

FIFTY-FIFTH DAY

Tuesday, April 26, 2016

The House of Representatives of the Twenty-Eighth Legislature of the State of Hawaii, Regular Session of 2016, convened at 11:36 o'clock a.m., with Speaker Souki presiding.

The invocation was delivered by Representative Tom Brower, after which the Roll was called showing all Members present with the exception of Representatives Ing and Oshiro, who were excused.

By unanimous consent, reading and approval of the Journal of the House of Representatives of the Fifty-Fourth Day was deferred.

SENATE COMMUNICATIONS

The following communications from the Senate (Sen. Com. Nos. 690 through 704) were received and announced by the Clerk:

Sen. Com. No. 690, dated April 25, 2016, informing the House that the Senate has on April 22, 2016, reconsidered its action taken on April 14, 2016, in disagreeing to the amendments proposed by the House to the following Senate Bills and have moved to agree to the amendments, and that said bills have this day passed Final Reading:

S.B. No. 2811, SD 2, HD 1
S.B. No. 2954, SD 2, HD 1

Sen. Com. No. 691, transmitting H.C.R. No. 4, entitled: "HOUSE CONCURRENT RESOLUTION REQUESTING THE AUDITOR TO AUDIT THE ASSET FORFEITURE PROGRAM OF THE DEPARTMENT OF THE ATTORNEY GENERAL," which was adopted by the Senate on April 25, 2016.

Sen. Com. No. 692, transmitting H.C.R. No. 10, entitled: "HOUSE CONCURRENT RESOLUTION URGING VARIOUS GOVERNMENT ENTITIES WHO MANAGE AND OWN LAND AROUND EACH OF THE PLANNED RAIL TRANSIT STATIONS TO CONSIDER AND INCLUDE IN DEVELOPMENT DISCUSSIONS, TO THE GREATEST EXTENT POSSIBLE, AFFORDABLE HOUSING, CHILD AND FAMILY SERVICES, ELDERLY SERVICES, AND OTHER BENEFICIAL OPPORTUNITIES FOR THE PEOPLE OF HAWAII," which was adopted by the Senate on April 25, 2016.

Sen. Com. No. 693, transmitting H.C.R. No. 23, entitled: "HOUSE CONCURRENT RESOLUTION URGING CONGRESS TO AMEND FEDERAL LAW TO ALLOW FUNDS FOR THE BURIAL OF QUALIFIED FILIPINO-AMERICAN VETERANS IN NATIONAL AND STATE VETERANS CEMETERIES TO COVER THE COSTS OF TRANSPORTING THE REMAINS OF FILIPINO-AMERICAN VETERANS OF WORLD WAR II TO THE PHILIPPINES AND FOR FUNERAL AND BURIAL SERVICES IN THE PHILIPPINES," which was adopted by the Senate on April 25, 2016.

Sen. Com. No. 694, transmitting H.C.R. No. 29, entitled: "HOUSE CONCURRENT RESOLUTION URGING HAWAII'S CONGRESSIONAL DELEGATION TO PROPOSE AND PASS A PROPOSED AMENDMENT TO THE UNITED STATES CONSTITUTION CLARIFYING THAT CORPORATIONS ARE NOT PEOPLE WITH CONSTITUTIONAL RIGHTS, AND THAT UNLIMITED CAMPAIGN SPENDING IS NOT FREE SPEECH," which was adopted by the Senate on April 25, 2016.

Sen. Com. No. 695, transmitting H.C.R. No. 90, entitled: "HOUSE CONCURRENT RESOLUTION REQUESTING THE CHIEF OF THE DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES AND INJURY PREVENTION SYSTEM BRANCH TO CONVENE AND CHAIR A WORKING GROUP TO DEVELOP A COMMUNITY PARAMEDIC PROGRAM, INCLUDING EDUCATIONAL STANDARDS FOR CERTIFICATIONS, TO ALLEVIATE EMERGENCY SERVICES FROM RESPONDING TO NON-

EMERGENCY CALLS," which was adopted by the Senate on April 25, 2016.

Sen. Com. No. 696, transmitting H.C.R. No. 103, entitled: "HOUSE CONCURRENT RESOLUTION REQUESTING THE DEPARTMENT OF EDUCATION TO ESTABLISH A TASK FORCE TO REINTRODUCE VOCATIONAL PROGRAMS AT PUBLIC SCHOOLS," which was adopted by the Senate on April 25, 2016.

Sen. Com. No. 697, transmitting H.C.R. No. 169, entitled: "HOUSE CONCURRENT RESOLUTION REQUESTING THE DEPARTMENT OF TRANSPORTATION TO BEGIN CONSTRUCTION OF THE LEEWARD BIKEWAY IN 2016," which was adopted by the Senate on April 25, 2016.

Sen. Com. No. 698, transmitting H.C.R. No. 58, SD 1, entitled: "HOUSE CONCURRENT RESOLUTION AUTHORIZING THE ISSUANCE OF A TERM, NON-EXCLUSIVE EASEMENT COVERING A PORTION OF STATE SUBMERGED LANDS FRONTING THE PROPERTY IDENTIFIED AS TAX MAP KEY: (2) 4-8-003: SEAWARD OF 006, OLOWALU, LAHAINA, MAUI, HAWAII, FOR THE CONSTRUCTION OF A BOULDER FILL REVETMENT TO PROTECT HONOAPIILANI HIGHWAY FROM DAMAGE DUE TO SHORELINE EROSION," which was adopted by the Senate on April 25, 2016.

Sen. Com. No. 699, transmitting H.C.R. No. 88, SD 2, entitled: "HOUSE CONCURRENT RESOLUTION REQUESTING THE DEPARTMENT OF TRANSPORTATION TO DESIGNATE HONOLULU INTERNATIONAL AIRPORT AS THE DANIEL K. INOUE INTERNATIONAL AIRPORT," which was adopted by the Senate on April 25, 2016.

Sen. Com. No. 700, transmitting H.C.R. No. 127, HD 1, SD 1, entitled: "HOUSE CONCURRENT RESOLUTION REQUESTING THE LEGISLATIVE REFERENCE BUREAU TO CONDUCT A STUDY ON THE POTENTIAL IMPACT ON ADMINISTRATIVE AND JUDICIAL SYSTEMS OF STATE GOVERNMENT OF DECRIMINALIZING THE ILLEGAL POSSESSION OF DRUGS FOR PERSONAL USE IN HAWAII," which was adopted by the Senate on April 25, 2016.

Sen. Com. No. 701, transmitting H.C.R. No. 137, SD 2, entitled: "HOUSE CONCURRENT RESOLUTION REQUESTING THE DEPARTMENT OF EDUCATION TO CONVENE A WORKING GROUP TO REVIEW AFTER-SCHOOL PROGRAMS IN HAWAII'S PUBLIC MIDDLE AND INTERMEDIATE SCHOOLS," which was adopted by the Senate on April 25, 2016.

Sen. Com. No. 702, transmitting H.C.R. No. 188, HD 1, SD 1, entitled: "HOUSE CONCURRENT RESOLUTION URGING THE CONVENING OF A PUBLIC LAND TRUST REVENUES NEGOTIATING COMMITTEE," which was adopted by the Senate on April 25, 2016.

Sen. Com. No. 703, dated April 25, 2016, informing the House that the President has appointed as conferees on the part of the Senate, for the consideration of amendments proposed by the Senate to the following House Bills:

H.B. No. 1344, Nishihara, Chair; English, Co-Chair;
SD 2 Espero, Inouye, Slom

H.B. No. 1850, English, Chair; Baker/Tokuda, Co-Chairs
HD 1, SD 3

H.B. No. 1853, Inouye, Chair; Riviere, Co-Chair;
HD 2, SD 1 Slom

H.B. No. 2179, Shimabukuro, Chair; Gabbard/Taniguchi, Co-Chairs
HD 1, SD 2

H.B. No. 2235, HD 1, SD 2	Gabbard, Chair; English, Co-Chair; Ruderman, Slom
H.B. No. 2582, HD 1, SD 1	Gabbard, Chair; Baker/Dela Cruz, Co-Chairs; Slom
H.B. No. 2617, HD 1, SD 2	Nishihara, Chair; Gabbard/Tokuda, Co-Chairs
H.B. No. 2636, HD 2, SD 2	Nishihara, Chair; Inouye/English, Co-Chairs; Espero, Slom
H.B. No. 2657, HD 2, SD 2	Gabbard, Chair; English, Co-Chair; Shimabukuro, Slom

Sen. Com. No. 704, dated April 25, 2016, informing the House that the President has appointed as conferees on the part of the Senate, for the consideration of amendments proposed by the House to the following Senate Bills:

S.B. No. 676, SD 2, HD 1	Wakai, Chair; Tokuda, Co-Chair; Ihara
S.B. No. 2411, SD 2, HD 2	Nishihara, Chair; Keith-Agaran/English, Co-Chairs; Espero, Slom
S.B. No. 2453, HD 1	Gabbard, Chair; Keith-Agaran/Riviere, Co-Chairs; Slom
S.B. No. 2512, SD 1, HD 2	Gabbard, Chair; Keith-Agaran/Riviere, Co-Chairs; Slom
S.B. No. 2535, SD 2, HD 1	Inouye, Chair; Nishihara/Gabbard/Tokuda, Co-Chairs
S.B. No. 2724, SD 2, HD 1	Keith-Agaran, Chair; Tokuda, Co-Chair; K. Kahele
S.B. No. 2904, HD 1	Gabbard, Chair; Galuteria, Co-Chair; Shimabukuro, Slom
S.B. No. 3102, SD 1, HD 1	Kim, Chair; Keith-Agaran/Tokuda, Co-Chairs; Dela Cruz

DEPARTMENTAL COMMUNICATIONS

The following departmental communications (Dept. Com. Nos. 334 through 337) were received by the Clerk and were placed on file:

Dept. Com. No. 334, from the University of Hawaii System, dated April 12, 2016, transmitting a Report on Filling of Temporary Unbudgeted Positions, pursuant to Act 119, Section 128, SLH 2015.

Dept. Com. No. 335, from the University of Hawaii System, dated April 19, 2016, transmitting a Report on Filling of Temporary Unbudgeted Positions, pursuant to Act 119, Section 128, SLH 2015.

Dept. Com. No. 336, from the Office of the Auditor, dated April 14, 2016, transmitting the Financial Audit of the Department of Health for fiscal year ended June 30, 2015, pursuant to Section 23-9, HRS.

Dept. Com. No. 337, from the Office of the Auditor, dated April 22, 2016, transmitting the Financial Audit of the Hawaii Public Housing Authority for fiscal year ended June 30, 2015, pursuant to Section 23-9, HRS.

