

Testimony of the National Center for Lesbian Rights Oregon House Health Care Committee Public Hearing on HB 2307 Samantha Ames, Staff Attorney, National Center for Lesbian Rights

My name is Samantha Ames, and I am a Staff Attorney at the National Center for Lesbian Rights and the coordinator of our #BornPerfect campaign to end conversion therapy. Thank you for the opportunity to submit this testimony in support of HB 2307.

NCLR is a national nonprofit legal organization dedicated to protecting and advancing the civil rights of lesbian, gay, bisexual, and transgender people and their families. NCLR's youth project was founded in 1993 specifically to address the mistreatment of LGBT youth in the mental health system. As part of the #BornPerfect campaign, we support a network of survivors of these dangerous and discredited practices through the process of telling what can be deeply re-traumatizing stories. I have seen firsthand the devastating impact on parents and families when they are misled by state-licensed professionals who give them false information that therapy can change a child's sexual orientation or gender identity. Tragically, based on my direct experience as well as that of others who serve this young population, all the children subjected to these dangerous practices are harmed, but not all of them survive.

Modern science recognizes that being LGBT is not a disorder. In 2009, the American Psychological Association convened a task force to review all the scientific data on efforts to change a person's sexual orientation or gender expression. The task force concluded that there is no scientific evidence that such efforts are effective and significant evidence that they are harmful—especially for children.

In the years since the Task Force completed its review, studies conducted by Dr. Caitlin Ryan, Director of the Family Acceptance Project, have further documented the destructive impact on lesbian, gay, bisexual and transgender youth when the adults in their lives engage in rejecting behaviors, including subjecting them to conversion therapy. The harms associated with this rejection are dramatic. Young adults who were subjected to these practices had dramatically increased rates of depression, illegal drug use, risky sexual behavior, and even suicidal ideation and attempted suicide.

Because these practices have no scientific basis, provide no benefits, and carry such high risks, every one of the nation's leading medical and mental health associations have issued policy statements cautioning against their use. The American Academy of Pediatrics, for example, has advised parents to "[a]void any treatments that claim to be able to change a person's sexual orientation, or treatment ideas that see homosexuality as a sickness." The American Psychological Association advises "parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental

illness or developmental disorder." The Pan American Health Organization, a regional office of the World Health Organization, has stated that these practices "constitute a violation of the ethical principles of health care and violate human rights." Even the United Nations Committee Against Torture has pressured the United States to address the recent resurgence in conversion therapy. And, just weeks ago, a New Jersey court concluded that "any expert opinion based on the initial premise that homosexuality is a mental disorder or abnormal is unreliable and . . . barred" and went on to rule that professional claims that being LGBT is a curable mental disorder constitute consumer fraud.

NCLR has helped defend laws like this before two circuit courts, both of which have concluded that regulations like this are entirely constitutional. This bill will not affect the ability of minors to seek any type of medically sound therapeutic treatment, including treatment for criminal behaviors, intersex conditions, or anything other than sexual orientation as defined in Oregon law – "heterosexuality, homosexuality, bisexuality, or gender identity...." Like every other laws that protect the public against ineffective and unsafe treatment by licensed professionals, it will only ensure that state-licensed mental health providers cannot subject minor patients to dangerous, ineffective, and discredited practices—and cannot defraud and mislead loving parents who would never knowingly place their children at risk of such serious harms, and who count on the law to regulate medical professionals to prevent them from harming their children.

Working closely with survivors of conversion therapy, I know all too well that this is truly a matter of life and death. We have lost too many along the way to finally ending these practices for good. The recent tragic death by suicide of Leelah Alcorn, a transgender teenage girl who said that undergoing conversion therapy made her feel more isolated and rejected, has been a wake-up call to much of the country that we need to act now to protect our children from an industry that profits from their pain. HB 2307 would protect the most vulnerable among us from being told that who they are is wrong and protect families from the terrible pain of discovering that they have been defrauded by trusted professionals who abuse their state licenses to tell children that they were born anything but perfect.

We therefore strongly urge you to support of HB 2307 and send a message to all children that they are safe to be who they are in the state they call home.

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