Fiscal Implications: None.

Department Testimony: The Department of Health 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. “Gender identity change efforts” can be abusive and cause psychological distress as do "sexual orientation change efforts."

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. A list of task force attendees and a summary of task force findings may be found in the task force's legislative report:


Offered Amendments: None.

Thank you for the opportunity to testify on this bill.
February 14, 2019
Rm. 329, 9:31 a.m.

To: The Honorable 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: H.B. No. 664

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 adds gender identity change efforts 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 Act 13, signed by the Governor in 2018, which bans conversion therapy for minors regarding sexual orientation, and broadens its applicability.

The HCRC supports H.B. No. 664. The current statute protects lesbian, gay and bisexual youth from the serious harm caused by sexual orientation change efforts. This bill adds transgender youth to those current protections. HCRC supports the equal rights of all people, including the most vulnerable.

HCRC supports passage of S.B. No. 664.
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 HB 664 RELATING TO GENDER IDENTITY

Hearing: February 14, 2019, 9:31 am, CR 329

Thank you for hearing HB 664, which amends Chapter 453J, Hawaii Revised Statues, 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. You can reach me at trisha.kajimura@mentalhealthhawaii.org or (808)521-1846 if you have any questions.
February 11, 2019

House’s Committee on Health
Hawaii State Capitol
415 South Beretania Street, Room 229
Honolulu, HI 96813

Hearing: Thursday, February 14, 2019 – 9:31 a.m.

RE: SUPPORT with Amendments for House Bill 664 – RELATING TO GENDER IDENTITY

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

I am writing in SUPPORT of the INTENT of House Bill 664 on behalf of the LGBT Caucus of the Democratic Party of Hawai‘i and requesting a few amendments. HB 664 would prohibit both sexual orientation and gender identity change efforts under Chapter 453J, Hawaii Revised Statutes.

The LGBT Caucus of the Democratic Party of Hawai‘i was the lead advocate for the past 8 years to get Act 13, SLH 2018 which created Chapter 453J. So, we have become the local expert on what is commonly known as “conversion therapy” which is what Chapter 453J banned in 2018.

The language in Act 13, SLH 2018 and in HB 664 is outdated, we are referring to “sexual orientation change efforts” and “gender identity change efforts” respectively. In our attached amendments we are humbly requesting for this committee to delete both terms from HB 664, keep the original definition and go with the internationally recognized term “conversion therapy”.

We ask this for one main reason – to remove any confusion by the general public and those that are required to enforce the Hawaii Revised Statutes. When HB 664 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 HB 664 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 our 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.
LGBT Caucus Testimony is Support with Amendments of House Bill 664 – Relating to Gender Identity

Mahalo for the opportunity to testify and the LGBT Caucus of the Democratic Party of Hawai‘i asks that you support HB 664 with our suggested amendments.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair
February 12, 2019

The Honorable John Misuno, Chair with Bertrand Kobayashi Vice-Chair
and Members of the House Health Committee

RE: HB 664 Gender Identity Change Efforts

Aloha Honorable Chair, Vice Chair and Members,

Thank you for hearing HB 644. Rainbow Family 808 strongly supports HB 664 to assist the
Identity Issues of our children. As families, we want our children not to suffer from the roadblocks
of the past in order to live a full, confident life.

Rainbow Family 808 supports HB 664 and ask that you follow the LGBT Caucus' recommendation
and amend the bill to clarify the language and simplify the bill for the benefit of our children.

Mahalo for your support"

Sincerely,

Carolyn Martinez Golojuch
President and Co-Founder
Rainbow Family 808
TESTIMONY IN SUPPORT OF HB664

TO: Chair John M Mizuno and Vice Chair Bertrand Kobayashi, Committee on Health

FROM: Heather Lusk, Hawaii Health and Harm Reduction Center

DATE: February 14, 9:30 AM Room 329

Chair Mizuno, Vice Chair Kobayashi and Members of the Committee:

Hawai‘i Health & Harm Reduction Center (HHHRC) strongly supports HB 664, which would add gender identity to the current law prohibiting so-called conversion “therapy” for minors.

