*, 35:533-547; Frisch, M. & Hviid, A. (2007). Reply to Blanchard’s (2007) “older-sibling and younger-sibling sex ratios in Frisch and Hviid’s (2006) national cohort study of two million Danes,” *Archives of Sexual Behavior*, 36:864-867. Francis, A. M.(2008), Family and sexual orientation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research*, 45 (4):371-377, DOI:10.1080/00224490802398357; D.M. Fergusson, L.J. Norwood, & A.L. Beautrais, (1999), Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, 56:876-880, esp. p. 879.

<sup>12</sup> Mustaky, B., Kuper, L., and Geene, G. (2014) Chapter 19: Development of sexual orientation and identity. In *APA Handbook of Sexuality and Psychology*, pp. 609-610. The authors say, “One of the most methodologically rigorous studies in this area...found that men with documented histories of childhood sexual abuse had 6.75 times greater odds...of reporting ever having same-sex sexual partners....The effect in women was smaller...and a statistical trend...” They acknowledged there are “associative or potentially causal links” between childhood sexual abuse and ever having a same-sex partner.

Wilson, H. & Widom, C. (2010). Does physical abuse, sexual abuse, or neglect in childhood increase the likelihood of same-sex sexual relationships and cohabitation? A prospective 30-year follow-up. *Archives of Sexual Behavior*, 39, 63–74. doi:10.1007/s10508-008-9449-3.

<sup>13</sup> Bockting, 2014, in *APA Handbook*, 1:750.

<sup>14</sup> [National Task Force for Therapy Equality, Report To the Federal Trade Commission: In Their Own Words—Lies, Deception, and Fraud, May 1, 2017.](#) <http://www.therapiequality.org/national-task-force-therapy-equality-complaint-ftc-report?LTWA>, pp. 16-17.

<sup>15</sup> [National Task Force for Therapy Equality, Report To the Federal Trade Commission: In Their Own Words—Lies, Deception, and Fraud, May 1, 2017.](#) <http://www.therapiequality.org/national-task-force-therapy-equality-complaint-ftc-report?LTWA>

<sup>16</sup> Phelan, J., Whitehead, N., & Sutton, P.M. (2009). What research shows: NARTH’s response to the APA claims on homosexuality: A report of the scientific advisory committee of the National Association for Research and Therapy of Homosexuality. *Journal of Human Sexuality*, 1: 1-121. Available at [www.narth.com](http://www.narth.com) at the online bookstore, [https://media.wix.com/ugd/ec16e9\\_04d4fd5fb7e044289cc8e47dbaf13632.pdf](https://media.wix.com/ugd/ec16e9_04d4fd5fb7e044289cc8e47dbaf13632.pdf)

<sup>17</sup> Pela, C. & Nicolosi, J. (March 10, 2016) Clinical outcomes for same-sex attraction distress: Well-being and change, Conference of the Christian Association for Psychological Studies (CAPS), Pasadena, CA. <http://www.josephnicolosi.com/collection/outcome-research>. Study is designed to meet standards of an APA 2009 task force.

<sup>18</sup> Cavanagh, J., Carson, A., Sharpe, M. & Lawrie, S. (2003) Psychological autopsy studies of suicide: a systematic review. *Psychological Medicine*, 33: 395-405.

**HB-664-HD-2**

Submitted on: 3/18/2019 11:31:52 AM

Testimony for CPH on 3/20/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Thaddeus Pham	Individual	Support	No

Comments:

Aloha,

As a public health professional and an community member, I fully support this bill. Although it is a housekeeping measure, the rewording to be more intentional about gender identity is important to ensure the spirit of the bill is not ambiguously interpreted. As such, I support the wording changes to amend Ch. 453J, HRS, that were submitted by Dr. Lesley Slavin, of CAMHD, DOH, and which comprise the current draft of the bill.

However, I request that the effective date of HB664HD2 be changed from 2050 back to 2019.

Thank you for your time,

Thaddeus Pham

1013 Prospect Street, #518



To: Senate Committee on Commerce, Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Members of the Committee on Commerce, Consumer Protection, and Health

Senate Committee on Judiciary  
Senator Karl Rhoads, Chair  
Senator Glenn Wakai, Vice Chair  
Members of the Committee on Judiciary

Hearing on Wednesday, March 20, 2019, 9:00 a.m., Conference Room 229

Re: HB 664, HD2 Relating to Gender Identity

Testimony of Josephine L. Chang in Strong Support of HB 664, HD2

Thank you, Chair Baker, Chair Rhoads, Vice-Chair Chang, Vice-Chair Wakai, and members of the Committee on Commerce, Consumer Protection, and Health and Committee on Judiciary for this opportunity to testify on HB 664, HD2.

