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Attn: Senator Steven Oroho
One Wilson Dr., Suite 2B
Sparta, NJ 07871

RE: Bill No A3371 NJSA: 45:1-54 & 45:1-55: Opinions and Recommendations

Dear Senator Steven Oroho,

I am a constituent writing to you in reference to Bill No A3371 NJSA: 45:1-54 & 45:1-55 which protects minors by prohibiting attempts to change their sexual orientation.

The subject of this letter is to express my serious concerns about how the law is written and the **lack of options for children and young adults suffering from gender dysphoria.** Gender dysphoria (GD) is formerly known as gender identity disorder (GID). GD is found in the most recent Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-V). This is a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity.

Bill No. A3371 states that psychiatrists, psychologists, licensed social workers etc., shall not engage in sexual orientation change efforts as well as the efforts to change gender identity and gender expression.

In my opinion, **sexual orientation and gender differ and should not fall under the same umbrella.** Sexual orientation is what a person is attracted to and gender identity/ expression is what a person identifies himself to be. The way the law is phrased, children and young adults have no other options but to go down the path of transition. This affirmation approach prevents therapists from helping patients explore underlying issues such as traumas, sexual abuse or factors such as Autism and Aspergers Syndrome which have been linked to children with GD.

Also, I have the opinion that accepting your body is a not form of conversion therapy. Changing your body to sync to your “feelings” is delusional and biologically impossible.

The research I've read, says once gender therapists diagnose GD, children will be prescribed puberty blockers; next, cross sex hormones would be prescribed resulting in permanent sterilization. When children turn eighteen, they may proceed with hormone treatments and surgeries. Healthy organs are removed in order to appear as their preferred gender. Children and young adults would become lifelong medical patients. I feel these procedures are cruel and unethical on a doctors part. Doctors must have a vested interest in their patients, is this the best we can do?

The World Professional Association for Transgender Health (WPATH) operates on a self-identity affirmation process. If a youth states they need hormones, they will get it. Therapists follow the Standards of Care (SOC) that is promoted by WPATH.

My understanding is that trans activists are pushing this agenda. If a parent speaks their concerns, they are immediately shut down called transphobic, a bigot. Trans activists say we're abusing our children because we question the irreversible medical procedures. Gender therapists immediately give us suicidal statistics. Parents are scared into thinking transition is the only way to save the child's life. There are no long term studies that show the benefits to transition, or the side effects of hormones. It's been said children are being used as science experiments. The DSM-5 states that suicide risk may still persist after gender reassignment surgery. There are many children that grow out of it if they're given the chance. There are many young adults that de-transition. Having only one option upfront is unacceptable.

Personally speaking, I have a 17 year old son attending [redacted] University, who has self-diagnosed himself as having gender dysphoria. The clinician on staff at [redacted] has affirmed his "feelings". When I met with his therapist, I left her office feeling backed into a corner to accept my sons transition or he would kill himself. She stated that the State of New Jersey does not allow conversion therapy. I am not looking to change my son's sexual orientation. I am looking for professional therapist to address his suicidal thoughts, feelings of anxiety, and why he wants to mutilate his body. What I hear is I must accept my sons transition. After a few therapy visits, he is able to receive hormone therapy from the doctors on staff at [redacted].

Also, I question the "Informed Consent" document he was given by the doctor. This is a form which states he knows the risks and changes that his body will go through. How can my son who has been diagnosed as having depression, feelings of suicide, desperation, and an urgency to change his sex have a sound mind to sign off on this form?

My recommendations are that gender identity and gender expression be removed from Bill No A3371. Additionally, I also ask that other health care options should be made available to children, young people, and adults suffering from GD. The affirming path should never be their first and only choice.

I understand my son is a young adult. There are many children that will benefit from having choices and eventually this would lead to some changes that may help my son.

I look forward to meeting with you as soon as your schedules allows. Please contact me

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Respectfully,

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CC: Assemblyman Timothy J. Eustace
Assemblyman Herb Conaway, Jr.
Assemblywoman Holly Schepisi
Assemblyman Reed Gusciora
Assemblyman John J. Burzichelli