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Children's Advocacy Institute



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August 2, 2018

The Hon. Mark Stone
Chair, Assembly Judiciary Committee
1020 N Street, Room 104
Sacramento, CA 95814

RE: SCR 110 (WIENER) -- SUPPORT

Dear Chair Stone:

The Children's Advocacy Institute at the University of San Diego School of Law, which for almost thirty years has advocated for the rights and needs of children in the courts, this Legislature, and before executive branch agencies, passionately supports SCR 110 (Wiener) and we respectfully urge you and your Judiciary Committee colleagues to vote for it.

We support SCR 110 for one simple reason: the practice of forcing a sex-assignment surgery on any human being – let alone a mere baby – through involuntary, invasive, and irreversible removal of reproductive organs and genital tissue is barbaric and must be reviled by any civilized society.

There is nothing medically wrong with cosmetic variations in children's genitals. We respectfully repeat: *there is nothing wrong with these children*. Their bodies may look different than most, and may not easily conform to typical versions of what commonly looks to be male or female, but their bodies work.

Yet, some of these mere babies may be surgically sterilized, have their clitorises surgically altered to somebody's subjective precept of "normal," have surgically created vaginas, and be subject to repeat surgeries to create a more "typical"-looking penis before it is even possible to know whether such anatomy is desired.

And all of these surgeries are anything but risk-free. Among the possible side effects include:

- pain
- sexual dysfunction
- incontinence
- infertility
- assignment of a sex with which the individual does not identify

- psychological trauma including depression and PTSD
- lifelong shame and stigma for children of all genders, from being led to believe their most intimate parts were not acceptable without surgical correction.

With the exceedingly rare exception of children who are born with no opening to urinate, none of these surgeries are medically necessary in infancy. In addition to affecting fertility and function, they are surgeries that are intertwined with perhaps the most intimate and deeply personal and mysteriously generated facets of someone's inherent nature: their gender and sexuality. All of them can with complete safety be delayed until an individual can decide for themselves if they want to undergo surgery to irreversibly change their body, based upon how they want their genitals to look and function and whether they identify as male, female, or something between.

A question for the urologists who perform these surgeries: would they support a law that compelled them to pay for corrective surgeries if, when a child grows up, they identify with a gender different than the one forced upon them as nonconsenting babies, or are otherwise unhappy with the functional or cosmetic results of the surgeries in which their doctors were so confident? Would urologists agree to compensate them for the pain and suffering of going through such a daunting surgical and psychological process?

Would these urologists, to coin a phrase, put their money where their scalpels are?

We wager the answer is no, they would not support such legislation. The risk that they would have to pay up would be too great: they know that they're only guessing at a baby's future gender and wishes when performing the surgery. There is no way of predicting whether they are making a life-altering mistake.

Which is exactly why these doctors should not be performing these surgeries in the first place.

This practice is, quite simply, ghastly. It has been rightly condemned by the American Medical Association Board of Trustees, the World Health Organization, Human Rights Watch, Amnesty International, Physicians for Human Rights, and the United Nations, among others.

In conclusion, and when weighing the opposition of some in organized medicine to this SCR, please consider the following:

“In the 1950s and 1960s, some therapists employed aversion therapy of the kind featured in *A Clockwork Orange* to ‘cure’ male homosexuality. This typically involved showing patients pictures of naked men while giving them electric shocks or drugs to make them vomit, and, once they could no longer bear it, ...

First published in 1968, DSM-II (the American classification of mental disorders) listed homosexuality as a mental disorder. ...

In 1973, the American Psychiatric Association (APA) asked all members attending its convention to vote on whether they believed homosexuality to be a mental disorder. 5,854 psychiatrists voted to remove homosexuality from the DSM, and 3,810 to retain it.”¹

¹ <https://www.psychologytoday.com/us/blog/hidden-and-see/201509/when-homosexuality-stopped-being-mental-disorder>

Chair Stone, Honorable Committee Members, this is still happening. Some in organized medicine are still imposing outdated ideas of what is sexually “normal” and what is “deviant,” but, here, it is surgeons doing so, with scalpels, on babies.

Please vote for and coauthor SCR 110 (Wiener) to help close this grim chapter of medical history for good.

Sincerely,

A handwritten signature in black ink, appearing to read "Ed Howard", written in a cursive style.

Ed Howard
Senior Counsel, Children’s Advocacy Institute

cc: Hon. Members of the Assembly Judiciary Committee