Parents Rights Coalition / MassResistance
PO Box 1612, Waltham, MA 02454

Testimony on Bill H1728, "Transgender Rights & Hate Crimes" Bill

TO: Joint Committee on the Judiciary
Massachusetts Legislature

July 14, 2009

Dear Committee Member,

On July 14 I testified before your committee regarding H1728, the most radical bill of its kind in America. It has a large number of disturbing aspects.

For example, this bill states:

> "**Whoever makes any distinction**, discrimination or restriction on account of . . . **gender identity or expression** . . . relative to the admission of any person to, or his treatment **in any place of public accommodation,** resort or amusement . . . or **whoever aids or incites such distinction**, discrimination or restriction, shall be punished by a fine of not more than **twenty-five hundred dollars or by imprisonment for not more than one year, or both,** and shall be liable to any person aggrieved thereby for such damages . . ."

This means that making a **"distinction"** – including a complaint – of public "transgender" behavior can lead to **a $2500.00 fine and a year in jail**.

You should also be aware of what's already happening in Massachusetts.

Please note the following attachments of actual photos of recent events in Massachusetts, which could trigger punishment against critics who speak out about them:

1. "Transgender" women who have had their breasts amputated or mutilated to "become" men marching shirtless down the streets of Northampton to celebrate their "masculinity".

2. Photos of: (a) Men dressed as women marching down street; (b) A woman with a beard (member of tax supported *GLBT Youth Commission!*) speaking at youth event; (c) A "drag queen" (man dressed as woman), speaking at state-supported youth event.

3. At "transgender prom" at Boston City Hall – this is where the "transgender" movement is taking our kids. It was run by a member of the tax-supported *GLBT Youth Commission.*

Also I've enclosed, for you to read:

4. *Boston Globe* interview with Dr. Norman Spack of *Boston Children's Hospital,* who gives pre-pubescent children drugs to block puberty so they can have operations to mutilate their bodies to "become" the opposite sex.

5. *"Gender Identity Disorder"* from the mental health profession's fourth edition of its *Diagnostic and Statistical Manual of Mental Disorders (DSM IV)*. Please read the truth, as opposed to the nonsense you're been told by the homosexual lobby. These people need real help, not state-enforced affirmation of their self-destructive behavior.

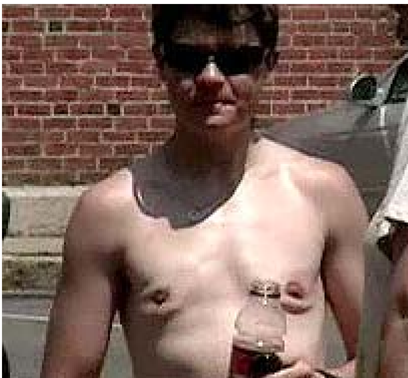
This is just a small part of what this bill will inflict on Massachusetts. (For example, do we want elementary school teachers dressing in drag?) There's a lot more than this. Please feel free to contact me by mail or at 781-890-6001 to discuss this further.

Sincerely,

Brian Camenker
President

Women who have had their breasts amputated to “become” men parading shirtless down the street.

In the photos below all of the shirtless people are women. Several who were marching that day also have taken huge doses of hormones to grow facial hair.



The "Transgender" movement coming to Massachusetts

Trans Rights marchers (men) in Northampton, Mass., June 2008 (MassResistance photo)

This is a woman with a beard – member of Mass. GLBT Youth Commission

This is a woman with a beard – a member of the tax-supported Mass. GLBT Youth Commission

The Master of ceremonies of a state-supported "Youth Pride" event this past may was a man dressed as a woman.

At the “Prom” for kids at Boston City Hall

Yes, this is a man in women's clothes with his arm around a teenager.

This is one of the featured speakers at the rally, a boy wearing a bra, neclace, lipstick, women's earrings (and a growth of beard) who calls himself "Foxy Cleo".

This man, who towered over the kids, even used a cigarette holder for effect.

How does a man like this even get in? Obviously the people running the event had no problem with him being there.