INTRODUCTIONS

The following introductions were made to the Members of the House:

Representative Har introduced 8th grade students from Kapolei Middle School: Jassper Agcaoili, Colbie Arcalas, Jada Arcalas, Beni Ataulevo-

Kim, Ezekiel Awong, Starlette Bacobo, Devin Balmilero, Rayanne Bannister-Tan, Lega Bartlett, Kylee Batongbacal, Amya Bethea, Cheyne Beyer, Dan Bustamante, Brian Cabuena, Brian Cabuena, Braden Cailing, Joe Chinen, Rainina Clemons, Tim Coleman, Zyrille Cura, Josh Diaz, Ke'alii Domingo, Zian Farias, Brandon Feliciano, Franklin Fiore, Ian Fleming, Jermaine Francisco, Chloe Gabaylo, Kealohi Galindo, Zaylia Hagi, Jhenaya Hampton, Kris Hardwick, Sienna Ilaoa, Harley Johnson, Ezryel Johnston, Tyler Jordan, Kiara Kamaka, Deonte Kamaka-Ma'auga, Taylor Keanu, Masina Kila, Mahea Kobashigawa, Kyrah Kuratani, Kai Lippert, Mariel Marcos, Jasnier Mercado, Jay Miller, Zack Mone, Hoku Motas, Lexton Naehu, Madelyn Nguyen, Ayanna Nunuha, Caitlyn Oda, Mia Ortiz, Chanland Padello-Amodo, Kamai Parenglit, Casey Pasion, Elijah Perreira, Xadalyn Perreira, John Pham, Lexani Popa, Kiana-Alexandra Quiocho, Jaiden Rabatin, Kevin Ragassa, Mia Ramos-Araiza, Patrick Richardson, Taylor Rufo, Angelica Sabanal, Royce Sapalasan, Anthony Sims, Marco Singletary, Marco Singletary, Marc Sison, Randy Solomon, Dezhaun Stribling, Jasmine Swazer, Jayden Tajima, Zack Tamura, Kaiona Tangaro, Kainoa Titcomb, Rayna Titiali, Keala Upchurch, Gwen Viernes, Giniva Williams and Breanna Zubrod; their teachers: Michael Daniels, Carmencita Lariba, Ka'alani Pahinui, Kelli Tarner and Jacqueline Richardson; counselor: Bobby-Lynn Kupihea-Char; and parents: Kekua Kobashigawa and Shanda Ortiz.

Representative Cullen introduced Mr. Lance Farias, a parent with the Kapolei Middle School class and member of the Air Force Security Forces stationed at Joint Base Pearl Harbor-Hickam.

At 11:43 o'clock a.m., the Chair declared a recess subject to the call of the Chair.

The House of Representatives reconvened at 12:03 o'clock p.m.

ORDER OF THE DAY

REPORTS OF CONFERENCE COMMITTEES

Representative Rhoads, for the Committee on Conference on the disagreeing vote of the Senate to the amendments proposed by the House in S.B. No. 2121, SD 1, HD 1, presented a report (Conf. Com. Rep. No. 2-16) recommending that S.B. No. 2121, SD 1, HD 1, as amended in CD 1, pass Final Reading.

In accordance with Article III, Section 15, of the Constitution of the State of Hawaii, action on Conf. Com. Rep. No. 2-16 and S.B. No. 2121, SD 1, HD 1, CD 1, entitled: "A BILL FOR AN ACT RELATING TO PUBLIC AGENCY MEETINGS AND RECORDS," was deferred for a period of 48 hours.

Representatives Morikawa and Rhoads, for the Committee on Conference on the disagreeing vote of the House to the amendments proposed by the Senate in H.B. No. 2350, HD 2, SD 1, presented a report (Conf. Com. Rep. No. 3-16) recommending that H.B. No. 2350, HD 2, SD 1, as amended in CD 1, pass Final Reading.

In accordance with Article III, Section 15, of the Constitution of the State of Hawaii, action on Conf. Com. Rep. No. 3-16 and H.B. No. 2350, HD 2, SD 1, CD 1, entitled: "A BILL FOR AN ACT RELATING TO FOSTER CHILDREN," was deferred for a period of 48 hours.

Representatives Morikawa, Belatti and Rhoads, for the Committee on Conference on the disagreeing vote of the House to the amendments proposed by the Senate in H.B. No. 2343, HD 2, SD 1, presented a report (Conf. Com. Rep. No. 4-16) recommending that H.B. No. 2343, HD 2, SD 1, as amended in CD 1, pass Final Reading.

In accordance with Article III, Section 15, of the Constitution of the State of Hawaii, action on Conf. Com. Rep. No. 4-16 and H.B. No. 2343, HD 2, SD 1, CD 1, entitled: "A BILL FOR AN ACT RELATING TO REQUIREMENTS FOR CHILD CARE PROVIDERS," was deferred for a period of 48 hours.

Representatives Belatti, Morikawa, McKelvey and Kobayashi, for the Committee on Conference on the disagreeing vote of the Senate to the amendments proposed by the House in S.B. No. 2395, SD 1, HD 2, presented a report (Conf. Com. Rep. No. 5-16) recommending that S.B. No. 2395, SD 1, HD 2, as amended in CD 1, pass Final Reading.

In accordance with Article III, Section 15, of the Constitution of the State of Hawaii, action on Conf. Com. Rep. No. 5-16 and S.B. No. 2395, SD 1, HD 2, CD 1, entitled: "A BILL FOR AN ACT RELATING TO TELEHEALTH," was deferred for a period of 48 hours.

Representatives Morikawa and Kobayashi, for the Committee on Conference on the disagreeing vote of the Senate to the amendments proposed by the House in S.B. No. 2583, HD 1, presented a report (Conf. Com. Rep. No. 6-16) recommending that S.B. No. 2583, HD 1, as amended in CD 1, pass Final Reading.

In accordance with Article III, Section 15, of the Constitution of the State of Hawaii, action on Conf. Com. Rep. No. 6-16 and S.B. No. 2583, HD 1, CD 1, entitled: "A BILL FOR AN ACT RELATING TO COMPOSTING TOILETS," was deferred for a period of 48 hours.

Representatives Yamane, Rhoads and Luke, for the Committee on Conference on the disagreeing vote of the House to the amendments proposed by the Senate in H.B. No. 2501, HD 2, SD 2, presented a report (Conf. Com. Rep. No. 7-16) recommending that H.B. No. 2501, HD 2, SD 2, as amended in CD 1, pass Final Reading.

In accordance with Article III, Section 15, of the Constitution of the State of Hawaii, action on Conf. Com. Rep. No. 7-16 and H.B. No. 2501, HD 2, SD 2, CD 1, entitled: "A BILL FOR AN ACT RELATING TO WATER RIGHTS," was deferred for a period of 48 hours.

FINAL READING

Representative Saiki moved to agree to the amendments made by the Senate to the following House Bills, seconded by Representative Evans and carried: (Representatives Ing and Oshiro were excused.)

H.B. No. 27, (SD 1)
 H.B. No. 625, HD 1, (SD 1)
 H.B. No. 1044, HD 1, (SD 1)
 H.B. No. 1541, HD 1, (SD 1)
 H.B. No. 1705, (SD 1)
 H.B. No. 2082, HD 1, (SD 1)
 H.B. No. 2084, HD 2, (SD 1)
 H.B. No. 2217, HD 1, (SD 1)
 H.B. No. 2218, HD 1, (SD 1)
 H.B. No. 2281, (SD 1)
 H.B. No. 2293, HD 1, (SD 1)
 H.B. No. 2295, HD 1, (SD 1)
 H.B. No. 2311, (SD 1)
 H.B. No. 2415, (SD 1)
 H.B. No. 2448, HD 1, (SD 1)
 H.B. No. 2466, HD 1, (SD 1)

The Chair addressed the Clerk who announced that the record of votes for the appropriate measure had been received which indicated that the requisite number of House conferees appointed had agreed to the amendments made by the Senate, and had cast affirmative votes to report said measures to the floor for final disposition.

SUSPENSION OF RULES

On motion by Representative Evans, seconded by Representative Pouha and carried, the rules were suspended for the purpose of considering certain House Bills for Final Reading by consent calendar. (Representatives Ing and Oshiro were excused.)

FINAL READING

H.B. No. 27, SD 1:

Representative Saiki moved that H.B. No. 27, SD 1 pass Final Reading, seconded by Representative Evans.

Representative Ohno rose to speak in support of the measure, stating:

"In strong support. Thank you, Mr. Speaker. If a tree falls in a forest and no one is around to hear it, does it make a sound? The answer, to many of my oversharing millennial generation, is no. If it's not Facebook official, it didn't happen. So on behalf of my peers, I'd like to thank the introducer and chair for the passage of this bill, #grateful #blessed. Thank you, Mr. Speaker."

The motion was put to vote by the Chair and carried, and H.B. No. 27, SD 1, entitled: "A BILL FOR AN ACT RELATING TO ELECTIONS," passed Final Reading by a vote of 49 ayes, with Representatives Ing and Oshiro being excused.

H.B. No. 625, HD 1, SD 1:

Representative Saiki moved that H.B. No. 625, HD 1, SD 1 pass Final Reading, seconded by Representative Evans.

Representative McDermott rose and asked that the Clerk record a no vote for him, and the Chair "so ordered."

Representative Ward rose and asked that the Clerk record an aye vote with reservations for him, and the Chair "so ordered."

Representative McKelvey rose and asked that the Clerk record an aye vote with reservations for him, and the Chair "so ordered."

The motion was put to vote by the Chair and carried, and H.B. No. 625, HD 1, SD 1, entitled: "A BILL FOR AN ACT RELATING TO FIREARMS," passed Final Reading by a vote of 39 ayes to 10 noes, with Representatives McKelvey and Ward voting aye with reservations, with Representatives Choy, Creagan, DeCoite, Har, Ito, Kong, McDermott, Say, Tokioka and Tupola voting no, and with Representatives Ing and Oshiro being excused.

H.B. No. 1044, HD 1, SD 1:

On motion by Representative Saiki, seconded by Representative Evans and carried, H.B. No. 1044, HD 1, SD 1, entitled: "A BILL FOR AN ACT RELATING TO SEXUAL ASSAULT," passed Final Reading by a vote of 49 ayes, with Representatives Ing and Oshiro being excused.

H.B. No. 1541, HD 1, SD 1:

On motion by Representative Saiki, seconded by Representative Evans and carried, H.B. No. 1541, HD 1, SD 1, entitled: "A BILL FOR AN ACT RELATING TO PLANNED COMMUNITY ASSOCIATIONS," passed Final Reading by a vote of 49 ayes, with Representatives Ing and Oshiro being excused.

H.B. No. 1705, SD 1:

On motion by Representative Saiki, seconded by Representative Evans and carried, H.B. No. 1705, SD 1, entitled: "A BILL FOR AN ACT RELATING TO MOTOR VEHICLE INSURANCE," passed Final Reading by a vote of 49 ayes, with Representatives Ing and Oshiro being excused.

H.B. No. 2082, HD 1, SD 1:

On motion by Representative Saiki, seconded by Representative Evans and carried, H.B. No. 2082, HD 1, SD 1, entitled: "A BILL FOR AN ACT RELATING TO ADOPTION RECORDS," passed Final Reading by a vote of 49 ayes, with Representatives Ing and Oshiro being excused.