Conversion therapy is an odious practice that can result in substantial harm to transgender and LGBTQ persons. As such, HHHRC opposes conversion, reorientation, or reparative therapy for all persons, including adults.

There is now a broad consensus among medical, psychiatric, and health professionals on the dangers of this form of intervention, including the American Academy of Child Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Counseling Association, American Medical Association, American Psychoanalytic Association, American Psychological Association, American School Counselor Association, American School Health Association, National Association of Social Workers, and the World Psychiatric Association.

The American Psychiatric Association notes the harmful impacts and faulty assumptions of the practice:

The potential risks of “reparative therapy” are great and include depression, anxiety, and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone “reparative therapy” relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a
gay man or lesbian are not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed... Therefore, APA opposes any psychiatric treatment, such as “reparative” or “conversion” therapy, that is based on the assumption that homosexuality per se is a mental disorder or is based on the a priori assumption that the patient should change his or her homosexual orientation. (Position Statement on Issues Related to Homosexuality, 2013.)

Last fall, the Hawai’i Department of Health issued a landmark report on transgender youth, finding substantial health disparities compared to cisgender youth. Transgender youth are more likely to be victims of sexual violence, more likely to skip school because they feel unsafe, more likely to attempt suicide, more likely to inject drugs, and more likely to experience housing instability. The report recommends “an enhanced effort to understand, systematically address, and consistently monitor disparities in health risk factors and outcomes [to] achieve and maintain positive health outcomes.”

Promoting transgender health is a priority for HHHRC. Our Kua’ana Project provides resources for Oahu’s transgender community in collaboration with other service providers. Peers of the transgender community assist other trans persons to achieve success using their own personal experiences as a guide. Resources provided include free and confidential HIV and hepatitis C testing counseling; health and beauty referrals; substance abuse treatment referrals; sober living referrals; referrals for hormone therapy, hair removal, and speech therapy; and mental health and legal advocacy. Support services include one-on-one peer counseling, transition guidance, esteem building, education assistance, and community gatherings. Education services provided include name change navigation and scholarships; HIV prevention; resume building; college and career planning; and transgender cultural competency training.

Thank you for the opportunity to testify on this needed reform measure. There is a high likelihood that California will prohibit conversion therapy entirely this year, and we hope that Hawai’i can follow suit to protect the health and well-being of transgender and LGBTQ persons.
HB-664
Submitted on: 2/13/2019 8:13:19 AM
Testimony for HLT on 2/14/2019 9:31:00 AM

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Comments:
I am writing in Strong Support for HB 664 and ask that you follow the LGBT Caucus' recommendation and amend the bill to clarify the language and simplify the bill.

Mahalo for your support in this matter.

Eileen McKee
As a physician and parent that works with transgender youth, I am submitting this testimonial in support and to stress the importance of the revisions to the current law (Ch. 453J,HRS). Transgender youth are a marginalized population at extreme risk and greatly need your protection.

While this bill (SB674/ HB 664) is a housekeeping bill, it’s an extremely important bill for BOTH the protections of LGB (lesbian, gay, bisexual) youth and transgender youth. As the law currently stands (in the current language form) both those communities are incorrectly linked together. This unfairly treats and misrepresents the transgender youth by misuse of terminology as well as not effectively protecting transgender youth under current law. Transgender individuals face incredible challenges and are extremely marginalized even within the LGBT community. Transgender youth have the highest suicide rate (1 in 2 transgender youth attempt suicide) that’s higher than any other minority group anywhere in the U.S.