Q&A with Norman Spack
A doctor helps children change their gender
By Pagan Kennedy
Boston Sunday Globe ("Ideas" section) link to article on Globe site
March 30, 2008

CHILDREN HAVE CUT themselves. In some cases, 9- or 10-year-old kids have staged suicide attempts. The little boys sob unless they're allowed to wear dresses. The girls want to be called Luke, Ted, or James.

Their parents, desperate to know what is wrong, go online and type "gender disorder."

And what they find is that, even now, decades after doctors performed the first sex changes in America, there's little help for transgender children.

Even the care of transgender adults remains a medical backwater in the United States; in fact, we do not even know how many people in this country have gone through sex changes, because doctors simply did not bother to keep track of patients. Until recently, children with cross-gender feelings rarely received modern medical care - and certainly not hormone shots. After all, who would allow a child to redesign his or her body?

But in the past few years, some doctors have come to believe that kids should be allowed to have some control over how they grow up. Dr. Norman Spack, 64, argues that transgender kids tend to be much happier - and less likely to harm themselves - when they're able to live in their preferred gender role.

Last year, the pediatric endocrinologist started a new clinic at Children's Hospital Boston; it is one of a few in the world to give children treatments that change their bodies. Working on a model borrowed from Dutch researchers, Spack uses drugs to delay the first stirrings of youngsters' puberty, granting them a few more years before they develop bodies that are decidedly male or female. The effects of these puberty-blocking drugs are reversible; that is, patients can later change their minds. Unfortunately, this is not the case with hormones. Therefore, Spack prescribes estrogen and testosterone to only a few teenagers - after months of consultation with the patient, his or her caregivers, and psychiatrists. When kids take this step, they are rewriting their own future: The hormones have a powerful, pervasive effect, changing their height, breast development, and the pitch of their voices.

IDEAS: When are children old enough to declare what gender they will be?

SPACK: All I know is that when I see preadolescents, they have been dressing in the underwear of the other sex for years. These kids are almost certainly transgendered. They're a unique population of patients. By the time a kid comes in to see me, both parents have agreed that the child is in danger and needs some form of intervention. And that has led to heavy-duty counseling for the child and parents. Therefore I see young people and families who have been evaluated by skilled professionals.

IDEAS: At what age do you give kids drugs to delay puberty?

SPACK: The puberty-blocking drugs work best at the beginning of the pubital process, typically age 10 to 12 for a girl and 12 to 14 for a boy. Stopping puberty is, in itself, a diagnostic test. If a girl starts to experience breast budding and feels like cutting herself, then she's probably transgendered. If she feels immediate relief on the [puberty-blocking] drugs, that confirms the diagnosis.

IDEAS: So the aim of your treatment is to protect children from harming themselves?

SPACK: Transgendered kids have a high level of suicide attempts. Of the patients who have fled England to see me, three out of the four have made very serious suicide attempts. And I've never seen any patient make [an attempt] after they've started hormonal treatment.

IDEAS: At what age should children be allowed to take hormones, like estrogen and testosterone, that will forever change the way their bodies develop?

SPACK: Well, the Dutch would say 16. But I think more flexible guidelines will be coming out. For some kids, 16 might be appropriate. For others you lose opportunities if you wait. [One of my patients, a] transgendered girl from the UK, was destined to be a 6-foot-4 male. With treatment, she's going to end up 5-foot-10.

IDEAS: What are the most difficult ethical issues you face?

SPACK: The biggest challenge is the issue of fertility. When young people halt their puberty before their bodies have developed, and then take cross-hormones for a few years, they'll probably be infertile. You have to explain to the patients that if they go ahead, they may not be able to have children. When you're talking to a 12-year-old, that's a heavy-duty conversation. Does a kid that age really think about fertility? But if you don't start treatment, they will always have trouble fitting in. And my patients always remind me that what's most important to them is their identity.