H.B. No. 2084, HD 2, SD 1:

Representative Saiki moved that H.B. No. 2084, HD 2, SD 1 pass Final Reading, seconded by Representative Evans.

Representative McDermott rose to disclose a potential conflict of interest, stating:

"Mr. Speaker, I'd like to declare a potential conflict. Over 30 years ago, my wife and I took care of and housed her transgender cousin for about six months," and the Chair ruled, "no conflict."

Representative McDermott continued to speak in opposition to the measure, stating:

"Thank you, sir. I rise in opposition. I would like permission to insert comments in the Journal. I believe everyone has a right to health insurance. Somehow I was unable to communicate that last time, although I thought I did. While not a constitutional right, we have a moral responsibility as a community to take care of everyone.

"I think the title of the bill does a disservice to our physicians and our hospitals. I know of no case where someone goes in with a compound fracture, be it a man who is living as a woman with a wig and high heels on, and is denied treatment. I don't know of any physicians who do that. I don't know of any hospitals that do that. And I don't believe our society turns people away, certainly not in Hawaii. So this is a solution in search of a problem.

"The social aspects of this bill are obviously troubling for me. The very definition, the new definition of gender identity and fully omitting what your biological sex is, as if it's irrelevant, is quite troubling. But even more troubling is the fact that we treat a psychological disorder, which the bill itself says it's a disorder, with a physical solution. I don't think we're doing those folks any favors, Mr. Speaker.

"Mr. Speaker I refer to the chief of psychiatry at Johns Hopkins University, Dr. Paul McHugh, who said quote, transgenderism is a mental disorder that merits treatment, that sex change is biologically impossible, and that people who promote sexual reassignment surgery are collaborating with and promoting a mental disorder. Johns Hopkins University, psychiatrist-in-chief. Now clearly this body has demonstrated we have more knowledge on this topic than Dr. McHugh. And of course we know Johns Hopkins was the granddaddy of performing sex change surgery.

"Disorder of assumption, the notion that their maleness or femaleness is different from what nature has assigned them biologically. That's McHugh. Quote, this is Dr. McHugh again, policy makers and the media are doing no favors either to the public or the transgendered by treating their confusions as a right in need of defending, rather than a mental disorder that deserves understanding, treatment and prevention.

"I think this bill would be much more compassionate if we offered them free psychiatric care. Free psychiatric care instead of trying to address a psychological disorder with a physical solution. Which is what this bill does. I don't think, let me say I don't believe my colleagues understand the scope of this measure. Because, Mr. Speaker, on these matters, I'm the watchdog. And I didn't know exactly what this bill did, because it's so confusingly and poorly written. I had three attorneys review it and one physician. Two attorneys said it does require the health insurance companies to pay for gender reassignment surgery, sex change operations. One of the attorneys said, I'm not sure.

"Any procedure covered under your standard HMSA plan, a mastectomy, for example, woman has cancer, going to have a mastectomy. Well, if a woman wants to go through transition, because a mastectomy is elected, she doesn't have to disprove that she has cancer. In fact, the bar for accessing gender transition surgery in this measure is remarkably low."

Representative Ward rose to yield his time, and the Chair "so ordered."

Representative McDermott continued, stating:

"If you go to section 2, point (c), it talks about medical necessity. And it goes on for a page and a half. And then finally it says, 'adopts the appearance or behavior of the opposite sex.' That bar is so low, we've researched other places that do gender transition surgery and you have to have at least two qualified medical professionals, psychiatrists, doctors, it depends on the facility, before you can access any medical services.

"Mr. Speaker, what we're talking about here is amputating, genital mutilation. A few years ago, my first time around here, we passed a bill that banned genital mutilation. Representative Marilyn Lee pushed that for years, banning genital mutilation. Now here we come back, 20 years later, and we're telling health insurance companies, you must pay for genital mutilation, albeit a different type of surgery, to have a man's penis amputated because of psychological disorder. To have his testicles removed and the insurance company has to pay for it, which means we all pay for it, for an elective procedure.

"Breast reconstruction surgery is covered, because cancer victims are entitled to breast reconstruction surgery. Any medical procedure that is covered by your current health insurance plan, which means everything, everything is now available to the transgender individual, the individual seeking a sex change on an elective basis.

"It's got to be medically necessary, I just showed you the bar. Medical necessity assumes the behavior or a lifestyle of a woman or a man in this case. Mastectomy, vaginoplasty, testicle removal, penis amputation, breast reconstruction, these are elective.

"Now, Mr. Speaker, I'm accused of being a bigot, a hater, a homophobe and all those things, but I have demonstrated my love long before it was cool and fashionable. And like I said, we took in my wife's transgender cousin. But what about the people who go through this surgery? We're enabling now. We're going to pick up the hormonal treatments, absolutely covered. Absolutely covered, no question. Not even fuzzy. Go through this, and then change their mind. After they've had the surgery.

"Let's start with Alan Finch, a resident of Australia, who decided when he was 19 to transition from male to female. In his twenties, he had genital surgery. By 36 he told the Guardian newspaper, quote, transsexualism was invented by psychiatrists. You fundamentally can't change your sex. The surgery doesn't alter you genetically. It's genital mutilation. My, quote, unquote, vagina, was just the bag of my scrotum, like a pouch. Like a kangaroo. What's scary is you feel like you still have a penis when you are sexually aroused. It's like a phantom limb syndrome. It's all been a terrible misadventure. I've never been a woman, just Alan. The analogy I use about giving surgery to someone desperate to change sex is a bit like offering liposuction to an anorexic.

"That is from a transgender surgery survivor, who is now experiencing regret.

"Mr. Speaker, you and I are both old enough to remember this name, Dr. Renée Richards. Quote, if there was a drug I could have taken that would have reduced the pressure, I would have been better off staying the way I was, a totally intact person. I get a lot of inquiries from would-be transsexuals, but I don't want anyone to hold me out as an example to follow. Today there are better choices, including medication, for dealing with the compulsion to cross dress and the depression that comes from gender confusion. As far as being fulfilled as a woman, I'm not as fulfilled as I dreamed of being. I get a lot of letters from people who are considering having this operation. I discourage them all.

"Mr. Speaker, this bill is titled anti-discrimination against transgenders. There is no discrimination. That title's a misnomer, and I believe we've done the medical community a disservice by implying that they don't treat the people who show up, when actually it's a Trojan horse that mandates that health insurance companies must pay for gender transition surgeries and all the related care that goes with it. An elective surgery, designed to treat a psychological disorder."

Representative Tupola rose to yield her time.

At 12:18 o'clock p.m., the Chair declared a recess subject to the call of the Chair.

The House of Representatives reconvened at 12:19 o'clock p.m.

Representative McDermott continued, stating:

"Thank you, Mr. Speaker. Oh, so kind. I appreciate your counsel and guidance. Again, I just want to recap, Mr. Speaker, as a courtesy to you, that this is a Trojan horse. I don't believe our doctors discriminate. We have a physician here in our body who I admire and hold in high esteem and I can tell you he is a good man and he'll treat anybody who comes to see him. And I think all our physicians are like that. So to imply that there is a problem, when we're sliding this in in such a poorly, confusing doublespeak, layer upon layer upon bill.

"Why don't we just tell the public what we're doing? We are going to require insurance companies to pay for sex change operations. That's what we're requiring the insurance companies to do today. And I love these people and I have compassion for them. I have lived with them. And they need psychological help, not the amputation of healthy, good organs and body parts. For that, sir, I stand in opposition."

Representative McDermott submitted the following articles:

"The Wall Street Journal

COMMENTARY

Transgender Surgery Isn't the Solution

A drastic physical change doesn't address underlying psycho-social troubles.

By PAUL MCHUGH

June 12, 2014 7:19 p.m. ET

The government and media alliance advancing the transgender cause has gone into overdrive in recent weeks. On May 30, a U.S. Department of Health and Human Services review board ruled that Medicare can pay for the "reassignment" surgery sought by the transgendered—those who say that they don't identify with their biological sex. Earlier last month Defense Secretary Chuck Hagel said that he was "open" to lifting a ban on transgender individuals serving in the military. Time magazine, seeing the trend, ran a cover story for its June 9 issue called "The Transgender Tipping Point: America's next civil rights frontier."

Yet policy makers and the media are doing no favors either to the public or the transgendered by treating their confusions as a right in need of defending rather than as a mental disorder that deserves understanding, treatment and prevention. This intensely felt sense of being transgendered constitutes a mental disorder in two respects. The first is that the idea of sex misalignment is simply mistaken—it does not correspond with physical reality. The second is that it can lead to grim psychological outcomes.

The transgendered suffer a disorder of "assumption" like those in other disorders familiar to psychiatrists. With the transgendered, the disordered assumption is that the individual differs from what seems given in nature—namely one's maleness or femaleness. Other kinds of disordered assumptions are held by those who suffer from anorexia and bulimia nervosa, where the assumption that departs from physical reality is the belief by the dangerously thin that they are overweight.



A man who looks into the mirror and sees himself as a woman GETTY IMAGES

With body dysmorphic disorder, an often socially crippling condition, the individual is consumed by the assumption "I'm ugly." These

disorders occur in subjects who have come to believe that some of their psycho-social conflicts or problems will be resolved if they can change the way that they appear to others. Such ideas work like ruling passions in their subjects' minds and tend to be accompanied by a solipsistic argument.

For the transgendered, this argument holds that one's feeling of "gender" is a conscious, subjective sense that, being in one's mind, cannot be questioned by others. The individual often seeks not just society's tolerance of this "personal truth" but affirmation of it. Here rests the support for "transgender equality," the demands for government payment for medical and surgical treatments, and for access to all sex-based public roles and privileges.

With this argument, advocates for the transgendered have persuaded several states—including California, New Jersey and Massachusetts—to pass laws barring psychiatrists, even with parental permission, from striving to restore natural gender feelings to a transgender minor. That government can intrude into parents' rights to seek help in guiding their children indicates how powerful these advocates have become.

How to respond? Psychiatrists obviously must challenge the solipsistic concept that what is in the mind cannot be questioned. Disorders of consciousness, after all, represent psychiatry's domain; declaring them off-limits would eliminate the field. Many will recall how, in the 1990s, an accusation of parental sex abuse of children was deemed unquestionable by the solipsists of the "recovered memory" craze.

You won't hear it from those championing transgender equality, but controlled and follow-up studies reveal fundamental problems with this movement. When children who reported transgender feelings were tracked without medical or surgical treatment at both Vanderbilt University and London's Portman Clinic, 70%-80% of them spontaneously lost those feelings. Some 25% did have persisting feelings; what differentiates those individuals remains to be discerned.

We at Johns Hopkins University—which in the 1960s was the first American medical center to venture into "sex-reassignment surgery"—launched a study in the 1970s comparing the outcomes of transgendered people who had the surgery with the outcomes of those who did not. Most of the surgically treated patients described themselves as "satisfied" by the results, but their subsequent psycho-social adjustments were no better than those who didn't have the surgery. And so at Hopkins we stopped doing sex-reassignment surgery, since producing a "satisfied" but still troubled patient seemed an inadequate reason for surgically amputating normal organs.

