

'THREE CALIFORNIA BILLS NEEDING ATTENTION'



On the Healthcare [website](#) CMDA, Andre Van Mol, MD, published an article, drawing attention to new LGBT-extremist legislative attempts to silence all opposing views on the subject of Same-Sex Attractions, and therefore to eradicate freedom of speech and science by legal force in current USA. In his publication, he quotes from a staggering array of solid scientific articles worth reading:



“There are three bills pending in the California Assembly that beg your attention and action. They clearly seem intended to stand as national models. What occurs in California shall in short order be your state’s issue as well, for good or bad. Please allow me to provide a brief on these bills, followed by talking points regarding their problems and where to lodge your protests.

In 2012, California became the first state to ban therapeutic sexual orientation change efforts for minors. Now AB2943 (Unlawful business practices: sexual orientation change efforts) legislates a total ban on any endeavor—even “advertising” such—involving a financial exchange and intending to alter sexual attraction or gender identity. Its premise is ideology posing as science and assumes the straw argument of aversion therapy. But it doesn’t just ban reparative/change therapy; no, it impacts conferences, lectures, books, colleges, churches, ministries and more. If teaching, counseling, training or even advertising aims to change attractions and identities, and money changes hands, it means that.

Alliance Defending Freedom’s legal analysis of AB2943 concludes it “engages in viewpoint discrimination, is an impermissible content-based speech regulation, and impermissibly burdens free exercise of religion. It also interferes with the liberty interest of patients and their parents to choose the therapy that they believe is best to further their therapeutic goals.” Would this ban hold up in court? Perhaps not, but it takes an estimated \$50,000 to \$100,000 to find out, and that will scare off many churches, organizations and individuals. And what if the courts don’t help?



Therapy ban AB2943 is assigned to the Assembly Privacy and Consumer Protection Committee. They need to politely and plentifully hear from our people and contacts.

The second bill is AB1779 (Sexual orientation: change efforts), which is a narrow bill banning

change therapy for people in custodial care or guardianship. It is assigned to the Committee on Business and Professions.

And the third bill is AB2119 (Foster care: gender affirming health care and behavioral health services), a transgender foster care bill mandating that any child in foster care expressing gender identity issues must and must only be provided counseling and medical services that affirm the confusion. My wife Evelyn and I, having fostered nine children and adopted two, will be giving testimony against this bill at the committee hearing in Sacramento. AB2119 is assigned to the Committee on Human Services and to the Committee on Judiciary.

Christian media and legal organizations have started coverage of these bills, such as *World Magazine* and the California Family Council legal team.

Talking Points Against the Bills

AB2943 and AB1779



1. Everyone should be free to find therapy and support to help them achieve their desired goals and outcomes, including those who want to explore all options regarding feelings of same-sex attraction and gender identity confusion.
2. These bans deprive adults and children of the freedom to set their own counseling goals and objectives, and it will likely cause some children and adults to commit suicide by forbidding therapy for underlying issues.[1][2]
3. A total of 25 states have voted down similar bans because they are needless. State licensing boards are responsible for documenting alleged harm. No such complaints exist in California or elsewhere.
4. There is no evidence of harm from sexual orientation change therapy provided by licensed professionals. [3],[4][5][6] Decades of supportive studies exist. [7],[8][9][10]
5. Professional psychological associations and scientific literature state that homosexuality is changeable.[11][12][13][14]

For more details, see “Influencing Legislatures Captive to Rainbow Ideology.”

AB2119



1. Transgender belief in childhood carries an overwhelming probability of desistance.^{[15],[16],[17],[18],[19]} It generally goes away on its own if allowed.
2. Underlying issues need addressing.^{[20],[21],[22],[23],[24],[25]} Foster children are more likely to have them.
3. The short-term and long-term risks of transitioning are sobering. [26],[27],[28],[29]
4. There is a lack of proven safety or benefit for minors. [30],[31],[32],[33],[34]^[35] It's not pro-science—it's no science.
5. Regret and de-transitioning are not rare, but what's gone is gone. [36],[37]
6. A child or teen has a developing brain; adult decisions are beyond them. [38],[39]^[40]
7. People of faith are often those who keep troubled foster systems afloat.^{[41],[42]} Driving people of faith out of foster parenting is a blow the system doesn't need.

