

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

**Testimony in SUPPORT of SB674 SD1
RELATING TO GENDER IDENTITY**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 21, 2019, 10:00 AM Room Number: 329

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 designed only to change the
5 language of the bill to make it clear that the ban on these procedures applies equally to efforts to
6 change the sexual orientation of lesbian, gay or bisexual minors and to efforts to change the
7 gender identity of transgender minors. Conversion therapy can be abusive and cause
8 psychological distress in regard both to changing sexual orientation and gender identity.

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

14 https://www.capitol.hawaii.gov/session2019/bills/DC240_.pdf.

15 The original draft of this bill caused some disagreements among advocates for LGBTQ youth
16 about the language used. Representative Mizuno, chair of the House Health Committee,
17 requested CAMHD work with several individuals who submitted testimony on the House version
18 of the bill in order to create a consensus version. This has been accomplished, and we are
19 submitting the consensus document as a possible amended version.

1 **Offered Amendments:** Attachment A below offers an amended version of this bill.

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

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___ .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.~~

1 ~~"Sexual orientation change efforts" shall not include~~
2 ~~counseling supporting a person seeking to transition from one~~
3 ~~gender to another or counseling that:~~

4 ~~(1) Provides acceptance, support, and understanding of a~~
5 ~~person or facilitates a person's coping, social~~
6 ~~support, and identity exploration and development,~~
7 ~~including sexual orientation-neutral interventions to~~
8 ~~prevent or address unlawful conduct or unsafe sexual~~
9 ~~practices; and~~

10 ~~(2) Does not seek to change sexual orientation, gender~~
11 ~~identity, or gender expression.]"~~

12 SECTION 3. Statutory material to be repealed is bracketed
13 and stricken. New statutory material is underscored.

14 SECTION 4. This Act shall take effect upon approval.

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16 INTRODUCED BY: _____

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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 21, 2019
Rm. 329, 10:00 a.m.

To: Hon. John M. Mizuno, Chair
Members of the House Committee on Health

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

Re: S.B. No. 674, S.D. 1

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.

S.B. No. 674, S.D. 1, prohibits gender identity change efforts, adding 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. S.D.1 also defines “gender identity change efforts.”

The HCRC supports S.B. No. 674, S.D. 1. The HCRC supports the civil rights of all people, including the most vulnerable.



March 18, 2019

House's Committee on Health
Hawaii State Capitol
415 South Beretania Street, Room 329
Honolulu, HI 96813

Hearing: Thursday, March 21, 2019 – 10:00 a.m.

RE: SUPPORT with Amendments for Senate Bill 674 SD 1 – RELATING TO GENDER IDENTITY

Aloha Chair Rhoads, Vice Chair Wakai and fellow committee members,

I am writing in SUPPORT of the INTENT of Senate Bill 674 SD 1 on behalf of the LGBT Caucus of the Democratic Party of Hawai'i and requesting a few amendments. SB 674 would prohibit both sexual orientation and gender identity change efforts under Chapter 453J, Hawaii Revised Statutes.

The suggested amendments were created in concert with the members of the Task Force and the LGBT Caucus of the Democratic Party of Hawai'i as we were the lead advocate for the past 8 years to get Act 13, SLH 2018 which created Chapter 453J.

The language in Act 13, SLH 2018 and in SB 674 is outdated, we are referring to "sexual orientation change efforts" and "gender identity change efforts" respectively.

We are asking for these amendments to remove any confusion by the general public and those that are required to enforce the Hawai'i Revised Statutes. When SB 674 was first posted the LGBT Caucus received multiple inquiries from members of the transgender and non-gender binary community all basically asking the same thing "Why is the legislature trying to stop me from seeking mental health help?". We assured them that was not the intent of SB 674 and explained what the bill was seeking to do, but for the general public we could see how they came to that conclusion.

The LGBT Caucus believes that with the suggested amendments it 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 and the LGBT Caucus of the Democratic Party of Hawai'i humbly asks that you support SB 674 SD 1 with the suggested amendments.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair

.B. NO.

A BILL FOR AN ACT

RELATING TO GENDER IDENTITY.

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

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2 amended by amending its title to read as follows:

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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]~~Conversion therapy
9 **efforts 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

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

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

7 (c) For purposes of this section:

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

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

21 "Conversion therapy" shall not include counseling that
22 provides assistance to a person undergoing gender transition, or
23 counseling that provides acceptance, support, and understanding

1 of a person or facilitates a person's coping, social support,
2 and identity exploration and development, including sexual-
3 orientation-neutral interventions to prevent or address unlawful
4 conduct or unsafe sexual practices, as long as such counseling
5 does not seek to change an individuals sexual orientation or
6 gender identity.

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

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

1 ~~"Sexual orientation change efforts" shall not include~~
2 ~~counseling supporting a person seeking to transition from one~~
3 ~~gender to another or counseling that:~~

4 ~~(1) Provides acceptance, support, and understanding of a~~
5 ~~person or facilitates a person's coping, social~~
6 ~~support, and identity exploration and development,~~
7 ~~including sexual orientation neutral interventions to~~
8 ~~prevent or address unlawful conduct or unsafe sexual~~
9 ~~practices; and~~

10 ~~(2) Does not seek to change sexual orientation, gender~~
11 ~~identity, or gender expression.]"~~

12 SECTION 3. Statutory material to be repealed is bracketed
13 and stricken. New statutory material is underscored.

14 SECTION 4. This Act shall take effect upon approval.

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INTRODUCED BY: _____

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1 Report Title:
2 Gender Identity Change Efforts; Chapter 453J, Hawaii Revised
3 Statutes

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

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SB-674-SD-1

Submitted on: 3/18/2019 2:52:08 PM

Testimony for HLT on 3/21/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Pride Work HI	Pride at Work Hawaii	Support	Yes

Comments:

Aloha Representatives,

The Pride at Work Hawaii, an affiliate of Hawaii State AFL-CIO, SUPPORTS the passage of SB 674 SD 1. We ask that you amend the bill to mirror HB 664 which has the amendments that the LGBT Caucus of the Democratic Party of Hawaii and members of the Task Force have come up with to remove any confusion and simplifies the law.