It now appears that our long-ago decision was a wise one. A 2011 study at the Karolinska Institute in Sweden produced the most illuminating results yet regarding the transgendered, evidence that should give advocates pause. The long-term study—up to 30 years—followed 324 people who had sex-reassignment surgery. The study revealed that beginning about 10 years after having the surgery, the transgendered began to experience increasing mental difficulties. Most shockingly, their suicide mortality rose almost 20-fold above the comparable nongender population. This disturbing result has as yet no explanation but probably reflects the growing sense of isolation reported by the aging transgendered after surgery. The high suicide rate certainly challenges the surgery prescription.

There are subgroups of the transgendered, and for none does "reassignment" seem apt. One group includes male prisoners like Pvt. Bradley Manning, the convicted national-security leaker who now wishes to be called Chelsea. Facing long sentences and the rigors of a men's prison, they have an obvious motive for wanting to change their sex and hence their prison. Given that they committed their crimes as males, they should be punished as such; after serving their time, they will be free to reconsider their gender.

Another subgroup consists of young men and women susceptible to suggestion from "everything is normal" sex education, amplified by Internet chat groups. These are the transgender subjects most like anorexia nervosa patients: They become persuaded that seeking a drastic physical change will banish their psycho-social problems. "Diversity" counselors in their schools, rather like cult leaders, may encourage these young people to distance themselves from their families and offer advice on rebutting arguments against having transgender surgery. Treatments

here must begin with removing the young person from the suggestive environment and offering a counter-message in family therapy.

Then there is the subgroup of very young, often prepubescent children who notice distinct sex roles in the culture and, exploring how they fit in, begin imitating the opposite sex. Misguided doctors at medical centers including Boston's Children's Hospital have begun trying to treat this behavior by administering puberty-delaying hormones to render later sex-change surgeries less onerous—even though the drugs stunt the children's growth and risk causing sterility. Given that close to 80% of such children would abandon their confusion and grow naturally into adult life if untreated, these medical interventions come close to child abuse. A better way to help these children: with devoted parenting.

At the heart of the problem is confusion over the nature of the transgendered. "Sex change" is biologically impossible. People who undergo sex-reassignment surgery do not change from men to women or vice versa. Rather, they become feminized men or masculinized women. Claiming that this is civil-rights matter and encouraging surgical intervention is in reality to collaborate with and promote a mental disorder.

Dr. McHugh, former psychiatrist in chief at Johns Hopkins Hospital, is the author of "Try to Remember: Psychiatry's Clash Over Meaning, Memory, and Mind" (Dana Press, 2008).

"Town Hall

Transgenderism Is A Mental Illness. Not A Civil Rights Issue

John Hawkins | Posted: Sep 30, 2014 12:01 AM

If someone came to a doctor and asked him to cut off a perfectly healthy arm because it just felt "wrong" for the arm to be there, should the doctor do it? This isn't an idle question because this does happen with a mental illness called Body Integrity Identity Disorder (BIID). People who have it feel as if they're not supposed to have a certain body part, like an arm or leg. As a general rule, doctors won't remove a healthy body part; so some of these poor deluded people crush, mangle, burn, or otherwise deliberately destroy their own arms or legs in order to get a surgeon to slice them off.

This raises a question: Are surgeons who refuse to remove healthy limbs from people with BIID doing them a service because they're mentally ill or are they denying them their civil rights? MOST of us would say that a surgeon who refuses to cut off a healthy leg is doing the right thing.

Of course, not everyone would agree. In fact, there are some people who will tell you that mental illness is a "super power."

Members of the mad pride movement do not always agree on their aims and intentions. For some, the objective is to continue the destigmatization of mental illness. A vocal, controversial wing rejects the need to treat mental afflictions with psychotropic drugs and seeks alternatives to the shifting, often inconsistent care offered by the medical establishment. Many members of the movement say they are publicly discussing their own struggles to help those with similar conditions and to inform the general public.

...Some Icarus Project members argue that their conditions are not illnesses, but rather, "dangerous gifts" that require attention, care and vigilance to contain. "I take drugs to control my super powers," Mr. DuBrul said.

It's easy to laugh at this silly idea. Hearing voices or thinking the CIA is using a mind control ray on you is supposed to be a super power? Seriously?

But, this is a relatively small movement that happily hasn't gained wide societal acceptance. Meanwhile, something just as ridiculous, the idea that you can change your sex, is accepted by many people in society.

There are people demanding that we change the birth certificates of people who've had sex reassignment surgery to reflect the gender they now claim to be. Children are being told to use whatever bathroom they feel most comfortable using. Kids under the age of 10 are being given drugs and treatment to prepare them for sex change surgery later on.

This is what happens when you cater to a pathology instead of treating it.

If you are born a man, you can mutilate yourself and take female hormones, but you can't become a woman. If you are born a woman, you can mutilate yourself and take male hormones, but you can't become a man.

If you're a man who mutilates yourself to look like a woman, you're not going to actually be a woman. You're also probably not going to be the attractive fantasy you imagined yourself being because you've had male hormones pumping through your body for a lifetime. Your relationships are probably going to be screwed up because most men are going to view you as another man. Even if you do somehow meet a guy you like who isn't using you to fulfill some forbidden fantasy for a night, what happens when he finds out? The relationship is probably over. The sex probably isn't going to be good either because your groin has been cut to pieces and refashioned. Additionally, your mortality rate will be 51% higher than the general population because of suicide and all the female hormones you've pumped into your body en masse. In fact, the suicide rate for people who are transgender is 25 times that of the general population according to the American Psychological Association.

Certainly, there are some people who are happy and successful after having gender reassignment surgery, just as there are happy and successful people in every other walk of life, but they are exceptions to the rule. What about everybody else? Imagine mutilating yourself and realizing that it didn't make any difference or worse yet, that it was a HUGE MISTAKE. What do you do then?

When children who reported transgender feelings were tracked without medical or surgical treatment at both Vanderbilt University and London's Portman Clinic, 70%-80% of them spontaneously lost those feelings. Some 25% did have persisting feelings; what differentiates those individuals remains to be discerned.

We at Johns Hopkins University—which in the 1960s was the first American medical center to venture into "sex-reassignment surgery"—launched a study in the 1970s comparing the outcomes of transgendered people who had the surgery with the outcomes of those who did not. Most of the surgically treated patients described themselves as "satisfied" by the results, but their subsequent psycho-social adjustments were no better than those who didn't have the surgery. And so at Hopkins we stopped doing sex-reassignment surgery, since producing a "satisfied" but still troubled patient seemed an inadequate reason for surgically amputating normal organs.

There's nothing shameful about having a mental illness. If you break your leg, you go to a doctor and get it fixed. If you have some form of mental illness, you go to a psychologist or psychiatrist and get it treated as best you can. Sometimes you can be cured. Sometimes it's a lifetime struggle, but all of us have different challenges to deal with and that's okay.

On the other hand, you can rant about "bigots," "gay pride" and "civil rights" all day long, but it doesn't change the fact that encouraging troubled people to permanently disfigure themselves instead of working through their issues with a mental health professional is a thoughtless, cruel, and monstrous act."

"American College of Pediatricians

Gender Ideology Harms Children

March 21, 2016 – a temporary statement with references. A full statement will be published in summer 2016.

The American College of Pediatricians urges educators and legislators to reject all policies that condition children to accept as normal a life of chemical and surgical impersonation of the opposite sex. Facts – not ideology – determine reality.

1. Human sexuality is an objective biological binary trait: "XY" and "XX" are genetic markers of health – not genetic markers of a disorder. The norm for human design is to be conceived either male or female. Human sexuality is binary by design with the obvious purpose being the reproduction and flourishing of our species. This principle is self-evident. The exceedingly rare disorders of sex development (DSDs), including but not limited to testicular feminization and congenital adrenal hyperplasia, are all medically identifiable deviations from the sexual binary norm, and are rightly recognized as disorders of human design. Individuals with DSDs do not constitute a third sex.¹

2. No one is born with a gender. Everyone is born with a biological sex. Gender (an awareness and sense of oneself as male or female) is a sociological and psychological concept; not an objective biological one. No one is born with an awareness of themselves as male or female; this awareness develops over time and, like all developmental processes, may be derailed by a child's subjective perceptions, relationships, and adverse experiences from infancy forward. People who identify as "feeling like the opposite sex" or "somewhere in between" do not comprise a third sex. They remain biological men or biological women.^{2,3,4}

3. A person's belief that he or she is something they are not is, at best, a sign of confused thinking. When an otherwise healthy biological boy believes he is a girl, or an otherwise healthy biological girl believes she is a boy, an objective psychological problem exists that lies in the mind not the body, and it should be treated as such. These children suffer from gender dysphoria. Gender dysphoria (GD), formerly listed as Gender Identity Disorder (GID), is a recognized mental disorder in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-V).⁵ The psychodynamic and social learning theories of GD/GID have never been disproved.^{2,4,5}

4. Puberty is not a disease and puberty-blocking hormones can be dangerous. Reversible or not, puberty- blocking hormones induce a state of disease – the absence of puberty – and inhibit growth and fertility in a previously biologically healthy child.⁶

5. According to the DSM-V, as many as 98% of gender confused boys and 88% of gender confused girls eventually accept their biological sex after naturally passing through puberty.⁵

6. Children who use puberty blockers to impersonate the opposite sex will require cross-sex hormones in late adolescence. Cross-sex hormones (testosterone and estrogen) are associated with dangerous health risks including but not limited to high blood pressure, blood clots, stroke and cancer.^{7,8,9,10}

7. Rates of suicide are twenty times greater among adults who use cross-sex hormones and undergo sex reassignment surgery, even in Sweden which is among the most LGBTQ – affirming countries.¹¹ What compassionate and reasonable person would condemn young children to this fate knowing that after puberty as many as 88% of girls and 98% of boys will eventually accept reality and achieve a state of mental and physical health?

8. Conditioning children into believing that a lifetime of chemical and surgical impersonation of the opposite sex is normal and healthful is child abuse. Endorsing gender discordance as normal via public education and legal policies will confuse children and parents, leading more children to present to "gender clinics" where they will be given puberty-blocking drugs. This, in turn, virtually ensures that they will "choose" a lifetime of carcinogenic and otherwise toxic cross-sex hormones, and likely consider unnecessary surgical mutilation of their healthy body parts as young adults.

Michelle A. Cretella, M.D.

President of the American College of Pediatricians

Quentin Van Meter, M.D.

Vice President of the American College of Pediatricians

Pediatric Endocrinologist

Paul McHugh, M.D.