For further details, see “‘My Child is Transgender. Make Her a Son.’ Guidance for the Doctor.”

How to Take Action Against These Bills

AB1779

Letters of opposition written on organization letterhead (if applicable) and signed need to be faxed or emailed by March 27 to:



Assembly Member Evan Low,
Chair of the Committee on Business and Professions
Assembly Business and Professions Committee
Legislative Office Building, Room 383
Sacramento, California 95814

Email scanned letters to robert.sumner@asm.ca.gov or fax to 916-319-3306.

AB 2943

Letters of opposition written on organization letterhead (if applicable) and signed need to be

faxed or emailed by March 27 to:

Assembly Member Ed Chau,
Chair of the Privacy and Consumer Protection Committee
Room 156A, Legislative Office Building
1020 N Street
Sacramento, CA 95814

Email scanned letters to ronak.daylami@asm.ca.gov or fax to 916-319-3222. You can also send them to the Republican Consultant at jared.yoshiki@asm.ca.gov. Phone calls in opposition can be directed to members of the committee.

AB 2119

Letter of opposition written on organization letterhead (if applicable) and signed need to be faxed or emailed by April 3 to:

Assembly Member Blanca E. Rubio.
Chair of the Human Services Committee
Assembly Human Services Committee
1020 N Street, Room 124
Sacramento, California 95814

Email scanned letters to Irene.Frausto@asm.ca.gov or fax to 916-319-2189.

Andre van Mol, MD



[1] Tomeo, M.E., Templer, D. I., Anderson, S., & Kotler, D. (2001). Comparative Data of Childhood and Adolescence Molestation in Heterosexual and Homosexual Persons. *Archives of Sexual Behavior*, 30(5), 535-541.

[2] Walker, M. D., Hernandez, A. M., & Davey, M. (2012). Childhood Sexual Abuse and

Adult Sexual Identity Formation: Intersection of Gender, Race, and Sexual Orientation. *Family Therapy*, 40(5), 385-398.

- [3] Sexual Orientation Change Efforts Do Not Lead to Increased Suicide Attempts(Summary of excerpt from Whitehead, N.) (2010). Homosexuality and Co-Morbidities: Research and Therapeutic Implications. *Journal of Human Sexuality*, 2, 125-176).
- [4] A.D. Byrd, Joseph Nicolosi, and R.W. Potts (February 2008), Clients' Perceptions of How Re-orientation Therapy and Self-Help Can Promote Changes in Sexual Orientation, *Psychological Reports* 102, pp. 3-28.
- [5] Nicolosi, Joseph, Byrd, D., Potts, R.W. (June, 2002). A Meta-Analytic Review of Treatment of Homosexuality, *Psychological Reports* 90: 1139-1152.
- [6] Nicolosi, J., Byrd, A. Dean, Potts, R.W. (June 2000), Retrospective Self-Reports of Changes in Homosexual Orientation, A Consumer Survey of Conversion Therapy Clients, *Psychological Reports* 86: 1071-1088.
- [7] Karten, E. L., & Wade, J. C. (2010). Sexual orientation change efforts in men: A client perspective. *Journal of Men's Studies*, 18, 84-102.
- [8] Spitzer RL. Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. *Arch of Sexual Behavior*, Vol. 32, No. 5, Oct. 2003, pp. 403-417.
- [9] *Homosexuality and the Politics of Truth*, Jeffrey Satinover (Baker Books, 1996) pp. 179-195.
- [10] *Successful Outcomes of Sexual Orientation Change Efforts*, James E. Phelan (Phelan Consultants LLC, 2014).
- [11] "Answers to your questions: For a better understanding of sexual orientation and homosexuality," American Psychological Association, accessed March 19, 2014, <http://www.apa.org/topics/lgbt/orientation.pdf>.
- [12] APA Handbook on Sexuality and Psychology, 2014, v. 1, p. 636.
- [13] Savin-Williams RC, Ream GL. June 2007. Prevalence and stability of sexual orientation components during adolescence and young adulthood. *Archives of Sexual Behaviour* 36:385-394.
- [14] Ott, MQ, et al., Stability and Change in Self-Reported Sexual Orientation Identity in Young People: Application of Mobility Metrics. *Archives of Sexual Behavior*. June 2011; Vol. 40, Iss. 3: 519-312.