Mahalo for your consideration and for the opportunity to testify in support of SB 674 SD 1 with amendments.

Mahalo,

Pride at Work - Hawaii

Helping Hawai'i Live Well

To: Representative John Mizuno, Chair, Representative Bertrand Kobayashi, Vice Chair, Members, House Committee on Health

From: Trisha Kajimura, Executive Director

Re: TESTIMONY IN SUPPORT OF SB 674 SD1 RELATING TO GENDER IDENTITY

Hearing: March 21, 2019, 10:00 am, CR 329

Thank you for hearing SB 674, 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.

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 Hawai'i 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. You can reach me at trisha.kajimura@mentalhealthhawaii.org or (808)521-1846 if you have any questions.



Oppose HOUSE BILL 664: "A Bill for an Act Relating to Gender Identity"

Testimony of Dr. Andre Van Mol, MD

SUMMARY:

HB 664 puts already at-risk gender dysphoric children in harms way by banning needed counseling therapy for such minors, thereby only allowing unproven and dangerous gender affirming therapy [GAT]. GAT is not proven effective, not proven safe, does not reduce suicides, and is not the international standard of care for gender dysphoria in minors. It is ill-advised and medically negligent to ban counseling therapy for a condition that overwhelmingly resolves (desists) by adulthood, unless it is permanently and prematurely medicalized by state edict.

- 1) Trans-identification/gender dysphoria has an overwhelming probability of desistance, resolving on its own in 75-95% by adulthood.^{1 2 3 4 5} Medicalizing children for life because of a psychological process that usually resolves requires strong medical/scientific support, and that does not exist for gender affirming therapy [GAT].^{6 7 8}
- 2) Underlying issues need addressing first, and there are often many. They include psychological and neurological conditions, childhood adverse events, parental and family dynamics, environmental and relational difficulties, and social contagion, among others.^{9 10 11 12 13 14 15}
 - The *APA Handbook on Sexuality and Psychology* specifically warns against a rush affirm or transition because it risks neglecting underlying psychological issues. HB 664 disregards this warning.¹⁶
 - Endocrine Society guidelines state that psychological intervention is all that is needed in some forms of gender dysphoria.¹⁷ HB 664 forbids this.
- 3) Comprehensive mental health evaluation and counseling, including family counseling, plus watchful waiting is the international standard and what the state should provide for children rather than ban with this HB 664.¹⁸
 - "Existing care models based on psychological therapy have been shown to alleviate GD in children, thus avoiding the radical changes and health risks of GAT."^{19 20}
- 4) The risks and permanent consequences of a minor undergoing transitioning are sobering.

- “The consequences of this gender affirmative-therapy (GAT) are not trivial and include potential sterility, sexual dysfunction, thromboembolic and cardiovascular disease, and malignancy.”²¹
- The World Professional Association for Transgender Health (WPATH) Standards of Care lists these among cross-hormone therapy risks:²²
 - For women: polycythemia, weight gain, balding, sleep apnea, possible cardiovascular disease, diabetes type 2, bone density loss, and increased risk of cancers (breast, cervical, ovarian, and uterine).
 - For men: gallstones, weight gain, blood clots (venous thromboembolisms), and sexual dysfunction; also possible cardiovascular disease, diabetes type 2, and breast cancer.
- WPATH states genital and non-genital (face, hair, voice, chest, buttocks, etc.) sexual reassignment surgeries involve many short and long term risks.²³
- Medicalizing with gender affirming therapy makes someone a patient for the rest of their life, both for ongoing treatment and the complications they may bring. Minors cannot grasp that risk or that GAT cannot be taken back.^{24 25}

5) There is no medical proof of the long-term benefits or safety of a child undergoing hormonal therapy and surgical transitioning. It is impossible to scientifically recommend, let alone legislate, GAT to minors. HB 664 is not medically sound.

- “The Hayes Directory reviewed all relevant literature on these treatments in 2014 and gave that body of knowledge its lowest possible rating: the research findings were “too sparse” and “too limited” even to *suggest* conclusions.”²⁶
- The NIH in 2016 began the largest-ever study of transgender youth: the first to track the medical effects of delaying puberty and only the second to follow its psychological impacts.²⁷ HB 664’s mandates are at best premature.
- WPATH (World Professional Association for Transgender Health) Standards of Care confirms, “To date, no controlled clinical trials of any feminizing/masculinizing hormone regimen have been conducted to evaluate safety or efficacy in producing physical transition.”²⁸
- The 2017 Endocrine Society Guidelines on hormone treatment of gender dysphoria offered major recommendations for GAT despite these being supported by “low” or “very low” evidence.²⁹ *Low evidence means low science but high ideology.*

6) Regret is not rare, but what is gone is gone.³⁰

- A 2011 Swedish study of post-gender-reassignment adults showed a suicide rate 19 times that of the general population.³¹
- A long-term Dutch Study had similar results.³²
- Opposition to GAT for children is found across party lines and is growing. Pro-LGBT groups like Youth TransCritical Professionals and 4th Wave Now oppose GAT for minors due to high rates of regret and de-transitioning.³³ Pan-political groups like Hands Across the Aisle are included.

7) Children have developing brain, their minds change often, and they don't grasp long-term consequences.^{34 35 36}

- How can a child give informed consent to GAT? ³⁷
- Children should not be making permanent decisions about altering their bodies. They need protection from HB 664.

8) It is my professional judgment that HB 664 is precisely a health and safety threat against children with gender identity issues. It is psychologically and medically unwarranted and should be opposed.



Andre Van Mol, MD
Board-certified family physician
Co-chair, Committee on Adolescent Sexuality, American College of Pediatricians
Nine-time foster parent

¹ APA *Diagnostic and Statistical Manual*, 5th edition, "Gender Dysphoria," p. 455.

² APA *Handbook on Sexuality and Psychology* (American Psychological Association, 2014), Bockting, W. Chapter 24: Transgender Identity Development, vol. 1, p. 744.