My name is Josephine (Jo) Chang. I have long provided, on a pro bono basis, support to parents, youth, and the community on sexual and gender minority matters, and training and consultation to many government and private agencies on understanding and serving lesbian, gay, bisexual, transgender, queer + (LGBTQ+) youth and their families. I have served as coordinator and a consultant to the Family Court's Committee on LGBT Youth in Hawaii's Juvenile Justice System since 2013, and recently as a member on the Sexual Orientation Task Force ("Task Force"), nominated by the Speaker of the House. The Task Force was established by Act 013 that created Ch. 453J, HRS, the law that we are seeking to amend by HB 664, HD2. The Task Force was tasked with recommending proposed legislation among other things. HB 664 (along with SB 674, its companion bill) were among the three legislative matters recommended to the Legislature by this task force, and the only "housekeeping" measure.

First, I would like to clarify that Chapter 453J, Hawaii Revised Statutes *already* prohibits both sexual orientation change efforts and gender identity change efforts. But this bill is needed to clarify and correct the erroneous wording in 453J, HRS, that obscures the protections for a transgender youth's gender identity under 453J, HRS. HB 664, HD2 is intended to make clear that gender identity change efforts are also prohibited under this law, most importantly to those who are regulated by this law and to those that are protected by this law.

While this bill is a fairly simple housekeeping measure, to correct erroneous wording currently in Ch. 453J, HRS, these wording amendments make a very important distinction and correction that matter very much to parents and families of transgender children, to the transgender youth themselves, as well as the transgender and queer community. It matters very much to have the Legislature clearly and specifically recognize the need of transgender youth for protection of their gender identities under this

law, and that efforts to change gender identities are not the same as efforts to change a person's sexual orientation.

The purpose of the bill that established Ch. 453J, HRS, states the Legislature's intent to protect transgender youth as well as lesbian, gay, and bisexual youth, and protections for gender identity were included in this law as seen by the inclusion of "efforts to change gender identity" in the definition of "sexual orientation change efforts" and in the final provision in this law. However, it is erroneous and confusing to present "efforts to change gender identity" as a part of "sexual orientation change efforts" because gender identity is not a part of a person's sexual orientation. (Note that the terms "sexual orientation" and "gender identity" are defined as different aspects of persons, by health, medical, mental health, social work and other authorities.) Furthermore, the title of Ch. 453J, HRS, omits any reference to the protections for gender identity by only stating "sexual orientation change efforts."

In summary, the absence of equal visibility of "gender identity change efforts" in the title of Ch. 453J, HRS, and the erroneous conflation within the definition of "sexual orientation change efforts", 1) does not provide the clear notice needed to the public that this law also protects transgender youth from efforts to change their gender identities, 2) confuses the needs of lesbian, gay, and bisexual youth for protection of their sexual orientations with the needs of transgender youth for protection of their gender identities, 3) unfairly minimizes and treats the needs of transgender youth disrespectfully, and 4) thereby makes ineffective the protections to gender identities under this law.

As initially drafted, HB 664 would have made wording changes to Ch. 453J, HRS, only to correct these problems utilizing the framework and provisions already in Ch. 453J, HRS, by extracting the current wording of "efforts to change gender identity" from the definition of "sexual orientation change efforts" and aligning it alongside of "sexual orientation change efforts" for all relevant provisions, and equally highlighting in the title the two types of change efforts protected under this law.

However, I also fully support the alternative wording changes to amend Ch. 453J, HRS, that were submitted later by the Chair of the Task Force, Dr. Lesley Slavin, of CAMHD, DOH, and now adopted as HB 664, HD2, as this wording will also correct the erroneous wording and other problems with the wording of Ch. 453J, HRS, as explained above.

I respectfully ask for your support for HB 664, HD2.

Aloha and Mahalo,

Josephine (Jo) Chang, JD

Ph. 808 383-2111

**HB-664-HD-2**

Submitted on: 3/16/2019 11:08:10 AM

Testimony for CPH on 3/20/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Anthony Makana Paris	Individual	Support	No

Comments:

*Aloha* Senators,

I support the passage of HB664 HD 2. *Mahalo nui loa* for the opportunity to testify on this measure.

*Me ke aloha,*

Makana Paris

Papakolea, Oahu

**From:** [KAKOU](#)  
**To:** [CPH Testimony](#)  
**Subject:** HB664 HD2  
**Date:** Thursday, March 14, 2019 2:02:26 PM

---

KAKOU



Dear Senators,

I strongly support HB 664 HD1 to assist the Identity Issues of our LGBTQ+ youth. We want our children not to suffer from the roadblocks of the past in order to live full, confident lives.

Mahalo,  
Lynn Robinson-Onderko  
91-1199 Waiemi Street, HAWAII, 96706



SIGNATURE:

Sent from the KAKOU app

This email cannot receive replies. To give us feedback on this alert, [click here](#).  
For more information, visit our website.