By passing this housekeeping bill, you are sending a message to transgender youth that we do also see them and recognize their needs and that they are at least as valuable and important to protect as the LGB youth population. Please help give our transgender youth a chance for a safe childhood and send them and their families the message we care about them too. Protect our youth, all of them. We are all one community, what affects one group affects us all.
I am writing to testify in strong support of HB 664. I am the Policy Coordinator for GLSEN-Hawaii, an educator, an advocate for youth, and a member and advocate of many minority and marginalized communities, including the LGBTQ+ community. I believe in this bill because I believe it offers a path to true inclusion, but also because I believe that adding a third gender marker option can go a long way in educating the public on, and in continuing to expand equality for the LGBTQ+ community.

This is a housekeeping bill that clarifies that the conversion therapy law, Ch. 453J, HRS, titled “Sexual Orientation Change Efforts”, also protects transgender youth from efforts to change their gender identity. The basic problem is that protection for transgender youth and their gender identities is obscured by its omission in the title, and obscured and confused with sexual orientation change efforts by placing the words “efforts to change gender identity” within the definition of “sexual orientation change efforts.”

Including “efforts to change gender identity” within the definition of “sexual orientation change efforts” is an error possibly due to unfamiliarity with the difference between sexual orientation and gender identity and the terminology associated with either. However, as seen in the definitions for these terms in health, medical, mental health, and social work authorities and others, sexual orientation and gender identity are properly addressed as two different aspects of a person rather than conflating and subordinating gender identity within sexual orientation as currently in Ch. 453J, HRS.

For practical purposes, the absence of equal visibility of “gender identity change efforts” as seen in the title and conflation within the definition of “sexual orientation change efforts” 1) does not provide notice and/or clarity to the public that this law also protects 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 and gender non-conforming youth for protection of their gender identities and expression, 3) unfairly minimalizes and treats transgender and gender non-conforming youth needs disrespectfully, and 4) does not effectively include protection from “efforts to change gender identity” in this law.

Therefore this bill provides the necessary language changes basically 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 013/Ch. , 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”. Note that the corrective wording does not add a new definition of “gender identity” into the HRS but rather describes the type of change efforts, by simply extracting the words “efforts to change gender identity” from the definition of “sexual orientation change efforts” to stand alone and alongside of “sexual
orientation change efforts” and reworded to “gender identity change efforts” for consistency with “sexual orientation change efforts.”

I’m in strong support of HB 664, and I hope you will stand with me, the community, and all impacted. Please stand in strong support of HB 664 also.

Mahalo for your time.

Causha A. Spellman
Pronouns: They, Them, Their
Policy Coordinator – GLSEN-HI
(925)565-4611
caushasp@hawaii.edu
I'm writing in SUPPORT of HB664, Gender Identity Change Efforts, Chapter 453J, Hawaii Revised Statutes.

I'm also writing in concurrence with the arguments for this amendment articulated by my colleague in the civil rights advocacy community, Josephine Chang, as follows:

"While this bill is a housekeeping measure, simply a rewording of the intent, purpose, and current inclusion in Ch. 453J of gender identity change efforts, it is a very important distinction and correction to the language in this law that matters so very much to parents and families of transgender children and to transgender youth themselves – to have the Legislature make clear that it recognized that transgender youth also need protection from conversion therapies under this law, and that efforts to change gender identities is not the same as efforts to change a youth’s sexual orientations.

This is a housekeeping bill that clarifies that the so-called conversion therapy law, Ch. 453J, HRS, titled “Sexual Orientation Change Efforts”, also protects transgender youth from efforts to change their gender identity. The basic problem is that protection for transgender youth and their gender identities is obscured by its omission in the title, and obscured and confused with sexual orientation change efforts by placing the words “efforts to change gender identity” within the definition of “sexual orientation change efforts.”

Including “efforts to change gender identity” within the definition of “sexual orientation change efforts” is a drafting error likely due to unfamiliarity with sexual orientation and gender identity terminology. However, as seen in the definitions for these terms in health, medical, mental health, and social work authorities and others, sexual orientation and gender identity are properly addressed as two different aspects of a person rather than conflating and subordinating gender identity within sexual orientation as currently in Ch. 453J, HRS.