³ Cohen-Kettenis PY, et al. "The treatment of adolescent transsexuals: changing insights." *J Sex Med*, 2008 Aug;5(8):1892-7.

⁴ "Do Trans- kids stay trans- when they grow up?" *Sexologytoday.org*, 11 Jan. 2016.

⁵ Kaltiala-Heino et al. *Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. Child and Adolescent Psychiatry and Mental Health* (2015) 9:9.

⁶ S. Bewley, "Safeguarding adolescents from premature, permanent medicalisation," *BMJ.com*, 11 Feb. 2019.

⁷ MK Laidlaw, Q Van Meter, PW Hruz, A Van Mol, W Malone, "Letter to the Editor: 'Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline,'" *The Journal of Clinical Endocrinology & Metabolism*, First Online: Nov. 23, 2018. DOI: 10.1210/jc.2018-01925.

⁸ Brief of *Amici Curiae*, 11th Circuit Court of Appeals, Case: 18-13592, Drs. Miriam Grossman, Michael Laidlaw, Quentin Van Meter, and Andre Van Mol in Support of Defendant-Appellant *School Board of ST. Johns County, Florida*.

⁹ APA *Handbook on Sexuality and Psychology* (American Psychological Association, 2014), Bockting, W. Chapter 24: Transgender Identity Development, p. 750.

¹⁰ Kann L, et. al. "Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9--12 --- Youth Risk Behavior Surveillance, Selected Sites, United States, 2001--2009." *MMWR*/June 10, 2011/60; 1-33.

¹¹ Mazaheri Meybodi A, et al. "Psychiatric Axis I Comorbidities among Patients with Gender Dysphoria." *Psychiatry J*, 2014, Article ID :971814.

¹² Heylens G, et al. "Psychiatric characteristics in transsexual individuals: multicentre study in four European countries," *The British Journal of Psychiatry* Feb 2014, 204 (2) 151-156.

¹³ Zucker KJ, Bradley SJ, Ben-Dat DN, et al. Psychopathology in the parents of boys with gender identity disorder. *J Am Acad Child Adolesc Psychiatry* 2003;42:2-4.

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- ¹⁴ Zucker KJ, Bradley SJ. Gender Identity and Psychosexual Disorders. *FOCUS* 2005;3(4):598-617.
- ¹⁵ Kaltiala-Heino et al. Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child and Adolescent Psychiatry and Mental Health* (2015) 9:9.
- ¹⁶ *APA Handbook on Sexuality and Psychology*, V.1, Bockting, W. Chapter 24: Transgender Identity Development, p. 750.
- ¹⁷ Hembree, W., Cohen-Kettenis, et al., (2017) Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*,102:1-35.
- ¹⁸ James Cantor, "American Academy of Pediatrics Policy and Trans-kids: Fact-checking," *Sexology Today*, Oct. 17, 2010. <http://www.sexologytoday.org/2018/10/american-academy-of-pediatricspolicy.html>
- ¹⁹ MK Laidlaw, Q Van Meter, PW Hruz, A Van Mol, W Malone, "Letter to the Editor: 'Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline,'" *The Journal of Clinical Endocrinology & Metabolism*, First Online: Nov. 23, 2018.
- ²⁰ Zucker KJ, et al, A developmental, biopsychosocial model for the treatment of children with gender identity disorder. *J Homosex*. 2012;59(3):369-97.
- ²¹ MK Laidlaw, Q Van Meter, PW Hruz, A Van Mol, W Malone, "Letter to the Editor: 'Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline,'" *The Journal of Clinical Endocrinology & Metabolism*, First Online: Nov. 23, 2018. DOI: 10.1210/jc.2018-01925.
- ²² WPATH Standards of Care, pp. 37-40, 50, 97-104, available at http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351.
- ²³ WPATH Standards of Care, pp. 63-67, available at http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351.
- ²⁴ Moore E, Wisniewski A, Dobs A. Endocrine treatment of transsexual people: a review of treatment regimens, outcomes, and adverse effects. *J Clin Endocrinol Metab* 2003;88:3467-3473.
- ²⁵ Feldman J, Brown GR, Deutsch MB, et al. Priorities for transgender medical and healthcare research. *Curr Opin Endocrinol Diabetes Obes* 2016;23:180-187.
- ²⁶ Hayes, Inc., "Hormone Therapy for the Treatment of Gender Dysphoria," *Hayes Medical Technology Directory* (2014) cited in Brief of *Amici Curiae*, 11th Circuit Court of Appeals, Case: 18-13592, Drs. Miriam Grossman, Michael Laidlaw, Quentin Van Meter, and Andre Van Mol in Support of Defendant-Appellant School Board of ST. Johns County, Florida.
- ²⁷ "Largest ever study of transgender teenagers set to kick off," nature.com, 29 March 2016.
- ²⁸ WPATH Standards of Care, pp. 47, available at http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351.
- ²⁹ Hembree, W., Cohen-Kettenis, et al., (2017) Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*,102:1-35.
- ³⁰ Stella Morabito, "Trouble In Transtopia: Murmurs Of Sex Change Regret,"*TheFederalist.com*, Nov. 11, 2014.
- ³¹ Dhejne C, et al, "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," journals.plos.org, Feb. 22, 2011.

³² Asscheman H, Giltay EJ, Megens JA, et al. A long-term follow-up study of mortality in transsexuals receiving treatment with cross-sex hormones. *Eur J Endocrinol.* 2011;164:635-642.

³³ "Interview with a Detransitioned MtF," youthtranscriticalprofessionals.org, Dec. 14, 2016.

³⁴ National Institute of Mental Health (2001). Teenage Brain: A work in progress. http://www2.isu.edu/irh/projects/better_todays/B2T2VirtualPacket/BrainFunction/NIMH-Teenage%20Brain%20-%20A%20Work%20in%20Progress.pdf.

³⁵ Pustilnik AC, and Henry LM. Adolescent Medical Decision Making and the Law of the Horse. *Journal of Health Care Law and Policy* 2012; 15:1-14. (U of Maryland Legal Studies Research Paper 2013-14).