University Distinguished Service Professor of Psychiatry at Johns Hopkins Medical School and the former psychiatrist in chief at Johns Hopkins Hospital

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"Renew America

April 13, 2016

Bruce Springsteen and Bryan Adams: hypocrites and bigots

By Bryan Fischer

Follow me on Twitter: @BryanJFischer, on Facebook at "Focal Point"

Host of "Focal Point" on American Family Radio, 1-3pm CT, M-F www.afr.net

Bruce Springsteen canceled a North Carolina concert to protest a new law designed to keep sexual predators out of the bathroom his own daughter would have used at his performance. Breaking his commitment cost the Greensboro Coliseum a net revenue loss of around \$100,000.

Not to be outdone, Bryan Adams canceled a Mississippi concert in protest of a new civil rights bill that protects the conscience rights of blacks in a state that once was world-renowned for racial prejudice.

So on the grounds of personal principle, Bruce Springsteen is now officially a general in the war on women, and Bryan Adams is now the leading bigot in the South.

The Mississippi law that has Adams all wigged out protects the conscience and liberty rights of blacks (and whites) who serve as pastors, county clerks, heads of non-profits and adoption agencies, and who operate businesses as wedding vendors. Their right to freely exercise their religious convictions is what HB 1523 is all about.

Because this law protects the rights of blacks as well as whites, there are some striking implications for blacks in Mississippi, which is still regarded by many as a haven of racist bigotry.

Black pastors won't be forced to perform sodomy-based wedding ceremonies against their conscience just because a white man in government says they have to. Black churches won't be forced to rent their houses of worship for sodomy-based wedding ceremonies. Black county clerks won't be forced to issue sodomy-based wedding licenses that violate their conscience just because a white boss says she has to.

Blacks who run adoption agencies will be free to place adoptive children in a home with a mother and a father without fear of government discrimination at the hands of some white bureaucrat. Black fire chiefs like Kelvin Cochran won't have to worry about getting fired in Mississippi for believing that marriage is the union of a man and a woman.

In other words, HB 1523 is a brilliantly conceived anti-discrimination bill. It does not foster discrimination, it prevents it. It is a world-class civil-rights bill of which Martin Luther King, Jr. would be justifiably proud. Anybody and everybody who is against invidious discrimination ought to love this law.

Mississippi can proudly take its place now as the leading civil rights state in the Union, providing more legal protections for people of faith and conscience than any other place in America.

But Adams is having none of it. He is evidently happy to drag Mississippi blacks back to the civil rights Stone Age of the 1960s in which their religious principles and rights of conscience had no legal protection, an era in which black pastors could be thrown in jail for standing for principles of liberty and equality.

Adams' apparently believes that black pastors, clerks, non-profit leaders, and wedding vendors in Mississippi have no rights the white man is bound to respect.

And Bruce Springsteen is apparently eager to expose vulnerable young girls to sexual predators who, without the North Carolina bill, would be free to roam public bathrooms, fitness center locker rooms, and public swimming pool shower rooms at will.

So Springsteen is a sexist of the worst sort, and Bryan Adams is bigoted against people of faith, both black and white.

Let's not miss this one last point. Both of these musicians claim they have done what they have done out of conscience. Springsteen said, "Some things are more important than a rock show," and Adams said, "I cannot in good conscience" keep my April 14 concert commitment.

And so flushed with self-righteous indignation and in a high moral dudgeon, they seem spectacularly unaware of their own rank hypocrisy: they get to make business decisions based on conscience but nobody else does.

They preen about declining to use their artistic abilities on the grounds of conscience and high moral principle. But bakers and florists and photographers and adoption agencies are not allowed to do the same. In fact, Springsteen and Adams believe if other people make business decisions based on conscience like they do, the offenders should not be praised but punished to the full extent of the law.

Meet Bruce Springsteen and Bryan Adams: the biggest bullies, bigots and hypocrites on the block.

(Unless otherwise noted, the opinions expressed are the author's and do not necessarily reflect the views of the American Family Association or American Family Radio.)

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"Crisis Magazine

APRIL 14, 2016

"The Boss" Praised by Men Who Think They Are Women

ANTHONY SOLEN

As everyone in America knows by now, the old rocker Bruce Springsteen has canceled a concert in North Carolina, because the state passed a law preserving the *status quo ante* as of ten seconds ago, which is that men empty their bowels in the men's room and not in the ladies' room. It should be noted that Mr. Springsteen has made a living from concerts held in states in which men emptied their bowels in the men's room and not in the ladies' room, and that there is not the slightest documentary evidence, or even hearsay, that he has ever made his appearances conditional upon a state's customary recognition of, to use the juridical term, cross-dumping. I myself attended one of his concerts when I was a young man at Princeton, and though we prided ourselves upon our intellectual amorality, even we would have caned any man caught in a women's bathroom, mid-delusion. Nor did Mr. Springsteen,

to my knowledge, call us in advance to ascertain our policy in this regard.

Much has been made of the hypocrisy of the Pubic (and now Plumbic) Left, which hails Mr. Springsteen as a hero for the rights of men who think they are women, while at the same time they cry out for the financial ruin of a Christian couple who politely decline to bake a cake for two women who think they are a man and a woman or a woman and a man, as the mood strikes them. Some of this outcry is not fair to Mr. Springsteen. We must draw distinctions here. There is a difference between a rock star and a pastry baker. The rock star rolls in wealth. The pastry bakers can barely make ends meet. The rock star can work whenever he pleases. The pastry bakers have to work ten hours a day and still must cross their fingers. The rock star doesn't need the engagement. The pastry bakers can hardly afford to turn away a customer. The rock star will get a lot of free publicity, lest people forget that he is still around and is still singing, still modulating his voice between low C and low F and all the many notes in between, still sweating on stage and poising his guitar upon that convenient rest that Nature has provided him in his belly. The pastry bakers want no publicity at all. They just want to be left in peace.

No, there is no comparison. Rock stars are far more important than pastry bakers, in the same way that school principals are more important than parents, inside traders are more important than truck drivers, journalists are more important than people who read books to find the truth, and politicians are more important than everybody. They are more important because they hold the hammer.

There's another difference. The pastry bakers wish to order their actions according to the dictates of conscience. Mr. Springsteen wishes to order his actions according to the dictates of political ideology. Now there is no comparison between conscience and political ideology. Conscience is, as Newman says, that "stern monitor," warning us at the threshold of consent. It tells us what we must not do, even though we would like to do it, or it would be profitable for us to do it. Or it tells us what we must do, even though we would like not to do it, or it would hurt us not to do it. In other words, it warns us against self-indulgence and the neglect of duty. It is not a dispenser of permissions. It is a voice we never find it comfortable to heed. At best we can say, "My conscience is clear"—though whenever I hear someone say that, I reach for my wallet and glance toward the door. Political ideology, by contrast, tells us what we *get to do*—and often enough what we get to do to other people. Breaking eggs to make an omelet: that is how one renowned chef *du politique* put it.

The pastry bakers were following the dictates of conscience, formed by their religious duties. This was not a refusal to serve sinners. They serve sinners all day long. They serve sinners whenever they sit down to lunch. If a fornicator shows up at their bakery and wants a cheese danish, they serve him a cheese danish. He asks for the pastry not as a fornicator but as a human being who happens to be hungry. If a pornographer shows up at their bakery and asks them to cater a birthday party for his three year old nephew, they cater the birthday party. He shows up not as a pornographer but as someone whose three-year-old nephew is having a birthday.

But if the owner of a legal brothel shows up and asks you to cater a party for the hookers, if you are a Christian, you must decline. You cannot lend your support to prostitution. You cannot participate in celebrating it, in any way. If you are polite, you will tell the owner of the soul-gnawing establishment where he or she can take his business; across the street, as may be, or down a certain road towards the everlasting bonfire; but you cannot take part. You *must* not. You hear the words of Jesus ringing in your ears: "Truly I say to you, if a man but looks at a woman with lust in his heart, he has already committed adultery." And, try as you may, you lack the theological sophistication to twist this Jesus, yogi-like, into the requisite pretzel, so that the Master who numbered fornication among the things that come out of a man to make him filthy will now smile upon a prostitution ring—or sodomy, or pornography, or mere garden fornication, for that matter. "I *knew* I should have majored in theology," you mutter; but you decline none the less.

Now, why should the law respect such a thing as conscience, when it does not respect religion at all? Conscience is not to be respected. It is to be crushed flat, under a steamroller. Hence the Pubic Left is *not*

inconsistent when they praise Mr. Springsteen. For *his conscience has nothing to do with the matter*. If he says that his religious faith commands him to wave the banner for cross-dumping, we might ask him to show us precisely where, in his Scriptures, it says, "Thou shalt not prevent the man from relieving himself in the midst of women: I am the Lord." Supposing he could do this, bringing forth to the world a hitherto unknown holy book, we would shrug and tell him that his religion is at least irrelevant, and at most something that we would not mind obliterating as such. If he then says that his *conscience alone* tells him that he must not, in the solemn dread of neglecting his moral duty, sing tuneless old songs to several thousands of his aging fans in a state where—unspeakable horror!—men are not allowed to invade the privacy the women's room, we will ask him why he agreed to sing in that state in the first place, when the norm was then as the law stipulates now. For nothing has changed.

We will also ask what it is about singing songs that pricks his tender conscience. Surely *what he intends to sing* will not have changed? He will not be compelled to sing rallying cries for the *ancien regime*, that one under which he has lived his whole life minus ten seconds. He will not be compelled to participate in a demonstration for keeping men in men's rooms and women in women's rooms. He will not be compelled to do anything about it one way or another. He might even spare himself the dreadful indignity of using the toilet in a public place in that state, and instead merely relieve his bowels and his conscience in the privacy of his own van.

And what of the people with tickets to the concert? His conscience cannot possibly be exercised about them. He does not know them. They stand for nothing, as a group, except that they have the dubious distinction of enjoying his music. For all he knows, they may be eager to engage in cross-dumping themselves, or they may be trying, like nouveaux Pilates, to wash their hands of the whole matter, with anti-bacterial soap. And they, unlike the people who show up at a bakery and say, "Please bake us a cake to help us celebrate our sodomy," are out a lot of money. They have bought tickets. Some will have arranged their work schedules so that they could attend the concert. Some will have bought plane tickets. The pastry bakers breached no contract; they merely declined to make a contract in the first place. Mr. Springsteen has breached a contract, and has hurt people who have nothing to do with the controversy in question.

But the pastry bakers must be ruined, and Mr. Springsteen deserves to have all of Asbury Park wrapped in toilet paper on his behalf. Why is this? It has nothing to do with conscience.

It has to do with politics, and power. Why are we so slow to perceive what is so evident? If you have the right politics, then you are a hero, no matter how rich you are, or how much you hurt others, or how you use your wealth to extort what you want from those talking mealworms, the invertebrate multiplicative politicians. Mr. Springsteen is right because we say he is. The end justifies the means—and the arse justifies the end. There is no hypocrisy here, because there is no cherished ideal to uphold. You have almost to believe in something to be a hypocrite. Nor is there any inconsistency. When smooth talk works, flatter the people and lead them by the nose to where you want them to be. When not—make them an offer they can't refuse. Money talks. So do the doors of a prison."