Gender Identity Disorder Today

DSM IV

Gender Identity Disorder

- Diagnostic Features
- Specifiers
- Recording Procedures
- Associated Features and Disorders
- Specific Age and Gender Features
- Prevalence
- Course
- Differential Diagnosis
- Diagnostic Criteria for Gender Identity Disorder
- Gender Identity Disorder not otherwise specified

Paraphilias

- 302.3 Transvestic Fetishism
- Diagnostic Criteria for 302.3 Transvestic Fetishism

Diagnostic Features

There are two components of Gender Identity Disorder, both of which must be present to make the diagnosis. Thee must be evidence of a strong and persistent gross-gender identification, which is the desire to be, or the insistence that one is of the other sex (Criteria A). This cross-gender identification must not merely be a desire for any perceived cultural advantages of being the other sex. there must also be evidence of persistent discomfort about one's assigned sex or a sense of inappropriateness in the gender role of that sex (Criteria B). The diagnosis is not made if the individual has a concurrent physical intersex condition (e.g., androgen insensitivity syndrome or congenital adrenal hyperplasia) (Criteria C). To make the diagnosis, there must be evidence of clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criteria D).

In boys, the cross gender identification is manifested by a marked preoccupation with traditionally feminine activities. They may have a preference for dressing in girls' or women's clothes or may improvise such items from available materials when genuine articles are unavailable. Towels, aprons, and scarves are often used to represent long hair or skirts. There is a strong attraction for the stereotypical games and pastimes of girls. They particularly enjoy playing house, drawing pictures of beautiful girls and princesses, and watching television or videos of their favorite female-type dolls, such as Barbie, are often their favorite toys, and girls are their preferred playmates. When playing "house", these boys role-play female figures. Most commonly "mother roles", and often are quite preoccupied with female fantasy figures. they avoid rough-and-tumble play and competitive sports and have little interest in cars and trucks or other no-aggressive but stereotypical boy's toys. They may express a wish to be a girl and assert that they will grow up to be a woman. they may insist on sitting to urinate and pretend not to have a penis by pushing it in between their legs. More rarely, boys with Gender Identity Disorder may state that they find their penis or testes disgusting, that they want to remove them, or that they have, or wish to have, a vagina.

Girls with Gender Identity Disorder display intense negative reactions to parental expectations or attempts to have them wear dresses or other feminine attire. Some may refuse to attend school or social events where such clothes may be required. They prefer boy's clothing and short hair, are often misidentified by strangers as boys, and may ask to be called a boy's name. their fantasy heroes are most often powerful male figures, such as Batman or Superman. these girls prefer boys as playmates, with whom they share interests in contact sports, rough-and-tumble

play and traditional boyhood games. they show little interest in dolls or any form of feminine dress up or role-play activity. A girl with this disorder may occasionally refuse to urinate in a sitting position. She may claim that she has or will grow a penis and may not want to grow breasts or menstruate. She may assert that she will grow up to be a man. Such girls typically reveal marked cross-gender identification in role-play, dreams and fantasies.

Adults with Gender Identity Disorder are preoccupied with their wish to live as a member of the other sex. This preoccupation may be manifested as an intense desire to adopt the social role of the other sex or to acquire the physical appearance of the other sex through hormonal or surgical manipulation. Adults with this disorder are uncomfortable being regarded by others as, or functioning in society as, a member of their designated sex. To varying degrees, they adopt the behavior, dress, and mannerisms of the other sex. In private, these individuals may spend much time cross-dressed and working on the appearance of being the other sex. Many attempt to pass in public as the other sex. With cross-dressing and hormonal treatment (and for males, electrolysis), many individuals with this disorder may pass convincingly as the other sex. The sexual activity of these individuals with same-sex partners is generally constrained by the preference that their partners neither see nor touch their genitals. For some males who present later in life, (often following marriage), sexual activity with a woman is accompanied by the fantasy of being lesbian lovers or that his partner is a man and he is a woman.

In adolescents, the clinical features may resemble either those of children or those of adults, depending on the individual's developmental level, and the criteria should be applied accordingly. In younger adolescents, it may be more difficult to arrive at an accurate diagnosis because of the adolescent's guardedness. This may be increased if the adolescent feels ambivalent about cross-gender identification or feels that it is unacceptable to the family. The adolescent may be referred because the parents or teachers are concerned about social isolation or peer teasing and rejection. In such circumstances, the diagnosis should be reserved for those adolescents who appear quite cross-gender identified in their dress and who engage in behaviors that suggest significant cross-gender identification (e.g., shaving legs in males). Clarifying the diagnosis in children and adolescents may require monitoring over an extended period of time.