³⁶ Stringer, H. (Oct. 2017) Justice for teens, *APA Monitor on Psychology*, pp. 44-49.

<http://www.apamonitor-digital.org/apamonitor/201710/MobilePagedArticle.action?articleId=1169604&app=false#articleId1169604>

³⁷ Stephen B. Levine (2018): Informed Consent for Transgendered Patients, *Journal of Sex & Marital Therapy*, 22 Dec 2018. DOI:10.1080/0092623X.2018.1518885



ONLINE SUBMITTAL MARCH 18, 2019

DATE: March 21, 2019 10:00 a.m. in room #329

TO: COMMITTEE ON HEALTH
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

FROM: Eva Andrade, President

RE: Opposition to SB 674 SD1 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 an organization that 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 ruledⁱ that plaintiffs' Robert Vazzo, David Pickup, and New Hearts Outreach free speech rights had been violated by the ban on sexual orientation therapy, 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.

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



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.¹ It is unconstitutional to allow affirmative therapy but not change-allowing therapy.² Federal magistrate judge said Tampa, FL therapy ban failed all First Amendment tests.³ ACLU of Rhode Island and Religious Organizations:⁴ 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.⁵ Affirmation stops resolution say 8 professional orgs.^{6 7}

(3) **Affirming children and adolescents who reject their sex sends them on a risky path of:** experimental puberty-blockers⁸ (no research⁹), high dose, toxic¹⁰ wrong-sex hormones (poor research¹¹), permanent infertility, potential loss of sexual function, being a medical patient for life, destroying healthy breasts and reproductive organs,¹² 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.¹³

- These statistics are from the best available research.¹⁴
- **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.¹⁵
- Sterilizing minors should be illegal, has not been shown to work better than talk therapy.
- Several professional organizations support change-allowing talk therapy.¹⁶ It is much safer.

(4) **Identifying as another sex is *not innate.***¹⁷ 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.¹⁸ There can be pathological causes.^{19 20}

(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.²¹
- **The World Professional Association for Transgender Health does not recommend medicalizing treatments when an underlying psychiatric disorder is causing distress over ones sex.**²² **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.²³ 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; Refs and more info at: TherapyEquality.org/HarmsOfTherapyBans

REFERENCES:

- ¹ *National Institute of Family and Life Advocates v. Becerra*, 138 S.Ct. 2361, 2018.
- ² *Masterpiece Cakeshop, Ltd. v. Colorado Civil Rights Commission*, 138 S.Ct. 1719 (2018).
- ³ <http://lc.org/013019TampaPIOrder.pdf>
- ⁴ California Catholic Conference, Ethics & Religious Liberty Commission of the Southern Baptist Convention, Church United, Awake America
- ⁵ 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.
- ⁶ Bockting (2014), in *APA Handbook of Sexuality and Psychology*, 1: 744, 750.
- ⁷ Endocrine Society Guideline (Endocrine Society plus 6 co-sponsoring organizations), 2017, p. 11.
- ⁸ 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.
- ⁹ 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>
- ¹⁰ 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/>
- ¹¹ WPATH Standards of Care (2011), p. 24.
Endocrine Society Guideline (with 6 co-sponsoring organizations) (2017).
- ¹² Endocrine Society Guideline (Hembree, et al, 2017), WPATH Standards of Care (2011).
- ¹³ 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.



¹⁴ 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>.

¹⁵ 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; YouthTransCriticalProfessionals.org; 4thWaveNow.com

¹⁶ 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.

¹⁷ 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.

¹⁸ 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.

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

²⁰ WPATH (2011). Standards of Care, p. 24

²¹ Bockting, W. (2014). *APA Handbook*, 1: 744, 750.

²² WPATH (2011), p. 24.

²³ 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

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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,¹ and psychological and family factors are causes.² Transgender identity may be pathological.³
 - American Psychological Association, *APA Handbook of Sexuality and Psychology*⁴ which the APA has approved (given its “imprimatur”) and declared “authoritative.”⁵
- 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 girls⁶ and no less than 75% of boys and girls⁷ come to identify with their innate body sex if supported through natural puberty and not socially transitioned.⁸
 - 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.⁹ 90% of the exclusively and strongly same-sex attracted boys experienced father absence or loss.¹⁰ 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 Standards¹¹
- Childhood sexual abuse may potentially lead to having a same-sex partner for some.
 - American Psychological Association, *APA Handbook of Sexuality and Psychology*.¹²
- The full acceptance of transgender identity approach “runs the risk of neglecting individual problems the child might be experiencing....”¹³
 - 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.¹⁴ Stories of “therapy torture” and “aversion therapy” have been documented to be fraudulent in a report sent to the Federal Trade Commission.¹⁵
- More than 100 years of research have found the therapy is safe and effective.¹⁶ 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.¹⁷
- 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.¹⁸
- 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)



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

¹ 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.

² 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.

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

⁴ 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>

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

⁶ 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.

⁷ Calculated from Bockting, in *APA Handbook*, 1:744.

⁸ Bockting, 2014, in *APA Handbook*, 1: 744.

⁹ 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)

¹⁰ 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).

¹¹ 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.

¹² 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.

¹³ Bockting, 2014, in *APA Handbook*, 1:750.

¹⁴ 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.

¹⁵ 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>

¹⁶ 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 at the online bookstore, https://media.wix.com/ugd/ec16e9_04d4fd5fb7e044289cc8e47dbaf13632.pdf

¹⁷ 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.

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

To: Hawaii State House of Representatives Committee on Health
Hearing Date/Time: Thurs., Mar. 21, 2019, 10:00 a.m.
Place: Hawaii State Capitol, Rm. 329
Re: Testimony in strong support of S.B. 674, SD1, relating to Gender Identity

Dear Chair Mizuno and Members of the Committees,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in strong support of S.B. 674, SD1, 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 S.B. 674 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

Sex Change Regret

A site for people who regret changing genders

www.SexChangeRegret.com

Walt Heyer

In Opposition to Hawaii SB 674

March 16, 2019

My name is Walt Heyer. As a former male-to-female trans-person, I am here to speak out against SB 674.