For practical purposes, the absence of equal visibility of “gender identity change efforts” as seen in the title and conflation within the definition of “sexual orientation change efforts” 1) does not provide notice 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 minimalizes and treats transgender youth needs disrespectfully, and 4) does not effectively include protection from “efforts to change gender identity” in this law.

Therefore this bill provides the necessary language changes basically 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 013/Ch. , 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”. Note that the corrective wording does not add a new definition of “gender identity” into the HRS but rather describes the type of change efforts, by simply extracting the words “efforts to change gender identity” from the definition of “sexual orientation change efforts” to stand alone and alongside of “sexual orientation change efforts” and reworded to “gender identity change efforts” for consistency with “sexual orientation change efforts.”

Again, this is a technically important correction to make for the sake of all parents, ohana, and of transgender youth themselves, so that they are correctly addressed and clearly protected in this law.”

Thanks for your attention and consideration.

Joe Wilson

Waialeʻe, Oʻahu

HI Senate District 23

HI House District 47
I support HB 664 and ask that you follow the LGBT Caucus' recommendation and amend the bill to clarify the language and simplify the bill.

Mahalo for your support

Morgan Bonnet

DPH Chair of District 25
Aloha Chair and Committee Members,

I support HB 644 and ask that you follow the LGBT Caucus' recommendation and amend the bill to clarify the language and simplify the bill.

Mahalo for your time and consideration.

Lynn Robinson-Onderko, Ewa Beach
Please listen to those people who are directly influenced by these procedures and policies. This does not say anything about people under 18 who have parental consent? Where is this bill coming from? Who is it protecting? This bill needs much more attention and thought before it is passed /if at all further. There seems to be an underlying prejudice bringing this bill forward??????
Aloha:

I SUPPORT HB 664 and ask that you follow the LGBT Caucus’ recommendation and amend the bill to clarify the language and simplify the bill.

Kamuela Werner, MPH

Waiʻanae Resident
To: House Committee on Health
Hearing on Thursday, February 14, 2019
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Members of the Committee on Health

Re: H.B. 664 Relating to Gender Identity

Testimony of Josephine L. Chang in Support of HB 664

Thank you, Chair Mizuno, Vice-Chair Kobayashi, and members of the Committee on Health, for this opportunity to testify on HB 664.

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, nominated by the Speaker of the House. This task force was established by Act 013 that created Ch. 453J, HRS, the law that we are amending by HB 664. This 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 note that the description of this bill is not correct, as it implies that this bill would prohibit both sexual orientation and gender identity change efforts under Chapter 453J, Hawaii Revised Statutes. However, Chapter 453J, HRS, already prohibits sexual orientation and gender identity change efforts. Instead, HB 664 is a “housekeeping” measure of wording changes needed to clarify and correct the erroneous wording in 453J, HRS, that obscures gender identity change efforts prohibited under 453J, HRS. HB 664 is intended to make clear that gender identity change efforts are prohibited under this law, particularly 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, that would correct the wording that currently effects the inclusion of gender identity change efforts under Ch. 453J, HRS, these wording amendments proposed in HB 664 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 them to have the Legislature clearly recognize the need of transgender youth for protection of their gender identities under this law, and that the Legislature clearly knows that efforts to change gender identities are not the same as efforts to change a person’s sexual orientation.
While gender identity change efforts are already prohibited under Ch. 453J, HRS, as seen in the purpose of bill that established Ch. 453J, HRS, to protect transgender youth as well as lesbian, gay, and bisexual youth, and in the inclusion of “efforts to change gender identity” in the definition of “sexual orientation change efforts”, the problem is that addressing efforts to change gender identity in this way, obscures and minimizes and does not correctly communicate that efforts to change gender identity is a different kind of “change efforts” from “sexual orientation change efforts.” 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.)

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.

Therefore, HB 664 would make wording changes to Ch. 453J, HRS, 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.

These technical corrections are important to make for the sake of all parents, families, and transgender youth, so that their needs for protection of their gender identities are correctly presented and addressed, and clearly protected by this law.