Distress or disability in individuals with Gender Identity Disorder is manifested differently across the life cycle. in young children, distress is manifested by the stated unhappiness about their assigned sex. Preoccupation with cross-gender wishes often interferes with ordinary activities. In older children, failure to develop age-appropriate same sex peer relationships and skills often leads to isolation and distress, and some children may refuse to attend school because of the teasing or pressure to dress in attire stereotypical of their assigned sex. in adolescents and adults, preoccupation with cross-gender wishes often interferes with ordinary activities. Relationship difficulties are common and functioning at school or at work may be impaired.

Specifiers

For sexually mature individuals, the following specifiers may be noted based on the individual's sexual orientation: **Sexually Attracted to Males, Sexually Attracted to Females, Sexually Attracted to Both,** and **Sexually Attracted to Neither.** Males with Gender Identity Disorder include substantial proportions with all four specifiers. Virtually all females with Gender Identity Disorder will receive the same specifier-Sexually Attracted to Female- although there are exceptional cases involving females who are sexually Attracted to Males.

Recording Procedures

The assigned diagnostic code depends on the individual's current age: if the disorder occurs in childhood, the code 302.6 is used; for an adolescent or adult, 302.85 is used.

Associated Features and Disorders

Associated descriptive features and mental disorders.
Many individuals with Gender Identity Disorder become socially isolated. Isolation and ostracism contribute to low self esteem and may lead to school aversion or dropping out of school. Peer ostracism and teasing are especially common sequelae for boys with the disorder. Boys with Gender Identity Disorder often show marked feminine mannerisms and speech patterns.

The disturbance can be so pervasive that the mental lives of some individuals revolve only

around those activities that lessen gender distress. they are often preoccupied with appearance, especially early in the transition to living in the opposite sex role. Relationships with one or both parents also may be seriously impaired. Some males with Gender Identity Disorder resort to self-treatment with hormones and may very rarely perform their own castration or penectomy. especially in urban centers, some males with the disorder may engage in prostitution, which places them at a high risk for human immunodeficiency virus (HIV) infection. Suicide attempts and Substance-Related Disorders are commonly associated.

Children with Gender Identity Disorder may manifest coexisting Separation Anxiety Disorder, Generalized Anxiety Disorder, and symptoms of depression. Adolescents are particularly at risk for depression and suicidal ideation and suicide attempts. In adults, anxiety and depressive symptoms may be present. Some adult males have a history of Transvestic Fetishism as well as other paraphilias. Associated Personality Disorders are more common among males than among females being evaluated at adult gender clinics.

Associated laboratory findings.
There is no diagnostic test specific for Gender Identity Disorder. In the presence of a normal physical examination, karyotyping for sex chromosomes and sex hormone assays are usually not indicated. Psychological testing may reveal cross-gender identification of behavior patterns.

Associated physical examination findings and general medical conditions.
Individuals with Gender Identity Disorder have normal genitalia (in contrast to the ambiguous genitalia or hypogonadism found in physical intersex conditions). Adolescents and adult males with Gender Identity Disorder may show breast enlargement resulting from hormone ingestion, hair denuding from temporary or permanent epilation, and other physical changes as a result of procedures such as rhinoplasty or thyroid cartilage shaving (surgical reduction of the Adam's Apple). Distorted breasts or breast rashes may be seen in females who wear breast binders. Postsurical complications in genetic females include prominent chest wall scars, and in generic males, vaginal strictures, rectovaginal fistulas, urethral stenoses, and misdirected urinary streams. Adult females with Gender Identity Disorder may have a higher than expected likelihood of polycystic ovarian disease.

Specific Age and Gender Features

Females with Gender Identity Disorders generally experience less ostracism because of cross-gender interests and may suffer less from peer rejection, at least until adolescence. In child clinic samples, there are approximately five boys for each girl referred with this disorder. In adult clinic samples, men outnumber women by about two or three times. In children, the referral bias towards males may partly reflect the greater stigma that gross-gender behavior carries for boys than for girls.