"LifeSiteNews



Cardinal Robert Sarah, prefect of the Congregation for Divine Worship, enters the hall at the Synod on the Family in October 2015. Patrick Craine / LifeSiteNews

NEWS | CATHOLIC CHURCH, GENDER Tue Apr 5, 2016 - 1:39 pm EST
'Deviation' only word to describe gender theory and homosexual 'marriage': Cardinal Sarah

ROME, April 5, 2016 (LifeSiteNews) — Gender theory, homosexual "marriage" and "the negation of the difference between man and woman are all deviations," Cardinal Robert Sarah told Italians recently at a presentation of his book *God or Nothing*.

In France, "they corrected me, they said I cannot use the word 'deviation', but I would not know which other word to use," added the prefect for the Congregation for Divine Worship and the Discipline of the Sacraments.

"I also cannot deny that God created man and woman."

Italian journalist Marco Tossatti reported the cardinal's outspoken remarks on gender theory, which Catholic writer Maïke Hickson has translated into English.

"Even fools recognize that, between a man and a woman, there is a difference and a complementarity. Man is nothing without a woman and vice versa," Sarah said.

"This is not my own position, this is the position of the Church, and all Christians, all families, are called to fight against this deviation."

"I do not understand how the European culture – so steeped in Christianity – could get to such a point," noted Sarah.

The cardinal's book *God or Nothing: A Conversation on Faith*, published January 2016, is a wide-ranging interview between the Guinean cardinal and French journalist Nicholas Diat in which the cardinal asserts, among other things, that "the most difficult thing for the postmodern world is to believe in God and in his only Son."

According to Pope Emeritus Benedict XVI, Sarah's book also offers "courageous answers to the problems of gender theory" that "clear up in a nebulous world a fundamental anthropological question." The former pontiff noted he read it with "great spiritual profit, joy and gratitude."

Here's how the Catechism of the Catholic Church treats homosexuality:

2357 Homosexuality refers to relations between men or between women who experience an exclusive or predominant sexual attraction toward persons of the same sex. It has taken a great variety of forms through the centuries and in different cultures. Its psychological genesis remains largely unexplained. Basing itself on Sacred Scripture, which presents homosexual acts as acts of grave depravity, tradition has always declared that "homosexual acts are intrinsically disordered." They are contrary to the natural law. They close the sexual act to the gift of life. They do not proceed from a genuine affective and sexual complementarity. Under no circumstances can they be approved.

2358 The number of men and women who have deep-seated homosexual tendencies is not negligible. This inclination, which is objectively disordered, constitutes for most of them a trial. They must be accepted with respect, compassion, and sensitivity. Every sign of unjust discrimination in their regard should be avoided. These persons are called to fulfill God's will in their lives and, if they are Christians, to unite to the sacrifice of the Lord's Cross the difficulties they may encounter from their condition.

2359 Homosexual persons are called to chastity. By the virtues of self-mastery that teach them inner freedom, at times by the support of disinterested friendship, by prayer and sacramental grace, they can and should gradually and resolutely approach Christian perfection."

"Public Discourse

50 Years of Sex Changes, Mental Disorders, and Too Many Suicides

by Walt Heyer
 within Bioethics, Healthcare, Science, Sexuality

February 2nd, 2016

Early pioneers in gender-reassignment surgery and recent clinical studies agree that a majority of transgender people suffer from co-occurring psychological disorders, leading tragically high numbers to commit suicide. Outlawing psychotherapy for transgender people may be politically correct, but it shows a reckless disregard for human lives.

Dateline Oct 4, 1966: *The New York Daily News* gossip column reported a girl was making the rounds in Manhattan clubs who admitted to being

a man in 1965. She had undergone a sex-change operation in Baltimore at the Johns Hopkins gender clinic.

By 1979, thirteen years later, enough gender surgeries had been performed to evaluate the results. It was time for a report card based on actual patients.

1970s: How effective was the change surgery? What were the outcomes for transgender people?

The first report comes from Dr. Harry Benjamin, a strong advocate for cross-gender hormone therapy and gender-reassignment surgery, who operated a private clinic for transsexuals. According to an [article](#) in the *Journal of Gay & Lesbian Mental Health*, "By 1972, Benjamin had diagnosed, treated, and befriended at least a thousand of the ten thousand Americans known to be transsexual."

Dr. Benjamin's trusted colleague, endocrinologist Charles Ihlenfeld administered hormone therapy to some 500 transgender people over a period of six years at Benjamin's clinic—until he became concerned about the outcomes. "There is too much unhappiness among people who have the surgery," he said. "Too many of them end as suicides. 80% who want to change their sex shouldn't do it." But even for the 20% he thought might be good candidates for it, sex change is by no means a solution to life's problems. He thinks of it more as a kind of reprieve. "It buys maybe 10 or 15 years of a happier life," he said, "and it's worth it for that."

But then, Ihlenfeld himself never had a sex change. I did, and I disagree with him on that last point: The reprieve is not worth it. After I had a reprieve of seven or eight years, then what? I was worse off than before. I looked like a woman—my legal documents identified me as a woman—yet I found that at the end of the "reprieve" I wanted to be a man every bit as passionately as I had once yearned to be a woman. Recovery was difficult.

Nevertheless, based on his experience treating 500 transgenders, Dr. Ihlenfeld concluded that the desire to change genders most likely stemmed from powerful psychological factors. He said in *Transgender Subjectivities: A Clinician's Guide*, "Whatever surgery did, it did not fulfill a basic yearning for something that is difficult to define. This goes along with the idea that we are trying to treat superficially something that is much deeper." Dr. Ihlenfeld left endocrinology in 1975 to begin a psychiatry residency.

About three years ago, while writing my book *Paper Genders*, I was curious and called Dr. Ihlenfeld to ask if anything had changed his mind about the remarks he made in 1979. Ihlenfeld was polite to me on the phone and quickly said that no, nothing had changed his mind. It is interesting in today's atmosphere of political correctness that Dr. Ihlenfeld, a homosexual, holds the view that gender-reassignment surgery isn't the answer to alleviate the psychological factors that drive the compulsion to change genders. I appreciate his honest, clinical evaluation of the evidence and refusal to bend the medical results to fit a particular political viewpoint.

Next let's take a look at the Johns Hopkins University Gender Clinic where the transgender girl gossiped about in the *New York Daily News* had her surgery. Dr. Paul McHugh became director of psychiatry and behavioral science in the mid-1970s and asked Dr. Jon Meyer, director of the clinic at the time, to conduct a thorough study of the outcomes of people treated at the clinic. McHugh says,

[Those who underwent surgery] were little changed in their psychological condition. They had much the same problems with relationships, work, and emotions as before. The hope that they would emerge now from their emotional difficulties to flourish psychologically had not been fulfilled.

In 2015 I sat across from Dr. McHugh in his office at Johns Hopkins University and asked him the same question I had asked Dr. Ihlenfeld: Had anything changed his mind regarding surgically made genders? McHugh told me that he has yet to see a medical justification for the surgical alteration of genitalia and that it is the obligation of medical practitioners to follow the science where it leads, rather than ignoring the science to advance political correctness.

These two powerful and influential doctors were early pioneers in the treatment of transsexualism. Dr. Ihlenfeld is a homosexual psychiatrist;

Dr. Paul McHugh is a heterosexual psychiatrist. Both came to the same conclusion, then and now: Having surgery did not resolve the patients' psychological issues.

2000s: Were the psychological factors from the Hopkins and Benjamin clinics supported by later studies?

Studies show that the majority of transgender people have other co-occurring, or comorbid, psychological disorders.

A [2014 study](#) found 62.7% of patients diagnosed with gender dysphoria had at least one co-occurring disorder, and 33% were found to have major depressive disorders, which are linked to suicide ideation. Another [2014 study of four European countries](#) found that almost 70% of participants showed one or more Axis I disorders, mainly affective (mood) disorders and anxiety.

In 2007, the Department of Psychiatry at Case Western Reserve University in Cleveland, Ohio, committed to a [clinical review](#) of the comorbid disorders of the last 10 patients interviewed at their Gender Identity Clinic. They found that "90% of these diverse patients had at least one other significant form of psychopathology . . . [including] problems of mood and anxiety regulation and adapting in the world. Two of the 10 have had persistent significant regrets about their previous transitions."

Yet in the name of "civil rights," laws are being passed at all levels of government to prevent transgender patients from receiving therapies to diagnose and treat co-occurring mental disorders.

The authors of the Case Western Reserve University study seemed to see this legal wave coming when they said:

This finding seems to be in marked contrast to the public, forensic, and professional rhetoric of many who care for transgendered adults . . . Emphasis on civil rights is not a substitute for the recognition and treatment of associated psychopathology. Gender identity specialists, unlike the media, need to be concerned about the majority of patients, not just the ones who are apparently functioning well in transition.

As [one who went through the surgery](#), I wholeheartedly agree. Politics doesn't mix well with science. When politics forces itself on medicine, patients are the ones who suffer.

What about the suicides?

Let's connect the dots. Transgender people report attempting suicide at a staggering rate—above 40%. According to [Suicide.org](#), 90% of all suicides are the result of untreated mental disorders. Over 60% (and possibly up to 90% as shown at Case Western) of transgender people have comorbid psychiatric disorders, which often go wholly untreated.

Could treating the underlying psychiatric disorders prevent transgender suicides? I think the answer is a resounding "yes."

The evidence is staring us in the face. Tragically high numbers of transgender people attempt suicide. Suicide is the result of untreated mental disorders. A majority of transgender people suffer from untreated comorbid disorders—yet against all reason, laws are being enacted to prevent their treatment.

I write out of [deep concern for the transgender men and women who attempt suicide](#), who are unhappy, and who want to go back to their birth gender. The other ones—those who appear to be functioning well in transition, at least for now during their "reprieve"—are celebrated in the media. But I hear from others—the ones who prefer to stay hidden, who are contemplating suicide, whose lives are torn apart, who have had the surgery but still have debilitating physical or psychological issues—the ones whose reprieve is over.

In the 1970s and now, gender-reassignment surgery is routinely performed when requested. Transgender people are the one population allowed to diagnose themselves with gender dysphoria solely on the basis of their desire for sex-reassignment surgery, and not because the medical community has found objective proof that such surgery is medically required.

After fifty years of surgical intervention in the United States, a scientific basis for surgical treatment of transgender people is still lacking. A task force commissioned by the American Psychiatric Association did a [review of the literature](#) on the treatment of gender identity disorder and

in 2012 stated, "The quality of evidence pertaining to most aspects of treatment in all subgroups was determined to be low." In 2004, the [review](#) of more than 100 international medical studies of post-operative transsexuals found "no robust scientific evidence that gender reassignment surgery is clinically effective."

We hear the echoes from the pioneers at the Hopkins and Benjamin clinics and see their early conclusions confirmed in today's studies, showing again and again that psychiatric and psychological disorders exist in the psyches of gender-changers—but who is paying attention?