I appreciate your attention to this matter and respectfully request your support for HB 664.

I will testify in person and be available for questions.

Aloha and Mahalo,

Josephine (Jo) Chang, JD

Ph. 808 383-2111
Comments:

While I am in 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
Submitted on: 2/12/2019 9:31:58 AM
Testimony for HLT on 2/14/2019 9:31:00 AM

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Comments:

Please see attached document in support of HB664.

Mahalo,

Valor Grimm

GLSEN Hawai'i Co-Chair
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: "conversion therapy" for minors should not be allowed for both sexual orientation AND gender identity minorities.

Thank you for your time,

Thaddeus Pham

1013 Prospect Street, #518
Dear Health Committee Chair, Vice Chair, and Committee Members:

I am presenting this testimony in strong support of HB 664 “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 HB 664 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 HB 664, 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 HB 664 “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.

It is for the above reasons that I respectfully encourage members of your Committee to vote in favor of HB 664.

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.
I strongly support HB 664 and ask that you follow the LGBT Caucus' recommendation and amend the bill to clarify the language and simplify the bill.

Mike Golojuch, Sr.

Member LGBT Caucus, Democratic Party of Hawai‘i

SCC non-female rep, SD20
Date: February 13, 2019

To: The Hon. John M. Mizuno, Chair
House Committee on Health
Hawaii State Legislature
415 S. Beretania Street
Honolulu, HI 96813

From: Sandra Young, Esq.
P.O. Box 2897
Aiea, HI 96701
Telephone: (808) 487-8464

Re: Strong Opposition to HB 664

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

I testify in strong opposition to HB 664.

Some courts have upheld conversion therapy bans on minors; however, earlier this 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.

I have not heard of folks with gender dysphoria or same sex attractions being subject to electric shock treatment and other types of harsh treatment in Hawaii. Consider taking a closer look at what you/we want to ban and the possibility of not banning non-coercive talk therapy for minors struggling with unwanted gender dysphoria issues (and unwanted same sex attractions as well).

Forty percent of transgender Americans have attempted suicide (National Center for Transgender Equality). Is there a decrease in suicides in states that have passed conversion therapy bans? If you have not, why proceed with the bill?

The issue of conversion therapy ban on minors with same sex attractions and gender identity issues is mixed among mental health experts with some favoring the ban and others opposing it.

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, 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).

Also, I respectfully request that you consider compelling medical testimony and evidence in support of talk therapy for those children with unwanted gender identity thoughts and same sex attractions.

1. **Talk therapy works for those desiring to change.**

   As stated above, according to Dr. Michelle Cretella, studies strongly demonstrate that “80-95% of adolescents outgrow gender dysphoria.\(^1\) Access to therapy to help these children resolve gender dysphoria should not be stigmatized or, worse yet, banned—these children need access to basic talk therapy.”

2. **Children have a right to treatment for unwanted gender dysphoria/same sex attraction, particularly those who have been abused.** Sometimes children who have been the victims of sexual abuse struggle with sexual orientation or gender dysphoria issues. If a therapist is treating a minor for sexual abuse, and months later, the patient begins talking about unwanted same sex attractions or gender dysphoria, the bill appears to deny talk therapy to the child, despite the child’s pain, depression, anxiety, self-loathing, thoughts and actions (such as cutting, suicide ideation, excessive rage, and so on), even when there is a causal connection between the abuse and same sex desires and/or gender dysphoria.

3. **A task force of therapists, attorneys and physicians from both sides of the issue should be appointed to research and present its findings to the Legislature.** Suicide rates among transgender people are about 41%. Has the Legislature reviewed sufficient scientific evidence that suicides in the LGBT community have decreased as a result of state legislatures passing bans on conversion therapy? If not, the ban should not pass. For more information see some of the rebuttals below against the conversion therapy ban by prominent physician, Dr. Michelle A. Cretella.