**HB-664-HD-2**

Submitted on: 3/17/2019 1:15:44 AM

Testimony for CPH on 3/20/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mary Smart	Individual	Oppose	No

Comments:

Vote no. This bill enforces a policy based on a theory and anecdotal experiences - no scientific evidence. This bill discriminates against minors and deprives them of a counseling service they might want and need. Many people with gender dysphoria / identity confusion choose to seek "reparative" therapy. No type of counseling "converts" someone from one identity to another. Young people can be greatly influenced by ideologies that appear "trendy." Many of the comprehensive sexuality education programs propagandized various gender identities (more than 63 of them now?) and are the cause of much of the gender confusion prevalent in the culture. Youth like to experiment. If they hear in school that something is not only normal but "good" - they are more likely to indulge in those unnatural behaviors they may soon regret and seek an escape. This bill closes the door to giving those youth the counseling help they seek. Stop the discrimination. This bill violates the civil rights of Hawaii minors to obtain whatever counseling services they desire. Do not pass HB664 HD2.

**HB-664-HD-2**

Submitted on: 3/15/2019 12:48:44 PM

Testimony for CPH on 3/20/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joshua Kay	Individual	Support	No

Comments:

While I am in **strong support** of HB664, I believe it should be further amended to include those persons under the age of 21. Some of the most vulnerable people susceptible to the fraudulent practice of "conversion therapy" are between the ages of 18 to 21.

**HB-664-HD-2**

Submitted on: 3/15/2019 7:14:47 PM

Testimony for CPH on 3/20/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mike Golojuch	Individual	Support	No

Comments:

I strongly support HB664. We need the change to further help our LGBTQI community. Please pass HB664. Thank you.

Mike Golojuch, Sr., Board Member, Rainbow Family 808; Member, LGBT Caucus, Democratic Party of Hawaii



**HB-664-HD-2**

Submitted on: 3/19/2019 9:32:40 AM

Testimony for CPH on 3/20/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
wilfredo tungol	Individual	Support	No

Comments:

To Chairs Baker and Chair Rhoads and members of the joint committees:

This bill will clarify the language of the current statute to include gender identity as one of the protected class that will be included to the banning of conversion therapy based on sexual orientation. It is an important housekeeping measure that ensures that our transgender population, especially minors, are not subjected to conversion therapy.

Wilfredo Tungol

# Sex Change Regret

*A site for people who regret changing genders*

[www.SexChangeRegret.com](http://www.SexChangeRegret.com)

Walt Heyer

In Opposition to Hawaii HB 664

March 13, 2019

My name is Walt Heyer. As a former male-to-female trans-person, I am here to speak out against HB 664.

74 years of living the trans-experience gives me a clear view most of you do not have and that people in favor of this law do not have. A licensed therapist saved my life with talk therapy.

My transgender journey started at age 4, although in 1944 the term transgender was not part of any dialog. But as a 4-year old I had a desire to cross-dress. My grandma picked up on my desire to dress as a girl and encouraged it, even making me a full length purple chiffon evening dress.

The purple dress was an important part of my frequent cross-dressing. My desire to dress up in that purple dress felt so harmless as I was having fun. As my testimony can tell you, cross-dressing can falsely plant the thought of being born in the wrong body in a young child.

Young children have no ability to understand the long-term implications of cross-dressing. Many years later I felt the intense psychological torment that I could not feel at the young age of 4.

In my teen years the desire and feelings to change genders became more powerful especially when the headlines were filled with the story of Christine Jorgensen, a Marine, (born George William Jorgensen Jr.) who changed from male to female. Her story caused me to hope that I, too, could change into a woman.

## Sex Change Regret

*A site for those who regret changing genders*

[www.SexChangeRegret.com](http://www.SexChangeRegret.com)

Walt Heyer

I wasn't homosexual. I was attracted to women and I dated women. I thought marriage would make my trans-feelings go away, but the feelings only became stronger with the passing of time.

I married and had a family with 2 children, but the intense feelings of being a woman persisted. Wanting answers, I contacted a nationally recognized specialist in the treatment of gender issues: Dr. Paul Walker, the founding President of the Harry Benjamin International Gender Dysphoria Association (today known as WPATH).

Dr. Walker said I had a classic case of gender dysphoria and approved me for gender reassignment surgery, which I had at age 43. I lived 8 years as a woman, Laura Jensen, successfully employed. But living as a female was not a long-term solution to my gender dysphoria. It was only a temporary reprieve.

I am one of the 40% of the trans-population who attempt suicide.

Telling me that I could become a woman through hormones and surgery gave me false hope, which, when unfulfilled, resulted in deep depression and my attempting suicide.

Appropriate psychotherapy saved my life. Please don't take away the rights and freedom of adults, families and children to elect life-saving talk therapies in an effort to address known co-morbidities, especially when the transition is unwanted.

Thank you,

A handwritten signature in black ink, appearing to read 'Walt Heyer', with a long horizontal flourish extending to the right.

Walt Heyer