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 that explored the underlying emotions and anxieties that caused me to want a new identity and to live as the other gender.

Studies show that most children, if not affirmed and encouraged toward the alternate sex, and allowed to experience natural puberty, will become comfortable with their biological sex after puberty. In other words, the majority grow out of their gender distress.

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

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 after transitioning.

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 therapists and their clients to elect life-saving talk therapies to examine the causes of feelings and stressors such as family dynamics or other pressures common to teen years.

Thank you,

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

Walt Heyer

SB-674-SD-1

Submitted on: 3/20/2019 10:12:11 AM

Testimony for HLT on 3/21/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Derek Napoleon	One Love Ministries	Oppose	No

Comments:

I stongly oppose SB674. SB674 assumes there is only one side to the issue of sexual identity as if the only people concerned are those who wish to change their identity. Hence a law that says professional counselors can only support someone wanting to change their identity. What about the people who are struggling with sexual identity or orientation issues who do NOT want to change and would like help in staying the same?

If my 16-year-old daughter or 14-year-old son who have been female and male respectively all their lives with no indication otherwise whatsoever, were to suddenly state they wanted to change identity, I would hope our state would take that as a very serious issue. The kind of issue that would require the availability of mental care that would help them remain female and male if that's what they want. And even if that is what they don't want! They are both minors and parents should have the freedom to choose the care their children receive. In the scenario I've presented of a 16-year-old suddenly choosing to change their identity with no indicators whatsoever of ever having struggled with the issue before, this is obviously a mental health issue. Even the John's Hopkins Institute acknowledges this fact.

Please vote no to limiting parent's options for caring for their children!

LATE

SB-674-SD-1

Submitted on: 3/20/2019 5:39:45 PM

Testimony for HLT on 3/21/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Golojuch, Jr.	LGBT Caucus of the Democratic Party of Hawaii	Oppose	No

Comments:

Aloha Representatives,

The LGBT Caucus of the Democratic Party of Hawaii supports the intent of SB 674 SD 1 but we prefer the companion bill HB 664 HD2 SD 1 that was voted out of the Senate's Committees on Consumer Protection & Health and Judiciary on March 20, 2019. HB 664 HD2 SD1 has all the changes that we requested in our original testimony (HB 664 HD2) for this hearing along with a clean effective date of July 1, 2019 (SD 1).

We humbly request that this bill either be deferred or it be amended to mirror the HB 664 HD2 SD 1. https://www.capitol.hawaii.gov/session2019/bills/HB664_HD2_.pdf

Mahalo nui loa for the opportunity to testify.

Michael Golojuch, Jr.
Chair
LGBT Caucus of the Democratic Party of Hawaii

SB-674-SD-1

Submitted on: 3/19/2019 1:20:17 PM

Testimony for HLT on 3/21/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua Kay	Individual	Support	No

Comments:

To: House Committee on Health
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Members of the Committee on Health

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

Re: SB 674, SD1 Relating to Gender Identity

Testimony of Josephine L. Chang in Strong Support of SB 674, SD1

Thank you, Chair Mizuno, Vice-Chair Kobayashi, and members of the Committee on Health for this opportunity to testify on SB 674, SD1.

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. SB 674 (along with HB 664, 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. SB 674, SD2 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.

SB 674, SD1 will make 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.

Additionally, I also fully support the alternative wording changes to amend Ch. 453J, HRS, that were submitted during session by the Chair of the Task Force, Dr. Lesley Slavin, of CAMHD, DOH, and is now seen in the companion bill as HB 664, HD2, as this wording will also serve to correct the erroneous wording and other problems with the wording of Ch. 453J, HRS, as explained above.

I respectfully ask for your support for SB 674, SD1.

Aloha and Mahalo,

Josephine (Jo) Chang, JD

Ph. 808 383-2111

Date: March 20, 2019

To: The Hon. John M. Mizuno, Chair, House Committee on Health

From: Sandra Young, Esq. *Sandra Young*
P.O. Box 2897, Aiea, HI 96701

Re: Strong Opposition to SB 674 SD1

Dear Chair Mizuno and Members of the House Committee on Health:

I testify in strong opposition to SB674, SD1 because of the compelling evidence from prominent physicians/experts who work with children, legal and constitutional ramifications and the testimony of persons who left their lives as transgendered women to resume their lives as men.

For your information, I have enclosed expert testimony from two distinguished physicians (marked as Exhibits A and B): Dr. Michelle Cretella, Executive Director of the American College of Pediatricians and Dr. Andre Van Mol, Co-Chair of the Committee on Adolescent Sexuality with the American College of Pediatricians. Dr. Michelle Cretella, said that **over 70,000 health professionals oppose laws that require affirming children's nontraditional gender identity without extensive assessment and exploration. Dr. Mol states that it is ill-advised and medically negligent to ban counseling therapy for a condition that overwhelmingly resolves (desists) by adulthood.** There are many others as well. ** footnotes omitted but email me if you want a copy.*

It is important to note the following conclusion by the American College of Pediatricians in November 2018: **Barring pre-pubertal affirmation and hormone intervention for GD (gender dysphoria), 80 percent to 95 percent of children with GD will accept the reality of their biological sex by late adolescence.** If that is true, there should be no ban on non-coercive talk therapy. It is merely informing/advising minors that their unwanted transgender or same sex feelings are likely to be temporary.

Dr. Jane Orient of the Association American Physicians and Surgeons said these bans take away patients' "right to choose their therapeutic goals" (part of a physician's Hippocratic Oath).

Some courts have upheld conversion therapy bans on minors; however, last month a magistrate in Tampa, Florida found portions of the ban prohibiting conversion therapy for minors with same sex attractions as violative of the therapist's First Amendment rights of free speech but non-coercive talk therapy was allowed. Also, as stated above, it may be medically negligent to ban therapy for children experiencing gender dysphoria according to Dr. Mol. I don't think the bill absolves a surgeon or a therapist of medical malpractice if a child later regrets his transitioning and experiences the side effects of medications and/or has undergone drastic surgery to remove healthy body parts.