Scorn and vilification await anyone who dares to suggest that psychotherapy is needed to effectively treat gender dysphoria. Dr. McHugh, Dr. Ihlenfeld, and others like them display great integrity when they publicly raise concerns about psychological issues existing in the gender-changers, and when they push back against the "steamroller approach" of treatment that provides hormones and reassignment surgery without first pursuing less-invasive and life-altering treatment.

Advocates and trans-clients fear that if a psychologist or a psychiatrist looks too deeply into the patient's psyche they could discover the presence of a disorder that, if properly treated, would take away the dream of sex change, a fantasy they nurtured most of their lives. Living in denial is often a means of escape, a way to avoid looking back at early childhood events and doing the hard work of dealing with a painful past. The causes of these disorders lie buried so deep, and stirring them up leads to such high levels of anxiety, that changing one's identity and appearance—while extreme—seems preferable.

Thirty-three years ago [I underwent gender-reassignment surgery only to discover it was a temporary reprieve](#), not a solution to the underlying comorbid disorders. I have written books, published articles, and spoken publicly around the world to enlighten people on the prevalence of suicide among transgender people and on the risks and regrets of changing genders.

Television networks such as ABC that glamorize transgenders like Bruce Jenner, in his psychological turmoil, do a great disservice to transgender people and to those who treat them by denying them a safe environment in which to tackle the deeper issues of comorbid disorders and suicide. Continuing to ignore history and the warnings in studies and reports—however inconvenient or politically incorrect they may seem—is no solution to the treatment of psychological disorders. Ignoring suicides will not help to prevent them. Outlawing certain medical interventions when we know that 90% of suicides are due to untreated mental disorders and that a majority of transgender people have coexisting psychological disorders doesn't advance effective treatment protocols; it shuts down the freedom to follow where science leads.

Allowing a political agenda to override and silence the scientific process will not prevent suicides or lead to better treatments for this population. It's not compassion; it's reckless disregard for people's lives.

Walt Heyer is an author and public speaker with a passion to help others who regret gender change. Through his website, [SexChangeRegret.com](#), and his blog, [WaltHeyer.com](#), Heyer raises public awareness about the incidence of regret and the tragic consequences suffered as a result. Heyer's story can be read in novel form in [Kid Dakota](#) and [The Secret at Grandma's House](#) and in his autobiography, [A Transgender's Faith](#). Heyer's other books include [Paper Genders](#) and [Gender, Lies and Suicide](#).

"Public Discourse

[Public School LGBT Programs Don't Just Trample Parental Rights. They Also Put Kids at Risk.](#)

by [Walt Heyer](#)
within [Education, Marriage, Sexuality](#)

June 8th, 2015

No matter what well-intentioned teachers and administrators believe, LGBT acceptance programs designed by GLSEN and funded by the CDC are designed to encourage kids to question their gender identity and sexual orientation.

Through his executive appointments, President Obama has helped expose American schoolchildren to activism that places them at risk.

On May 19, 2009, a few short months after his inauguration, Obama gave the green light to Secretary of Education Arne Duncan to appoint

Kevin Jennings to a top position to influence school policy: the post of Assistant Deputy Secretary for the Office of Safe and Drug-Free Schools, also known as the "safe schools czar." Jennings, a powerful LGBT rights activist who is himself a gay man, was the founder of the Gay, Lesbian, and Straight Education Network (GLSEN). GLSEN is one of the largest LGBT activist organizations in the nation and is devoted to promoting homosexuality in K-12 schools. Jennings served as "safe schools czar" from 2009-2011.

Given his connection with the organization, we should not be shocked to discover that GLSEN received a grant from the Centers for Disease Control in 2011 [for \\$1.425 million over five years](#) to promote the LGBT agenda in public schools at taxpayers' expense. Through these publicly funded in-school programs, kids are being bombarded with the message that same-sex attraction and gender-identity confusion are innate and therefore not changeable.

Those who design these programs probably believe that they are offering hope to children who may feel different, flawed, or unlovable. They believe that if they affirm children's LGBT identities as something positive, something that makes up the core of who they are, the children will fare better.

This is not the case. No matter what well-intentioned teachers and administrators believe, these programs ultimately entail an agenda that hurts kids. The messages these programs send do nothing to combat the tragically high suicide rates among the LGBT community. Data indicate that kids are actually put at risk when schools encourage them to identify themselves as gay or transgender at an early age. For each year children delay labeling themselves as LGBT, [their suicide risk is reduced](#) by 20 percent.

I'm passionate about this issue because [I was a trans-kid](#) myself. I know how easy it was for my grandma to manipulate me into thinking I should change genders. Young trans-kids need to know they were not born that way, and that most will no longer have a desire to change genders once they grow into adulthood. Parents need to know that up to [94 percent of school-age kids](#) who identify as transgender will grow out of their desire to change genders as adults—if parents and schools stop encouraging them to internalize and publicize their LGBT identities.

The Power of Childhood Influences

I'm not sure we truly understand how easily young people's thinking about gender identity can be influenced by parents, television shows, and teachers who encourage them to explore new genders. During early childhood development, kids learn gender roles from observation within the family setting, peers, television, and school. They use [their imagination](#), actions, and language to play-act what they see.

GLSEN capitalizes on the impressionable, imaginative nature of young children by designing and implementing programs for children as young as kindergarten. Consider their toolkit for elementary educations, [Ready, Set, Respect!](#) GLSEN knows that the elementary years are a prime opportunity to encourage kids to reject the values of their parents. The handbook outlines a variety of activities that gradually introduce and reinforce the messages that gender is a social construct, that moms and dads are interchangeable, and that anyone who says otherwise is hateful and prejudiced.

Along with lessons designed to help kindergarten through fifth-graders to "explore the definition of a family and to understand that there are a variety of family structures" and to "challenge their own and other's [sic] assumptions about gender and gender roles," the guide recommends a variety of books and videos to help cement the lessons. *Asha's Mums*, for example, teaches third- through fifth-graders that "having two mums is no big deal." An additional [discussion guide](#) goes into greater detail about books such as *And Tango Makes Three*, which is recommended for pre-kindergarten through third-graders:

This book talk is designed to help students realize that there are different family structures including families led by LGBT parents. This is the true story of Roy and Silo, two male penguins who share a nest like other penguin couples, and who are given an egg in need of nurturing. . . .

Conclude by telling students that Tango's family is just one kind of family. Ask them if they think there is a certain number of kinds of families and how they know that. Let students know that through

your life you have discovered and met and continue to meet different kinds of families and that you're not sure there is a certain number of possibilities.

Other books, such as *10,000 Dresses* and *My Princess Boy*, are listed as resources to help children who are "Exploring Non-Traditional Gender Roles." While parts of the lesson plans are correct and even healthy (yes, girls can climb trees and boys can play with dolls), encouraging cross-gender identification at such a young age can have painful, long-lasting consequences. Inadvertently manipulating the minds of young people by suggesting that their "real" gender might not match their body can shape how they think, feel, and behave for years to come.

As someone whose grandmother lavished me with affirmations as she cross-dressed me as a girl, I am concerned by the growing trend in schools of encouraging kids to change genders. The activists have convinced the parents this will do no harm. I have traveled this path, and I can tell you: childhood influences matter.

Events and "Research"

GLSEN website provides an LGBT inclusive curriculum to help educators develop lessons that include "positive representations of lesbian, gay, bisexual and transgender (LGBT) people, history, and events."

The GLSEN student calendar for grades six through twelve is full of events and suggestions for how to celebrate them: LGBT History Month, LGBT Pride Month, National Coming Out Day, and Ally Week, which is touted as "a week where we can have vital conversations to move the movement forward toward our collective queer liberation!"

What other external organizations are granted access to shaping school curricula and activities? I would venture to say that GLSEN is one of the most provocative. Parents take note: the organization aided by taxpayer funds and influencing schools is the one devoted to the LGBT cause.

In order to justify the need for LGBT curricula, clubs, and programs to be included in the classroom, GLSEN often cites the National School Climate Survey, which they conduct every two years. References to the survey are peppered throughout their educator's guides, student programs and campaigns, and press releases, with such phrases as "Research shows . . ." The problem is: the sampling is flawed.

Basic principles of statistics and probability state that generalizations about a population from a sample are valid only if the sample is representative of that population. Random sampling is the best way to do that. Read the survey and it's obvious that the sampling is not random and not representative of US students. In fact, it is a "self-selected" sample, which means that anyone can elect to take the survey, which is freely available on their website. For example, a transgender man in his seventies can fill out the survey posing as a student, which I did to illustrate how flawed the selection process is. The problem of self-selection is that such polls are biased toward people with strong opinions.

Politics, Bullying, and the Science of Sexual Orientation

These problematic school programs are both a symptom and a cause of our culture's continuing confusion about gender and sexuality. When it comes to the nature of sexual identity and orientation, scientific studies with findings that run contrary to the party line are squelched or dismissed out of hand. Researchers who dare to follow where the data lead and to question existing premises are lambasted and risk being professionally marginalized.

One example of this is the bullying of Dr. Robert Spitzer, a leading figure in the study of homosexuality. Spitzer's work was embraced and celebrated by LGBT rights activists until he authored a study in 2003 called Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation. The study abstract finishes with the line: "Thus, there is evidence that change in sexual orientation following some form of reparative therapy does occur in some gay men and lesbians."

Here was a case of a prominent scientist following his curiosity, challenging position statements about reparative therapy (also known disparagingly as "conversion therapy") made by major mental health organizations in the United States, and publishing the objective results of

what he found. For this, he was attacked mercilessly. After nearly a decade of public, personal, and professional assault, eighty-year-old Spitzer recanted his views in May 2012 and issued a letter of apology to the gay community.

Now, President Obama is advocating a ban on psychotherapy that suggests sexual orientation and the desire to change genders are themselves changeable. His administration has issued this statement: "As part of our dedication to protecting America's youth, this Administration supports efforts to ban the use of conversion therapy for minors."

More research needs to be done into the nature of sexual orientation and sexual identity. However, current research suggests that by intervention and encouragement, school programs designed by LGBT rights activists are encouraging children to self-identify in ways that are harmful to their psychological well-being. Rather than allowing the scientific community the space to objectively study these issues, and giving members of the psychiatric profession room to respond to the freely stated needs of the children who come to them, politicians who are hungry for public approval are zealously working to outlaw appropriate and effective psychotherapies for kids who want them.

It's Time to Protect Our Kids

I understand the impulse that probably motivates many people to encourage young children to embrace an LGBT identity. After a lifetime of feeling like "a woman trapped in a man's body," I underwent gender reassignment surgery and lived as a woman for years. I was convinced that this was the right decision, and that this was an option that everyone should have for the sake of their happiness and psychological well-being.

I was wrong. My gender change only brought temporary relief; it did nothing to combat my underlying psychological disorder. My suffering brought me close to suicide. Years after my gender change, I underwent traditional therapy and successfully restored my masculinity and my sanity. Effective psychotherapy and my faith proved to me that changing genders is not a medical necessity.