4. **Strong Rebuttals to Advocates of Conversion Therapy Ban By A Prominent Physician.**

   Michelle Cretella, M.D., is president of the American College of Pediatricians, a national organization of pediatricians and other health care professionals dedicated to the health and well-being of children. She wrote an article published on Jul 3, 2017 that rebuts some of the troubling assumptions made by medical professionals as there is insufficient evidence for their positions: See link: http://dailysignal.com/2017/07/03/im-pediatrician-transgender-ideology-infiltrated-field-produced-large-scale-child-abuse/.

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“Even the American Psychological Association’s Handbook of Sexuality and Psychology admits that prior to the widespread promotion of transition affirmation, 75 to 95 percent of pre-pubertal children who were distressed by their biological sex eventually outgrew that distress. The vast majority came to accept their biological sex by late adolescence after passing naturally through puberty.”

Dr. Cretella further states: “There is no proof that affirmation prevents suicide in children.

Advocates of the transition-affirming protocol allege that suicide is the direct and inevitable consequence of withholding social affirmation and biological alterations from a gender-dysphoric child. In other words, those who do not endorse the transition-affirming protocol are essentially condemning gender-dysphoric children to suicide.

Yet as noted earlier, prior to the widespread promotion of transition affirmation, 75 to 95 percent of gender-dysphoric youth ended up happy with their biological sex after simply passing through puberty.

In addition, contrary to the claim of activists, there is no evidence that harassment and discrimination, let alone lack of affirmation, are the primary cause of suicide among any minority group. In fact, at least one study from 2008 found perceived discrimination by LGBT-identified individuals not to be causative.

Over 90 percent of people who commit suicide have a diagnosed mental disorder, and there is no evidence that gender-dysphoric children who commit suicide are any different. Many gender dysphoric children simply need therapy to get to the root of their depression, which very well may be the same problem triggering the gender dysphoria”.

“Bottom Line: Transition-Affirming Protocol Is Child Abuse
The crux of the matter is that while the transition-affirming movement purports to help children, it is inflicting a grave injustice on them and their nondysphoric peers.

These professionals are using the myth that people are born transgender to justify engaging in massive, uncontrolled, and unconsented experimentation on children who have a psychological condition that would otherwise resolve after puberty in the vast majority of cases.

Today’s institutions that promote transition affirmation are pushing children to impersonate the opposite sex, sending many of them down the path of puberty blockers, sterilization, the removal of healthy body parts, and untold psychological damage.

These harms constitute nothing less than institutionalized child abuse. Sound ethics demand an immediate end to the use of pubertal suppression, cross-sex hormones, and
sex reassignment surgeries in children and adolescents, as well as an end to promoting gender ideology via school curricula and legislative policies.

It is time for our nation’s leaders and the silent majority of health professionals to learn exactly what is happening to our children, and unite to take action.”

In light of these the evidence, our state should not ban talk therapy for minors suffering from unwanted gender dysphoria (transgender issues)/same sex attractions.

Many adults have changed with good therapy. Many adults have received treatment, and have successfully left the LGBT/Transgender life. They are happy and contented with their choices, and live fulfilled lives. One of them is Walt Heyer, a former transgender woman who went through surgery. Today he is happily married. Visit: http://www.thepublicdiscourse.com/2015/04/14688/ or http://www.sexchangeregret.com/. Another well-known former gay man is Dr. Christopher Yuan. And there are many more on youtube and other websites (google it). Please give the youth the same opportunity to get the therapy they desire for their unwanted sexual identity dysphoria as we give to adults.

For the foregoing reasons, please vote against the HB 664. Thank you for this opportunity to express my concerns.

Very truly yours,

Sandra Young

SANDRA YOUNG
Aloha Chair Mizuno, Vice Chair Kobayashi and members,

I am in strong support of this bill that essentially bans the dangerous and deadly practice of "conversion therapy". Gay kids need love and acceptance not this unholy perversion of therapeutic practice.

Mahalo, Ann S. Freed
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<th>Testifier Position</th>
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<tr>
<td>Melodie Aduja</td>
<td>O‘ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i</td>
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