Prevalence

There are no recent epidemiological studies to provide data on prevalence of Gender Identity Disorder. Data from smaller countries in Europe with access to total population statistics and referrals suggest that roughly 1 per 30,000 adult males and 1 per 100,000 adult females seek sex-reassignment surgery.

Course

For clinically referred children, onset of cross-gender interests and activities is usually between ages 2 and 4 years, and some parents report that their child has always had cross-gender interests. Only a very small number of children with gender Identity Disorder will continue to have symptoms that meet criteria for Gender Identity Disorder in later adolescence or adulthood. Typically, children are referred around the time of school entry because of parental concern that what they regarded as a phase does not appear to be passing. Most children with Gender Identity Disorder display less overt cross-gender behaviors with time, parental intervention, or response from peers. By late adolescence or adulthood, about three-quarters of boys who had a childhood history of Gender Identity Disorder report a homosexual or bisexual orientation, but without concurrent Gender Identity Disorder. Most of the remainder report a heterosexual orientation, also without concurrent Gender Identity Disorder. The corresponding percentages for sexual orientation in girls are not known. some adolescents may develop a

clearer cross-gender identification and request sex-reassignment surgery or may continue in a chronic course of gender confusion or dysphoria.

In adult males, there are two different courses for the development of Gender Identity Disorder. The first is a continuation of Gender Identity Disorder that had an onset in childhood or early adolescence. These individuals typically present in late adolescence or adulthood. In the other course, the more overt signs of cross-gender identification appear later and more gradually, with a clinical presentation in early to mid-adulthood usually following, but sometimes concurrent with, Transvestic Fetishism. The later-onset group may be more fluctuating in the degree of cross-gender identification, more ambivalent about sex-reassignment surgery, more likely to be sexually attracted to women, and less likely to be satisfied after sex-reassignment surgery. Males with Gender Identity disorder who are sexually attracted to males tend to present in adolescence or early childhood with a lifelong history of gender dysphoria. In contrast, those who are sexually attracted to females, to both males and females, or to neither sex tend to present later and typically have a history of Transvestic Fetishism. If Gender Identity Disorder is present in adulthood, it tends to have a chronic course, but spontaneous remission has been reported.

Differential Diagnosis

Gender Identity disorder can be distinguished from simple **nonconformity to stereo-typical sex role behavior** by the extent and pervasiveness of the cross-gender wishes, interests, and activities. This disorder is not meant to describe a child's nonconformity to stereotypic sex-role behavior as, for example, in "tomboyishness" in girls or "sissyish" behavior in boys. Rather, it represents a profound disturbance of the individual's sense of identity with regard to maleness or femaleness. Behavior in children that merely does not fit the cultural stereotype of masculinity or femininity should not be given the diagnosis unless the full syndrome is present, including marked distress or impairment.

Transvestic Fetishism occurs in heterosexual (or bisexual) men for whom the cross-dressing behavior is for the purpose of sexual excitement. Aside from cross-dressing, most individuals with Transvestic Fetishism do not have a history of childhood cross-gender behaviors. Males with presentation that meets full criteria for Gender Identity Disorder as well as Transvestic Fetishism should be given both diagnoses. If gender dysphoria is present in an individual with Transvestic Fetishism but full criteria for Gender Identity Disorder are not met, the specifier With Gender Dysphoria can be used.

The category **Gender Identity Disorder Not Otherwise specified** can be used for individuals who have a gender identity problem with **concurrent congenital intersex condition** (e.g., androgen insensitivity syndrome or congenital adrenal hyperplasia).

In Schizophrenia, there may rarely be delusions of belonging to the other sex. Insistence by a person with Gender Identity Disorder that he or she is of the other sex is not considered a delusion, because what is invariably meant is that the person feels like a member of the other sex rather than truly believes that he or she is a member of the other sex. In very rare cases, however, Schizophrenia and severe Gender Identity Disorder may coexist.