Many adults have changed with good therapy and have successfully left the Transgender life. One of them is Walt Heyer, a former transgender woman who went through surgery. Visit sexchangeregret.com/. As I understand, he is/has submitted his own written testimony.

Also, consider the significant statements of America's first non-binary person, Jamie Shupe, who has resumed living life as a man. He stated he suffered from PTSD as a veteran that his pro-LGBT therapist did not address that. Visit his website at <https://jamieshupe.wordpress.com/> or google him to view his oral statements. Adults **and children** should have the option of receiving talk therapy for unwanted sexual attractions and gender identity issues.

In light of the opinions of prominent physicians/experts, the legal and constitutional basis of our position and the compelling testimony of those who have left the transgender life, please vote against the SB 674 SD1. Thank you.



Oppose SB 674: "A Bill for an Act Relating to Gender Identity"

Testimony of Dr. Andre Van Mol, MD

SUMMARY:

SB 674 puts already at-risk gender dysphoric children in harms way by banning needed counseling therapy for such minors, thereby only allowing unproven and dangerous gender affirming therapy [GAT]. GAT is not proven effective, not proven safe, does not reduce suicides, and is not the international standard of care for gender dysphoria in minors. It is ill-advised and medically negligent to ban counseling therapy for a condition that overwhelmingly resolves (desists) by adulthood, unless it is permanently and prematurely medicalized by state edict.

1) Trans-identification/gender dysphoria has an overwhelming probability of desistance, resolving on its own in 75-95% by adulthood.^{1 2 3 4 5} Medicalizing children for life because of a psychological process that usually resolves requires strong medical/scientific support, and that does not exist for gender affirming therapy [GAT].^{6 7 8}

2) Underlying issues need addressing first, and there are often many. They include psychological and neurological conditions, childhood adverse events, parental and family dynamics, environmental and relational difficulties, and social contagion, among others.^{9 10 11 12 13 14 15}

- The *APA Handbook on Sexuality and Psychology* specifically warns against a rush affirm or transition because it risks neglecting underlying psychological issues. SB 674 disregards this warning.¹⁶
- Endocrine Society guidelines state that psychological intervention is all that is needed in some forms of gender dysphoria.¹⁷ SB 674 forbids this.

3) Comprehensive mental health evaluation and counseling, including family counseling, plus watchful waiting is the international standard and what the state should provide for children rather than ban with this SB 674.¹⁸

- "Existing care models based on psychological therapy have been shown to alleviate GD in children, thus avoiding the radical changes and health risks of GAT."^{19 20}

4) The risks and permanent consequences of a minor undergoing transitioning are sobering.

Exhibit "B"

- The World Professional Association for Transgender Health (WPATH) Standards of Care lists these among cross-hormone therapy risks:²²
 - For women: polycythemia, weight gain, balding, sleep apnea, possible cardiovascular disease, diabetes type 2, bone density loss, and increased risk of cancers (breast, cervical, ovarian, and uterine).
 - For men: gallstones, weight gain, blood clots (venous thromboembolisms), and sexual dysfunction; also possible cardiovascular disease, diabetes type 2, and breast cancer.
- WPATH states genital and non-genital (face, hair, voice, chest, buttocks, etc.) sexual reassignment surgeries involve many short and long term risks.²³
- Medicalizing with gender affirming therapy makes someone a patient for the rest of their life, both for ongoing treatment and the complications they may bring. Minors cannot grasp that risk or that GAT cannot be taken back.^{24 25}

5) There is no medical proof of the long-term benefits or safety of a child undergoing hormonal therapy and surgical transitioning. It is impossible to scientifically recommend, let alone legislate, GAT to minors. **SB 674** is not medically sound.

- "The Hayes Directory reviewed all relevant literature on these treatments in 2014 and gave that body of knowledge its lowest possible rating: the research findings were "too sparse" and "too limited" even to suggest conclusions."²⁶
- The NIH in 2016 began the largest-ever study of transgender youth: the first to track the medical effects of delaying puberty and only the second to follow its psychological impacts.²⁷ **SB 674's** mandates are at best premature.
- WPATH (World Professional Association for Transgender Health) Standards of Care confirms, "To date, no controlled clinical trials of any feminizing/masculinizing hormone regimen have been conducted to evaluate safety or efficacy in producing physical transition."²⁸
- The 2017 Endocrine Society Guidelines on hormone treatment of gender dysphoria offered major recommendations for GAT despite these being supported by "low" or "very low" evidence.²⁹ Low evidence means low science but high ideology.

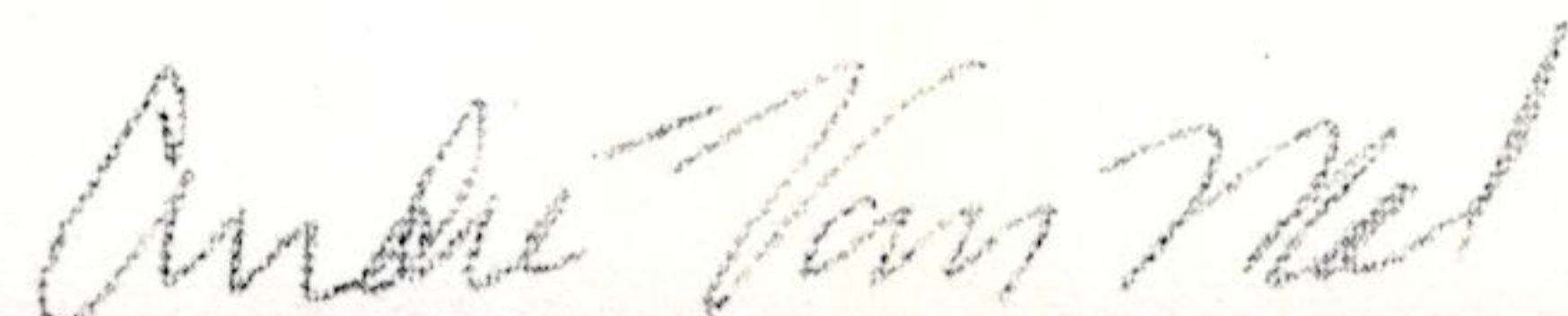
6) Regret is not rare, but what is gone is gone.³⁰

- A 2011 Swedish study of post-gender-reassignment adults showed a suicide rate 19 times that of the general population.³¹
- A long-term Dutch Study had similar results.³²
- Opposition to GAT for children is found across party lines and is growing. Pro-LGBT groups like Youth TransCritical Professionals and 4th Wave Now oppose GAT for minors due to high rates of regret and de-transitioning.³³ Pan-political groups like Hands Across the Aisle are included.