- [15] APA *Diagnostic and Statistical Manual*, 5th edition, "Gender Dysphoria," p. 455.
- [16] APA *Handbook on Sexuality and Psychology* (American Psychological Association, 2014), Bockting, W. Chapter 24: Transgender Identity Development, vol. 1, p. 744.
- [17] Cohen-Kettenis PY, et al. The treatment of adolescent transsexuals: changing insights. *J Sex Med.* 2008 Aug; 5(8):1892-7.
- [18] "Do Trans- kids stay trans- when they grow up?" Sexologytoday.org, 11 Jan. 2016.
- [19] Kaltiala-Heino et al. Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child and Adolescent Psychiatry and Mental Health* (2015) 9:9.
- [20] APA *Handbook on Sexuality and Psychology* (American Psychological Association, 2014), Bockting, W. Chapter 24: Transgender Identity Development, p. 750.
- [21] Kann L, et. al. Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001–2009. *MMWR*/June 10, 2011/60; 1-33.
- [22] Mazaheri Meybodi A, et al. Psychiatric Axis I Comorbidities among Patients with Gender Dysphoria. *Psychiatry J*, 2014, Article ID :971814.
- [23] Heylens G, et al. Psychiatric characteristics in transsexual individuals: multicentre study in four European countries, *The British Journal of Psychiatry* Feb 2014, 204 (2) 151-156.
- [24] Zucker KJ, Bradley SJ, Ben-Dat DN, et al. Psychopathology in the parents of boys with gender identity disorder. *J Am Acad Child Adolesc Psychiatry* 2003;42:2-4.
- [25] Zucker KJ, Bradley SJ. Gender Identity and Psychosexual Disorders. *FOCUS* 2005;3(4):598-617.
- [26] WPATH Standards of Care, pp. 37-40, 50, 97-104, available at http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351.
- [27] WPATH Standards of Care, pp. 63-67, available at http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351.
- [28] Moore E, Wisniewski A, Dobs A. Endocrine treatment of transsexual people: a review of treatment regimens, outcomes, and adverse effects. *J Clin Endocrinol*

Metab 2003;88:3467-3473.

[29] Feldman J, Brown GR, Deutsch MB, et al. Priorities for transgender medical and health-care research. *Curr Opin Endocrinol Diabetes Obes* 2016;23:180-187.

[30] Largest ever study of transgender teenagers set to kick off, *nature.com*, 29 March 2016.

[31] WPATH Standards of Care, pp. 47, available at http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351.

[32] "Health considerations for gender non-conforming children and transgender adolescents," *transhealth.ucsf.edu*, site visited April 29, 2017.

[33] Mayer L and McHugh P, *Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences*, *TheNewAtlantis.com*, Fall 2016

[34] Dhejne C, et al, Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden, *journals.plos.org*, Feb. 22, 2011.

[35] Kristen Clements-Nolle et al ., HIV Prevalence, Risk Behaviors, Health Care Use, and Mental Health Status of Transgender Persons: Implications for Public Health Intervention, *American Journal of Public Health* 91, no. 6 (2001): 915 - 921.

[36] Stella Morabito, "Trouble In Transtopia: Murmurs Of Sex Change Regret," *TheFederalist.com*, Nov. 11, 2014.

[37] "Interview with a Detransitioned MtF," *youthtranscriticalprofessionals.org*, Dec. 14, 2016.

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

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

[40] Stringer, H. (Oct. 2017) Justice for teens, *APA Monitor on Psychology*, pp. 44-49. <http://www.apamonitor-digital.org/apamonitor/201710/MobilePagedArticle.action?articleId=1169604&app=false#articleId1169604>

[41] Schreiber, J., The Role of Religion in Foster Care,
<http://www.nacsw.org/Publications/Proceedings2010/SchreiberJThe%20Role.pdf>.

[42] Pew Forum on Religion and Public Life. (2008) *U.S. religious landscape survey: Report 1: Religious Affiliation- Summary of key findings*

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