Diagnostic Criteria for Gender Identity Disorder

- **A.** A strong persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex). In children, the disturbance is manifested by four (or more) of the following:
  1. Repeatedly stated desire to be, or insistence that he or she is, the other sex.
  2. In boys, preference for cross-dressing or simulating female attire; In girls, insistence on wearing only stereotypical masculine clothing.
  3. Strong and persistent preferences for cross-sex roles in make believe play or persistent fantasies of being the other sex.
  4. Intense desire to participate in the stereotypical games and pastimes of the other sex.
  5. Strong preference for playmates of the other sex.

  In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.

- **B.** Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.

  In children, the disturbance is manifested by any of the following:
  In boys, assertion that his penis or testes are disgusting or will disappear or assertion that it would be better not to have a penis, or aversion toward rough-and-tumble play and rejection of male stereotypical toys, games, and activities.
  In girls, rejection of urinating in a sitting position, assertion that she has or will grow a penis, or assertion that she does not want to grow breasts or menstruate, or marked aversion toward normative feminine clothing.

  In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.

- **C.** The disturbance is not concurrent with physical intersex condition.
- **D.** The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

  Code based on current age:

- **302.6 Gender Identity Disorder in Children**
- **302.85 Gender Identity Disorder in Adolescents or Adults**

  Specify if (for sexually mature individuals):

- **Sexually Attracted to Males**
- **Sexually Attracted to Females**
- **Sexually Attracted to Both**
- **Sexually Attracted to Neither**

302.6 Gender Identity Disorder Not Otherwise Specified

This category is included for coding disorders in gender identity that are not classifiable as a specific Gender Identity Disorder. Examples include:

1. Intersex conditions (e.g., androgen insensitivity syndrome or congenital adrenal hyperplasia) and accompanying gender dysphoria
2. Transient, stress-related cross-dressing behavior
3. Persistent preoccupation with castration or penectomy without a desire to acquire the sex characteristics of the other sex

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Paraphilias

302.3 Transvestic Fetishism

The paraphiliac focus of Transvestic Fetishism involves cross-dressing. Usually the male with Transvestic Fetishism keeps a collection of female clothes that he intermittently uses to cross-dress. While cross dressed, he usually masturbates, imagining himself to be both the male and the female object of his sexual fantasy. This disorder has been described only in heterosexual males. Transvestic Fetishism is to be diagnosed when cross-dressing occurs exclusively during the course of Gender Identity Disorder.

Transvestic phenomena range from occasional solitary wearing of female clothes to extensive involvement in a transvestic subculture. Some males wear a single item of women's apparel (e.g., underwear or hosiery) under their masculine attire. Other males with Transvestic Fetishism dress entirely as females and wear makeup. The degree to which the cross-dressed individual successfully appears to be a female varies, depending on mannerisms, body habitus, and cross-dressing skill.

When not cross-dressed, the male with Transvestic Fetishism is usually unremarkably masculine. Although his basic preference is heterosexual, he tends to have few sexual partners and may have engaged in occasional homosexual acts. An associated feature may be the presence of Sexual Masochism. The disorder typically begins with cross-dressing in childhood or early adolescence. In many cases, the cross-dressing is not done in public until adulthood. The initial experience may involve partial or total cross-dressing; partial cross-dressing often progresses to complete cross-dressing.

A favored article of clothing may become erotic in itself and may be used habitually, first in masturbation and later in intercourse. In some individuals, the motivation for cross-dressing may change over time, temporarily or permanently, with sexual arousal in response to the cross-dressing diminishing or disappearing. In such instances, the cross-dressing becomes an antidote to anxiety or depression or contributes to a sense of peace and calm.

In other individuals, gender dysphoria may emerge, especially under situational stress with or without symptoms of depression. For a small number of individuals, the gender dysphoria becomes a fixed part of the clinical picture and is accompanied by the desire to dress and live permanently as a female and to seek hormonal or surgical reassignment. Individuals with Transvestic Fetishism often seek treatment when gender dysphoria emerges. The subtype with Gender Dysphoria is provided to allow the clinician to note the presence of gender dysphoria as part of Tranvestic Fetishism.

Diagnostic Criteria for 302.3 Transvestic Fetishism

- A. Over a period of at least 6 months, in a heterosexual male, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving cross-dressing.
- B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if: **With Gender Dysphoria:** if the person has persistent discomfort with gender role or identity.

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