7) Children have developing brain, their minds change often, and they don't grasp long-term consequences.^{34 35 36}

- How can a child give informed consent to GAT? ³⁷
- Children should not be making permanent decisions about altering their bodies. They need protection from **SB 674**.

8) It is my professional judgment that **SB 674** is precisely a health and safety threat against children with gender identity issues. It is psychologically and medically unwarranted and should be opposed.



Andre Van Mol, MD

Board-certified family physician

Co-chair, Committee on Adolescent Sexuality, American College of Pediatricians

Nine-time foster parent

Robert J. Bidwell, MD

6264 Keokea Pl., Honolulu, Hi. 96825 Tel. 808-428-4545

Date: March 21, 2019, 10:00 am
Conference Room 329
State Capitol

To: Rep. John Mizuno, Chair (Committee on Health)
Rep. Bertrand Kobayashi, Vice-Chair (Committee on Health)

From: Robert J. Bidwell, M.D.

Re: SB 674, SD 1 “Relating to Gender Identity”

Position: Strongly Support

Dear Health Committee Chair, Vice Chair, and Committee Members:

I am presenting this testimony in strong support of SB 674, SD 1 “Relating to Gender Identity.” This bill seeks to correct important errors, omissions and inaccurate use of terminology appearing in Act 13, SLH 2018 “Relating to Minors.” The corrections to Act 13 accomplished by SB 674, SD 1 are few, simple and straightforward and do not in any way change the substantive content, focus or intent of Act 13.

I presently am Associate Clinical Professor of Pediatrics at the UH John A. Burns School of Medicine. I was also a member of the Act 13, SLH 2018 “Relating to Minors” Task Force (known informally as the “Conversion Therapy Task Force”) that, as mandated by Act 13, met this past year to review the “Conversion Therapy Law” and present recommendations to the current legislature regarding steps necessary to carry forward the full intent of the law. I should also add that over the past 5 years more than 90% of my pediatric practice has involved providing supportive care and counseling to youths under the age of 18 who face personal issues related to sexual orientation and gender identity. Therefore, Act 13 is directly relevant to my pediatric practice and the often-vulnerable population I serve.

Undoubtedly, Act 13 was born of good intentions and in general it reflects the policy positions taken by all mainstream professional organizations related to the care, counseling and protection of youth: that attempts to change the sexual orientation or gender identity of individuals through “conversion therapy” are not only ineffective, but more importantly are unethical and dangerous. Therefore, the passage of Act 13 was a well-intended step forward in efforts to protect Hawai`i’s lesbian, gay, bisexual and transgender (LGBT) youth.

Nevertheless, among those of us providing care and counseling to LGBT youth it is clear that Act 13, as passed, was textually incorrect, and therefore both confusing and misleading in two important ways. First, although the wording of the Act indicates intent

to prohibit efforts by professional counselors to change both sexual orientation and gender identity (since both are referred to in the text of the law), the law incorrectly subsumes “efforts to change gender identity” under the definition of “sexual orientation change efforts.” This conflation of terminology (“sexual orientation” and “gender identity”), as if the latter were a subset of the former, is jarringly incorrect and misleading as each entity is a separate and distinct aspect of human identity. By incorrectly subsuming gender identity under sexual orientation, the unique experience and needs of transgender youth are minimized (as so often is the case) relative to those of lesbian, gay and bisexual youth. By incorrectly subsuming gender identity under sexual orientation, Act 13 fails to protect transgender youth to the same degree as LGB youth, even though equal protection of LGB and T youth certainly was intended by the law. The addition of a separate definition of “Gender identity change efforts” in the text of SB 674, SD 1, and the removal of its appearance under the definition of sexual orientation change efforts, correct this error and emphasizes the equal importance of both gender identity and sexual orientation as distinct issues of concern related to conversion therapy efforts.

Secondly, while Act 13 expressly intends to prohibit efforts to change both sexual orientation and gender identity, in its present form it references only sexual orientation change efforts in the title of the Act. Perhaps this again represents an incorrect assumption that “sexual orientation” covers both entities. The failure of “gender identity” to appear in the title again diminishes (one could even say “makes invisible”) the experience and needs of transgender youth and their very real need to be protected from gender identity change efforts. Having the title of the Act reference only conversion therapy related to sexual orientation also has the practical effect of not fully informing professional counselors, clearly and up front, about the full scope and intent of the Act and what counselors need to be aware of in order to remain in compliance with the law in their work with LGBT youth, particularly those youth dealing with issues of gender identity. Adding the phrase “gender identity change efforts” to the title easily resolves this issue.

Again, I believe the passage of Act 13 was well-intended. In its present textually-flawed form, however, it is rendered less able to achieve its intended effect of protecting lesbian, gay, bisexual and transgender youth to the fullest extent possible. I view SB 674, SD 1 “Relating to Gender Identity” as simply a housekeeping measure that will easily correct and clarify the wording in Act 13 in reference to sexual orientation and gender identity. It does not redefine these terms, but merely clarifies that they are separate and distinct entities, which should be reflected both in the text of the Act as well as its title.

On an added note, I completely support the alternative wording changes to amend Ch. 453J, HRS, that were submitted during the session by the Chair of the Task Force, Dr. Lesley Slavin, of CAMHD, DOH, and are now seen in the companion bill as HB 664, HD 2, as this wording will also serve to correct the incorrect and confusing wording of Ch. 453J, HRS, which I have detailed above.