I have written extensively about the lack of evidence that changing genders is medically necessary. What I didn't expect was for the State of California to agree with me. On May 5, California officials asked a federal court to block a judge's order that the state provide sex-reassignment surgery for a prisoner. The state officials argued that "no treating physician has ever determined that reassignment surgery is medically necessary [for the prisoner in question]."

The State of California is willing to argue for protecting a prisoner from unnecessary surgery, but the same state is unwilling to step in and protect the personal privacy of non-transgender school children in restrooms and locker rooms. With Assembly Bill 1266, California became the first state in the nation to require public schools to allow transgender students to use restrooms and participate on sports teams matching the gender with which they identify, rather than their biological sex.

Homosexuals and transgendered people, like all other citizens, should be protected by law from violence and abuse. But that doesn't change the principle that parents should have access to public education for their children that does not push an ideological sexual and political agenda based on a vision of the human person that many parents deeply disagree with, especially when significant evidence suggests that the messages embedded in these school programs can be harmful to children.

Control of schools should belong to parents, not to the federal government and activist organizations such as GLSEN.

Walt Heyer is an author and public speaker with a passion to help others who regret gender change. Through his website, SexChangeRegret.com, and his blog, WaltHeyer.com, Heyer raises public awareness about the incidence of regret and the tragic consequences suffered as a result. Heyer's story can be read in novel form in Kid Dakota and The Secret at Grandma's House and in his autobiography, A Transgender's Faith. Heyer's other books include Paper Genders and Gender, Lies and Suicide."

The motion was put to vote by the Chair and carried, and H.B. No. 2084, HD 2, SD 1, entitled: "A BILL FOR AN ACT RELATING TO INSURANCE," passed Final Reading by a vote of 46 ayes to 3 noes, with

Representatives Kong, McDermott and Tupola voting no, and with Representatives Ing and Oshiro being excused.

H.B. No. 2217, HD 1, SD 1:

On motion by Representative Saiki, seconded by Representative Evans and carried, H.B. No. 2217, HD 1, SD 1, entitled: "A BILL FOR AN ACT RELATING TO AMENDING OR REPEALING HAWAII REAL PROPERTY TAX LAWS FOR THE PURPOSE OF DELETING OBSOLETE OR UNNECESSARY PROVISIONS," passed Final Reading by a vote of 49 ayes, with Representatives Ing and Oshiro being excused.

H.B. No. 2218, HD 1, SD 1:

On motion by Representative Saiki, seconded by Representative Evans and carried, H.B. No. 2218, HD 1, SD 1, entitled: "A BILL FOR AN ACT RELATING TO AMENDING OR REPEALING HAWAII INCOME TAX LAWS FOR THE PURPOSE OF DELETING OBSOLETE OR UNNECESSARY PROVISIONS," passed Final Reading by a vote of 49 ayes, with Representatives Ing and Oshiro being excused.

H.B. No. 2281, SD 1:

On motion by Representative Saiki, seconded by Representative Evans and carried, H.B. No. 2281, SD 1, entitled: "A BILL FOR AN ACT RELATING TO SERVICE BY PUBLICATION IN PATERNITY CASES," passed Final Reading by a vote of 49 ayes, with Representatives Ing and Oshiro being excused.

H.B. No. 2293, HD 1, SD 1:

On motion by Representative Saiki, seconded by Representative Evans and carried, H.B. No. 2293, HD 1, SD 1, entitled: "A BILL FOR AN ACT RELATING TO THE HAWAII HOUSING FINANCE AND DEVELOPMENT CORPORATION," passed Final Reading by a vote of 49 ayes, with Representatives Ing and Oshiro being excused.

H.B. No. 2295, HD 1, SD 1:

On motion by Representative Saiki, seconded by Representative Evans and carried, H.B. No. 2295, HD 1, SD 1, entitled: "A BILL FOR AN ACT RELATING TO THE AEROSPACE ADVISORY COMMITTEE," passed Final Reading by a vote of 49 ayes, with Representatives Ing and Oshiro being excused.

H.B. No. 2311, SD 1:

In accordance with the Conference Committee Procedures agreed upon by the House of Representatives and the Senate, the managers on the part of the House recommended that the House agree to the amendments proposed by the Senate to H.B. No. 2311, on the following showing of Ayes and Noes:

Ayes, 3 (Nakashima, Belatti and McKelvey). Noes, none. Excused, 1 (Tupola).

Representative Saiki moved that H.B. No. 2311, SD 1 pass Final Reading, seconded by Representative Evans.

Representative Jordan rose to speak in support of the measure with reservations, stating:

"With reservations, Mr. Speaker. A few words. I know many of you keep wondering why do I stand up on this with reservations. Well, I'd like to go no, but I can't go no on this measure, because the information that we transmit from the Department of Health to agencies like Department of Human Services and other state agencies that deal with maybe providing health insurance for an individual who may pass away and we're still paying those premiums, but once we're notified of the death of that individual, we can stop that cost to the State and paying those premiums for somebody who may be deceased.

"My reservations on this, Mr. Speaker, actually stands for, in 2014 we gave the authorization to Department of Health to transmit this information to other departments. Because in some avenues, it's illegal under the federal law. And we gave them a sunset period of two years, which ends this year, because Department of Human Services was standing up an electronic platform that was going to be transmitting this information between our state agencies and automatically doing these checks and balances and saving the state money. Unfortunately, that platform hasn't been set up.

"So we have a department coming back and saying, hey can you extend it two more years? And, oh, by the way, we're going to authorize giving the last four digits of their social security number to help out those departments find these identified individuals.

"So that's where my reservations really stand. We need to be putting the feet to the fire in these departments and finishing what they've come in here and asked for. Finish the platforms, start doing that information electronically, so we don't have to provide lists to individuals that have information to these documents and provide the protection for these individuals. Even though they may be deceased, no longer in our state, at the end of the day we're trying to save money. But at the end of the day, we must hold our agencies or our departments accountable for the promises they commit to us that we provide dollars for.

"And that's where my reservations really stand with this. It's not necessarily transmitting the information between the departments, it's making those departments be more accountable for what they promised us and we provide those dollars for. Thank you, Mr. Speaker."

The motion was put to vote by the Chair and carried, and H.B. No. 2311, SD 1, entitled: "A BILL FOR AN ACT RELATING TO REPORTING DEATHS TO STATE AGENCIES," passed Final Reading by a vote of 49 ayes, with Representative Jordan voting aye with reservations, and with Representatives Ing and Oshiro being excused.

H.B. No. 2415, SD 1:

On motion by Representative Saiki, seconded by Representative Evans and carried, H.B. No. 2415, SD 1, entitled: "A BILL FOR AN ACT RELATING TO NON-GENERAL FUNDS," passed Final Reading by a vote of 49 ayes, with Representatives Ing and Oshiro being excused.

H.B. No. 2448, HD 1, SD 1:

On motion by Representative Saiki, seconded by Representative Evans and carried, H.B. No. 2448, HD 1, SD 1, entitled: "A BILL FOR AN ACT RELATING TO STATUTORY REVISION: AMENDING VARIOUS PROVISIONS OF THE HAWAII REVISED STATUTES AND THE SESSION LAWS OF HAWAII FOR THE PURPOSES OF CORRECTING ERRORS AND REFERENCES, CLARIFYING LANGUAGE, AND DELETING OBSOLETE OR UNNECESSARY PROVISIONS," passed Final Reading by a vote of 49 ayes, with Representatives Ing and Oshiro being excused.

H.B. No. 2466, HD 1, SD 1:

On motion by Representative Saiki, seconded by Representative Evans and carried, H.B. No. 2466, HD 1, SD 1, entitled: "A BILL FOR AN ACT RELATING TO NON-GENERAL FUNDS," passed Final Reading by a vote of 48 ayes to 1 no, with Representative Thielen voting no, and with Representatives Ing and Oshiro being excused.

At 12:26 o'clock p.m., the Chair noted that the following bills passed Final Reading:

H.B. No. 27, SD 1
 H.B. No. 625, HD 1, SD 1
 H.B. No. 1044, HD 1, SD 1
 H.B. No. 1541, HD 1, SD 1
 H.B. No. 1705, SD 1
 H.B. No. 2082, HD 1, SD 1
 H.B. No. 2084, HD 2, SD 1

H.B. No. 2217, HD 1, SD 1
 H.B. No. 2218, HD 1, SD 1
 H.B. No. 2281, SD 1
 H.B. No. 2293, HD 1, SD 1
 H.B. No. 2295, HD 1, SD 1
 H.B. No. 2311, SD 1
 H.B. No. 2415, SD 1
 H.B. No. 2448, HD 1, SD 1
 H.B. No. 2466, HD 1, SD 1

H.B. No. 2311, SD 1
 H.B. No. 2415, SD 1
 H.B. No. 2448, HD 1, SD 1
 H.B. No. 2466, HD 1, SD 1

ANNOUNCEMENTS

COMMITTEE REASSIGNMENTS

The following measure was re-referred to committee by the Speaker:

H.B.

No. Re-referred to:

1176, Committee on Health, then jointly to the Committee on
 HD2, Consumer Protection & Commerce and the Committee on
 SD1 Judiciary, then to the Committee on Finance

ADJOURNMENT

At 12:27 o'clock p.m., on motion by Representative Evans, seconded by Representative Pouha and carried, the House of Representatives adjourned until 11:30 o'clock a.m. tomorrow, Wednesday, April 27, 2016. (Representatives Ing and Oshiro were excused.)

HOUSE COMMUNICATIONS

House Communication dated April 26, 2016, from Brian L. Takeshita, Chief Clerk of the House of Representatives, to the Honorable President and Members of the Senate, informing the Senate that the Speaker has this day appointed as conferees on the part of the House for the consideration of amendments proposed by the House to the following Senate Bills:

S.B. No. 676, Luke, Chr.;
 SD 2, HD 1 Johanson, Pouha

S.B. No. 979, Morikawa/Kobayashi, Co-Chrs.;
 SD 2, HD 1 DeCoite, Thielen

House Communication dated April 26, 2016, from Brian L. Takeshita, Chief Clerk of the House of Representatives, to the Honorable President and Members of the Senate, informing the Senate that the House has made the following changes to the conferees on the following measure:

H.B. No. 1176, Added Representative Luke as Co-Chair.
 HD 2, SD 1

House Communication dated April 26, 2016, from Brian L. Takeshita, Chief Clerk of the House of Representatives, to the Honorable President and Members of the Senate, informing the Senate that the House has this day agreed to the amendments made by the Senate and passed the following House Bills on Final Reading:

H.B. No. 27, SD 1
 H.B. No. 625, HD 1, SD 1
 H.B. No. 1044, HD 1, SD 1
 H.B. No. 1541, HD 1, SD 1
 H.B. No. 1705, SD 1
 H.B. No. 2082, HD 1, SD 1
 H.B. No. 2084, HD 2, SD 1
 H.B. No. 2217, HD 1, SD 1
 H.B. No. 2218, HD 1, SD 1
 H.B. No. 2281, SD 1
 H.B. No. 2293, HD 1, SD 1
 H.B. No. 2295, HD 1, SD 1