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Attn: Governor Chris Christie
Office of the Governor
P.O. Box 001
Trenton, NJ 08625

February 25, 2017

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

Dear Governor Chris Christie,

I have issues with Bill No A3371 NJSA: 45:1-54 & 45:1-55 which you signed into law in 2013. The bill protects minors by prohibiting attempts to change sexual orientation. This bill states that psychiatrists, psychologists, licensed social workers etc., shall not engage in sexual orientation change efforts, and efforts to change gender identity and gender expression.

A brief explanation: gender dysphoria (GD) is formerly known as gender identity disorder. 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.

I have serious concerns about how the law is written. There is a lack of treatment options for people suffering from GD. The words "gender identity" and "gender expression" are stated in the law which prevents therapists from helping patients explore underlying issues. The underlying issues I'm referring to are traumas, sexual abuse, and factors such as Autism and Aspergers Syndrome.

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 themselves to be.

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 a child turns eighteen, he or she 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 doctors doing these procedures are cruel and unethical. 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 voices their concerns, they are immediately shut down and called transphobic, a bigot. Trans activists say we're abusing our children because we question these 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.

Personally speaking, I have a [REDACTED] 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 son's 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 a 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 son's 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 urgency to change his sex have a sound mind to sign off on this form?

Having counselors on campus is a great asset. What I disagree with is having doctors on campus that help young adults transition and provide them with hormone therapy while at college is something I cannot accept and find disturbing.

Governor Christie, I read a copy of your statement upon signing Bill No 3371. You expressed concern about limiting parental choices on the care and treatments of their own children and how we must look to experts in the field for guidance. I do believe you have the best interests of children and parents in mind when you signed this into law, but the language used in this law needs to be looked at closer. As my son and I went from one therapist to another, all I heard was affirmation of his feelings rather than the therapist addressing underlying issues.

In my district I have communicated with Senator Oroho along with the assembly members that sponsored the bill. I requested that gender identity and gender expression

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

There are many children that will benefit from having choices. There are many children that grow out of GD once they reach puberty. There are many young adults that de-transition after realizing they have been misled by their physicians. The DSM-5 states that suicide risk may still persist after gender reassignment surgery. Having only one option to treat gender dysphoria is unacceptable.

Respectfully,

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