It is for the above reasons that I respectfully encourage members of your Committee to vote in favor of SB 674, SD 1.

Thank you very much for your attention to this matter, and for all that your Committee has done in the past to support and protect the youth of Hawai`i, including those who are L, G, B **and T**.

SB-674-SD-1

Submitted on: 3/20/2019 8:01:06 AM

Testimony for HLT on 3/21/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thaddeus Pham	Individual	Support	No

Comments:

I strongly support this bill, as it would better protect our keiki from undue harm.

Recent data from the Hawaii Dept of Health's Sexual and Gender Minority Report for 2017 and 2018 indicate that LGBTQ youth in Hawaii are at increased risk for suicide, substance use, and other behavioral and health issues.

SB 674, SD1 will make wording changes to 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.

Additionally, I fully support the alternative wording changes to amend Ch. 453J, HRS, that were submitted during session by the Chair of the Task Force, Dr. Lesley Slavin, of CAMHD, DOH, and is now seen in the companion bill as HB 664, HD2, as this wording will also serve to correct the erroneous wording and other problems with the wording of Ch. 453J, HRS.

Mahalo

SB-674-SD-1

Submitted on: 3/20/2019 9:35:50 AM

Testimony for HLT on 3/21/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Haley Fillman	Individual	Oppose	No

Comments:

Aloha,

I oppose this bill and strongly urge you to vote against SB674. Counselors should not be disciplined for doing their job...counseling. If my 16 year old child who has identified/acted/been a female for all her life suddenly came to me stating she was in fact a male, this is not a matter of DNA. She needs counseling to work through why she suddenly feels this way. John Hopkins has done research into Gender Dysphoria and concluded that 80% of people who struggle with feeling the improper gender will grow out of it. Those that go through with the transition and are encouraged to take gender changing aids, struggle with depression and suicidal thoughts. Encouraging our children to continue down the transition phase will only increase our already skyrocketing depression and suicidal rates. I would rather encourage my child and have a counselor work with them through their feelings than set them up for failure and a lifetime (maybe a short lifetime if they commit suicide) of depression and regret.

I strongly oppose this bill and would challenge you to do some research on just how dangerous and poisonous your efforts would be if it did come to pass.

Thank you,

Haley Fillman

SB-674-SD-1

Submitted on: 3/20/2019 9:48:04 AM

Testimony for HLT on 3/21/2019 10:00:00 AM

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

Comments:

SB-674-SD-1

Submitted on: 3/20/2019 10:02:12 AM

Testimony for HLT on 3/21/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bryn Villers	Individual	Oppose	No

Comments:

Chair Mizuno and Vice Chair Kobayashi,

I oppose this measure. This bill would further limit a licensed health professional's ability to serve the people they are trained to assist. This would make it illegal for a licensed health professional, if specifically approached by teenager who is struggling with gender identity issues and would like counseling to help guide them away from such an issue, from giving that requested service. This bill would force the counsellor to turn away a struggling teenager who is concerned about their own mental and physical help, it would force them to either seek a counsellor who would tell them they should "transition" even if it is not what they really want, or would force the teenager to struggle on their own without any mental health help. This is sad, wrong, and cruel. Please do not pass this bill.

Thank you,

Aloha 'oe,

Mr. Bryn Villers

SB-674-SD-1

Submitted on: 3/20/2019 9:43:27 AM

Testimony for HLT on 3/21/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nga Woon Fan	Individual	Oppose	No

Comments:

LATE

SB-674-SD-1

Submitted on: 3/20/2019 1:48:34 PM

Testimony for HLT on 3/21/2019 10:00:00 AM

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

Comments:

Chair and Committee Members,

This bill is full of problems. The right of one individual to seek counseling that supports his or her culture, beliefs, thoughts, or desires should not be infringed upon because of the opinions, beliefs, or feelings of another. While some may claim that this type of therapy is harmful, there are numerous others that would claim that it has been beneficial for them. This is a subjective matter where the experience of the individual varies as does the result. Should a parent and minor choose to seek out counseling that is in agreement with his or her cultural, religious, or other aspect that forms their identity, they should be free to receive the help they feel is proper.

The client-counselor relationship is privileged and confidential and should not be dictated by the state or anyone else.

There is no clear indication in this bill what course of action will be taken against a counselor who would violate this mandate. It does not describe the authority, it does not specify the boundaries of corrective action (penalties to be enforced).

This bill is harmful to the counselor-client relationship, to the parent and child's freedom to seek out the help they desire, and is unclear about penalties to be enforced. This is not a good bill.

Please do not pass this measure.

Thank you.

Kerrie Villers

LATE

SB-674-SD-1

Submitted on: 3/20/2019 7:17:07 PM

Testimony for HLT on 3/21/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lily Washburn	Individual	Support	No

Comments:

Aloha Chair Mizuno, Vice Chair Kobayashi, and committee members,

My name is Lily Washburn, and I'm a student at SEEQS: The School for Examining Essential Questions of Sustainability, a charter school in Kaimuki. I am writing to say that I **strongly support SB674**.

I am in support of this bill because I believe that anyone under the age of 18 should not be forced to change their sexual orientation or gender identity, especially at such an early time in their life.

Based on what the American Psychological Association found after reviewing research conducted on gay conversion therapy, the efforts to change someone's sexual orientation are unlikely to work and may cause anxiety, depression, suicide, and other negative impacts.

It is important to me that people have the freedom to love whomever they choose and identify as their true selves, without anyone trying to change them.

Thank you in advance for your consideration of this serious issue.

LATE

SB-674-SD-1

Submitted on: 3/21/2019 12:19:08 AM
Testimony for HLT on 3/21/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Individual	Support	No

Comments:

LATE

SB-674-SD-1

Submitted on: 3/20/2019 5:20:58 PM

Testimony for HLT on 3/21/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathy Fry	Individual	Oppose	No

Comments:

This bill restricts free speech and does not allow for free thinking or ideas.